DCN 917

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCL NAB CORONADO CA
32549

336

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	N/A	5,600	N/A	N/A	5,850	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	N/A	N/A
SUBTOTAL	N/A	5,600	N/A	N/A	5,850	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	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	N/A	5,600	N/A	N/A	5,850	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

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

Operating Beds[1]:	**N/A**
Set Up Beds[1]:	**N/A**
Expanded Bed Capacity[2]:	**N/A**

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	**14,915**	**155**	**38**	**481**	**15,589**
ADMISSIONS	**0**	**0**	**0**	**0**	**0**
LABORATORY TESTS (WEIGHTED)[1] *	**335,082**	**3,482**	**854**	**10,806**	**350,224**
RADIOLOGY PROCEDURES (WEIGHTED)[1] *	**6,673**	**69**	**17**	**215**	**6,974**
PHARMACY UNITS (WEIGHTED)[1] *	**29,929**	**311**	**76**	**965**	**31,281**
OTHER (SPECIFY)	**0**	**0**	**0**	**0**	**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.

*** Ancillary workload not collected by PatCat; used PatCat % for visits.**

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

N/A. The clinic is performing at maximum capacity based on existing resources.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS *	19,390	202	49	625	20,266
ADMISSIONS *	0	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1] *, **	435,606	4,527	1,110	14,048	455,291
RADIOLOGY PROCEDURES (WEIGHTED)[1] *, **	8,675	90	22	280	9,067
PHARMACY UNITS (WEIGHTED)[1] *,**	38,907	404	99	1,255	40,665
OTHER (SPECIFY)	0	0	0	0	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.

*** Actual plus 30 % (provided by CHAMPUS).**
**** Ancillary workload not collected by PatCat; used PatCat % for visits.**

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	1	1
SPECIALTY CARE[2]	2	2	2	2	2	2	2	2
PHYSICIAN EXTENDERS[3]	2	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	6	6	6	6	6	6	6	6

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

LOCATION

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

(See Core Hospital N00259)

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

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

(See Core Hospital N00259)

Region Population: _____

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

(See Core Hospital N00259)

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

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

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

(See Core Hospital N00259)

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

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

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

c. Training Facilities:

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

BRMEDCL NAB CORONADO CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-7-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

JB Greene Jr
Signature

Acting
Title

10 JUN 1994
Date

Document Separator

336

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL NAB CORONADO CA
ACTIVITY UIC: 32549

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

Currently the primary mission is to support tenant operational units and 5,600 personnel stationed aboard NAB. No dependent or retiree care is provided at this clinic except for the Midwife Program and Pharmacy. Primary Care, Immunizations, Physical Examinations, Pharmacy, Laboratory and Radiology Services are offered during normal working hours. Emergency ambulance services are available 24 Hours/day.

Additionally, a contractor operated Nurse Midwife Clinic offers prenatal care to more than 400 CHAMPUS-eligible beneficiaries annually. The Midwife Clinic will relocate to the area Primary Care Manager, Branch Medical Clinic, NAS North Island by 1998, eliminating non-active duty beneficiaries from the catchment area.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
See Attachment 1, Zip Code: 92155			

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

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

UIC	NAME	ZIP	FY93	FY94	FY95	FY96	FY97	FY98	FY99
47526	SWNVFACENGCOM DT	92101	0	2	2	2	2	2	2
63057	NIS WREG SDGO CA	92101	7	4	4	4	4	4	4
68634	MEPS SAN DIEGO	92101	11	8	8	8	8	8	8
05380	ARD 30 SAN ONOFR	92106	101	110	0	0	0	0	0
31712	NAVINTACT CSGRU5	92106	2	0	0	0	0	0	0
31753	SB SDGO TWR 3	92106	17	15	15	15	15	15	15
31954	SUBTRAFAC SDIEGO	92106	170	170	139	139	139	139	139
33175	CSUBGR 5	92106	86	86	2	2	2	2	2
35622	CSDG1 DET BRAVO	92106	14	15	15	15	15	15	15
40823	SUBASE TWR 842	92106	15	15	15	15	15	15	15
41685	DISAJTAC3A EFTHU	92106	9	10	10	10	10	10	10
42474	CSUBGR 5 CBSTT	92106	6	7	0	0	0	0	0
43304	SUBTRAFAC SD BOS	92106	11	9	9	9	9	9	9
43979	JNTMGMTO THTNFOR	92106	0	1	1	1	1	1	1
44430	ARD 30 S ON SRAC	92106	17	21	0	0	0	0	0
44943	SB SDGO WEAP IMA	92106	130	125	125	0	0	0	0
44978	COMSUBGRU 5 SMMS	92106	24	24	0	0	0	0	0
45424	TR 5	92106	6	6	6	6	6	6	6
45425	TR 6	92106	6	6	6	6	6	6	6
45675	SUBASE SD TWR823	92106	12	14	14	12	14	14	14
46132	SUBASE SD TWR771	92106	14	15	15	15	15	15	15
46259	SUBASE SDGO SECD	92106	59	60	60	60	60	60	60
46708	NB SD NADSAP SB	92106	5	4	4	4	4	4	4
47336	SB SDGO S-HELP	92106	12	14	14	14	14	14	14
48655	SB SDIEGO FSC	92106	2	3	3	3	3	3	3
55244	COMSUBRON 11	92106	49	44	44	44	0	0	0
55522	COMSUBDEVGR 1	92106	40	38	38	38	38	37	37
63406	SUBASE SDGO CA	92106	208	146	146	146	145	146	146
65370	CSUBGR 5 SSO	92106	2	1	1	1	1	1	1
66937	CSDG 1 NSCHDVG S	92106	10	11	0	0	0	0	0
68554	PSD PT LOMA SDGO	92106	35	12	12	12	12	12	12
44753	DIR12MCD OSO SD	92108	1	1	1	1	1	1	1
68692	NROTCUUSDSDSUSDC	92110	13	11	11	11	11	11	11
43790	DCMAO S DIEGO	92111	2	3	3	3	3	3	3
43756	DSO DIEGO	92112	1	1	1	1	1	1	1
42039	NUSWCD SDIEGO CA	92123	0	1	0	0	0	0	0
55625	AFTGP SEADU COMP	92126	76	74	74	74	74	74	74
62106	NMCREDCEN SDGO	92131	51	39	38	38	38	37	37
80013	MIUWU 107	92131	10	8	8	8	8	8	8
81176	MIUWU 106	92131	8	8	8	8	8	8	8
00123	NAVREGCONTC SDGO	92132	4	2	2	2	2	2	2
00242	CNAVBASE SDGO	92132	51	33	35	35	35	35	35
00244	FISC SDIEGO CA	92132	22	18	16	16	16	16	16
20036	ARDM 5 ARCO	92132	127	131	130	130	0	0	0
35612	OPNASUPACT HNDCL	92132	8	5	5	5	5	5	5
41875	NRRCREG 19/RPN	92132	6	4	4	4	4	4	4
43406	NTSC FLDOPSD PAC	92132	2	2	2	2	2	2	2
43435	MSCO SAN DIEGO	92132	9	5	5	5	5	5	5
45189	NCIS LE&PSAT SDG	92132	5	6	6	6	6	6	6
45242	CSS 3 TACRED SCO	92132	1	1	0	0	0	0	0
45517	SPCC NACO P SAND	92132	0	1	1	1	1	1	1
46548	COMSUBRON 11 SDC	92132	0	1	1	1	0	0	0

47638	NCTA SAN DIEGO	92132	1	0	0	0	0	0	0
55347	CSUBRON 3	92132	45	45	0	0	0	0	0
60957	DAO-CL SDGO CA	92132	20	23	19	19	19	19	19
63015	NEDTRASUPCEN PAC	92132	52	11	11	10	11	12	12
67796	NMC MARS SDGO	92132	1	1	1	1	1	1	1
68350	NRRCREG19 SDIEGO	92132	29	27	27	30	30	30	30
68553	PSA SAN DIEGO	92132	16	10	10	10	10	10	10
68564	CNAVBASE SDGO CR	92132	6	6	6	6	6	6	6
68711	SOWNFEC SDIEGO	92132	17	20	20	19	18	18	18
00247	NTC SDGO	92133	396	243	220	208	47	9	9
0388A	FITCPAC SDGO	92133	29	33	32	30	32	32	2
0581A	SSC SDGO	92133	637	212	145	11	9	9	9
0753A	CRUITRACOM SDGO	92133	91	0	0	0	0	0	0
30643	S CRU TRCOM SDGO	92133	5112	2372	2097	1716	1631	1550	1550
32553	BRMCL NTC SDGO	92133	112	118	118	118	118	118	118
35109	NJROTC AREA 11	92133	3	3	3	3	3	3	3
35287	SSC SDGO FMSTPRG	92133	6	4	4	0	0	0	0
35405	NBAND DC SDIEGO	92133	40	1	1	1	1	1	1
41453	CO CDRS RTC SDGO	92133	222	0	0	0	0	0	0
42084	RTCSDGENSKILLTNG	92133	50	0	0	0	0	0	0
42132	SSC SDGO BOOSTPG	92133	17	0	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92133	0	0	0	0	0	2	0
42815	PSD RTC SD	92133	44	48	0	0	0	0	0
42816	PSD NTC SD	92133	56	54	43	43	43	43	17
42820	NTC SDGO CAA CTR	92133	7	8	0	0	0	0	0
43298	BUPERS NACU SD	92133	23	0	0	0	0	0	0
43311	SSC SDGO BOS	92133	32	27	17	16	5	5	5
43521	NCPS PHOENIX	92133	11	4	4	4	4	4	4
43542	RQAT SDIEGO	92133	5	4	4	4	4	4	4
43721	S SSC SD BOST PG	92133	248	248	248	248	248	248	248
43907	SSC SDGO SURF	92133	0	87	6	0	0	0	0
43908	SSC SDGO LDG	92133	0	17	16	16	16	0	0
43909	SSC SDGO SUB	92133	0	24	1	1	1	1	1
43910	SSC SDGO EW	92133	0	85	0	0	0	0	0
43914	SSC SDGO INS AIR	92133	0	5	0	0	0	0	0
45032	FITCPAC FMS TRNG	92133	1	1	1	1	1	1	0
46093	CPF MPWRASSTM SD	92133	0	2	2	2	2	2	2
47462	STU MED DEPT OST	92133	1	0	0	0	0	0	0
47775	CNET SUP UN SDGO	92133	1	1	1	1	1	1	1
48390	NAVINTACT FTPC S	92133	16	18	18	18	18	18	18
49203	DECA NTC SDIEGO	92133	11	7	6	6	6	6	6
49274	MOIC EASTPAC FP	92133	23	0	0	0	0	0	0
49756	PSD NTC SDGO F H	92133	0	3	3	3	1	1	1
66283	NECH N SDIEGO CA	92133	1	1	0	0	0	0	0
68401	NAVCRUITDIST SD	92133	232	0	0	0	0	0	0
00228	FISC OAKLAND CA	92134	0	0	0	0	5	5	5
00247	NTC SDGO	92134	0	0	0	0	0	37	36
00259	NMC SDGO CA	92134	2236	2079	2078	2072	2205	2055	1833
00619	NMEDCEN OAKLAND	92134	0	0	0	0	338	338	338
0114A	COMDESRON 5	92134	14	12	12	12	12	12	12
0116A	COMDESRON 7	92134	13	12	12	12	12	12	12
0126A	COMDESRON 17	92134	12	12	0	0	0	0	0
0130A	COMDESRON 21	92134	14	12	12	12	12	12	12

0132A	COMDESRON 23	92134	12	12	12	12	12	12	12
03361	CV 61 RANGER	92134	76	0	0	0	0	0	0
03363	CV 63 KITTY HAWK	92134	2768	2906	2906	2906	2906	2906	2906
03651	CGN 9 LONG BEACH	92134	868	562	14	0	0	0	0
0388A	FITCPAC SDGO	92134	0	0	0	0	0	0	30
05072	AGSS 555 DOLPHIN	92134	58	48	48	48	48	48	48
05134	SSN 647 POGY	92134	152	136	136	136	136	136	100
05139	SSN 652 PUFFER	92134	144	136	136	100	0	0	0
05143	SSN 662 GURNARD	92134	146	100	0	0	0	0	0
05725	SSN 677 DRUM	92134	147	136	100	0	0	0	0
05845	LKA 114 DURHAM	92134	323	0	0	0	0	0	0
0621A	NSHS SDIEGO	92134	202	195	191	191	191	191	191
07177	LPD 6 DULUTH	92134	375	386	386	386	386	386	386
07181	LPD 7 CLEVELAND	92134	387	398	398	398	398	398	397
07183	LPD 9 DENVER	92134	371	398	398	398	398	397	397
07184	LPD 10 JUNEAU	92134	373	398	398	398	398	398	397
07194	AGF 11 CORONADO	92134	459	457	457	457	457	457	457
07198	LPH 10 TRIPOLI	92134	725	701	0	0	0	0	0
07202	LPH 11 NRLNS	92134	663	816	819	819	819	0	0
08810	AR 8 JASON	92134	904	965	0	0	0	0	0
09061	HS 85	92134	0	141	141	140	140	140	140
09108	VF 301	92134	0	0	1	1	1	1	1
09120	VF 302	92134	0	0	1	1	1	1	1
09394	CVWR 30	92134	0	0	3	3	3	3	3
20015	LSD 40 FT FISHER	92134	336	321	321	321	321	321	320
20022	LST1183 PEORIA	92134	231	0	0	0	0	0	0
20023	LST1184 FREDERIC	92134	253	249	0	0	0	0	0
20024	LST1185 SCHENECT	92134	192	0	0	0	0	0	0
20026	LST1187 TUSCALOO	92134	220	0	0	0	0	0	0
20132	AS 37 DIXON	92134	559	620	595	570	0	0	0
20221	LST1195BARBOUR C	92134	251	0	0	0	0	0	0
20224	LST1198 BRISTOL	92134	215	5	0	0	0	0	0
20550	LHA 1 TARAWA	92134	958	1063	1063	1063	1067	1069	1069
20576	DD 965 KINKAID	92134	319	332	332	332	332	332	332
20587	DD 967 ELLIOT	92134	349	351	351	351	351	351	351
20599	DD 973 J YOUNG	92134	342	334	334	334	334	334	334
20602	DD 976 MERRILL	92134	311	339	339	339	339	339	339
20826	SSN 701 LA JOLLA	92134	142	141	141	141	151	151	151
20833	DD 986 H W HILL	92134	319	309	309	309	309	309	309
20967	FFG 14 SIDES	92134	184	163	166	166	166	166	166
20978	FFG 25 COPELAND	92134	181	159	162	162	162	0	0
20994	SSN 713 HOUSTON	92134	142	141	141	141	141	141	151
21023	SSN 716 SLAKE C	92134	143	141	141	141	141	141	141
21047	AD 42 ACADIA	92134	550	626	0	0	0	0	0
21052	FFG 27 MS TISDLE	92134	184	159	162	162	162	0	0
21055	FFG 30 REID	92134	198	211	211	211	0	0	0
21063	AD 43 CAPE COD	92134	562	626	626	626	626	626	626
21100	SSN 721 CHICAGO	92134	151	141	164	164	141	141	141
21118	AS 41 MCKEE	92134	557	620	620	620	620	620	620
21198	FFG 46 RENTZ	92134	194	214	214	214	214	214	214
21295	CG 49 VINCENNES	92134	350	380	380	380	380	380	380
21296	CG 50 VALL FORGE	92134	372	380	380	380	380	380	380
21302	SSN 724 LOUIVILL	92134	144	164	164	141	141	141	141

21400	LSD 43 FT MCHENR	92134	311	312	317	317	317	317	317
21404	MCM 3 SENTRY	92134	84	81	81	81	81	81	81
21405	MCM 4 CHAMPION	92134	72	81	70	70	70	70	70
21413	SSN 752 PASADENA	92134	146	141	141	141	164	164	141
21428	CG 57 LAKE CHAMP	92134	377	387	387	387	387	387	387
21437	DDG 994 CALLAGHA	92134	327	331	331	331	331	331	331
21439	DDG 996 CHANDLER	92134	327	331	331	331	331	331	331
21451	CG 62 CHANCELVIL	92134	377	387	387	387	387	387	387
21452	LSD 45 COMSTOCK	92134	298	322	312	312	312	312	312
21463	SSN 754 TOPEKA	92134	149	141	141	141	141	164	164
21530	LSD 47 RUSHMORE	92134	335	317	317	317	317	317	317
21623	CG 63 COWPENS	92134	392	387	387	387	387	387	387
30276	NEXCH MIRAMAR CA	92134	0	0	0	0	1	1	1
30291	STU COMBAT TRA C	92134	50	0	0	0	0	0	0
30522	NS SDGO BRIG	92134	18	0	0	0	0	0	0
30586	STU FLEASWTRACEN	92134	519	467	420	357	339	322	322
30602	CV 61 RAN DSSGD	92134	10	0	0	0	0	0	0
30604	CV 63 KIT DSSGD	92134	12	11	11	11	11	11	11
30627	STU NAVSERVSCOLC	92134	1113	902	514	174	0	0	0
30639	S NHCORSCH SDGO	92134	1066	959	813	691	656	654	654
30808	STU FLT TRA CEN	92134	266	239	215	183	174	165	165
31045	IST NH SAN DIEGO	92134	1	1	1	1	1	1	1
31401	STU CDP SAN DIEG	92134	1	0	0	0	0	0	0
31558	NMTJ W NW C SFRA	92134	0	2	2	2	0	0	0
31657	DCOUNSELOR SDGO	92134	2	2	2	2	2	2	2
32005	TRANS PERS UNIT	92134	2	0	0	0	0	0	0
32541	BRMCL EL TORO	92134	0	0	0	0	76	76	76
33159	COM3FT NSGDT SIG	92134	0	1	1	1	1	1	1
33168	NAVINTACT COM3DF	92134	9	10	10	10	10	10	10
33207	AESU DT EL TORO	92134	0	0	0	0	2	2	2
35405	NBAND DC SDIEGO	92134	0	39	44	44	44	44	44
35410	STU SSPR SCRIPPS	92134	2	0	0	0	0	0	0
35536	STU PG SAN DIEGO	92134	12	0	0	0	0	0	0
35677	A/C OPR DET NAS	92134	34	0	0	0	0	0	0
39007	STU PG UNIV OF S	92134	1	0	0	0	0	0	0
39247	TU CDP UNIV OF S	92134	3	0	0	0	0	0	0
39288	AS 37 DIXON MSC	92134	820	851	851	851	1	0	0
41301	STU LAW ED PRG S	92134	2	0	0	0	0	0	0
41539	STU ALREHAB TRNG	92134	8	0	0	0	0	0	0
41638	CSSD-14	92134	0	0	0	17	17	17	17
42081	FLETRACEN SAN DI	92134	195	0	0	0	0	0	0
42242	STU CDP NATIONAL	92134	2	0	0	0	0	0	0
43392	STU NAVSERVSCOLC	92134	248	223	201	171	162	154	154
43502	STU AEPR SAN DIE	92134	2	0	0	0	0	0	0
43578	STU TACTRAGRUPAC	92134	23	0	0	0	0	0	0
43617	T-ATF 167 NARRAG	92134	3	4	4	4	4	4	4
43618	T-ATF 169 NAVAJO	92134	4	4	4	4	4	4	4
43662	STU FITCPAC	92134	2	0	0	0	0	0	0
43700	HC 1/STU CRAW/CR	92134	1	0	0	0	0	0	0
43841	FLCBTRC PACGSTSU	92134	0	0	0	0	0	0	1
43851	FASWTCPAC GSTSUR	92134	0	0	0	0	0	0	1
43908	SSC SDGO LDG	92134	0	0	0	0	0	16	16
43988	STU EEAP SDIEGO	92134	17	0	0	0	0	0	0

44143	STU MED DEPT OST	92134	28	0	0	0	0	0	0
44260	WNFED CO VALLEJO	92134	0	3	3	3	3	3	3
44369	NAIR CMPO NPR SD	92134	0	0	1	1	1	1	1
44480	STU COMNAVAIR PA	92134	1	0	0	0	0	0	0
44516	FTCBATSYTRUP NDC	92134	29	0	0	0	0	0	0
44570	13D C1DNBN1 FSSG	92134	0	0	0	54	54	54	54
44654	STU CRAW/CRAG VR	92134	3	0	0	0	0	0	0
45032	FITCPAC FMS TRNG	92134	0	0	0	0	0	0	1
45524	NAVBCSTSVC MOB D	92134	1	0	0	0	0	0	0
45585	NH SD NDU COMP	92134	1	1	1	1	1	1	1
45888	STU MECP NETSCP	92134	8	0	0	0	0	0	0
46333	STU EEAP SAN DIE	92134	13	0	0	0	0	0	0
46334	STU EEAP MIRAMAR	92134	3	0	0	0	0	0	0
46542	STU ECP UNIV OF	92134	13	0	0	0	0	0	0
46620	3FSSG D NH SDGO	92134	3	3	3	3	3	3	3
46791	PACFAST D SDIEGO	92134	2	0	0	0	0	0	0
46859	DMEDS NDC SFRAN	92134	0	0	0	0	4	4	4
46859	DMEDS NDC SFRAN	92134	0	0	0	3	3	3	3
46864	DMEDS NH SDIEGO	92134	68	63	63	63	63	63	63
46868	DMEDS N2 NH PVA	92134	3	3	3	3	3	3	3
46897	NSHS SDGO D OAKL	92134	0	0	17	17	17	17	17
47046	VMFAT 101 NAVDET	92134	0	0	0	113	113	113	113
47386	SUPSHIP SDIEGO D	92134	11	0	0	0	0	0	0
47449	EODMU 9	92134	0	0	48	48	43	43	43
47543	DMED FH6 NH SDGO	92134	53	53	53	53	53	53	53
47546	DM FH6 BRMCL SD	92134	15	16	16	16	16	16	16
47547	DM GH6 NH SDGO	92134	1	1	1	1	1	1	1
47552	DEPMED FH6 NH SD	92134	2	2	2	2	2	2	2
47842	AD 42 ACA REPAIR	92134	796	797	0	0	0	0	0
47843	AD 43 REPAIR COM	92134	867	798	798	798	798	798	798
47852	STU PG #2 UNIV C	92134	1	0	0	0	0	0	0
47997	NMDINFMTCENDT SD	92134	1	1	1	1	1	1	1
48441	STU EEAP #2 SOUT	92134	1	0	0	0	0	0	0
48461	NHTR SAN DIEGO	92134	372	302	302	302	302	302	302
48494	STU EEAP SAN DIE	92134	10	0	0	0	0	0	0
48512	STU EEAP NATIONA	92134	2	0	0	0	0	0	0
48616	COMTRAPAC TQL MT	92134	5	0	0	0	0	0	0
48689	STU EEAP CERRO C	92134	1	0	0	0	0	0	0
49148	HS-10 SEA DUTY C	92134	24	0	0	0	0	0	0
49599	STU EEAP UNIV PH	92134	1	0	0	0	0	0	0
49637	STU EEAP ORANGE	92134	1	0	0	0	0	0	0
49730	STU EEAP CAL COL	92134	1	0	0	0	0	0	0
52687	CG 16 LEAHY	92134	234	0	0	0	0	0	0
52692	CG 21 GRIDLEY	92134	387	0	0	0	0	0	0
52693	CG 22 ENGLAND	92134	397	0	0	0	0	0	0
52698	CG 23 HALSEY	92134	367	0	0	0	0	0	0
52704	CG 29 JOUETT	92134	423	0	0	0	0	0	0
52705	CG 30 HORNE	92134	422	0	0	0	0	0	0
52706	CG 31 STERETT	92134	403	0	0	0	0	0	0
52707	CG 32 STANDLEY	92134	426	0	0	0	0	0	0
52708	CG 33 FOX	92134	441	0	0	0	0	0	0
55269	COMPHIBRON 5	92134	25	29	29	29	29	29	29
55281	COMPHIBRON 3	92134	30	29	29	29	29	29	29

55297	COMPHIBRON 1	92134	30	29	29	29	29	29	29
55306	MOTU 9	92134	0	0	23	23	23	24	24
55501	COMCRUDESGRU 1	92134	58	57	57	57	55	55	55
55630	COMHSLWINGPACSAN	92134	5	0	0	0	0	0	0
55633	COMSEACONTROLWIN	92134	11	0	0	0	0	0	0
55635	COMHELTACWINGPAC	92134	11	0	0	0	0	0	0
55636	COMHSWINGPAC	92134	10	0	0	0	0	0	0
55775	COMCRUDESGRU 5	92134	57	57	0	0	0	0	0
55780	COMCRUDESGRU 3	92134	58	57	57	57	55	55	55
57087	COM THIRD FLEET	92134	144	143	143	143	143	143	143
60050	MCAS EL TORO	92134	0	0	64	64	64	64	64
62361	NPMOD ALAMEDA	92134	0	0	0	0	1	1	1
62361	NPMOD ALAMEDA	92134	0	0	0	2	0	0	0
62361	NPMOD ALAMEDA	92134	0	0	1	1	0	0	0
62474	WNFEC SAN BRUNO	92134	0	0	0	0	7	7	7
62760	NAVAUDSVCWEST SD	92134	1	0	0	0	0	0	0
63387	PWKS CEN SDGO	92134	0	0	0	0	1	1	1
65492	NH ORLANDO FL	92134	0	0	0	81	81	81	81
66626	NCPB DT SDIEGO	92134	3	2	2	2	2	2	2
66704	COM3FT SP DIV	92134	1	1	1	1	1	1	1
66950	PERS/AD ASTTMPA	92134	11	0	0	0	0	0	0
67823	MAG-46 (-)	92134	0	0	0	3	3	3	3
68056	NMC SW REGN	92134	0	1	1	1	1	1	1
68401	NAVCRUITDIST SD	92134	0	163	163	168	168	168	168
68555	PSD BALBOA CA	92134	34	36	36	36	36	36	36
68557	PSD NAS MIRAMAR	92134	0	0	0	0	27	27	27
68780	AS 41 MCKEE MSC	92134	823	989	989	989	851	851	851
68853	NDRUGLAB SDGO	92134	5	5	5	5	5	5	5
68906	HCSO SDIEGO	92134	21	26	25	25	25	25	25
68917	PACFLTCARIT S DG	92134	0	0	0	0	4	4	4
68944	NCCOSC ISE WEST	92134	3	0	0	0	0	0	0
70240	NCTS SD CA/EOB	92134	0	0	0	0	19	19	19
00236	NAS ALAMEDA	92135	0	0	0	0	8	8	8
00236	NAS ALAMEDA	92135	0	0	13	13	1	1	1
00246	NAS NORTH ISLAND	92135	581	463	463	463	463	463	463
09055	HSL 84	92135	42	39	13	14	14	14	14
09061	HS 85	92135	85	0	0	0	0	0	0
09074	VAW 88	92135	0	83	1	1	1	1	1
09138	HSL 33	92135	78	0	0	0	0	0	0
09164	HS 4	92135	205	202	167	167	167	167	167
09191	FASOTRAGRUPAC	92135	169	148	148	148	148	148	148
09192	SEACONRON 38	92135	203	215	215	215	215	215	215
09204	SEACONRON 29	92135	199	195	215	215	215	215	215
09209	HS 14	92135	200	202	167	167	167	167	167
09211	HC 1	92135	347	0	0	0	0	0	0
09263	SEACONRON 33	92135	212	195	195	215	215	215	215
09272	HSL 33 LAMPS	92135	186	0	0	0	0	0	0
09296	NAVAIRES SDIEGO	92135	97	110	90	101	101	101	101
09298	SEACONRON 41	92135	444	640	604	604	604	604	604
09299	HS 10	92135	333	423	326	309	307	307	305
09345	SEACONRON 35	92135	210	195	195	195	215	215	215
09372	HS 2	92135	207	202	167	167	167	167	167
09381	SEACONRON 37	92135	217	195	0	0	0	0	0

09528	FACSFAC SDIEGO	92135	152	142	142	142	142	142	142
09607	VRC 30	92135	319	253	236	236	236	236	236
09721	COMCARGRU ONE	92135	58	57	59	59	59	59	59
09722	COMCARGRU THREE	92135	0	0	0	0	57	57	57
09724	COMCARGRU SEVEN	92135	60	57	57	57	57	57	57
09822	HC 3	92135	278	311	296	310	310	310	310
09950	HS 6	92135	201	202	167	167	167	167	167
09951	HS 8	92135	195	202	167	167	167	167	167
09961	COMASWWPAC	92135	65	135	135	136	136	136	136
09983	COMHELWINGRES	92135	52	50	50	50	50	50	50
20828	DSU DET MYSTIC	92135	20	16	16	16	16	16	16
20829	DSU DET TURTLE	92135	13	11	11	11	11	11	11
20892	DSU DET AVALON	92135	17	16	16	16	16	16	16
20919	DSU DT SEA CLIF	92135	12	11	11	11	11	11	11
20993	CVN 70 VINSON	92135	0	0	0	0	3075	3075	3075
30332	AESU DT SDGO WRO	92135	4	4	4	4	4	4	4
30669	S FASOTRAGRUPAC	92135	21	11	11	11	11	11	11
30901	S CWPNTRAGRUPAC	92135	43	41	41	38	38	38	38
30911	MOB ENV TM SDGO	92135	29	31	31	31	31	31	31
31137	DEFCURSTA SDGO	92135	4	4	4	4	4	4	4
31195	NCTS SDIEGO/DCS	92135	27	17	17	17	17	17	17
31466	NAS NORIS S CLEM	92135	167	174	174	174	174	174	174
31507	CWPTRGP TECHIN D	92135	19	17	17	17	17	17	17
31508	CWPTRGP FDTRN DI	92135	19	8	8	8	8	8	8
31713	NAVINTACT SP CNA	92135	4	2	2	2	2	2	2
32117	DSU SAN DIEGO CA	92135	61	48	48	48	48	48	48
32546	BRMCL NAS NISL	92135	56	47	47	47	47	47	47
32673	CMS TRNG SDIEGO	92135	5	5	5	5	5	5	5
32719	NSGD NCTS SD/CC	92135	47	47	47	47	47	47	47
35455	NSGD NCTS SD/DS	92135	83	73	75	75	75	75	73
35499	NLEGSVCOFDT NORI	92135	4	14	14	14	14	14	14
35623	FACSFAC S CLE CO	92135	17	17	17	17	17	17	17
35705	COMASWWPAC NORIS	92135	64	50	32	32	32	32	32
35734	NDCLBR NAS N ISL	92135	40	45	45	45	45	45	45
35947	FASOPAC DT STRTM	92135	76	78	78	78	78	78	78
41431	BRMCL NUC S CLEM	92135	3	3	3	3	3	3	3
42197	NAIRTECH SF D SD	92135	2	1	1	1	1	1	1
42300	HC 11 SEA COMP	92135	360	443	443	443	443	443	443
42431	S CRAW/CRAG HC 3	92135	69	69	69	89	89	89	89
42500	DSU DET UMV	92135	69	60	60	60	60	60	60
42827	PSD N ISL CA	92135	77	86	86	86	86	86	86
43711	CVN 70 VIN DSSGD	92135	0	0	0	0	11	11	11
44326	NAS NORIS AIMD	92135	689	641	641	641	641	641	641
44597	NSGD NCTS DS/CSS	92135	29	10	9	9	10	10	10
45082	NSGDNCTS SD ECCM	92135	41	15	19	19	19	19	19
45083	NCIS FSD NO ISLD	92135	2	2	2	2	2	2	2
45847	PQMM SPEC SDGO	92135	2	2	2	2	2	2	2
45908	CNARF PAC REP	92135	3	3	3	3	3	3	3
45909	CNARF PACREP/RPN	92135	4	3	3	3	3	3	3
46249	NAS ALAMEDA SECD	92135	0	0	0	0	38	37	36
46250	NAS N ISL SEC DT	92135	92	106	106	106	106	106	106
46501	FTCOMBATCAMGUPAC	92135	36	36	36	36	36	36	36
46732	AMCC 07 SDIEGO	92135	6	6	6	6	6	6	6

46776	NASC DT WSM N IS	92135	1	1	1	1	1	1	1
46815	FASOTRAGRUP EMTT	92135	10	10	10	10	10	10	10
46968	NAS NOIS SEA ODT	92135	184	179	179	179	179	179	179
47181	NAIRTSFAC SDGO N	92135	1	1	1	1	1	1	1
47549	DMED FH6 NBR NIL	92135	1	1	1	1	1	1	1
47679	NSGDNCTS SD/SDTY	92135	22	18	18	18	18	18	18
47721	SWATSCOLPAC NI	92135	24	26	26	26	26	26	26
47736	HELASRON 10 FDPT	92135	50	59	40	39	39	39	45
47908	NSGDNCTSNESEC/DS	92135	20	13	1	1	1	1	1
47916	RIPO AREA 4	92135	5	6	6	6	6	6	6
48161	HC 3 N D CP	92135	2	2	2	2	2	2	2
48176	EODMU 3 D NO ISL	92135	0	6	6	6	6	6	6
48517	CSAW SAN DIEGO	92135	88	77	77	77	77	77	77
48544	ASCOMDET NRTH IS	92135	29	19	19	19	19	19	19
49202	DECA NO ISLAND	92135	11	7	7	7	7	6	6
49390	FAMSERVCEN N IS	92135	1	2	2	2	2	2	2
49755	NVBASE SDGO	92135	0	16	16	16	16	16	16
53910	VR 57	92135	97	88	88	89	89	89	89
53914	HSL 43	92135	61	54	54	54	54	54	54
53915	HSL 45	92135	55	54	54	54	54	54	54
53917	HSL 47	92135	59	54	54	54	54	54	54
53919	HSL 49	92135	58	54	54	54	54	54	56
53920	HC 11	92135	39	42	42	107	107	107	107
55138	HSL 41	92135	325	294	281	291	291	291	291
55139	S C/C HSL 41	92135	112	107	107	107	107	107	107
55146	HSL 43 LAMPS	92135	174	169	169	169	169	169	169
55148	HSL 45 LAMPS	92135	172	169	169	169	169	169	169
55150	HSL 47 LAMPS	92135	167	169	169	169	169	169	169
55152	HSL 49 LAMPS	92135	173	169	169	169	169	169	217
55201	HM 15	92135	0	0	414	423	423	423	423
55230	HSL 84 LAMPS	92135	72	66	66	66	66	66	66
57025	COMNAVAIRPAC	92135	189	188	188	188	188	188	188
57092	CNAVIUWGRU 1	92135	17	14	14	14	14	14	14
57094	FLTIMGCOMPAC SDG	92135	19	15	15	15	15	15	15
63013	CWPNTRAGRUPAC SD	92135	67	40	40	41	47	41	41
63037	NPOF SAN DIEGO	92135	57	41	40	40	40	40	40
63896	NSGDNCTS SDIEGO	92135	79	65	65	65	65	65	65
65557	S C/C HS 10	92135	73	73	73	122	122	122	122
65566	S C/C VS 41	92135	159	159	159	159	159	159	159
65888	NAVNDEPOT NORIS	92135	32	31	16	31	31	31	31
66065	AMTGD NORIS CA	92135	165	148	124	126	127	131	131
66422	NEXCH NO ISLAND	92135	1	1	1	1	1	1	1
66633	DMA CSC EPAC OFF	92135	3	2	2	2	2	2	2
66649	CBU 405	92135	0	0	0	0	45	45	45
68046	NCTS SAN DIEGO	92135	22	22	22	22	22	22	22
68118	NB SD NADSAP N I	92135	5	4	4	4	4	4	4
68451	NARDAC SANFRA C	92135	0	0	0	0	9	9	9
68451	NARDAC SANFRA C	92135	0	0	0	2	2	2	2
68557	PSD NAS MIRAMAR	92135	0	0	0	1	1	1	1
68917	PACFLTCARIT S DG	92135	16	12	12	12	8	8	8
70240	NCTS SD CA/EOB	92135	268	208	202	196	168	168	168
00245	NS SAN DIEGO CA	92136	486	239	239	239	239	239	239
0025A	FLTCOMBATSYSTRUP	92136	9	1	1	1	1	1	1

0122A	COMDESRON 13	92136	37	20	30	30	29	29	29
04648	AD 37 S GOMPERS	92136	0	625	625	0	0	0	0
0546A	ENPVNTMEDU 5 DGO	92136	39	33	33	33	33	33	33
0609A	S DT SDAT SD	92136	314	283	255	217	206	196	196
13871	AFDM 14 STEADFST	92136	118	116	116	116	116	116	116
20807	CGN 41 ARKANSAS	92136	0	554	554	553	553	369	185
21839	AOE 6 SUPPLY	92136	47	584	547	547	536	536	536
21872	AOE 7 RAINIER	92136	3	576	561	536	536	536	536
30034	NFSSO NFTM SDGO	92136	15	15	15	15	15	15	15
30394	NEXCH D S CL IS	92136	4	4	4	4	4	4	4
31557	NMTJ W SW C SDGO	92136	5	7	7	7	7	7	7
32680	CMIO SDIEGO CA	92136	18	16	16	16	16	16	16
33043	CPACFLT PEB	92136	30	19	19	19	18	18	18
35264	AFTG PAC SHDUT	92136	98	70	70	70	67	67	67
39233	NEXCH NS SDIEGO	92136	2	0	0	0	0	0	0
39354	SCH DEN A&T SDGO	92136	1	1	1	1	1	1	1
41228	CBU 427	92136	0	41	45	45	45	45	45
41331	COMDESRON 33 N D	92136	0	9	0	0	0	0	0
41472	FLT TRA CEN SD	92136	10	10	10	10	10	10	10
41966	COMDESRON 13 ND	92136	0	9	0	0	0	0	0
42144	COMDESRON 13 S D	92136	0	8	0	0	0	0	0
42149	FTC SD GST	92136	463	11	11	11	11	11	11
42980	NBS FSD SDGO	92136	15	15	15	15	1	0	0
43891	FTC SD GST SURF	92136	0	266	277	275	276	279	281
44298	NMASSO DTPACNDUC	92136	57	57	57	57	57	62	62
44386	NS SDGO TRPERSUN	92136	124	98	98	98	98	98	98
45020	BRMCL NS SDGO	92136	85	77	77	77	77	77	77
45198	NAVSURFPAC MTEC	92136	9	5	5	5	5	5	5
45870	NIRA DT 5 SDGO	92136	1	1	1	1	1	1	1
45951	AEGIS TR SUPPGRU	92136	26	33	33	33	33	33	33
46120	FTC SDGO NDUTCP	92136	6	6	6	6	6	6	6
46262	NS SDGO SEC DET	92136	111	145	145	145	145	145	145
46276	NAVSURFPAC SDGO	92136	42	42	42	42	42	42	42
46477	CPACFLT PEB SUP	92136	2	3	3	2	2	2	2
46698	COMPHIBRON 9	92136	37	24	0	0	0	0	0
46744	DMA TECH SVC CTR	92136	0	5	5	5	5	6	6
46867	DM BRMCL NS SDGO	92136	11	12	12	12	12	12	12
46870	DMEDS NDC SDIEGO	92136	12	11	11	11	11	11	11
46992	PINSUR SD D SDGO	92136	34	25	25	25	25	25	25
47042	NSP MTEC SHORE	92136	24	11	11	11	11	11	11
47152	EODMU 15	92136	0	0	5	5	5	5	5
47340	NEXCHCEN SDGO ND	92136	1	1	1	1	1	1	1
47418	FLT SURG TEAM 1	92136	18	15	15	15	15	15	15
47420	FLT SURG TEAM 3	92136	16	18	18	18	18	18	18
47548	DMED FH6 NDC SDG	92136	6	6	6	6	6	6	6
47839	AD 37 S GOM REPA	92136	0	799	799	0	0	0	0
47914	RIPO AREA 2	92136	0	4	4	4	4	4	4
48022	NAVINTACT NSDGO	92136	4	2	2	2	2	2	2
48038	CINCPACFLT DENTL	92136	1	1	1	1	1	1	1
48308	DLEA S DIEGO CA	92136	7	3	3	6	6	7	7
48522	SDSA FLESUPSEC	92136	6	6	6	6	6	6	6
48644	NS SAN DIEGO FSC	92136	6	3	3	3	3	3	3
49204	DECA NS SDIEGO	92136	17	10	9	9	7	7	6

49343	FLT SUG TM 5	92136	14	14	14	14	14	14	14
49381	DEFDD SDIEGO	92136	5	5	5	5	5	5	5
49996	COMPHIBRON 7 DET	92136	0	8	8	8	8	8	8
49997	COMPHIBRON 9 DET	92136	0	5	0	0	0	0	0
52725	COMDESRON 33	92136	45	27	30	30	29	29	29
52739	COMPHIBGRU THREE	92136	40	46	46	46	45	45	45
53997	CONSOLIDA DIV UN	92136	48	34	34	34	34	34	34
55236	SURPAC RSGU SDGO	92136	106	62	62	62	62	62	62
55253	HM 19	92136	0	162	156	156	156	156	156
55298	COMPHIBRON 7	92136	41	24	21	21	20	20	19
55304	MOTU 5	92136	90	72	70	70	70	70	70
57062	AFTGP ND COMP	92136	376	311	310	310	309	309	309
61690	FTC SAN DIEGO	92136	32	26	45	46	46	46	46
62791	SUPSHP SDIEGO C	92136	22	24	24	23	24	24	24
62888	INSURVPAC SDGO	92136	5	6	6	6	6	6	6
63139	NAVAIRES ALAMEDA	92136	0	114	112	112	112	112	112
63387	PWKS CEN SDGO	92136	14	14	14	13	12	12	12
65918	SIMA SDGO	92136	2320	3003	2744	2696	2351	2411	2768
66022	NDC SAN DIEGO CA	92136	366	378	368	369	372	365	359
66105	NAVEXCHCN SDGO	92136	2	2	2	2	2	2	2
68107	FLILOT SDIEGO CA	92136	12	7	8	8	8	8	8
68132	NB SD NADSAP NSD	92136	9	12	12	12	12	12	12
68152	NEXCEN SFTM SDGO	92136	12	8	8	8	8	8	8
68370	NLEGSVCOFF SDGO	92136	67	50	50	50	50	55	55
68407	NAVPACEN SDGO	92136	9	9	9	9	9	9	9
68482	BUPERS DET DAPMA	92136	11	10	10	10	10	10	10
68556	PSD NS SDGO	92136	94	96	96	94	94	94	94
68562	NMASSO DTPAC SD	92136	32	35	35	35	35	29	29
68943	NVJUSTSCOL DET	92136	5	4	4	4	4	4	4
68945	NSDAT SDIEGO CA	92136	59	63	63	63	63	63	63
68954	FOSSAC DET SDGO	92136	2	12	12	12	12	12	12
82630	EODMU 7	92136	31	25	25	25	25	25	25
44369	NAIR CMPO NPR SD	92138	1	1	0	0	0	0	0
00243	MC CRUITDEP SDGO	92140	18	13	13	14	14	14	14
32556	BRMCL MCRD SDGO	92140	77	79	79	79	79	79	79
67019	12TH MCD SDIEGO	92140	1	0	0	0	0	0	0
09012	VF 1	92145	50	0	0	0	0	0	0
09048	VAW 110	92145	332	0	0	0	0	0	0
09074	VAW 88	92145	77	0	0	0	0	0	0
09086	VF 211	92145	259	246	246	246	1	1	1
09095	VF 124	92145	695	0	0	0	0	0	0
09108	VF 301	92145	131	146	0	0	0	0	0
09113	VF 2	92145	321	290	290	290	31	31	31
09120	VF 302	92145	146	148	0	0	0	0	0
09143	NARC MIRAMAR	92145	92	87	86	1	0	0	0
09261	COM CVW 14	92145	34	31	29	29	29	29	29
09394	CVWR 30	92145	35	36	24	24	24	24	24
09458	VAW 112	92145	180	153	153	0	0	0	0
09459	VAW 113	92145	175	153	153	0	0	0	0
09462	VAW 114	92145	186	153	0	0	0	0	0
09465	VAW 116	92145	175	153	153	0	0	0	0
09475	VF 51	92145	240	230	0	0	0	0	0
09481	VF 126	92145	213	0	0	0	0	0	0

09603	VF 111	92145	270	246	1	1	0	0	0
09734	COM CVW 11	92145	28	31	29	0	0	0	0
09742	COM CVW 2	92145	29	30	28	0	0	0	0
09747	COM CVW 15	92145	27	27	0	0	0	0	0
09932	VF 24	92145	234	230	230	230	0	0	0
09934	VF 213	92145	300	287	287	287	287	287	287
09985	VAW 117	92145	189	153	153	153	0	0	0
30276	NEXCH MIRAMAR CA	92145	1	1	1	1	0	0	0
30342	AESU DT MIRAMAR	92145	3	4	4	3	0	0	0
30658	S CC VAW 110	92145	92	0	0	0	0	0	0
32547	BRMCL NAS MIRAMA	92145	58	62	62	62	0	0	0
35668	NAS MIRAM A/CODT	92145	142	22	4	0	0	0	0
42343	FMFP SDIEGO CA	92145	33	28	28	0	0	0	0
44322	NAS MIRAMAR AIMD	92145	570	513	513	141	0	0	0
45611	BUPERS C BRIG	92145	146	152	151	151	151	151	151
46253	NAS MIRAMAR SECD	92145	127	109	109	68	0	0	0
46780	4FSSG MLC4SBNDSD	92145	1	3	3	3	3	3	3
46903	F-14D FLT INTROT	92145	12	0	0	0	0	0	0
46962	NAS MIRA SEA ODT	92145	297	287	192	0	0	0	0
47397	CARAEWPNSCOL	92145	19	19	19	0	0	0	0
47464	TW 2 A/C OPS	92145	15	15	15	0	0	0	0
48708	NAS MIRAMAR FSC	92145	0	1	1	1	1	1	1
49120	E-2C FIT	92145	7	0	0	0	0	0	0
49209	DECA MIRAMAR CMS	92145	20	11	10	10	10	9	8
52912	FITWPSCOL MIRAMA	92145	146	2	2	2	2	2	2
52995	VFC 13	92145	121	123	123	0	0	0	0
55188	COM CVW 9 D MIRA	92145	2	2	2	0	0	0	0
55629	COMFITWINGPAC	92145	16	0	0	0	0	0	0
55634	COMAEWWINGPAC	92145	12	0	0	0	0	0	0
60259	NAS MIRAMAR	92145	259	242	242	160	68	66	66
61061	AMTGD EL TORO	92145	0	0	0	0	3	3	3
65563	S C/C VF 124	92145	158	79	71	61	58	55	55
66064	AMTGD MIRAMAR	92145	156	153	153	0	0	0	0
66472	NPMOD MIRAMAR	92145	7	8	8	8	0	0	0
66649	CBU 405	92145	67	45	45	45	0	0	0
66656	FASOTRAGRUP MIR	92145	13	21	21	11	6	6	6
66894	NALREHABCEN MIRA	92145	85	90	88	85	0	0	0
67680	4TH MDVIHSCO4TBN	92145	1	1	1	1	1	1	1
67805	4TH FSSGHSCO4MBN	92145	8	9	9	8	8	8	8
68117	NB SD NADSAP MIR	92145	3	4	4	0	0	0	0
68557	PSD NAS MIRAMAR	92145	65	69	69	33	2	2	2
00948	FLT ASW TRA PAC	92147	82	60	59	59	59	59	59
41443	FASWTCPAC SD FTP	92147	5	5	5	5	5	5	5
41469	FLCBTRC PACFMSTR	92147	1	1	1	1	1	1	1
42496	NCTSI DET 1SD C	92147	7	7	7	7	7	7	7
42498	NCTSI DET 3	92147	0	0	0	0	0	7	7
42817	PSD FLSWTRCEN SD	92147	22	22	22	22	22	22	22
42851	FASWTCPAC GST	92147	627	418	416	417	421	424	425
42852	FLCBTRC PAC GST	92147	490	321	270	255	148	153	153
43852	FASWTCPAC GSTSUB	92147	0	59	54	54	54	53	53
45186	FLCTRCPAC SDIEGO	92147	0	14	12	12	12	12	12
45559	REGLOGSUPOFC L B	92147	0	0	0	0	0	1	1
45605	ASWTC P LBCH	92147	0	1	0	0	0	0	0

46042	COMTRAPAC DSG	92147	3	1	1	1	1	1	1
47143	SSAAC SDGO CA	92147	2	0	0	0	0	0	0
49267	TQLTMPAC	92147	5	9	9	9	9	9	9
49365	AFTG PAC DET	92147	9	9	9	9	9	9	9
53996	TACTRAGRUPAC	92147	56	53	53	53	53	53	53
57022	COMTRAPAC	92147	44	36	35	36	36	36	36
61665	FTCOMBATRCEN PAC	92147	17	18	18	18	12	12	12
66466	NAVO PAC COMP	92147	2	2	2	2	2	2	2
68524	NCTSI SDIEGO CA	92147	26	26	26	26	26	26	26
68772	NLEGSVCOFF LBCH	92147	0	0	0	0	0	11	11
68940	NCCOSC SAN DIEGO	92147	9	9	9	9	9	9	9
39353	NSWC ICST	92152	17	11	9	9	9	9	9
41631	NCCOSC RDTE OSSD	92152	13	14	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92152	13	10	0	0	0	0	0
45772	NAVLIAISON SDGO	92152	1	1	1	1	1	1	1
45782	NCCOSC RDTE D SD	92152	14	24	0	0	0	0	0
47627	NCCOSC S D NON-N	92152	10	18	24	25	25	25	24
63152	FLTCOMBDSSA SDG	92152	99	66	34	34	34	34	34
66001	NCCOSC RDTE DV	92152	88	93	40	40	41	41	41
68221	NPERANDCEN SDGO	92152	19	13	12	11	11	11	11
68951	NUSC DET ASL SDG	92152	0	0	6	6	6	6	6
00074	NAVSPECWARCOM CA	92155	100	98	105	119	120	119	119
08971	SEAL TEAM 5	92155	214	229	229	229	229	229	229
08973	SDVT 1	92155	157	222	222	232	262	262	276
09815	COMTACGRU ONE	92155	12	15	15	15	15	15	15
21928	PC 7 SQUALL	92155	0	28	28	28	28	28	28
21929	PC 8 ZEPHYR	92155	0	28	28	28	28	28	28
31899	PACRCNSRF SDGO	92155	18	16	16	16	16	16	16
32549	BRMCL NAB CORONA	92155	39	40	40	40	40	40	40
35186	CNSRFPAC REP/RPN	92155	1	1	1	1	1	1	1
35431	CNBEACHGR 1 PRTS	92155	13	14	14	14	14	14	14
35624	PHIBCB 1 SEADUCO	92155	124	120	130	130	130	130	130
39037	SWOSCOLPAC SDGO	92155	65	0	0	0	0	0	0
39049	STU SWOSSCOLCOM	92155	111	100	90	77	73	69	69
41608	CNSURPAC SDNSGOP	92155	3	3	3	3	3	3	3
41914	BCHMSTR UN 1 SHO	92155	43	29	29	29	29	29	29
41915	FDGP SEA DUTY	92155	106	72	71	71	71	71	71
42147	NPHIBSCH COR GST	92155	145	131	130	129	129	129	130
42169	NPHIBSCH COR S D	92155	8	7	7	7	7	7	7
42221	SPECBOATU 12	92155	223	232	240	250	265	264	275
42222	SPECBOATU 13	92155	30	0	0	0	0	0	0
42828	PSD CORONADO CA	92155	31	35	35	35	35	35	35
42963	SPECBATU 13 S D	92155	9	0	0	0	0	0	0
43305	NAVINTACT CNSPAC	92155	3	3	3	3	3	3	3
44157	NPHIBS COR FMSTP	92155	12	15	15	15	15	15	15
44884	SEAL TEAM 3	92155	223	229	229	229	229	229	229
44920	BCHMSTR UN 1 D A	92155	17	19	19	19	19	19	19
44921	BCHMSTR UN 1 D B	92155	24	19	19	19	19	19	19
44922	BCHMSTR UN 1 D C	92155	19	19	19	19	19	19	19
44923	BCHMSTR UN 1 D D	92155	17	19	19	19	19	19	19
44924	BCHMSTR UN 1 D E	92155	22	19	19	19	19	19	19
44925	BCHMSTR UN 1 D F	92155	19	19	19	19	19	19	19
44939	CNSWGRU 1 SDUCOM	92155	36	44	44	44	44	44	44

45771	PCFAST D S DGO	92155	1	0	0	0	0	0	0
46257	NPB CORONAD SECD	92155	46	38	38	38	38	38	38
46442	CSWDG DT WEST	92155	3	3	3	3	3	3	3
46462	STU BASUNDDEM/SE	92155	250	225	203	173	164	156	156
46989	NSPECWARCEN NDC	92155	29	43	43	43	43	43	43
47330	FDGP TAC DEV&E	92155	2	2	2	2	2	2	2
48707	NAB CORONADO CDC	92155	2	1	1	1	1	1	1
48902	NPHIBSCH COR TQL	92155	14	13	13	13	13	13	13
49080	PC MST ONE	92155	13	13	13	15	15	15	15
49082	PC MST THREE	92155	7	13	13	15	15	15	15
49440	NSWC D WASH DC	92155	2	4	4	4	4	4	4
49713	PC MST 5	92155	3	13	13	15	15	15	15
49770	NSWC DET N PRCHT	92155	11	13	13	13	13	13	13
49917	NAVINTACT FTPAC	92155	0	1	1	1	1	1	1
53212	BCHMSTR UN 1	92155	12	11	11	11	10	10	10
53257	ASSAULT CFT UN 1	92155	131	62	65	63	62	62	62
53824	COMNAVSURFPAC	92155	216	224	227	227	224	224	224
55104	PHIB CB1	92155	350	274	274	270	270	270	270
55134	TACRON 11	92155	62	79	86	119	119	119	119
55135	TACRON 12	92155	60	79	86	119	119	119	119
55321	EODGR1	92155	23	27	28	28	28	28	28
55446	COMSPECBOATRON 1	92155	31	71	71	71	71	71	71
55447	EOD MOB UN 3	92155	205	207	207	207	206	206	206
55721	FTGP SDGO CA	92155	76	63	62	62	62	62	62
55777	SEAL TEAM 1	92155	222	229	229	229	229	229	229
57066	COMNBEACHGRU 1	92155	15	14	14	14	14	14	14
57100	N SPEC WAR GRU 1	92155	101	117	116	116	116	116	116
62021	NPB CORONADO	92155	303	203	212	212	212	212	212
63018	NPHIBSCH CORONAD	92155	8	6	6	6	6	6	6
67271	LANDFORTRACO PAC	92155	10	8	8	8	8	8	8
68751	FLETACREADGRU SD	92155	9	6	3	0	0	0	0
68794	FDGPD CORONADO	92155	31	30	30	30	30	30	34
68869	NSPECWARCEN CORO	92155	220	215	215	215	215	215	215
41341	BUPERS S/D SD DT	92166	20	19	19	19	19	19	19
43440	BUPERS PG S C	92166	2	2	2	2	2	2	2
44907	BUPERS S/D C H	92166	2	2	2	2	2	2	2
46819	STU EEAP #1 GOLD	92166	2	0	0	0	0	0	0
43791	DCMO SPACE	92186	2	1	1	1	1	1	1
63116	NHLTHRSCHCEN SDG	92186	25	21	20	19	19	19	19
65584	NELEXSYENGC SDEG	92186	6	5	4	3	4	4	4
65913	NSEACENPAC SDIGO	92186	43	40	39	39	39	39	39
			74701	65239	57736	53555	52953	51437	51383

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)

N/A

Cgw BUMED-823

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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	10,400	0	0
ACTIVE DUTY NON N/MC	0	50	0	0
TOTAL ACTIVE DUTY	0	10,450		0
FAMILY OF AD	0	38	0	0
RETIRED AND FAMILY MEMBERS UNDER 65*	0	40	0	0
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	476	0	0
TOTAL	0	11,004		0

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

*** Data not available by age; all ages included.**

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	**11,202**	**11,404**	**11,609**	**11,818**	**12,031**	**12,247**	**12,468**
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:

- Total projected population is based on increase of 9% between FY 94 and FY 99 (1.8% Increase Annually).

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
OVERSEAS SCREENING	**5**	**2**
DISASTER PREPAREDNESS	**5**	**2**
EDUCATION AND TRAINING	**5**	**2**
DRILLS AND EXERCISES	**3**	**3**
CEREMONIES/CONCERTS	**2**	**5**
ADMINISTRATION	**70**	**11**

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

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

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

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

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

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic): **N/A. The clinic is a tenant of Naval Amphibious Base, CA (UIC: 62021)**

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

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

N/A
STEW BUMED-823
7 Jun 94

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

(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous

location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

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

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

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

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

DATE OF SURVEY: __**N/A**__

FULL ACCREDITATION: Yes/No

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

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?

It is vital, with the intensive high risk training (SPEC WAR, BUDS, LFTCPAC, NAVPHIB School) requires a clinic to back them up with solid medical support.

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

All are within a 20 mile radius.

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

Distance (in miles): **10**

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

N/A.

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

Five to ten miles.

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.

1. There are approximately 20 training programs that NAVOSH has designated as high risk, if BMC, NAB was closed it would be very possible these training programs would have to be deleted or relocated.

2. The roughly 350 pregnant active duty dependents that utilize the midwife prenatal clinic located at BMC, NAB would have to be relocated for their care.

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.

See Item 10.

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.

See Item 10.

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:

See Item 10.

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

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

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

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

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

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

Number of "stubbed" expanded beds[1]: _____

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994 *
TOTAL COSTS	**$1,658,432.00**	**$1,588,083.00**	**$1,520,718.00**
TOTAL OUTPATIENT VISITS	**$18,539.00**	**$15,589.00**	**$13,108.00**
AVERAGE COST PER VISIT	**$89.46**	**$101.87**	**$116.01**

*** FY 94 data is based on the percent of increase from FY 92 to FY 93.**

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

Table A: **N/A.**

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

Table B: **N/A.**

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

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

Table C: **N/A.**

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

Table D: **N/A.**

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

15. Quality of Life. **N/A. The Clinic is a tenant of Naval Anphibious Base, CA (UIC: 62021)**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

BRMEDCL NAB CORONADO CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-7-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Acting
Title

10 Jun 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BMC, Naval Amphibious Base, Coronado, CA
UIC:	32549
Host Activity Name (if response is for a tenant activity):	Naval Amphibious Base, Coronado, CA
Host Activity UIC:	62021

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, Naval Amphibious Base, Coronado, CA	**UIC:** 32549

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor Civ/Mil*	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2		2
1b. Minor Construction	6		6
1c. Sub-total 1a. and 1b.	8		8
2. Other Base Operating Support Costs:			
2a. Utilities	101		101
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other Engineer Support			
2k. Supply Operations			
2l. Other Personnel Support			
2m. Base Communications	30		30
2n. Physical Security			

DATA CALL 66
INSTALLATION RESOURCES

2o. Sub-total 2a. through 2n:	131		131
3. Grand Total (sum of 1c. and 2o.):	139		139

*** Note: FY 96 Military Personnel Cost is based on FY 94 8 months actual (NC2171), use 8 months average to project out for the year and straight line for the out years.**

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

Appropriation	Amount ($000)
9760130.188J	$139

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRMEDCL NAB CORONADO CA	**UIC:** 32549
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	2
Material and Supplies (including equipment):	343
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	0
Total:	345

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 NAB CORONADO CA	**UIC:** 32549
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	*
Facilities Support:	*
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

*** All On-Base work/services are being performed/contracted by the Navy Public Works Center and the Southwest Division, Naval Facilities Engineering Command.**

DATA CALL 66
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated:

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

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): None.**

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR FOR BRANCH CLINIC OPERATIONS
Title

July 14, 1994
Date

BRMEDCL NAB CORONADO
Activity

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

NEXT ECHELON LEVEL (if applicable)

T. K. BURKHARD, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDER, ACTING
Title

7/14/94
Date

NAVAL MEDICAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

7-19-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

7/27/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic, Naval Amphibious Base Coronado, CA*
Acronym(s) used in correspondence	*BMC NAB CORONADO SD*
Commonly accepted short title(s)	*BRMEDCL NAB CORONADO CA*

- Complete Mailing Address

  Branch Medical Clinic
  Naval Amphibious Base, Coronado
  San Diego, Ca 92155

- PLAD: BRMEDCLINIC CORONADO CA

- PRIMARY UIC: 32549 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): NONE PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes ____ No XX (check one)

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

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

- Yes ____ No __XX__ (check one)

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

- Yes __XX__ No ____ (check one)
- Primary Host (current) UIC: __62021__
- Primary Host (as of 01 Oct 1995) UIC: __62021__
- Primary Host (as of 01 Oct 2001) UIC: __62021__

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

- Yes ____ No __XX__ (check one)

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

Name	Location	UIC
NONE		

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

Name	UIC	Location	Host name	Host UIC
NONE				

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

The BRAC-93 decision re-aligned the Surface Warfare Officer School, Pacific (UIC 39037) to Newport, RI. However, Naval Amphibious Base will gain two commands - EOD Group 9 and Instructor School. Combined, this will result in an annual gain of approximately 2,200 beneficiaries. This growth will require additional manpower, space, equipment and budget.

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

Current Missions

- Provides Primary Care, Ancillary Support, Wellness/Medical Training and Emergency care to Naval Amphibious Base (Host) and 33 Tenant activities.
- Provides 24 hour emergency ambulance service within the boundaries of Naval Amphibious Base and emergency transportation to area medical and trauma centers.
- Host a civilian contract MIDWIFE Program, an extension of the Naval Medical Center San Diego OB/GYN Department. Space and ancillary support is provided.
- Host a TRICARE Health Care Service through Aetna Government Health Plans. Space and utilities are provided.
- Coordinates Disaster Preparedness Medical Support with Naval Medical Center and Host Command.

Projected Missions for FY 2001

- Mission will remain same as current mission with the exception that tenant activities will increase to 35 and additional 2,200 beneficiaries.

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

Current Unique Missions

- Host a civilian contract MIDWIFE Program serving approximately 350 CHAMPUS eligible beneficiaries.

- Host a TRICARE Service Center through Aetna Government Health Plans providing TRICARE PLUS and TRICARE EXTRA to our beneficiary population.

- Provides routine and emergency medical care and transportation from a relatively remote base.

Projected Unique Missions for FY 2001

- Unique mission will remain same as current unique mission with the exception that tenant activities will increase to 35 and additional 2,200 beneficiaries.

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

Operational name	UIC
Naval Medical Center San Diego	00259

Funding Source	UIC
Naval Medical Center San Diego	00259

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command			
00259/32549	717/4	1564/34	1223/1
Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command			
[redacted]/32549	[redacted] 54	[redacted]/35	[redacted] 04
• 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.J. MATHEWS,LT,MSC,USN	(619) 437-3049	(619)437-5034	(619)484-9232
• Duty Officer	N/A		
• Administrative Division Officer			
G. K. DOCKERY, HMC, USN	(619) 437-3048	(619)437-5034	(619)461-4378

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (home ported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
NONE		

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

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

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

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

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

UIC: 32549

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR BRANCH CLINIC OPERATIONS
Title

Feb 1, 1994
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

UIC: 32549

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

NEXT ECHELON LEVEL (if applicable)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

2 Feb 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

X Signature

10 FEB 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

337

MILITARY VALUE ANALYSIS
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NSGA NW
ACTIVITY UIC: 32804

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

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

Encl (8)

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MISSION REQUIREMENTS

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

Our mission is to provide primary care clinical services primarily to active duty Navy, Marine, Coast Guard, and NATO personnel and other atuhorized beneficiaries on a space available basis. We ensure the clinic is maintained in a proper state of material and personnel readiness to fulfill wartime and peactime missions. We stand by, ready to assist both the military and civilian authorities in matters pertaining to public health, local disasters and other emergencies.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVSECGRUACT	63891	Chesapeake	222
MCSF TRNG CENT	53531JAZ	" "	166
FSSC DET 1	45855	" "	127
CG CAMSLANT	2032425	" "	109
NSGA NW DS CHE	35454	" "	97
MCSF TRNG CEN PERMANENT	53531226	" "	94
NSGA NW CC CHE	32716	" "	76
NSGA NW ECCM	45158	" "	58
NAVSATCOM DET	42063	" "	52
FLSURVSC NW V	45854	" "	48
CG CAMSLANT	2032425	" "	46
NSGA NW COMBRE	35014	" "	37
SPECCOM DIV NC	31163	" "	32
FSSC DET 2	45856	" "	25
ROCLANT NATO C	66536	" "	22
NSGA NW CSS	44596	" "	13
FCTCLNT ROTHR	47437	" "	10
BRMCL NSGA NW	32804	" "	10
CINCLANTFLT DET EWOPFAC	47155	" "	9
NAVSATCOMMDET	42063	" "	6
NDCLBR SG NORV	35049	" "	3

R

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

4R (9/22/94) VR Brunedo 829 9/29/94

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVSECGRUACT	63891	Chesapeake	222
MCSF TRNG CENT	53531JAZ	" "	166
FSSC DET 1	45855	" "	127
CG CAMSLANT	2032425	" "	109
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NSGA NW ECCM	45158	" "	58
NAVSATCOM DET	42063	" "	52
FLSURVSC NW V	45854	" "	48
CG CAMSLANT	2032425	" "	46
NSGA NW COMBRE	35014	" "	37
SPECCOM DIV NC	31163	" "	32
FSSC DET 2	45856	" "	25

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)
ROCLANT NATO C	66536	Chesapeake	22
NSGA NW CSS	44596	" "	13
FCTCLNT ROTHR	47437	" "	10
BRMCL NSGA NW	32804	" "	10
CINCLANTFLT DET EWOPFAC	47155	" "	9
NAVSATCOMMDET	42063	" "	6
NDCLBR SG NORV	35049	" "	3
NSGA NW ECCM	45158	" "	58
NAVSATCOM DET	42063	" "	52
FLSURVSC NW V	45854	" "	48
CG CAMSLANT	2032425	" "	46
NSGA NW COMBRE	35014	" "	37
SPECCOM DIV NC	31163	" "	32
FSSC DET 2	45856	" "	25

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		7,681		
ACTIVE DUTY NON N/MC		152		
TOTAL ACTIVE DUTY		7,833		
FAMILY OF AD		488		
RETIRED AND FAMILY MEMBERS UNDER 65 *		90		
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		81		
TOTAL		8,492		

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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86R (9/22/94) VRBUMED824 9/24/94

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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		7,681		
ACTIVE DUTY NON N/MC		152		
TOTAL ACTIVE DUTY		7,833		
FAMILY OF AD		488		
RETIRED AND FAMILY MEMBERS UNDER 65		90		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		81		
TOTAL		8,492		

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

DUMED
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	7,550	8,832	10,642	12,821	12,900	13,000	13,100
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:

Assumptions:

* **New interim facility to be opened January 1995.**
* **MO Billet to come on line late FY 95.**
* **MILCON on line for FY 97**
* **Estimate average 17% increase in visits per yr based on historical data.**
* **Radiology Department established (additional services).**
* **Optometry, physical therapy services provided with the MILCON.**
* **Expect settling out in out years - base population to remain constant.**

7R (9/22/94) VR BUMED 824/9/29/94

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	7,550	8,832	10,642	12,821	12,900	13,000	13,100
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:

- New interim facility to be opened January 1995.
- MO Billet to come on line late FY 95.
- MILCON on line for FY 97
- Estimate average 17% increase in visits per yr based on historical data.
- Radiology new service with trailers.
- Optometry, physical therapy additional services with the MILCON.
- Expect settling out in out years - base population to remain constant.

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
Award/Retirement Ceremony Standby	3 HRs	2
Helo Ops	8 HRs	2
IAMS Rifle Range Drill	1.5 HRs	1
Water Samples for Prev Med	3 HRs	1
Night Rifle Shoots	3 HRs	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

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.

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	Medical/Pt Care	1,200	41	Inadequate
	Med Trailer/Admin	1,400	20	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: 550-10

2. What makes it inadequate? One private exam room for an average of 600 patients per month. Facility not designed for health care. The population growth at the Naval Security Group, Northwest has significantly increased which has expanded the service capabilities of the existing medical/dental facilities. A new state of the art facility will better serve the population with expanded health care services.

3. What use is being made of the facility? It is being used for patient care.

4. What is the cost to upgrade the facility to substandard?

The existing facility cannot be economically renovated to facilitate a more modern health care facility. The cost would be of MILCON magnitude.

5. What other use could be made of the facility and at what cost? Office spaces at about $20,000.

6. Current improvement plans and programmed funding:
   MCD P-019 $4,295,000

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? Yes, C4

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
MCD P-019	MEDICAL/DENTAL CLINIC	1996	4,295 MILL

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 NSGA NW					
2. UIC 32804	3. CATEGORY CODE		4. NO. OF BUILDINGS		2
5. SIZE	A. GSF 2,600		B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY CHESAPEAKE			B.STATE VA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING		100		D18	
(2) ADMINISTRATION			100	A03, B02, D09	
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES			100	B01, C02	
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS			100	A01, B09, C16	
(12) PHARMACY			100	A01, B09, C16	
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC		100		B01	
(C) PLUMBING		100		B02	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: OCT 91

FULL ACCREDITATION: YES

LIFE SAFETY MANAGEMENT SCORE: __5__ (Record as 1,2,3,4,or 5)

SCORED UNDER NAVMEDCEN PORTSMOUTH

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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? **Next closest military treatment facility is 1 hour away.**

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

Air - Norfolk International Terminal R

Rail - Amtrack Term, Newport News R

Sea - Naval Base Little Creek R

Ground - Greyhound Bus Lines, Norfolk R

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. R

Distance (in miles): **45 miles**

d. What is the importance of your location given your mobilization requirements? **Not applicable**

e. On the average, how long does it take your current clients/customers to reach your facility? **5-10 minutes**

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

Remote location, 25 minutes from nearest population center, makes it difficult to recruit qualified personnel.

~~16~~ 18R (9/22/94) VRBurner 8241 9/29/94

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? Next closest military treatment facility is 1 hour away.

b. What are the nearest air, rail, sea and ground transportation nodes? Air-Oceana Naval Air Base, Sea-Naval Base Little Creek, Rail- Passenger-NOB, Cargo-Newport News

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): 45 miles

d. What is the importance of your location given your mobilization requirements? Not applicable

e. On the average, how long does it take your current clients/customers to reach your facility? 5-10 minutes

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

Remote location, 25 minutes from nearest population center, makes it difficult to recruit qualified 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.

If this facility were to be lost, military personnel and dependent will have to seek health care services at clinics located further away (at least 1 hour) from the Northwest Installation. In addition, installation might also have to seek services at "private clinics" where costs are more expensive. In addition it might endanger the Marine Security Training program since this is the only training site for them.

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.

No, current local capacity is already unable to handle current needs.

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, since most beneficiaries in this area are currently using local community health care system.

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
FLTHOSP #3	68683	2
FLTHOSP #5	68685	1
2D MARDIV	08321	3
USS INCHON	20009	1
FLTHOSP #20	46977	1

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. None

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.

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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	10	15K	20	16K	0	0
AD FAMILY						
OTHER	3	3K	2	1K	0	0
TOTAL	13	18K	22	17K	0	0

R VR Burnes 824 9/29/9-

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

[2] The total cost in thousands of dollars.

Note: October 93 - April 94 timeframe was used for FY 94 data. R

~~19~~ 24R (9/22/94) VR Burnes 824 9/29/94

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	10	15K	20	16K	0	0
AD FAMILY						
OTHER	3	3K	2	1K	0	0
TOTAL	13	18K	22	17K	0	0

[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	$474,216	$637,229	$275,736
TOTAL OUTPATIENT VISITS	6,439	7,331	3,923
AVERAGE COST PER VISIT	$73.65	$86.92	$70.29

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~~20~~ 25R (9/22/94) UR Blumeo 824 9/29/94

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	$474,216	$638,497	$275,736
TOTAL OUTPATIENT VISITS	6,439	7,331	3,923
AVERAGE COST PER VISIT	$73.65	$87.10	$70.29

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)			

See Total QOL Revision at end of this

15. Quality of Life. This information provided by host, Naval Security Group Activity, NW (UIC 63891) in BRAC Data Call #26.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." 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. **This information provided by host, Naval Security Group Activity, NW (UIC 63891) in BRAC Data Call #26.**

Copy attached.

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Quality of Life

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12. Military Housing

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+	1 CO 4	5	0	0
Officer	3	3	3	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	20	20	0	0
Enlisted	3	100	100	0	0
Enlisted	1 or 2	12	12	0	0
Mobile Homes		N/A	N/A	N/A	N/A
Mobile Home lots		61	61	N/A	N/A

(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:

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?

Not applicable.

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12.a.(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	9-12 mos
	2	0	9 -12 mos
	3	0	9-12 mos
	4+	0	9-12 mos
O-4/5	1	0	9-12 mos
	2	0	9-12 mos
	3	0	9-12 mos
	4+	0	9-12 mos
O-1/2/3/CWO	1	0	9-12 mos
	2	0	9-12 mos
	3	0	9-12 mos
	4+	0	9-12 mos
E7-E9	1	0	6-9 mos
	2	2	6-9 mos
	3	0	6-9 mos
	4+	1	6-9 mos
E1-E6	1	0	6-9 mos
	2	31	6-9 mos
	3	4	6-9 mos
	4+	4	6-9 mos

[1] As of 31 March 1994

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12.a.(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	Remote, rural location; no rentals & few purchases available
2	No plans to expand city water/sewage service in the next 10 years to this area
3	Housing is not affordable for most military members
4	Must travel to other cities for affordable housing
5	Shift workers prefer to live closer to work (E1-E6)

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

100%

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

Type of Quarters	Utilization Rate
Adequate	99%
Substandard	N/A
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 change.

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12.b. BEQ:

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

Type of Quarters	Utilization Rate
Adequate	55%
Substandard	N/A
Inadequate	N/A

(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?

As of 31 March 94, the average utilization rate was 83%. This large change is mainly due to the completion of renovation work in barracks 207, 208 and 66 and the ability to again assign personnel to most of these rooms. The anticipated utilization rate for the fourth quarter of FY94 is 95%.

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

$$\mathbf{AOB} = \frac{(20 \times 365)}{365} = 20$$

(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.)	13	65	
Spouse Employment (non-military)	7	35	
Other			
TOTAL	20	100	

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

Zero.

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12.c. BOQ:

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

Type of Quarters	Utilization Rate
Adequate	63%
Substandard	N/A
Inadequate	N/A

(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?

As of 31 March 94, the utilization rate was 85%. This increase was caused by availability of 8 rooms due to the completion of renovation at the old BOQ .

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

$$\mathbf{AOB} = \frac{(4 \times 365)}{365} = 4$$

(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.)	2	50	
Spouse Employment (non-military)	2	50	
Other			
TOTAL	4	100	

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

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On Base MWR Facilities

13. 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 NSGA Northwest **DISTANCE**: N/A

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	3	Y
	Outdoor Bays	N/A	N/A
Arts/Crafts/wood hobby	SF	2,950	Y
Bowling	Lanes	4	Y
Enlisted Club	SF	4,500	Y
Officer's Club	SF	N/A	N/A
Library	SF	N/A	N/A
Library	Books	N/A	N/A
Theater	Seats	N/A	N/A
ITT (sold in bowling alley)	SF	N/A	Y
Museum/Memorial	SF	N/A	N/A
Pool (indoor)	Lanes	N/A	N/A
Pool (outdoor)	Lanes	8	Y
Beach	LF	N/A	N/A
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	3	N/A

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

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Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	2	N/A
Basketball CT (outdoor)	Each	N/A	N/A
Racquetball CT	Each	2	N/A
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	10,320	N
Fitness Center	SF	7,298	N/A
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball/football Fld	Each	2	N/A
Soccer Fld	Each	1	N/A
Teen Center	SF	1850	N/A
Chief's Club	SF	1900	Y
Gear Issue	SF	3925	N/A
Boat & Camper Bldg	SF	3925	N/A

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

Not applicable.

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15. Base Family Support Facilities and Programs

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

Currently, there is no Child Care Facility onbase. However, there are construction plans for a facility in 1995. The facility should be online in 1996.

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						

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.

d. How many "certified home care providers" are registered at your base? There are 14 certified home care providers.

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

Children's World Learning Center, 120 children, 2 years to 12 years.
Kinder Care, 120 children, 6 weeks to 12 years.
LaPetite, 120 children, 1 year to 12 years.
Child Time, 120 children, 6 weeks to 13 years.

Virginia Beach School system offers day care programs before and after the school day.

16. 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	5,739
Gas Station/package store	SF	544
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	0
Package Store	SF	0
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	1/1
Family Service Center	SF	1,440
Laundromat	SF	0
Dry Cleaners (in the NEX)	Each	1
ARC	PN	0
Chapel	PN	150
FSC Classrm/Auditorium	PN	0
Campgrounds	Acres	20
Cable TV Service Office	SF	36

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

City	Distance (Miles)
Virginia Beach	25
Portsmouth	18
Norfolk	20
Elizabeth City, NC	27
Great Bridge	14
Chesapeake	16

R

18. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	127.43	71.30
E2	116.47	73.25
E3	111.42	82.10
E4	139.18	97.14
E5	155.24	108.39
E6	175.73	119.62
E7	191.5	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
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

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19.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	350	300	50
Apartment (1-2 Bedroom)	550	380	70
Apartment (3+ Bedroom)	479	435	85
Single Family Home (3 Bedroom)	700	680	125
Single Family Home (4+ Bedroom)	850	800	140
Town House (2 Bedroom)	600	575	100
Town House (3+ Bedroom)	650	600	125
Condominium (2 Bedroom)	675	650	90
Condominium (3+ Bedroom)	700	675	100

R

19.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

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	82,000
Single Family Home (4+ Bedroom)	91,000
Town House (2 Bedroom)	71,500
Town House (3+ Bedroom)	78,000
Condominium (2 Bedroom)	71,500
Condominium (3+ Bedroom)	81,400

19.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		
	2	3	4+
January	1	0	0
February	0	0	0
March	0	0	0
April	1	0	0
May	0	0	0
June	1	0	0
July	0	0	0
August	1	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0.

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

- Scarcity of subdivided lots
- Low interest rates coupled with a large influx of people moving to the local area are driving up housing costs. The large influx of people moving to this area is due to the excellent public school system and the rural atmosphere.

Information obtained from Ms. Anita Taylor from the City of Chesapeake Real Estate Assessor Appraisal Office.

R

20. 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

NOT APPLICABLE

21. 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)
Chesapeake	34	16	30
Virginia Beach	19	25	45
Elizabeth City, NC	7	27	35
Moyock, NC	4	5	6
Norfolk	2	20	30

22. 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:

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

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info
Greenbrier Christian Academy	parochial	K-12	handicap/ language therapy	2400-3050	900	91	Robin Smith
Christian School Atlantic Shores	parochial	Pre-12	language therapy	1000-2900	875	77	Mrs. Hornbeck
Cornerstone Christian School	parochial	pre3-6	none	820-2110			Mrs. Mounce
Butts Road Intermediate	PUB	3-5	handicap				*
Butts Road Primary	PUB	K-2	"				*
Camelot Elemen	PUB	K-6	"				*
Geo Washington Carver Intermed	PUB	5-6	"				*
Edwin W. Chittum Elem	PUB	K-5	"				*
Crestwood Intermed	PUB	3-5	"				*
Deep Creek Central Elem	PUB	K-4	"				*
Deep Creek Elem	PUB	K-3	"				*
Deep Creek Inter	PUB	4-6	"				*

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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
Georgetown Primary	PUB	K-3	"				*
Great Bridge Inter	PUB	3-5	"				*
Great Bridge Primary	PUB	K-2	"				*
Greenbrier Inter	PUB	3-5	"				*
Greenbrier Primary	PUB	K-2	"				*
Hickory Elemen	PUB	K-5	"				*
Norfolk Highland Primary	PUB	K-3	"				*
Park Elemen	PUB	1-4	"				*
Portlock Elem	PUB	K-4	"				*
Southeastern Elementary	PUB	K-5	"				*
Southwestern Elementary	PUB	K-5	"				*
Sparrow Road Inter	PUB	4-5	"				*
G.A. Treakle Elem	PUB	K-6	"				*
Western Branch Inter	PUB	3-5	"				*
Western Branch Primary	PUB	K-2	"				*
B.M. Williams Primary	PUB	K-2	"				*
Rena B. Wright Elem	PUB	K-4	"				*
Crestwood Middle	PUB	6-8	"				*

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
Deep Creek Middle	PUB	7-8	"				*
Great Bridge Middle North	PUB	6-7	"				*
Great Bridge Middle South	PUB	8-9	"				*
Indian River Middle	PUB	7-8	"				*
Truitt Middle	PUB	7-8	"				*
Western Branch	PUB	6-8	"				*
Deep Creek High	PUB	9-12	"		788	71[1]	*
Great Bridge High	PUB	10-12	"		882	71[1]	*
Indian River High	PUB	9-12	"		766	71[1]	*
Oscar Frommel Smith High	PUB	9-12	"		767	71[1]	*
Western Branch High	PUB	9-12	"		860	71[1]	*
Chesapeake Alternative School	PUB	All	behavioral				*

* All public school information provided by Dorothy Elliot, Chesapeake School Administration, Public Information Office.

[1] This is a composite total from all students assigned to the five high schools. 71% have enrolled in higher education and 12% have enrolled in a trade or technical school.

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22.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	
Norfolk State University	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
Old Dominion University	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
Virginia Wesleyan Coll	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
Commonwealt h College	Day	N	Y	Y	Y	N
	Night	N	N	Y	Y	N
Tidewater Com College	Day	Y	Y	Y	Y	N
	Night	Y	Y	Y	Y	N
College of the Albemarle	Day	Y	Y	Y	Y	N
	Night	Y	Y	Y	Y	N
ITT Technical Institute	Day	Y	N	Y	Y	N
	Night	Y	N	Y	Y	N
Alpha Real Estate	Day	N	Y	N	N	N
	Night	N	Y	N	N	N
Anthony's Barber Colleg	Day	N	Y	N	N	N
	Night	N	N	N	N	N

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Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
Barclay Career School	Day	N	Y	N	N	N
	Night	N	N	N	N	N
Career Develop Center	Day	N	Y	N	N	N
	Night	N	N	N	N	N
CDI Develop Center	Day	N	Y	N	N	N
	Night	N	Y	N	N	N
Central School of Practical Nursing	Day	N	Y	N	N	N
	Night	N	Y	N	N	N
ECPI	Day	N	Y	N	N	N
	Night	N	Y	N	N	N
Flight International	Day	N	Y	N	N	N
	Night	N	N	N	N	N
Johnson Wales Univer	Day	N	Y	N	N	N
	Night	N	N	N	N	N
Mansfield Business	Day	N	Y	N	N	N
	Night	N	N	N	N	N
National Educ Center	Day	N	Y	N	N	N
	Night	N	N	N	N	N
Glamour Limited	Day	N	Y	N	N	N
	Night	N	N	N	N	N
Jan Mar Beauty Acad	Day	N	Y	N	N	N
	Night	N	N	N	N	N
Indian River Beauty Acad	Day	N	Y	N	N	N
	Night	N	N	N	N	N

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22.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	
	Day					
	Night					
	Corres-pondence					

Not applicable as no courses are offered onbase.

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23. 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				
Total				* 4.8%

* As of March 1994, the local community unemployment rate if 4.8%. This statistic was obtained from the Virginia Employment Commission in Richmond. They are the government body charged with determining unemployment rates. According to Ms. Veronica Sadler of VEC, Virginia is a "non-direct use" state which means that they do not keep tract of unemployment rates by skill level on a regular basis.

24. 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.

Active duty members have no difficulty in obtaining dental care. The dental facility onbase is fully equipped to take care of command/tenant command member needs. Active duty members receive primary medical care through a number of military clinics in the area, which are fully equipped to take care of their needs. However, the number of military specialists (i.e. ortho, neurology, ENT) in the area is limited and there is generally a 9 month wait for an appointment.

25. 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.

Military dependents face the same difficulties in receiving medical care from specialists. Due to the volume of dentists participated in the Delta Dental Program there is no problem is receiving timely dental care.

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26. Complete the table below to indicate the crime rate for your 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)	4	3	2
Base Personnel - military		1	1
Base Personnel - civilian	4	2	1
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)	0	0	1
Base Personnel - military			1
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

K

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)	2	1	3
Base Personnel - military	2	1	2
Base Personnel - civilian			1
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)	2	5	5
Base Personnel - military	1	5	3
Base Personnel - civilian	1		2
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	17	11	14
Base Personnel - military	17	10	14
Base Personnel - civilian		1	
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)	9	40	31
Base Personnel - military	9	36	27
Base Personnel - civilian		4	4
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)	0	0	1
Base Personnel - military			1
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7F)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)	4	2	2
Base Personnel - military	4	2	2
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)	0	1	0
Base Personnel - military		1	
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)	0	0	0
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)	1	0	3
Base Personnel - military			
Base Personnel - civilian	1		3
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)	0	1	1
Base Personnel - military		1	1
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)	37	39	33
Base Personnel - military	34	35	30
Base Personnel - civilian		2	1
Off Base Personnel - military			
Off Base Personnel - civilian	3	2	2

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Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	0	0	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			1
Off Base Personnel - civilian			
23. Indecent Assault (8D)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

E. J. WOLSKI	E J Wolski
NAME (Please type or print)	Signature
OFFICER IN CHARGE	24 May 94
Title	Date

NORTHWEST BRANCH MEDICAL CLINIC

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

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

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

E J Wolski
Signature

OFFICER IN CHARGE
Title

22 Sept 94
Date

NORTHWEST BRANCH MEDICAL CLINIC
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)

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

NAVMEDCEN PORTSMOUTH, VA
Activity

Signature

26 Sept 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CJIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

9-29-94
Date

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

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

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

ACTING
Title

Signature

13 OCT 1994
Date

Document Separator

337

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
NSGA NW (32804)

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

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

Encl (8)

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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	105,014	1,402		94,525	1,258	
FAMILY OF AD	120,159	1,178		108,173	1,066	
SUBTOTAL	225,173	2,580		202,698	2,324	
RETIRED AND FAMILY MEMBERS UNDER 65	60,619	1,199		59,130	1,165	
RETIRED AND FAMILY MEMBERS OVER 65[4]	16,327	219		21,294	285	
OTHER (INCLUDES NG/RES)	8,153	60		7,760	56	
TOTAL	310,272 205	4,058 2		290,882 187	3,830 2	

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	6,911	411	5	4	7,331
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]*					45,584
RADIOLOGY PROCEDURES (WEIGHTED)[1]*					
PHARMACY UNITS (WEIGHTED)[1]*					5,336
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	6,112	2,750	306	9,168
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	41,562	18,700	2,081	62,343
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	7,762	3,493	175	11,430
OTHER-IMMUNIZATIONS (STRAIGHT COUNT)				*8,000

[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 this figure out.**

Assumptions:

- Outpatient total based on filling all available slots on current schedule. Estimate 1/3 of patients are family members and 10% of that total are retired and family. Calculations shown on next page.

- Assumes PA provider available 100% or relief always available.

- Subtracts for 10 national holidays.

- Pharmacy based on average 1.27 units per visit. Laboratory an average 6.8 units.

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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	6,734	899	109	7,742
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	45,791	6,113	741	52,645
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	8,552	1,142	138	9,832
OTHER-IMMUNIZATIONS (WEIGHTED)	3,200	120	60	3,380

[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.

- Calculations based on filling all available slots on current schedule. Estimate 1/3 of patients are family members, and of that number 10% are retired and family.
- Assumes PA provider available 100% or relief always available.
- Subtracts for 10 national holidays.
- Pharmacy based on average 1.27 units per visit. Laboratory an average 6.8 units.

Calculations:

PA visits --		IDC visits -	
74	weekly	86	weekly
x 52	wks per yr	x 52	wks per yr
-200	holidays	-200	holidays
3648	total available slots	4272	total available slots

- In addition to patient visits, 624 (12 per wk x 52) physical exams and 624 audiograms can be performed.

3648 PA visits
4272 IDC visits
624 Physical exams
624 Audiograms

9168/3 = 3056 - 10% (306) = 2750 (family of active duty)
306 (retired and family)
3056

9168 - 3056 = 6112 (total active duty)

↗ 6-A-R (9/22/94) VR Burnett 524 9/29/94

There is no pg 7 - VR Burnett 824 9/29/94

- Data is based on all patients keeping appointments, no cancellations or no shows.
  Used 2% increase based on no show and cancellation rates.
  Staffing: 2 GMOs, 1 NP, 2 IDCs.
  Other: Is for Occupational Health civilian visits, foreign military and NOAA.

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	6,911	411	5	4	7,331
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]*					45,584
RADIOLOGY PROCEDURES (WEIGHTED)[1]*					
PHARMACY UNITS (WEIGHTED)[1]*					5,336
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.

Unable to break out CHAMPUS and supplemental care for clinics. Information provided in NAVMEDCEN Portsmouth submission.

SOURCE: MICRO-WORS FY93

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]								
SPECIALTY CARE[2]								
PHYSICIAN EXTENDERS[3]								
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL								

[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 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.

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

R

R

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 Virginia
* 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	14	24	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES	R
MCDONALD ARMY COMMUNITY HOSP	ARMY	56	82		R
PPH PENINSULA HOSP	CORPORATION	40	63		R
SENTARA HAMPTON GENERAL HOSP	NON-GOVERN NOT-FOR-PROFIT	38	59		R
VETERANS AFFAIRS MEDICAL CENTER	VA	33	52	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL	R
US AIR FORCE HOSPTIAL	AIR FORCE	41	63	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLODD PRODUCTS	R
MARY IMMACULATE HOSPITAL	CHURCH OPER	51	77		R
NEWPORT NEWS GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	42	65		R
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNT NOT-FOR-PROFIT	47	71	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES	R
CHILDREN'S HOSP OF THE KING'S DAUGHTERS	NON-GOVERNT NOT-FOR-PROFIT	24	43	INEGRAL 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 GENRAL HOSP	NON-GOVERN 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 BLODD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	24	48	
NEWPORT NEWS GENRAL 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	26	46	NON FEDERAL; NURSE ANESTHETISTS	R
LAKE TAYLOR HOSP	HOSP DISTRICT	25	39		R
NORFOLK COMM HOSP	CHURCH OPER	22	40		R
SENTARA LEIGH HOSP	NON-GOVERNT NOT-FOR-PROFIT	24	36		R
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	24	43	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING	R
MARYVIEW MEDICAL CENTER	CHURCH OPER	26	45	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY	R
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	23	42	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES	R
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	38	61		R
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	26	42		R
VIRGINIA BEACH HOSP	VA	31	47		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 provided 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

(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

E. J. WOLSKI	E J Wolski
NAME (Please type or print)	Signature
OFFICER IN CHARGE	24 May 94
Title	Date

NORTHWEST BRANCH MEDICAL CLINIC
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

2 5 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)

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

3 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."

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

22 Sep 94
Date

NORTHWEST BRANCH MEDICAL CLINIC
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 Sept 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

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic, Naval Security Group Activity, NorthWest, Chesapeake VA*
Acronym(s) used in correspondence	*BMC NSGA NorthWest* *BRMEDCLNSGANW*
Commonly accepted short title(s)	*NWBRCLINIC*

- Complete Mailing Address

Branch Medical Clinic, Naval Security Group Activity
4520 Relay Rd. STE 100
Chesapeake VA 23322-4198

- PLAD: BRMEDCLINIC NAVPHIPBASE LITTLE CREEK VA

- PRIMARY UIC: 32804

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

- ALL OTHER UIC(s): N/A

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

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

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

· Yes____ No_X__ (check one)

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

· Yes X_____ No _____ (check one)

· Primary Host (current) UIC: 63891_____

· Primary Host (as of 01 Oct 1995) UIC: 63891_____

· Primary Host (as of 01 Oct 2001) UIC: 63891_____

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

· Yes _____ No X____ (check one)

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

Name	Location	UIC
NONE		

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

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.

N/A

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

Current Mission

* Provide ambulatory health care services to active duty members of the Federal Uniformed services.

* Ensure military personnel are properly trained to perform assigned contingency and wartime duties.

* Ensure command maintains proper state of materials and personnel readiness.

* Provide health care services in support of units of the operating forces.

* Provide ambulatory health care services for other authorized persons as perscribed by Title 10, U. S. Code.

Projected Missions for FY 2001

N/A

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

Current Unique Missions

N/A

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, Portmouth	00183
• Funding Source	UIC

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 (Appropriated)	Enlisted	Civilian
• Reporting Command	01	10	01
• Tenants (total)	0	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	00	10	00
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
• CAPT E. J. WOLSKI, MC, USNR Officer In Charge	(804) 677-7101	(804) 433-2956	(804) 453-3750
• Duty Officer	(804) 421-8221		[N/A]
• LT G. FISHER, MSC, USN Department Head	(804) 677-7109	(804) 433-2956	(804) 479-3615

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	Civ
NONE				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civ
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	UHC	Location	Off.	Enl.	Civ.
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 ENCL (1)		

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

32804

BRAC 95 Data Call

Item #13.

Branch Medical Clinic, North West, Chesapeake VA

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

~~Enclosure (1)~~

Enclosure (1)

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

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
43330	PERSUPP DET NORTHWEST VA	CHESAPEAKE (NORTHWEST)	23322-5150	N	5
45158	NSGA NW/ECCM	CHESAPEAKE (NORTHWEST)	23322-5000	N	58
45854	FLTSURVSC NW V	CHESAPEAKE (NORTHWEST)	23322-5010	N	36
45855	FSSC DET 1	CHESAPEAKE (NORTHWEST)	23322-5011	N	162
47155	CINCLANTFLT DET EWOPFAC	CHESAPEAKE (NORTHWEST)	23322-5000	N	10
47437	FCTCLNT ROTHER	CHESAPEAKE (NORTHWEST)	23322-5002	N	7
63410	NAVMAC NORFOLK VA	CHESAPEAKE	23320-2840	N	100
63891	NAVSECGRUACT NORTHWEST VA	CHESAPEAKE	23322-5000	N	218
66536	ROCLNT NATO CH	CHESAPEAKE (BOX 698 NW MOU 1)	23322-2599	N	24
44596	NSGA NW CSS	CHESAPEAKE (NORTHWEST)	23322-5000	N	11
45856	FSSC DET 2	CHESAPEAKE (NORTHWEST)	23322-5010	N	7
46066	FSSC DET 5	CHESAPEAKE (NORTHWEST)	23322-5150 (PSD)	N	0
200011CY	FLEET ASST GROUP ATLANTIC	CHESAPEAKE	23320	N	13
53531226	MCSF TRAINING CENTER PERMINANT	CHESAPEAKE	23322	N	96
53531JAZ	MCSF TRAINING CENTER	CHESAPEAKE	23322	N	70
** Subtotal **					[illegible]
** CINCLANTFLT N					
32716	NSGA NW CC CHE	CHESAPEAKE (NORTHWEST)	23322-5000	N	68
35014	NSGA NW COMBRE	CHESAPEAKE	23322-5000	N	22
35049	NDCLBR SG NORV	CHESAPEAKE (NORTHWEST)	23322-5000	N	2
35454	NSGA NW DS CHE	CHESAPEAKE (NORTHWEST)	23322-5000	N	96
41523	NAVSATCOMMDET	CHESAPEAKE BOX 777 NORTHWEST	23322-5200	N	1
42063	NAVSATCOMMDET	CHESAPEAKE (NORTHWEST BOX 777)	23322-5200	N	50

32804

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. OTLOWSKI, CAPT MSC, USN
NAME (Please type or print)

Signature

Director, Comm Health Services
Title

4 Feb 94
Date

Naval Medical Center, Portsmouth, Portsmouth VA
Activity

Branch Medical Clinic, NorthWest does not have an Activity Commander assigned.

ACTIVITY: 32804

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, CAPT, MC, USN
NAME (Please type or print)

Signature

ACTING COMMANDER
Title

4 FEB 1994
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 64
CONSTRUCTION COST AVOIDANCES

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).

Installation Name:	NORTHWEST NAVSECGRPAC
Unit Identification Code (UIC):	32804
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	41019	Medical/Dental Clinic	MCON	3,000
		Sub - Total 1996		**3,000**
		Grand Total		**3,000**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Northwest Branch Medical Clinic
UIC:	32804
Host Activity Name (if response is for a tenant activity):	Naval Security Group Activity, NW
Host Activity UIC:	63891

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: Northwest Branch Medical Clinic		UIC: 32804	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	5	0	5
2b. Transportation	7	0	7
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 FD=218 SAG FN=3	221	0	221
2k. Sub-total 2a. through 2j:	233	0	233
3. Grand Total (sum of 1c. and 2k.):	233	0	233

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Northwest Branch Medical Clinic		UIC: 32804	
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: Northwest Branch Medical Clinic	**UIC: 32804**
Cost Category	FY 1996 Projected Costs ($000)
Travel: E	2
Material and Supplies (including equipment): T&W	55
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	4
Other Purchases (Contract support, etc.):	34
Total:	95

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: Northwest Branch Medical Clinic	**UIC: 32804**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	**N/A**

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

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.

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

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

ACTIVITY COMMANDER

W. 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) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 7-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 04 AUG 1994 Date

Document Separator

338

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	U. S. Branch Medical Clinic, Naval Station, Guam
UIC:	~~68096~~ 32591 BUMED MED-825 GSA 7/29/94
Host Activity Name (if response is for a tenant activity):	~~N/A~~ NAVSTA GUAM VR BUMED824 7/29/94
Host Activity UIC:	~~N/A~~ 61755 VR BUMED 824 7/29/94

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: U. S. Branch Medical Clinic, Naval Station, Guam	**UIC:** 68096

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	20	0	20
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	20	0	20
2. Other Base Operating Support Costs:			
2a. Utilities	10	0	10
2b. Transportation	30	0	30
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	1	105	106
2j. Other (Specify) Communications	25	0	25
2k. Sub-total 2a. through 2j:	66	105	171
3. Grand Total (sum of 1c. and 2k.):	86	105	191

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
DHP, O&M	86
MPN	105

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)	
Activity Name: U. S. Branch Medical Clinic, Naval Station, Guam	**UIC:** 68096

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

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: U. S. Branch Medical Clinic, Naval Station, Guam	**UIC:** 68096

Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	6
Material and Supplies (including equipment):	21
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	30
Other Purchases (Contract support, etc.):	1
Total:	58

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: U. S. Branch Medical Clinic, Naval Station, Guam	**UIC:** 68096
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	N/A

* **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)**:

N/A

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

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. M. RICCIARDI, CAPT, MC, USN
NAME (Please type or print)

J M Ricciardi
Signature

COMMANDING OFFICER
Title

21 July 94
Date

U. S. BRANCH MEDICAL CLINIC,
Activity NAVAL STATION, GUAM

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR: Brac 95 Data Call 27
MEDICAL FACILITY: U.S. Naval BMC Naval Station Guam
ACTIVITY UIC: 32591

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.

SOURCE: SORM, USNHGUAMINST 5450.4F

BRANCH MEDICAL CLINIC, NAVAL STATION (NAVSTA)

a. Branch Medical Clinic, Naval Station, Guam. The NAVSTA Branch Medical Clinic provides:

(1) General outpatient and first aid/acute medical care to authorized shore-based military and civilian personnel and in-port fleet personnel.

(2) Military Sick Call for Naval Station and its tenant commands and, ships and units operating in the area with or without a Medical officer, and patient referral, as necessary to Naval hospital specialty clinics.

(3) Physical examinations for active duty military personnel.

(4) Medical support for weapons training on pistol/rifle ranges and field training exercises conducted by marine Barracks.

(5) Custody and maintenance of military and civil service (stateside hire) medical records.

(6) Dive Medical Support.

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)
COMNAVMAR	57043	AGANA, GU	*
NAVAL STATION	61755	SANTA RITA, GU	*
CAMP COVINGTON	66687	SANTA RITA, GU	*
USS HOLLAND	04696	SANTA RITA, GU	*
USS WHITE PLAINS	05835	SANTA RITA, GU	*
USS NIAGARA FALLS	05834	SANTA RITA, GU	*
USNS SPICA	21804	SANTA RITA, GU	49
NAVAL MAGAZINE	60872	SANTA RITA, GU	*
USNS KILAUEU	42842	SANTA RITA, GU	39
USNS MARS	48595	SANTA RITA, GU	49
USNS SAN JOSE	48601	SANTA RITA, GU	49

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

* INFORMATION NOT CURRENTLY AVAILABLE. PER COMNAVMARIANAS MILITARY AFFAIRS SECTION, CAN PROVIDE AT A LATER DATE VIA THIS COMMAND.

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	6177	INA	INA
ACTIVE DUTY NON N/MC	0	609	INA	INA
TOTAL ACTIVE DUTY	0	6786		
FAMILY OF AD	0	0	INA	INA
RETIRED AND FAMILY MEMBERS UNDER 65	0	0	INA	INA
RETIRED AND FAMILY MEMBERS OVER 65	0	0	INA	INA
OTHER	0	372	INA	INA
TOTAL	0[1]	7158[1]		

Source: MICRO-WORS

[1] Reflects YTD data through the most current month (MAY) plus projected monthly totals for projected months of JUN-SEP.

What is your occupancy rate for FY 1994 to date? N/A; OUTPATIENT CLINIC ONLY

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	11,965	11,669	11,373	11,076	10,780	10,484	10,187
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A = OUTPATIENT MEDICAL TREATMENT FACILITY (MTF) ONLY.

Please show all assumptions and calculations in the space below:

FORMULA = PROJECTED OPV's OF ALL CLINICS, U.S.N.H. GUAM X 53.6%.
SOURCE: USNHG MID, MANAGEMENT ANALYSIS DIVISION

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections		
Water Quality Analysis		
Entomology		
Insect Trap Collect & Analysis		
Food Service Sanitation Instruction		
TOTAL	2,271 hr	6
Industrial Hygiene Support	2,058 hr	5

Source: Director, Occupational Health & Preventative Medicine. Services provided to tenant commands at NAVSTA, Guam.

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
NO GME AT THIS MTF								

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]
			NO GME AT THIS MTF

[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]
55010	BRANCH MEDICAL CLINIC	12,964	42	C03

[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 of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
95161	C10-93 Backup Generator	93	123,000

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
95135	Construct Clinic Head	97	50,000
95429	Construct Storage Room	96	75,000

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		

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BUMED
MED-825
GSA
7/25/94

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 Station Branch Medical Clinic				
2. UIC N61755	3. CATEGORY CODE 550/0	4. NO. OF BUILDINGS 1		
5. SIZE 221Lx29W	A. GSF 12964	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION Guam	A. CITY Naval Station		B.STATE GU	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	70	30		CO3	
(2) ADMINISTRATION		100			
(3) CENTRAL STERILE SVCS.		100			
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	80	20		CO3	
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	70	30		CO3	
(8) LOGISTICS		100		CO3	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS					
(12) PHARMACY	60	40		CO3	
(13) RADIOLOGY	80	20		CO3	
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100	CO3	
(B) HVAC	95	5		CO3	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	25	75		CO4	

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 (DoD Instruction 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: NOV 92
FULL ACCREDITATION: Yes; CONDITIONAL, TYPE 1 LIFE SAFETY SCORE
LIFE SAFETY MANAGEMENT SCORE: 1

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?

Extremely Important. Shipboard personnel do not have transportation.

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

Air - 17.5 mi
No Rail
Sea - Military - 2 mi
- Commercial - 8.0 mi
Ground - Still must go via Air

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): 17.5

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

Location is critical to forward deployed status; No MOB requirements.

This clinic is forward deployed and does not mobilize. Our geographic location is strategic for mobilization in the pacific rim.

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

15 Minutes depending on availability of Duty Driver.

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 pool of candidates is limited for critical skills like physicians, nurses, computer programmers, medical technologist and medical records personnel. Due to Guam's remote, isolated geographic location, it is also difficult to attract other qualified candidates from stateside.

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.

It would have a profoundly negative impact on the mission of the fleet since this outpatient MTF provides nearby access to medical treatment for over 3,000 active duty and visiting ships, including Military Sealift Command ships home ported in Guam or forward deployed to Guam. Hundreds of thousands of dollars in military pay would be the cost for hundreds of lost manhours for active duty taking off approximately 2-3 hrs/ patient to travel and wait to be seen at U.S. Hospital, Guam. Many patients do not have cars, and rely on their command duty driver. Access to acute care, primary care, physical exam, brig sick call and supervision of selected occupational health activities are the unique features of this facility (1.5 mi or less) to the 42 activities that it serves.

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

Yes, the U.S. Naval Hospital Guam would be able to absorb additional outpatient workload only with appropriate increase in manpower, equipment and supplies.

However the driving time and additional time required to get an appointment, would result in the loss of 2 additional manhours from the servicemember's workcenter. This would equal hundreds of thousands of dollars for the hundreds of manhours for the 3000 assigned active duty population.

The U.S. Naval Hospital, Guam is the closest JCAHO accredited medical facility to this clinic. The U.S. Naval Hospital, Guam and its branch clinics are the only JCAHO accredited facility, military or civilian, within a 1500 mile radius.

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.

If the U.S. Naval Hospital, Guam remained on the island, the answer is yes. It would be able to support outpatient services to the residual eligible population.

- Retirees and Families (3,542)
- DOD and Federal Agency Employees (229)
- Military Sealift Ship Crew (815)

The U.S. Naval Hospital, Guam and its branch clinics are the only JCAHO accredited facilities, military or civilian, within a 1500 mile radius. The only other hospital on the island is a civilian hospital, Guam Memorial Hospital.

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:

- NOT APPLICABLE - THIS IS CURRENTLY AN OUTPATIENT MEDICAL TREATMENT FACILITY (MTF) ONLY.

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
NOT APPLICABLE		

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

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

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

Number of "stubbed" expanded beds[1]: _____

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

- NOT APPLICABLE- THIS BRANCH CLINIC IS AN OUTPATIENT MEDICAL TREATMENT FACILITY (MTF) ONLY.

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

- N/A - NO NAS's FOR THIS BRANCH CLINIC

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	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	NA/	N/A	N/A

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

[2] The total cost in thousands of dollars.

- N/A - NO SUPPLEMENTAL CARE THIS BRANCH CLINIC.

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	755,270	223,536	66,805[1]
TOTAL OUTPATIENT VISITS	6,995	8,377	1,355
AVERAGE COST PER VISIT	107.97	26.68	49.30

[1] FY94 IS FOR 1st QUARTER ONLY. MOST ACCURATE INFORMATION AVAILABLE AT REPORT PREPARATION DATE.

SOURCE: MICRO-WORS, MEPRS

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.

- NOT APPLICABLE - OUTPATIENT MEDICAL TREATMENT FACILITY (MTF) ONLY.

Table A:

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

Table B:

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

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

Table C:

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

Table D:

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

15. Quality of Life. (SOURCE OF DATA FOR QUESTION 15: NAVAL STATION, GUAM UIC 61755, DATA CALL 37, QUALITY OF LIFE SECTION.)

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+	70	70	0	0
Officer	3	109	109	0	0
Officer	1 or 2	50	50	0	0
Enlisted	4+	226	226	0	0
Enlisted	3	450	450	0	0
Enlisted	1 or 2	624	624	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

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

N/A

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

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

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	0	0
	2	0	0
	3	0	0
	4+	1	1mo
O-4/5	1	0	0
	2	2	1mo
	3	12	1mo
	4+	0	0
O-1/2/3/CWO	1	0	0
	2	8	1mo
	3	12	1mo
	4+	5	1-2mo
E7-E9	1	0	0
	2	0	0
	3	18	1-2mo
	4+	6	1-2mo
E1-E6	1	100	2-3mo
	2	89	2-3mo
	3	45	2-3mo
	4+	8	1-2mo

[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	cost
2	convenience
3	Navy housing overall superior to housing in community
4	utilities included
5	utilities and maintenance superior to community

(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)?

100%

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

Type of Quarters	Utilization Rate
Adequate	98%
Substandard	0
Inadequate	0

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	0
Inadequate	0

(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: N/A

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

365

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	0
Inadequate	0

(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: N/A

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

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

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

(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 NONE **DISTANCE NONE**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	10	N
	Outdoor Bays	8	N
Arts/Crafts	SF	2400	N
Wood Hobby	SF	0	N/A
Bowling	Lanes	16	N
Enlisted Club	SF	16280	N
Officer's Club	SF	8000	N
Library	SF	6000	N
Library	Books	12875	N
Theater	Seats	990	N
ITT	SF	250	N
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	4	N
Beach	LF	1000	N
Swimming Ponds	Each	0	N/A
Tennis CT	Each	11	N

[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	6	N
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	6	Y
Gymnasium	SF	10,000	N
Fitness Center	SF	5000	N
Marina	Berths	36	Y
Stables	Stalls	0	N/A
Softball Fld	Each	2	N
Football Fld	Each	1	N
Soccer Fld	Each	2	N
Youth Center	SF	12,000	N

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

YES

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	7	Y			26	180
6-12 Mos	7	Y			26	180
12-24 Mos	10	Y			47	240
24-36 Mos	27	Y			12	60
3-5 Yrs	52	Y			99	150

(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.
REFER TO HOME CARE PROVIDERS

(4). How many "certified home care providers" are registered at your base?
(46)

(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). NAVAL HOSPITAL GUAM, 54 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	249395 SF	1
Gas Station	1456 SF	1
Auto Repair	39720 SF	1
Auto Parts Store	2940 SF	1
Commissary	31825 SF	1
Mini-Mart	14033 SF	2
Package Store	1720 SF	1
Fast Food Restaurants	Each	6
Bank/Credit Union	Each	1
Family Service Center	1449 SF	1
Laundromat	2200 SF	2
Dry Cleaners	Each	2
ARC	20 PN	1
Chapel	500 PN	2
FSC Classrm/Auditorium	985 PN	1
TOYLAND	12000 SF	1
FURNITURE STORE	48600 SF	1
BARBER SHOP	120 SF	1

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

City	Distance (Miles)
AGANA	8
TAMUNING	12
AGAT	5

f. Standard Rate VHA Data for Cost of Living:

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

* GUAM DOES NOT HAVE VHA BUT OHA INSTEAD. OHA IS COMPUTED AS FOLLOWS:

(MONTHLY RENT/RENTAL CEILING (WHICHEVER IS LESS)) + (UTIL/RECURRING MAINT ALLOW) = (GROSS TOTAL) - (BAQ) = (MONTHLY OHA)

AS ILLUSTRATED, OHA IS DERIVED FROM COMPUTATIONS BASED ON # OF FAMILY MEMBERS, YEARS OF SERVICE AND PAYGRADE.

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	1200	820	175
Apartment (1-2 Bedroom)	1300	750	200
Apartment (3+ Bedroom)	1400	1150	225
Single Family Home (3 Bedroom)	1500	1300	275
Single Family Home (4+ Bedroom)	2000	1600	350
Town House (2 Bedroom)	1300	1100	225
Town House (3+ Bedroom)	1600	1200	275
Condominium (2 Bedroom)	1300	1100	225
Condominium (3+ Bedroom)	2000	1750	275

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

Type Rental	Percent Occupancy Rate
Efficiency	20
Apartment (1-2 Bedroom)	60
Apartment (3+ Bedroom)	30
Single Family Home (3 Bedroom)	20
Single Family Home (4+ Bedroom)	5
Town House (2 Bedroom)	20
Town House (3+ Bedroom)	10
Condominium (2 Bedroom)	10
Condominium (3+ Bedroom)	20

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	228,800
Single Family Home (4+ Bedroom)	254,700
Town House (2 Bedroom)	211,700
Town House (3+ Bedroom)	250,000
Condominium (2 Bedroom)	177,000
Condominium (3+ Bedroom)	275,000

(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	6	0	0
February	3	0	0
March	2	0	0
April	4	0	0
May	6	0	0
June	5	0	0
July	3	0	0
August	4	0	0
September	5	0	0
October	6	0	0
November	4	0	0
December	2	0	0

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

COST

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
RM	118	39
BT	47	53
SK	140	20
MM	74	45
BM	74	71

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)
AGAT-SANTARITA	30	5	10
AGANA-ANIGUA	10	7	20
BARRIGADA-MANGILAO	10	10	35
TAMUNING-TUMAN	20	10	35
DEDEDO-YIGO	30	20	45

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
23 PUBLIC ELEMENTARY SCHOOLS	PUB	K-5	YES	$5920	N/A	N/A	GUAM SCHOOL SYS
6 PUBLIC MIDDLE SCHOOLS	PUB	6-8	YES	$5920	N/A	N/A	GUAM SCHOOL SYS
5 PUBLIC HIGH SCHOOL	PUB	9-12	YES	$5920	912.8	N/A	GUAM SCHOOL SYS
22 PRIVATE SCHOOL	PRI	K-12	N/A	$2728 AVG	N/A	N/A	EACH SCHOOL

(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	
UNIVERSITY OF GUAM	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
GUAM COMMUNITY COLLEGE	Day	Y	Y	N	N	N
	Night	Y	Y	Y	Y	N
UNIVERSITY OF OKLAHOMA	Day	N	N	N	N	Y
	Night	N	N	N	N	Y
	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	
UNIVERSITY OF MARYLAND	Day	N	N	N	Y	N
	Night	N	N	N	Y	Y
	Correspondence	N	N	N	N	N
GUAM COMMUNITY COLLEGE	Day	N	N	N	N	N
	Night	Y	N	N	N	N
	Correspondence	N	N	N	N	N
	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	N/A	N/A	106	N/A
Manufacturing	N/A	N/A	3	N/A
Clerical	N/A	N/A	228	N/A
Service	N/A	N/A	59	N/A
Other	N/A	N/A	71	N/A

N/A - INFORMATION NOT AVAILABLE

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)	N/A	N/A	N/A
Base Personnel - military	N/A	0	2
Base Personnel - civilian	N/A	1	1
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
2. Blackmarket (6C)	N/A	N/A	N/A
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
3. Counterfeiting (6G)	N/A	N/A	N/A
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
4. Postal (6L)	N/A	N/A	N/A
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	1

Off Base Personnel - civilian	N/A	0	0

N/A - INFORMATION NOT AVAILABLE

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	N/A	N/A	N/A
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	1
6. Burglary (6N)	N/A	N/A	N/A
Base Personnel - military	N/A	3	9
Base Personnel - civilian	N/A	1	6
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	3
7. Larceny - Ordnance (6R)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
8. Larceny - Government (6S)	N/A		
Base Personnel - military	N/A	2	14
Base Personnel - civilian	N/A	10	58
Off Base Personnel - military	N/A	1	2
Off Base Personnel - civilian	N/A	3	1

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	N/A		
Base Personnel - military	N/A	15	69
Base Personnel - civilian	N/A	9	64
Off Base Personnel - military	N/A	2	16
Off Base Personnel - civilian	N/A	1	7
10. Wrongful Destruction (6U)	N/A		
Base Personnel - military	N/A	0	28
Base Personnel - civilian	N/A	1	16
Off Base Personnel - military	N/A	1	2
Off Base Personnel - civilian	N/A	1	2
11. Larceny - Vehicle (6V)	N/A		
Base Personnel - military	N/A	0	5
Base Personnel - civilian	N/A	0	1
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
12. Bomb Threat (7B)	N/A		
Base Personnel - military	N/A	3	18
Base Personnel - civilian	N/A	5	30
Off Base Personnel - military	N/A	1	6
Off Base Personnel - civilian	N/A	2	2

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)	N/A		
Base Personnel - military	N/A	0	1
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
14. Assault (7G)	N/A		
Base Personnel - military	N/A	4	30
Base Personnel - civilian	N/A	7	37
Off Base Personnel - military	N/A	3	7
Off Base Personnel - civilian	N/A	1	4
15. Death (7H)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
16. Kidnapping (7K)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)	N/A		
Base Personnel - military	N/A	0	3
Base Personnel - civilian	N/A	0	1
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
19. Perjury (7P)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
20. Robbery (7R)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
21. Traffic Accident (7T)	N/A		
Base Personnel - military	N/A	12	75
Base Personnel - civilian	N/A	3	62
Off Base Personnel - military	N/A	4	14
Off Base Personnel - civilian	N/A	1	8

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	1	1
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
23. Indecent Assault (8D)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	1	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	1	0
24. Rape (8F)	N/A		
Base Personnel - military	N/A	0	1
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0
25. Sodomy (8G)	N/A		
Base Personnel - military	N/A	0	0
Base Personnel - civilian	N/A	0	0
Off Base Personnel - military	N/A	0	0
Off Base Personnel - civilian	N/A	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR C. A. ROMINE, NC, USNR — Carl A Romine
NAME (Please type or print) — Signature

DIRECTOR, BRANCH MEDICAL CLINICS — 18 July 94
Title — Date

NAVAL STATION, GUAM, BRANCH MEDICAL CLINIC — BRAC 95, DATA CALL 27
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT J. M. RICCIARDI, MC, USN
NAME (Please type or print)

J M Ricciardi
Signature

COMMANDING OFFICER
Title

22 July 94
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that t in is accurate and complete to the f.

D. F. HAGEN, VADM, I
NAME (Please ty

Hagen
- 94

CHIEF BUMED/SURGEON
Title

BUREAU OF MEDICINE
Activity

N4 has absolutely no way to certify anything about the or any other BMD/ BMC Pkg
W Earner 8/4/94

I certify that ein is accurate and complete to the ef.

DEPU LOGISTICS)
DEPUTY CHIEF OF STAFF (& LOGISTICS)

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

W B Earner
Signature

Title

04 AUG 1994
Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).

Installation Name:	Guam NAVSTA
Unit Identification Code (UIC):	32591
Major Claimant:	Defense Agnecies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
2000	43394	Medical/Dental Clinic	MCON	12,600
		Sub -Total 2000		**12,600**
		Grand Total		**12,600**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K. Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

Document Separator

32591

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 U.S. Naval Branch Medical Clinic, NAVSTA, Guam, Mariana Islands

Official name	*U.S. Naval Branch Med Clinic, NAVSTA, Guam*
Acronym(s) used in correspondence	**NAVSTABRMEDCL, GU**
Commonly accepted short title(s)	**NAVSTABRMEDCL, GU**

- Complete Mailing Address:

  Commanding Officer
  U.S. Naval Hospital,
  Guam, MI
  FPO AP 96538-1600

- PLAD: NAVSTABRMEDCL, GU

- PRIMARY UIC: 32591 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes _____ No ___X___ (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes

your activity and completely answer all questions.

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

• Yes _____ No __X__ (check one)

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

• Yes __X__ No _____ (check one)
• Primary Host (current) UIC: 61755
• Primary Host (as of 01 Oct 1995) UIC: 61755
• Primary Host (as of 01 Oct 2001) UIC: N/A

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

• Yes _____ No __X__ (check one)

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

Name	Location	UIC
N/A	N/A	

32591

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

Name	UIC	Location	Host name	Host UIC
N/A	N/A	N/A	N/A	N/A

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

Yes. Naval Air Station (NAS) Agana was selected by BRAC 93 for closure in FY 95. This action also eliminated BRMEDCL NAS Agana, Guam (UIC 32589).

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

- General outpatient and ambulatory medical care to authorized military and civilian personnel.

- Military Sick Call for Naval Station and its tenant commands and ships and units operating in the area with or without a Medical Officer.

- Physical examinations for active duty military personnel.

- Medical support for weapons training on pistol/rifle ranges and field training excercises conducted by Marine Barracks.

- Custody and maintenance of military and civil service medical records.

Projected Missions for FY 2001

- Same as current missions.

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
Commanding Officer, U.S. Naval Hospital, Guam	68096

- Funding Source

	UIC
Commanding Officer, U.S. Naval Hospital, Guam	68096

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	2	9	0
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
(Appropriated)			
• Reporting Command	m.dd. ~~4~~ 0	m.dd. ~~12~~ 0	0
• Tenants (total)	N/A	N/A	N/A

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

Title/Name Home	Office	Fax
CO/OI		
• J.M. Ricciardi, MC, USN	344-9234	
• Executive Officer		
• CAPT J.W. Moran, NC, USN	344-9325	
• Director for Administration		
• CDR C.A. Jimerfield, MSC, USN	344-9703	
• Director for Resources		
• LT J. Nalewaiski, MSC, USNR	344-9720	

32591

- Head, Manpower Management Department
- LT G. Kiplinger, MSC, USN 344-9614
- Head, Management Information Department
- LT V. LINDSEY, MSC, USNR 344-9791

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

- Tenants residing on main complex (shore commands)

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

- Tenants residing on main complex (homeported units.)

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

- 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	N/A	N/A	N/A	N/A	N/A

- Tenants (Other than those identified previously)

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

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

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

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

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

32591

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. M. RICCIARDI, CAPT, MC, USN
NAME (Please type or print)

J M Ricciardi
Signature

COMMANDING OFFICER
Title

8 Feb 94
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

32591

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

NEXT ECHELON LEVEL (if applicable)

E. K. KRISTENSEN
NAME (Please type or print)

Signature

Rear Admiral, U.S. Navy
Title

Date February 8, 1994

COMNAVMARIANAS GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

X Signature

ACTING CHIEF BUMED
Title

Date 23 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)

S. F. Loftus
NAME (Please type or print)

Signature

Vice Admiral, U.S. Navy
Deputy Chief of Naval
Operations (Logistics)
Title

3-11-94
Date

Document Separator

338

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR: Brac 95, #26
MEDICAL FACILITY: Naval Station BRMEDCL Guam (UIC 32591)

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	10,639	3,872	N/A	10,320	3,468	N/A
FAMILY OF AD	11,447	4,240	N/A	11,103	3,767	N/A
SUBTOTAL	22,086	8,112	N/A	21,423	7,235	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	3,452	N/A	N/A	3,348	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	90	N/A		87	N/A	N/A
OTHER	229	1044	N/A	222	1277	N/A
TOTAL	25,857	9,156	N/A	25,080	8,512	N/A

- AIR FORCE ACTIVE DUTY = 2,550, DEPENDENTS= 4131.
- CATCHMENT AREA: ISLAND OF GUAM, TRI-SERVICE AND FEDERAL AGENCIES.
- ASSIGNED POPULATION INCLUDES 42 ACTIVITIES ON NAVSTA, GUAM AND MSC SHIPS - 3 CURRENTLY HOMEPORTED IN GUAM, 7 FORWARD DEPLOYED. MSC SHIP (NON-MILITARY) CREW CAN RECEIVE CARE ON PAY BASIS.
- FY 2001 projections based on beneficiary population projections to FY 1999 by Defense Medical Information Systems (DMIS) Resource Analysis and Planning System (RAPS) Report.

SOURCE: COMMANDER U.S. NAVAL FORCES, MARIANAS; NAVAL STATION GUAM; MILITARY SEALIFT COMMAND(MSC), GUAM.

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[3]
Set Up Beds[1]:	N/A[3]
Expanded Bed Capacity[2]:	N/A[3]

[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.

[3] N/A - Outpatient Medical Treatment Facility (MTF) Only.

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	OTHERS	TOTAL OF EACH ROW
OUTPATIENT VISITS	7,938	0	0	439	8,377
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	109,802	0	0	0	109,802
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,040	0	0	0	3,040
PHARMACY UNITS (WEIGHTED)[1]	7,123	0	0	0	7123
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.

BUMED822 mm 22 Jul 199

SOURCE: USNHG MID MGMT ANALYSIS DIVISION - USING MICRO-WORS REPORTS.

OTHERS:
1. THIS ALSO INCLUDE CIVILIAN/HUMANITARIAN, COAST GUARD, VA, DOD, NOAA, PHS AND FEDERAL AGENCIES.
2. NAVSTA BRMEDCL PROVIDES OUTPATIENT MEDICAL SERVICES FOR 42 ACTIVITIES ON NAVSTA, GUAM BASE.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	7,938	0	0	439	8,377
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	109,802	0	0	0	109,802
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,040	0	0	0	3,040
PHARMACY UNITS (WEIGHTED)[1]	7,123	0	0	0	7,123
OTHER (SPECIFY)	NA				

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

BUMED-822 MA, 22JU98

- ALL OUTPATIENT ACTIVITIES ARE AT FULL CAPACITY.
- TO PROVIDE INCREASED LEVEL OF SERVICE WOULD REQUIRE CORRESPONDING STAFFING, EQUIPMENT & SUPPLY INCREASES, EVEN THOUGH FACILITY WORKSPACE IS AVAILABLE.
- MAXIMUM CAPACITY ASSESSMENT - DIRECTOR, BRANCH MEDICAL CLINICS.

SOURCE: MICRO-WORS.

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	7,938	0	0	439	8,377
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	109,802	0	0	0	109,802
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,040	0	0	0	3,040
PHARMACY UNITS (WEIGHTED)[1]	7,123	0	0	0	7,123
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.

BUMED 822 MW 11/22/98

- TO PROVIDE INCREASED LEVEL OF SERVICE WOULD REQUIRE CORRESPONDING STAFFING, EQUIPMENT & SUPPLY INCREASES, EVEN THOUGH FACILITY WORKSPACE IS AVAILABLE.

SOURCE: MICRO-WORS

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	3	3	3	3	3	3	3
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	3	5	5	5	5	5	5	5

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

- STAFFING PROJECTION: FY95 (PROJECTED ONBOARD STAFFING) USED AS BASE TO CALCULATE SIMPLE GROWTH OF 5.5% ANNUALLY THROUGH FY96.
- NO CNO PROJECTION AFTER FY96.

SOURCE: FY94/95 STAFFING-USNHG MANPOWER MGMT DEPT.

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]	82
SPECIALTY CARE[2]	61
PHYSICIAN EXTENDER[3]	0
TOTAL	143

[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.

SOURCE: GUAM HEALTH PROFESSIONAL LICENSING OFFICE. 6/94.

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: 133,152 (FOR THE ISLAND OF GUAM)

SOURCE: COMMANDER U.S. NAVAL FORCES, MARIANAS AND GUAM BUREAU OF PLANNING.

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]
GUAM MEMORIAL HOSPITAL	GOVERNMENT OF GUAM	17 MILES	45 MINUTES	(SA) COOPERATIVE DISASTER/EMERGENCY SUPPORT
				(MOU) EXCHANGE EMERGENT
				CAT SCAN SERVICES
				(MOU) EXCHANGE OF BLOOD SERVICES
U.S. NAVAL HOSPITAL, GUAM	U.S. NAVY	8 MILES	30 MINUTES	PARENT HOSPITAL OF THIS BRANCH CLINIC

[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]
GUAM MEMORIAL HOSP.	198	NO	71.9%	ECHOCARDIOGRAPHY
				KIDNEY DIALYSIS
				ARTERIOGRAPHY
				NEONATAL INTENSIVE CARE
				ADOLESENT, PHYSICAL THERAPY
U.S. NAVAL HOSPITAL GUAM	55	YES	50.9%	NUCLEAR MEDICINE; DOD BLOOD BANK

U.S. NAVAL HOSPITAL GUAM is the only JCAHO accredited Medical Facility, military or civilian within 1500 miles.

SOURCE: GUAM MEMORIAL HOSPITAL AUTHORITY PATIENT CARE STATISTICS, 4/93.

[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[1]								
N/A[1]								

N/A[1] Reference U.S. Naval Hospital, Guam (UIC 68096)BRAC 95 Data Call 26 as providing training and authorization for training done at Branch Medical Clinics. Training is monitored and reported by parent command, U.S. Naval Hospital Guam.

- Occasional training is provided for University of Guam (UOG) undergraduate Nursing students, as part of Memorandum of Understanding (MOU) between U.S. Naval Hospital, Guam and University of Guam.

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

SOURCE: USNHG STAFF EDUCATION AND TRAINING DEPARTMENT.

(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[2]			
N/A[2]			

(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 training spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

N/A[2] Reference U.S. Naval Hospital, Guam (UIC 68096)BRAC 95 Data Call 26 as providing training and authorization for training done at Branch Medical Clinics. Training is monitored and reported by parent command, U.S. Naval Hospital Guam.

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[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

CDR C. A. ROMINE, NC, USNR	Carol A. Romine
NAME (Please type or print)	Signature
DIRECTOR, BRANCH MEDICAL CLINICS	11 July 94
Title	Date

NAVAL STATION, GUAM, BRANCH MEDICAL CLINIC
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT J. M. RICCIARDI, MC, USN
NAME (Please type or print)

J M Ricciardi
Signature

COMMANDING OFFICER
Title

19 July 94
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

7-24-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

W A FARNER
NAME (Please type or print)

W A Farner
Signature

Title

8/3/94
Date

Document Separator

UIC 47432

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Branch Clinic Ingleside

Official name	*Branch Medical Clinic, Naval Station Ingleside, TX*
Acronym(s) used in correspondence	*BRMEDCLINIC, NAVSTA INGLESIDE*
Commonly accepted short title(s)	*BMCI*

- Complete Mailing Address
  OFFICER IN CHARGE
  BRANCH MEDICAL CLINIC
  327 Coral Sea Suite 165
  Ingleside, TX 78362-5025

- PLAD
  BRMEDCLINIC NAVSTA Ingleside TX

- PRIMARY UIC: 47432 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

UIC 47432

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

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

· Yes _____ No __X__ (check one)

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

· Yes __X__ No _____ (check one)

· Primary Host (current) UIC: 68891

· Primary Host (as of 01 Oct 1995) UIC: 68891

· Primary Host (as of 01 Oct 2001) UIC: 68891

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

· Yes _____ No __X__ (check one)

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

Name	Location	UIC
N/A		

UIC 47432

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.

Received 13 billets from NAVHOSP Long Beach under BRAC II.

Tentatively scheduled to receive 4 billets from BRAC III realignment from Naval Medical Clinic Seattle, WA.

UIC 47432

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

• As the Navy builds up its Mine Warfare Center of Excellence the command provides medical support to NAVSTA Ingleside as homeport to 12 MCM's, 3 FFT's and their supporting crew, and base personnel currently at 7,051 beneficiaries.

Projected Missions for FY 2001

•Projected beneficiary population to grow to 10,318.

•Additional ships homeporting by 2001 include 10 MHC's, 2 MCM's, and the USS Inchon (LPH-12). The 3 FFT's are scheduled for foreign military sale in 1994.

UIC 47432

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

• Will provide medical support for the MINEWARTRACEN and it approximately 2000 students annually.

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

• Operational name	UIC
Naval Hospital Corpus Christi, TX	00285

• Funding Source	UIC
BUMED	00018

UIC 47432

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	5	20	1
• Tenants (total)	3	7	1

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~5~~ 6 GSA	~~20~~ 30 GSA	1
• Tenants (total)	3	7	1

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

Title/Name	Office	Fax	Home
• OIC Branch Clinic Ingleside Captain Antonita V. DEJESUS	DSN 776 (512)776-4579	4586	(512)850-8485
• Administrative Officer Ingleside Lt Dave Hays	DSN 776 (512)776-4576	4586	(512)994-6538
• Beeper Watch	(512)880-1346	4586	[N/A]

UIC 47432

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Branch Dental Clinic Ingleside, TX	48868	3	7	1

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

UIC 47432

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

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

FACILITY MAPS: *ALL MAPS PROVIDED BY NAVSTA INGLESIDE, TX

47432
65A

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

Captain Antonita V. DeJesus
NAME (Please type or print)

Antonita V. DeJesus
Signature

Officer in Charge
Title

03 Feb. 94
Date

Branch Medical Clinic, Ingleside, TX
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

Date 2-8-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

BUMED 822
MVS, 22 Jul 94

Activity Information:

Activity Name:	BRMEDCLINIC INGLESIDE
UIC:	47432
Host Activity Name (if response is for a tenant activity):	NS INGLESIDE
Host Activity UIC:	68891

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

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

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

DATA CALL 66 TABLE 14
INSTALLATION RESOURCES

Activity Name: Branch Clinic, Ingleside, Texas
UIC: 47432

CATEGORY	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs			
1a. Maintenance and Repair			0
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	60		60
2b. Transportation	11		11
2c. Environmental	12		12
2d. Facility Leases	0		0
2e. Morale, Welfare & Recr	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	10	248	258
2j. Other Engineering Support	4	0	4
Pastoral Care	0		0
Supply Operations	0	0	0
Security	0		0
2k. Sub-total 2a through 2j:	97	248	345
3. Grand Total (sum of 1c. and 2k.)	97	248	345

DATA CALL 66 TABLE 1A
INSTALLATION RECOURCCO

Activity Name: Branch Clinic, Ingleside, Texas
UIC: 47432

Funding Source

Appropriation	Amount ($000)
MPN	248
O&MN	97
TOTAL	345

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▸ 5

To Betty Cauble	From Sylvia Martinez
Dept./Agency HJ01 JAX	Phone # 861-2611
Fax # 942-7923	Fax # 861-3896

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

N/A BUMED-822 MAS, 22 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66 TABLE 2
Services/Supplies Cost Data

Activity Name: Branch Clinic, Ingleside, Texas
UIC: 47412

COST CATEGORY	FY 1996 Projected Costs ($000)
Travel:	6
Material and Supplies (including equipment):	136
Industrial Fund Purchases (other DBOF purchases)	0
Transportation:	11
Other Purchases (Contract support, etc.):	85
Total:	238

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name:	**UIC:**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	Ø

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

BUMED 822
MMS, 22 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BUMED-822
MAS, 22 Jul 99

DATA CALL 66
INSTALLATION RESOURCES

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

N/A

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

BUMED-822
MM, 22 Jul 99

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

Capt. B. G. Upton
NAME (Please type or print)

B G Upton
Signature

Commanding Officer
Title

07/13/94
Date

Naval Hospital, Corpus Christi, TX
Activity

This is the original signature for all Branch clinics of Naval Hospital Corpus Christi.

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-21-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 8/4/94

Document Separator

339

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCLINIC NAVSTA, INGLESIDE, TX
ACTIVITY UIC: 47432

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

May 20, 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.

Support independent Duty Corpsman (IDC) in the care of FFT's, MCM's, and MHC's homeported at Naval Station, Ingleside. Principal provider of primary care for Naval Station, Ingleside and tenant commands ashore. Provide Emergency Medical Response (EMS) for the base. Have level IV emergency treatment at the clinic.

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)
USS JOSEPH HEWES	20049	INGLESIDE	234
USS TRUETT	20073	INGLESIDE	234
NAVSTA	68891	INGLESIDE	159
USS DEFENDER	21403	INGLESIDE	83
USS SENTRY	21404	INGLESIDE	83
USS CHAMPION	21405	INGLESIDE	83
USS GUARDIAN	21406	INGLESIDE	83
USS DEVASTATOR	21427	INGLESIDE	83
USS PATRIOT	21453	INGLESIDE	83
USS SCOUT	21455	INGLESIDE	83
USS PIONEER	21456	INGLESIDE	83
USS WARRIOR	21457	INGLESIDE	83
USS GLADIATOR	21454	INGLESIDE	83
USS ARDENT	21900	INGLESIDE	83

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS AVENGER	21314	INGLESIDE	83
COMCMGRU 3	55645	INGLESIDE	58
COMCMGRU 2	55554	INGLESIDE	25
COMCMGRU 1	55540	INGLESIDE	20
PERSUPPDET	49331	INGLESIDE	16
FISCAL INGLESIDE	47903	INGLESIDE	15
NAVSURFLANT	55610	INGLESIDE	12
FAMILY SERVICE CENTER	48665	INGLESIDE	10
CONSURFGRU 6 DETACHMENT	49078	INGLESIDE	10
ENGINEERING TRA GROUP DETACHMENT	49394	INGLESIDE	09
SOUTHDIV ROICC	47089	INGLESIDE	06
COMINEGRU CSRAT	43070	INGLESIDE	04

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	[redacted]
ACTIVE DUTY N/MC	0	4,801	0	
ACTIVE DUTY NON N/MC	0	0	0	
TOTAL ACTIVE DUTY	0	4,801		
FAMILY OF AD	0	4,409	0	
RETIRED AND FAMILY MEMBERS UNDER 65	0	500	0	
RETIRED AND FAMILY MEMBERS OVER 65	0	79	0	
OTHER	0	0	0	
TOTAL	0	9,789		

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	10,500	14,000	15,400	16,940	17,000	17,200	17,500
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

1. All ships will arrive as currently projected.

2. Expected no space-available for categories other than active duty once all ships arrive by end of FY-96.

3. Assume TRI-CARE on line 1 May 1995.

4. Assume no MILCON or other providers.

5. Projected workload will also be maximum capacity beginning FY-96.

6. Projected workload will exceed maximum capacity once USS INCHON arrives FY-96.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Physical Fitness Tests	12 hrs	2
Food Service Inspections	12 hrs	1
Rifle Range	12 hrs	2
Barber Shop Inspections	2 hrs	1
Sanitation Inspections	10 hrs	1
De-rat Inspections	7 hrs	1
Environmental Health Surveys	32 hrs	2
Water Samples	45 hrs	1
HBA/Wellness Lectures	10 hrs	1
Fleet Liaison	10 hrs	1

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NONE								

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]
NONE			

[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]
	OWNED BY CINCLANFLT			

[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. Programmed Improvements. In the table below indicate PROGRAMMED MILCON (including BRAC MILCON) and O&M, N projects to upgrade your current facilities.

PROJECTED NAME AND NUMBER	TYPE PROJECT	COST (IN MILLIONS)	FY PROGRAMMED
NONE			

[1]

7c. Please complete the attached Facility Condition Assessment Document (FCAD) DD Form 2407 and return it with this data call.

7d. 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)

[1]Type project is facility replacement, correction of life safety deficiencies, etc.

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? Ingleside is a remote site with limited civilian outpatient providers.

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

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): 37

d. What is the importance of your location given your mobilization requirements? Ingleside will be the consolidated homeport for mine warfare.

e. On the average, how long does it take your current clients/customers to reach your facility? 15 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? Thirty seven miles commuting distance made it hard to attract enough candidates for our Occupational Health and Health Benefits Advisor (HBA) civil service positions.

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.

1,250 active duty afloat and 525 active duty ashore would have to go 37 miles to Naval Hospital, Corpus Christi for healthcare.

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.

No, one hospital facility, only one OB/GYN physician, and limited number of primary care physicians could not absorb beneficiary population.

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, Naval Hospital, Corpus Christi could take care of the approximately 2,200 retirees and their dependents.

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:

Not Applicable

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
NONE		

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

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

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

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

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

CTW BUMED-823
3 Jun 94

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

SEE NAVAL AIR STATION CORPUS CHRISTI, TX

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						

SEE NAVAL AIR STATION, CORPUS CHRISTI, TX

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

[2] The total cost in thousands of dollars.

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

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

SEE NAVAL AIR STATION, CORPUS CHRISTI, TX

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	N/A		

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.

Pg 21-22 are N/A
Sent Bumpd-823
7 Jun 94

Table C:

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

Table D:

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

CERTIFICATION FOR 27

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

A. DEJESUS, CAPT, MC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

23 MAY '94
Date

BRANCH MEDICAL CLINIC, INGLESIDE
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

~~Commanding Officer~~
Title

27 May 1994
Date

Naval Hospital Corpus Christi, TX
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Acting
Title

10 Jun 1994
Date

Document Separator

337

CAPACITY ANALYSIS: DATA CALL WORK SHEET FOR MEDICAL FACILITY: BRMEDCLINIC NAVSTA, INGLESIDE, TX

UIC: 47432

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993	PROJECTED FY 2001
AD	2,234	3,100
FAMILY OF AD	2,155	3,500
SUBTOTAL	4,389	6,600
RETIRED AND FAMILY MEMBERS UNDER 65	1,813	2,502
RETIRED AND FAMILY MEMBERS OVER 65	454	716
OTHER	395	500
TOTAL	7,051	10,318

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES. 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.

[3] **IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES) IN ADDITION TO YOUR 40 MILE CATCHMENT AREA POPULATION. EPLAIN ANY UNIQUE CATCHMENT OF YOUR CATCHMENT AREA.**

[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]:	
Expanded Bed Capacity[2]:	

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

CGW BUMED-823
3 Jun 94

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	2,417	2,219	295	4,931
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	21,026.5	19,310.1	2,574.7	42,911.3
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1,193.4	1,096.0	146.1	2,435.5
PHARMACY UNITS (WEIGHTED)[1]	2,542.4	2,542.3	2,542.3	7,627
OTHER (SPECIFY)	N/A			

CLINIC COMPLETED DEC 92. DATA REFLECTS 1 JAN - 30 SEP 93 ONLY.

[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.

CTW BUMED-823
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
(3) OUTPATIENT VISITS	4,810	4,418	589	9,817
ADMISSIONS	0	0	0	0
(4) LABORATORY TESTS (WEIGHTED)[1]	29,400	27,000	3,600	60,000
(5) RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,528	3,240	432	7,200
(6) PHARMACY UNITS (WEIGHTED)[1]	19,600	18,000	2,400	40,000
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.

Gen BUMED-823
3 Jun 94

1. Expect no space-available for categories other than active duty once all ships arrive by end of FY-96.

2. Maximum capacity based on current percentage of usage of clinic by category of beneficiary and projected gains of staff for Provider, Lab Techs, X-ray Techs, and Pharmacy Techs, will arrive as ordered in.

3. (CY 93 visits) 6545 X (base + unused capacity) 1.50% X (% of current usage)

4. (Daily capacity) 250 X (days per month) 20 X (% of current usage) X 12 mos per year.

5. (Daily capacity) 30 X (days per month) 20 X (% of current usage) X 12 mos per year.

6. (Daily capacity) 200 X (days per month) 20 X (% of current usage) X 12 mos per year.

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	4,801	4,409	579	9,789
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	18,626	17,106	2,281	38,013
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1,233	1,133	151	2,517
PHARMACY UNITS (WEIGHTED)[1]	10,155	9,326	1,243	20,724
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.

1. Supported population is defined as zip code within 40 mile catchment area north of Harbor Bridge.

2. Supported population also obtains heathcare at Naval Hospital, Corpus Christi, TX 37 miles from Naval Station, Ingleside, TX.

Calculations based on Jan 94 - Apr 94 MEPRS data and percentage of current usage by category (i.e. Active duty).

GTCU BUMED-823
3 Jun 94

4. Military 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]	*2	2	2	2	2	2	2	2
SPECIALTY CARE[2]	1	1	1	1	1	1	1	1
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	*3	4	4	4	4	4	4	4
TOTAL	7	8	8	8	8	8	8	8

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

*ONE BILLET EXPECTED TO BE FILLED OCT 94.

LOCATION

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

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

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

SEE NAVAL AIR STATION, CORPUS CHRISTI, TX INPUT.

BUMED-823
3 Jun 94

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: _____

SEE NAVAL AIR STATION, CORPUS CHRISTI, TX INPUT

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]
COASTAL BEND HOSPITAL	HEALTH TRUST	10 MI	15 MINUTES	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]
COASTAL BEND HOSPITAL	71	YES	51%	ER CERTIFIED

[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 THIS LOCATION								

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

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A THIS LOCATION			

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

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

CERTIFICATION FOR 26

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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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

A. DEJESUS, CAPT, MC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

23 MAY 94
Date

BRANCH MEDICAL CLINIC, INGLESIDE
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Commanding Officer
Title

Naval Hospital Corpus Christi, TX
Activity

Signature

27 May 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

6-3-94
Date

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

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

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

Acting
Title

Signature

10 Jun 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Sewells Point Branch Medical Clinic
UIC:	32510
Host Activity Name (if response is for a tenant activity):	Commander, Naval Base, Norfolk, VA
Host Activity UIC:	33001

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: Sewells Pt Branch Medical Clinic		**UIC: 32510**	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	121	0	121
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	121	0	121
2. Other Base Operating Support Costs:			
2a. Utilities	280	0	280
2b. Transportation	12	0	12
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 FD=51 SAG FN=32	83	0	83
2k. Sub-total 2a. through 2j:	375	0	375
3. Grand Total (sum of 1c. and 2k.):	496	0	496

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Sewells Pt Branch Medical Clinic		UIC: 32510	
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: Sewells Pt Branch Medical Clinic	**UIC: 32510**
Cost Category	FY 1996 Projected Costs ($000)
Travel: E	32
Material and Supplies (including equipment): T&W	3549
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	12
Other Purchases (Contract support, etc.):	6566
Total:	10159

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: Sewells Pt Branch Medical Clinic	**UIC: 32510**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	23
Procurement:	
Other:*	
Total Workyears:	23

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

BUMED-822 MJS, 18 Jul 9

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

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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

7/14/95

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

Branch Medical Clinic, Naval Station, Norfolk, VA UIC: 32510

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 Station, Norfolk, VA.*
Acronym(s) used in correspondence	*BMC NAVSTA NORVA, BMCN, BRMEDCL*
Commonly accepted short title(s)	*Sewells Point Branch Medical Clinic*

- Complete Mailing Address
  Branch Medical Clinic
  1721 Taussig Blvd.
  Norfolk, VA 23511-2899

- PLAD: BRMEDCLINIC NAVSTA NORFOLK VA

- PRIMARY UIC: 32510 (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): 46886 PURPOSE: DEPMED
  45588 Fail/Safe

2. PLANT ACCOUNT HOLDER:

- Yes ____ No XXXX (check one)

Enclosure (2)

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: 61463

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

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

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

• Yes ____ No 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
Physical Therapy Department	Lafayette River Annex, Norfolk, VA	32510

Branch Medical Clinic, Naval Station, Norfolk, VA UIC: 32510

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

Name	UIC	Location	Host name	Host UIC
Aviation Physiology Training Unit	32510	Naval Air Station, Norfolk, VA	Naval Air Station, Norfolk, VA	00188

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 EFFECT

Branch Medical Clinic, Naval Station, Norfolk, VA UIC: 32510

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 initial and ancillary medical support to all area TYCOMS and their respective subordinate commands.

- Provide initial acute medical treatment/triage during and after normal working hours to COMNAVBASE Norfolk, to include 24 hour ambulance response.

- Offer ambulatory care service (contract) to the eligible beneficiaries (AD/RET/DEP) for the COMNAVBASE Norfolk catchment area.

-

-

-

Projected Missions for FY 2001

- Remain consistent as above to include:

- Provide ancillary support for all submarine squadrons assigned to Naval Base Norfolk, three of the four current submarine tenders (AS class) are scheduled to decommission without replacements.

- Projected increase in female patients as many of the ships are anticipating their assignment.

-

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Branch Medical Clinic, Naval Station, Norfolk, VA UIC: 32510

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

Current Unique Missions

- Provide Brig medical support to both Brig staff and inmate personnel.
- Provide medical support to the Naval Base, Norfolk DEPERMING station.
- Provide Aviation Physiology Training (APTU, NAS, NORFOLK)

Perform Guardship duties on a rotational basis.

Projected Unique Missions for FY 2001

- Continue with the current unique missions to include:
- Receive beneficiaries for TRICARE enrollment into the TRICARE PRIME network.
-

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	30	168	49
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	33	142	52 3
• 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
• Officer in Charge			
CDR P.M. DENZER	(804)677-6210	(804)445-1693	(804)583-2398
• Duty Officer	(804)677-6291	[N/A]	
• Administrative Officer			
LT(JG) D.M. BILLINGS	(804)677-6217	(804)445-1693	(804)424-4694
•			

Branch Medical Clinic, Naval Station, Norfolk, VA UIC: 32510

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: 32510

BRAC 95 Data Call

Item #13.

Branch Medical Clinic, Naval Station Norfolk, Norfolk, 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

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
** CINCLANTFLT S					
00060	CINCLANTFLT	NORFOLK	23511-5210	S	287
00066	USCINCLANT	NORFOLK	23511-5100	S	190
00188	NAS NORFOLK	NORFOLK NAS	23511-5000	S	672
00189	NSC NORFOLK	NORFOLK	23512-5100	S	55
09052	COMCAEWWING 12	NORFOLK (NAS)	23511-5398	S	22
09102	VAW 78	NORFOLK (NAS)	23511-5424	S	1
09123	HSL 30	NORFOLK (NAS)	23511-5593	S	240
09134	HSL 32	NORFOLK (NAS)	23511-5591	S	57
09158	COMRESPATWINGLANT	NORFOLK (NAS)	23511-5320	S	0
09206	HM 12	NORFOLK (NAS)	23511-5340	S	425
09212	HC 2	NORFOLK (NAS)	23511-5696	S	90
09303	VRC 40	NORFOLK (NAS)	23511-5330	S	223
09467	VAW 121	NORFOLK	09507-6406 FPO AE	S	165
09476	VAW 122	NORFOLK	09507-6407 FPO AE	S	160
09477	VAW 123	NORFOLK	09507-6409 FPO AE	S	171
09526	VAW 124	NORFOLK	09507-6410	S	171
09527	VAW 120	NORFOLK (NAS)	23511-5325	S	315
09576	CARGRU 2	NORFOLK	09501-4302 FPO AE	S	64
09577	CARGRU 4	NORFOLK	09501-4304 FPO AE	S	61
09806	VC 6	NORFOLK (NAS)	23511-5594	S	137
09810	FASOTRAGRULANT	NORFOLK (NAS)	23511-5486	S	68
09922	VA 125	NORFOLK	09507-6411 FPO AE	S	162
09963	VAW 126	NORFOLK	09507-6412 FPO AE	S	176
13867	RESOLUTE AFDM 10	NORFOLK (NS)	23511-6130	S	162
30019	NFSSO NF M NOR	NORFOLK	23512-5360	S	16
30331	NAESU DT NORVA	NORFOLK (NAS)	23511-5420	S	0
30680	CC VAW 120	NORFOLK (NAS)	23511-5193	S	79
30686	FASOTRAGRULA	NORFOLK (NAS)	23511-5486	S	14
30696	DET 22D DNCOFS	NORFOLK	23515-5010	S	3
30809	AFSCOL NORVA	NORFOLK	23511-6097	S	13
30811	FKTTC BIRV	NORFOLK	23511-6285	S	776
30827	NATTC DET LKHST DET NORFOLK VA	NORFOLK (NAS)	23511-5499	S	5

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: 32510

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
30838	NS NORVA BRIG	NORFOLK (NS)	23511-6798	S	139
30996	NSGD CSS NORVA	NORFOLK	23511-5109	S	5
31844	FEWSG SURF DET ONE	NORFOLK (NAS)	23511-5588	S	32
31874	CNAIRLNT COMP	NORFOLK	23511-5315	S	3
31898	CNSRF LNT REP	NORFOLK (ROBIN HOOD RD)	23511-2406	S	0
32002	TPU NS NORVA	NORFOLK (NS)	23511-6375	S	869
32019	VC 6 SEA DUTY	NORFOLK (NAS)	23511-5594	S	55
32370	COMNUWPNTRAGRULANT	NORFOLK (NS)	23511-6496	S	12
32510	BRMCL NS NORFOLK	NORFOLK (NS)	23511-6692	S	179
32678	CMIO NORFOLK	NORFOLK	23511-6195	S	17
32685	COM2FT NSGDT S	NORFOLK	09506-6000 FPO AE	S	2
32770	SIMA NORFOLK	NORFOLK (NS)	23511-6135	S	1213
33001	CNAVBASE NORVT	NORFOLK (NS) (PSD)	23511-5118	S	10
33009	USCINCLNT AIRB	NORFOLK (PSD)	23511-5106	S	12
33221	COMNAVAIRLNT	NORFOLK	23511-5315	S	9
33248	COMSUBLANT/BCT	NORFOLK (PSD)	23511-5106	S	101
35105	NJROTC AREA 5	NORFOLK (NS)	23511-6720	S	1
35282	HSL 34 LAMPS	NORFOLK	23511-5592	S	219
35322	SURFLRSUPPG NO	NORFOLK	23511-6120	S	93
35386	FLEASWTRACEN	NORFOLK, VA	23511-6495	S	223
35396	NBAND DC LANTF	NORFOLK	23511-5106	S	53
35477	NSGD DS NORVA	NORFOLK	23511-5109	S	36
35701	MOB ENV TM NOR	NORFOLK (NAS)	23511-5399	S	34
39145	NTCC BREEZY PO	NORFOLK	23511-6898	S	64
39146	NTCC HAMPTON R	NORFOLK	23511-5103	S	212
39211	USCINCLNT WWMC	NORFOLK	23511-5100	S	76
39228	NEXCH NB NORVA	NORFOLK (NAVAL BASE)	23511-3690	S	36
39282	NAVSURFLT P NO (PER MR. C)	NORFOLK (NAVAL BASE)	23511-6170	S	36
39403	AIR LAUN NOR	NORFOLK (NAS)	23511-5499	S	0
41616	SLNT GASTP #1 N	NORFOLK	23511-6120	S	6
41738	NTISA DET TWO NORFOLK VA	NORFOLK (NS)	23511-6150	S	8
41940	SLNT DIESLPMTT	NORFOLK	23511-6120	S	12
42080	FTC NORVA PCOM	NORFOLK	23511-6285	S	404

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: 32510

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
42090	FTC NORVA GST	NORFOLK	23511-6285	S	692
42139	FASWTCLNT GST	NORFOLK	23511-6495	S	218
42434	CRAW/CRAG HM	NORFOLK (NAS)	23511-5340	S	127
42572	PERSUPP DET LANTFLT NORFOLK VA	NORFOLK (NAS)	23511-5106	S	31
42573	PERSUPP DET NAS NORFOLK VA	NORFOLK (NAS)	23511-5425	S	53
42574	PERSUPP DET NAVSTA NORFOLK VA	NORFOLK (NS)	23511-5118	S	99
42582	NBS FSD NORVA	NORFOLK	23511-5118 (PSD)	S	15
42964	SLNT 1200 PMT	NORFOLK	23511-5124	S	1
43442	ROCLANT	NORFOLK (LANT)	23511-5106 (PSD)	S	16
43541	CNRCDT YPROGSN, NORFOLK VA	NORFOLK (NS)	23511-6397	S	0
43739	CSUBLANT NCCS	NORFOLK	23511-5230	S	13
44018	USCINCLLANT WIS	NORFOLK	23511-5100	S	7
44294	CSUBRON 6 OTH	NORFOLK	09501-5206 FPO AE	U	28[2]
44295	CSUBRON 8 OTH	NORFOLK	09501-5208 FPO AE	U	57[2]
44325	NAS OCE AIMD	NORFOLK (NAS)	23511-5300	S	381
44383	TRANSITPERSU	NORFOLK (NS)	23511-5118	S	120
44418	NAS NORVA OTHE	NORFOLK (NAS)	23511-5300	S	57
44450	CSUBRON 8 SMMS	NORFOLK	09501-5208 FPO AE	U	31[2]
44481	COMNAVAIR LA	NORFOLK	23511-5315	S	20
44890	HELICOPIER TACTICAL WING 1	NORFOLK (NAS)	23511-5310	S	32
45076	NSGDT NOR/ECCM	NORFOLK	23511-5109	S	3
45245	CSS 6 VACAP OP	NORFOLK	09501-5206 FPO AE	U	2[2]
45496	UC12B FRT	NORFOLK (NAS)	23511-5425	S	5
45592	VRC 40 SEA	NORFOLK (NAS)	23511-5330	S	38
45679	SUBTRAFAC NORFOLK VA	NORFOLK (NS)	23511-6160	S	175
45682	EODBRU TWO DET NORFOK	NORFOLK (NAS)	23511-6095	U	7[2]
45906	CNARF LANT REP	NORFOLK (NAS)	23511-5425 (PSD)	S	0
45952	AEGISTC ATSNOR	NORFOLK (NS)	23511-5118 (PSD)	S	29
46008	NMASSO SNAPMED	NORFOLK (NAS)	23511-5425 (PSD)	S	4
46094	NAVSECORDTM	NORFOLK	23521-5440	S	26
46298	USLNTC CM SUPA	NORFOLK (LANT)	23511-5106 (PSD)	S	27
46454	MANPWRANAL V	NORFOLK	23511-5186 (PSD)	S	0
46645	LANTJIC (CI)	NORFOLK	23511-5116	S	28

UIC ASSIGNMENT BY CINCLANTFLT
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ACTIVITY: 32510

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
46817	HC 2 SEA COMP	NORFOLK (NAS)	23511-5693	S	213
47144	SSAAC NORFOLK	NORFOLK	23511-6165	S	22
47301	SURFNUCPROPMOBTRATM	NORFOLK (LANT)	23511-5255	S	16
47523	CNB NORVA F S	NORFOLK (NAVAL BASE)	23511-5118 (PSD)	S	65
47568	HSC 4 SEA COMP	NORFOLK (NAS)	23511-5794	S	0
47653	NMAC N DUTY CO	NORFOLK (NAS)	23511-5118 (PSD)	S	6
47705	CBR-D MTT NORV	NORFOLK (NS)	23511-5118 (PSD)	S	8
47862	ROCLNT NATO NO	NORFOLK	23511-5113	S	51
47927	RIPO AREA 15	NORFOLK (NAS)	23511-5425 (PSD)	S	0
48100	SUBPERSUPP DET	NORFOLK	23511-6075	S	33
48408	INT DKSL SUB	NORFOLK (NS)	23511-5118 (PSD)	S	5
48570	NSAFECEN AVS	NORFOLK (NAS)	23511-5796	S	51
48571	NSAFECENSUBMAR	NORFOLK (NAS)	23511-5796	S	16
48572	NSAFECEN NOSH	NORFOLK (NAS)	23511-5796	S	9
48573	NSAFECENSUR SS	NORFOLK (NAS)	23511-5796	S	15
48617	LNTFLT TQL NDU	NORFOLK (LANT)	23511-5106 (PSD)	S	15
49133	ADCOM AFSTAFCO	NORFOLK (LANT)	23511-5106 (PSD)	S	0
49176	DECA NORFOLK	NORFOLK (ADM TAUSIG BLVD)	23511-6002	S	2
49336	USSTRATCOM SPA	NORFOLK (LANT)	23311-5106 (PSD)	S	0
52850	CTG ONE SIX EIGHT PT TWO	NORFOLK (LANTFAST BLDG NH 201)	23511-5140	S	13
52863	SLNT 1200 PMT	NORFOLK	23511-5124	S	5
52874	HSL 34	NORFOLK (NAS)	23511-5592	S	54
52988	HSL 32 LAMPS	NORFOLK (NAS)	23511-5591	S	215
53811	HCS 4	NORFOLK (NAS)	23511-5794	S	0
53825	COMNAVSURFLANT	NORFOLK	23511-5215	S	281
53827	HM 14	NORFOLK	09507-5700 FPO AE	S	640
53841	COMLOGGRU TWO	NORFOLK	09506-5310 FPO AE	S	71
53856	VR 56	NORFOLK (NAS)	23511-5397	S	1
53889	CARGRU 8	NORFOLK	09501-4308 FPO AE	S	61
53930	SLNT 600 PMT N	NORFOLK	23511-5124	S	9
55214	HM 18	NORFOLK	23511-5185	S	1
55218	HC 8	NORFOLK (NAS)	23511-5335	S	80
55219	HC 8 SEA COMP	NORFOLK (NAS)	23511-5335	S	181

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: 32510

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
55335	PHIBRON 2	NORFOLK	09501-5801 FPO AE	S	29
55336	PHIBRON 4	NORFOLK	09501-5803 FPO AE	S	31
57068	COMLOGRON FOUR	NORFOLK (NEW ORLEANS, LA AS PER MLS)	09506-5313	Z	44[1]
57070	OCEANGRAPHSYSLANT NORFOLK VA	NORFOLK	23511-5220	S	0
57093	FLTIMAGCOMLANT NORFOLK	NORFOLK (NAS)	23511-5597	S	25
57095	LANTFLT HEDSUPPACT	NORFOLK	23511-6689	S	149
60951	FAADCLANT NORFOLK VA	NORFOLK (NS)	23511-6096	S	21
61463	COMNAVBASE NORFOLK VA	NORFOLK (NAVAL BASE)	23511-6002	S	94
61720	COMDT AFSC NORFOLK	NORFOLK	23511-6097	S	25
61797	FLETRACEN NORFOLK VA	NORFOLK	23511-6285	S	32
62538	COMSCMIDLANT	NORFOLK (BLDG Y100A)	23512-5200	S	21
62627	DMACS LANT NORFOLK VA	NORFOLK (NAS)	23511-5385	S	6
62688	NS NORFOLK VA	NORFOLK (NS)	23511-6000	S	799
62753	NAVDENCLINIC NORFOLK VA	NORFOLK	23511-6295	S	210
63007	COMNUWPNTRAGRULANT	NORFOLK (NS)	23511-6496	S	89
63061	NAVEASTOCEANCEN NORFOLK	NORFOLK (NAS)	23511-5399	S	93
63102	NAVAIRES NORVA	NORFOLK (NAS)	23511-5797	S	6
63117	NAVENPVNTMEDU TWO NORFOLK VA	NORFOLK	23511-6288	S	38
63184	SOCLANT	NORFOLK	23511-5692	S	4
63325	NAVEDTRASUPPCENLANT NORFOLK VA	NORFOLK	23511-6197	S	10
63376	FHTNC NORFOLK VA	NORFOLK	23511-6698	S	9
63393	NAVSAFECEN NORFOLK VA	NORFOLK (NAS)	23511-5796	S	9
63401	FLEASWTRACENLANT NORFOLK VA	NORFOLK	23511-6495	S	28
63408	NAVMTO NORFOLK VA	NORFOLK (NS)	23511-6691	S	15
63902	NAVSECGRU DET NORFOLK, VA	NORFOLK (LANT)	23511-5109	S	29
64356	NAVADMINCOM NORFOLK, VA	NORFOLK	23511-6097	S	75
64590	SACLANT	NORFOLK	23511-5245	S	212
64759	COMOCEANLANT	NORFOLK (LANT)	23511-5106 (PSD)	S	6
64762	CINC WESTLANT	NORFOLK	23511-5102	S	7
65286	FLT ICELNT SSO	NORFOLK	23511-6690	S	4
65291	FICKUR/LNT IDE	NORFOLK	23511-6690	S	55
65296	USCINCLNT IDHS	NORFOLK (NH 139)	23511-6001	S	15

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65781	NOCICMFAC BLC	NORFOLK	23511-6495	S	4
65792	AIC	NORFOLK	23511-5116	S	191
65887	NAVAVNDEPOT NORFOLK VA	NORFOLK (NAS)	23511-5899	S	40
65966	FOSSAC NORFOLK VA	NORFOLK (P. O. BOX 15129)	23511-0129	S	19
66236	COMFEWSG	NORFOLK (NAS)	23511-5588	S	17
66660	HSL 30	NORFOLK (NAS)	23511-5593	S	45
66676	CBU FOUR ONE ONE NORFOLK VA	NORFOLK (NS)	23511-6291	S	55
66799	CINCLANTFLT/PA	NORFOLK (N12)	23511-5210	S	5
66818	NAVMEDCOM MIDATLANTICREGN	NORFOLK (NEW ORLEANS, LA, EPMAC CODE 312	23508-1297	S	1
66967	AIC (OSIS)	NORFOLK	23511-6001	S	68
66990	CNAVBASE NORVPAO	NORFOLK (NAVAL BASE)	23511-6002	S	7
67026	HQ FMF LANT	NORFOLK	23511-5001	S	15
67558	NAVALREHCEN NORFOLK VA	NORFOLK (NS)	23511-6298	S	36
67853	MARCORSECF B L	NORFOLK (NS)	23511-5118 (PSD)	S	10
68057	NARDAC NORFOLK VA	NORFOLK (NAS)	23511-5425 (PSD)	S	24
68130	NS NORVA CAA	NORFOLK (NS)	23511-6000	S	7
68363	NAVLEGSVCOFF NORFOLK VA	NORFOLK (NS)	23511-6198	S	110
68406	NAVPACEN NORFOLK, VA	NORFOLK (NS)	23511-6199	S	11
68546	NAVENVIRHLTHCEN NORFOLK VA	NORFOLK (2510 WALMER AVE)	23513-2617	S	39
68547	PERSUPPACT NORFOLK VA	NORFOLK	23511-6125	S	21
68563	CNAVBASE NORVA	NORFOLK (NS)	23511-5118 (PSD)	S	7
68573	NAVRESSOFSO NORFOLK VA	NORFOLK (NAVAL BASE)	23511-6750	S	3
68699	NROTCU HAMPTON ROADS NORFOLK VA	NORFOLK	23529-0120	S	19
68722	NMC NORVA	NORFOLK (LANT)	23511-5106 (PSD)	S	5
68775	NAVMAC CHAPRES	NORFOLK (NAS)	23511-5425 (PSD)	S	5
68851	NAVDRUGLAB NORFOLK VA	NORFOLK	23511-5350	S	3
68908	HLTHCARE SUPPO NORFOLK VA	NORFOLK	23508-1297	S	27
70272	NAVCAMS LANT NORFOLK VA	NORFOLK	23511-5355	S	334
47752	NSGS DET NORVA	NORFOLK (LANT)	23511-5109	S	0
35336	OCEANGRAPHSYSL	NORFOLK (NOT ON MSL)	23511	S	0
00187	PWC NORFOLK	NORFOLK NS	23511-6098	S	16

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0033A	MOBILE TECHINICAL UNIT 2	NORFOLK	09501-7001 FPO AE	S	100
0067A	FLTILOTEAM	PORTSMOUTH	23702-5001	P	15[1]
0107A	CRUDSCRU 8	NORFOLK	09506-4704 FPO AE	S	70
0111A	DESRON 2	NORFOLK	09506-4706 FPO AE	S	35
0131A	DESRON 22	NORFOLK	09506-4721 FPO AE	S	14
0135A	DESRON 26	NORFOLK	09506-4725 FPO AE	S	13
0137A	DESRON 32	NORFOLK	09506-4727 FPO AE	S	16
0381A	HC 6	NORFOLK	23511-5696	S	211
0586A	FICEURLANT	NORFOLK	23511-5240	S	63
30335	NAESU DET NORFOLK VA	NORFOLK NOT ON MLS	23511-5295	S	0
30360	RESALEACT UIFSUPPCEN NORFOLK, VA	NORFOLK	23511 NOT ON MLS	S	0
30951	NROFSO MPCOU N	NORFOLK (MLS)	23511-5118 (PSD)	S	1
30995	NAVINTACT NORV	NORFOLK	23511-5109	S	14
31140	DEFCURSTA NORV	NORFOLK (NAS)	23511-5305	S	6
31197	NCTAMS LANT NO	NORFOLK (NS)	23511-6898	S	53
31242	HC 6 SSDUTY COM	NORFOLK (NAS)	23511-5696	S	92
31297	LANTJIC (ADP)	NORFOLK	23511-5116	S	15
31506	NWTG LNTFLDRDR	NORFOLK	23511-6496	S	27
31977	CPTEVFOR DT N0	NORFOLK (PSD)	23511-5106	S	36
32509	NDHOLDCOARCENN	NORFOLK (NS)	23511-6298	S	0
32797	CINCLANTFLT/RP	NORFOLK (PSD)	23511-5016	S	0
35134	STU CDP OLD COM UNIV. NORFOLK	NORFOLK (PSD)	23511-5118	S	0
35188	CNSRF LT REP/R	NORFOLK (ROBIN HOOD ROAD)	23513-2406	S	0
35313	CINCLANTFLT PE	NORFOLK	23511-5210	S	25
35325	NIS RESAGEY NOR	NORFOLK (NOT ON MLS)	23511	S	0
35625	NIS RESAGY NOR	NORFOLK (NS)	23511-5118 (PSD)	S	0
35676	NAS NORVA A/CO	NORFOLK (NAS)	23511-5000	S	244
35945	NAVINTACT S CN	NORFOLK	23511-5109	S	45
35946	STU CDP VIRGINIA WESLEYAN	NORFOLK	23511-5118 (NS DSD)	S	2
39024	FLTMATSUPPO NACO PROG NORV	NORFOLK (NS) (PSD)	23511-6155	S	0
39384	AV TRNG NORV	NORFOLK (NAS)	23511-5899	S	0
41000	AVORD MTT NORV	NORFOLK (PSD)	23511-5118	S	0

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41411	FLTIMAGFALNT CM	NORFOLK (NAS)	23511-5597	S	50
41412	FLTIMAGFALNT CA	NORFOLK (NAS)	23511-5597	S	13
41471	FTC NORVA FMST	NORFOLK	23511-6285	S	4
41516	NTCC HAMPTON R	NORFOLK	23511-5103	S	17
41519	AMCC VAN FOUR	NORFOLK	23511-5355	S	3
41520	AMCC VAN SIX	NORFOLK	23511-5355	S	6
41540	MEATPROD NOR	NORFOLK (NS)	23511-6002	S	0
41544	ATLINTRSTNORVA	NORFOLK (NAS PSD)	23511-5425	S	0
41555	CNSUFLNT DSNSG	NORFOLK	23511	S	0
42159	NAVCAMS LANT SATCOM DET NO	NORFOLK	23511-6898	S	45
42201	CINCLANTFLT/SPINTCOM DIV	NORFOLK	23511-5106	S	1
42229	CLNTFT FLTCONT	NORFOLK	23511-5210	S	37
42432	CRAW/CRAG HC	NORFOLK (NAS)	23511-5335	S	2
42443	CSUBLANT INT	NORFOLK	23511-5106 (PSD)	S	1
42601	CCRUDESGRUB SC	NORLFOK	09506-4704 FPO AE	S	2
42825	STU AEPR OLD DOMINION UNIV	NORFOLK (NS)	23511-5118 (PSD)	S	1
42838	MDSU 2 SDUTYCO	LITTLE CREEK	09506-7006 FPO AE	U	63[1]
42875	CINCLANTFLT SSO	NORFOLK	23511-5106 (PSD)	S	0
42900	CLFT PASS MGT	NORFOLK	23511-5106 (PSD)	S	1
42965	SLNT RSG PQS T	NORFOLK	23511-6120	S	2
43293	CNMPC NACU NOR	NORFOLK (NS)	23511-6025	S	28
43451	FASWTCLNT SUPT	NORFOLK, VA	23511	S	0
43599	CSUBLANT N D C	NORFOLK	23511-5230	S	7
43669	NAVSATCOMMDET	NORFOLK	23511-5103	S	36
43737	SSHIP PTSVA FM	NORFOLK	23511	S	0
43847	FASWTCLNT GSTS	NORFOLK (NS)	23511-5000	S	0
43848	FASWTCLNT GSTS	NORFOLK (NS)	23511-5000	S	0
43868	FASWTRC L SU	NORFOLK (NS)	23511-5118 (PSD)	S	0
43871	FTC NORVA SUR	NORFOLK	23511-6285	S	0
43872	FLTRC NOVA	NORFOLK (NS)	23511-5118 (PSD)	S	0
43873	FLT T C NOVA	NORFOLK (NS)	23511-5118 (PSD)	S	0
43874	FLT T C NOVA	NORFOLK	23511-5118 (PSD)	S	0
43888	FTC NORFA GST	NORFOLK (NS)	23511-6285	S	0

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43889	FTC NORVA GST	NORFOLK (NS)	23511-5118 (PSD)	S	0
43890	FTC NORVA GST	NORFOLK (NS)	23511-5118 (PSD)	S	0
43987	EEAP TIDEWATER	NORFOLK	23511-6197	S	62
44275	FASOLNT DT STR	NORFOLK (NAS)	23511-5486	S	70
44521	STU COMSUBLANT	NORFOLK	23511-5106 (PSD)	S	0
44688	STU PG #2 OLD DOMINION UNIT	NORFOLK	23529-0120	S	8
44833	EWOPFAC NORVA	NORFOLK (NORTHWEST)	23511-5000	S	9
44937	FASOTRAGGRUL SD	NORFOLK (NAS)	23511-5486	S	5
54033	FASWTCLNT	NORFOLK	23511-6495	S	0
45049	CMSCMDLT NDUCO	NORFOLK	23512-5000	S	0
45089	NS NORVA LFPAT	NORFOLK (NS)	23511-9998	S	0
45107	NAVINTACT CSUB	NORFOLK (NS)	23511-5106	S	17
45191	MOBDIVSALU TWO STUDENTS	LITTLE CREEK	09506-7006 FPO AE	U	17[1,2]
45218	CINCLNTFLT SDU	NORFOLK	23511-5210	S	0
45523	NBCSTSVCMOB DT	NORFOLK (NS)	23511-6155 (PSD)	S	3
45525	NBCSTSVCMOB DT	NORFOLK (NS)	23511-5118 (PSD)	S	0
45613	COMNAVSUPSYSCOM DET PRICE FIGHTER NORVA	NORFOLK (WASHINGTON DC)	20376-5000	S	15
45627	NAVMTONATD	NORFOLK (NAS)	23511-5425 (PSD)	S	23
45700	FLT TRA CEN NO	NORFOLK	23511-6285	S	7
45785	COMSC/USCINLNT (MSL)	NORFOLK	23511-5118	S	0
45806	LNTNVFCEGV SE	NORFOLK (NS)	23511-6155	S	8
45869	NIRA DT 4 NORV	NORFOLK (NS)	23511-5118 (PSD)	S	1
45890	NROTCU NOR	NORFOLK (NS)	23511-5118 (PSD)	S	51
45896	FLTIMAGCENLANT DET NORFOLK	NORFOLK (NAS)	23511-5597	S	5
45898	FLTIMAGCENLANT OCEANA DET	NORFOLK	23511-6001	S	3
45907	CNRF LT REP/R	NORFOLK (NAS)	23511-5425 (PSD)	S	0
45919	PMOLT SSNSDNOR	NORFOLK (NAS)	23511-6155 (PSD)	S	2
45983	PQMM SPEC NORV	NORFOLK (CINCLANT)	23511-5106 (PSD)	S	12
46019	NAVSUPSYSCOMDET PRIC FIGH	NORFOLK	23512-5370	S	2
46208	COM 2NDFLT/ECC	NORFOLK (LANT)	23511-5106 (PSD)	S	0
46241	PQMM SPC NAS N	NORFOLK (NAS)	23511-5425 (PSD)	S	0
46242	PQMM SPC NS NO	NORFOLK (NAS)	23511-5118 (PSD)	S	1

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53560243	MCSF COMPANY NORFOLK	NORFOLK	23511	S	171
560112C2	MCSF CADRE LITTLE CREEK	NORFOLK	23511	S	3
56011452	FLAG ALL COMNAVSURF	NORFOLK	23501	S	9
56011739	FLAG A COMPHIBRON 12	NORFOLK	23501	S	1
56011788	MC TAC COMMAND/CONTROL SYSTEMS	NORFOLK	09549 FPO AE	S	8
20001K94	ARMED FORCES STAFF COLLEGE	NORFOLK	23511	S	0
53530JAF	FRAMP STUDENTS	NORFOLK	23511	S	1
** Subtotal **					22138

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47844	USS SHANANDOAH AD 44 SHEN RIP	NORFOLK	09551-2540 FPO AE	U	890
48888	TAO 201 MILDEP	NORFOLK (NS)	23511-5118 (PSD)	U	0
48890	TAO 203 MILDEP LARAMIE	NORFOLK (NS)	23511-5118 (PSD)	U	0
57007	COMIDEASTFOR	NORFOLK	09501-6008 FPO AE	U	45
65364	CMIDEFOR SPSEC	NORFOLK	09501-6008 FPO AE	U	1
66141	STAND NAVFORLA	NORFOLK FPO AE	09501-6014	U	0
82683	USS DAHLGREEN DDG 43	NORFOLK	09567-1261 FPO AE	Z	0[1]
99993	USS SUSTAIN STU AFDM-7	NORFOLK (NOT ON MLS)	23511-5122	U	0
32669	NAVINTACT CMDE	NORFOLK	09501-6008 FPO AE	U	6
42032	T-AG 164 (KINGSPORT)	BAYONNE N.J.	07002-5399	U	0
50086535	MC DETACHMENT USS AMERICA	NORFOLK	09531	U	60
50088557	MC DETACHMENT USS KENNEDY	NORFOLK	09538	U	69
50089543	MC DETACHMENT USS EISENHOWER	NORFOLK	09532	U	61
50092413	MC DETACHMENT USS MT WHITNEY	NORFOLK	09517	U	13
50092466	USS MT WHITNEY	NORFOLK	09501	U	2
50097587	MC DETACHMENT USS ROOSEVELT	NORFOLK	09599	U	52
56011650	CCO USS AUSTIN	NORFOLK	09564	U	2
56011667	CCO USS GUADALCANAL	NORFOLK	09562	U	3
56011669	CCO USS GUAM	NORFOLK	09563	U	3
56011677	CCO USS EL PASO	NORFOLK	09568	U	2
56011683	CCO USS INCHON	NORFOLK	09529	U	3
56011685	CCO USS NASHVILLE	NORFOLK	09579	U	2
56011695	CCO USS PONCE	NORFOLK	09582	U	2
56011707	CCO USS SHREVEPORT	NORFOLK	09587	U	2
56011711	CCO USS TRENTON	NORFOLK	09588	U	2
~~56011740~~	~~CCO USS IWO JIMA~~	~~LITTLE CREEK~~	~~09561~~	~~U~~	~~3~~
56011748	USS NASSUA LHA 4	NORFOLK	09557 FPO AE	U	5
47561	USS GEORGE WASHINGTON CVN 73 DSSG	NORFOLK	09550-2873	U	11

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46329	EEAP T NELSO	NORFOLK (NTC)	23511-6197	S	5
46387	SUBTRAFAC	NORFOLK (NS)	23511-5116	S	5
46398	NBCSTSVCMOB DT	NORFOLK (NS)	23511-5118 (PSD)	S	0
46400	NBCSTSVCMOB DT	NORFOLK (NS)	23511-5118 (PSD)	S	0
46434	CLNTFT NPEB	NORFOLK (CINCLANT)	23511-6001	S	17
46655	STU CDP #2 EMERY RIDDLE U	NORFOLK (NAS)	23511-5425 (PSD)	S	0
46737	NAVMEDATASERVCEN DET PORTSMOUTH VA	NORFOLK (6500 HAMPTON BLVD)	23508-1298	S	0
46774	NASC DET WSM NORVA	NORFOLK (NAS)	23511-5425 (PSD)	S	1
46788	LNTFAST NORVA	NORFOLK	70159-7900	S	0
46837	NATSF NEUD NOR	NORFOLK (NAS)	23511-5425 (PSD)	S	0
46878	DMEDS NDC NORV	NORFOLK (NS)	23511-5118 (PSD)	S	1
46886	DMS BRMCL NS	NORFOLK (NS)	23511-5118 (PSD)	S	18
46887	DMEDS NDRL NOR	NORFOLK (NS)	23511-5118 (PSD)	S	1
46902	LFLT HDSUP PHY	NORFOLK	23511-5235	S	46
46966	NAS NORVA SEA	NORFOLK (NAS)	23511-5425 (PSD)	S	138
47032	PHRON 12 AV SUP	NORFOLK (NS)	23511-5118 (PSD)	S	0
47197	CMIDEFOR STNG	NORFOLK	09501-6008 FPO AE	S	81
47342	NEXCHCEN NORV	NORFOLK (NS)	23511-5118 (PSD)	S	0
47344	JSJCS/J7JDC NO	NORFOLK (NAS)	23511-5380	S	4
47350	NSFCN NORVA ND	NORFOLK (NAS)	23511-5796	S	14
47388	SSHP PTSM D NO	NORFOLK (NSY) (LANT)	23511-5100 (PSD)	S	0
47413	CINCLANTFLT/WI	NORFOLK (LANT)	23511-5106 (PSD)	S	0
47495	CLNTFT NPDP AD	NORFOLK (CINCLANT)	23511-6001	S	2
47587	MECPN OLD DO	NORFOLK (NS)	23511-5118 (PSD)	S	12
47593	EEAP #1 TW C	NORFOLK (NS)	23511-5118 (PSD)	S	8
47596	EEAP #1 J&W	NORFOLK (NS)	23511-5118 (PSD)	S	0
47649	RSG NORVA TS	NORFOLK (NS)	23511-5118 (PSD)	S	0
47678	NSGD NORVA S/D	NORFOLK (LANT)	23511-5109	S	12
47776	CDP 2 HAMPTON (UNIVERSITY)	NORFOLK (NAS)	23511-5425 (PSD)	S	0
48077	AEGIS TSG NO	NORFOLK (NS)	23511-5118 (PSD)	S	0
48105	NISCOM MTT L	NORFOLK (LANT)	23511-5118 (PSD)	S	0
48150	NRC LANT	NORFOLK (LANT)	23511-5106 (PSD)	S	1

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48442	EEAP #2 ST	NORFOLK (NS)	23511-5118 (PSD)	S	7
48447	EEAP #2 NOR	NORFOLK (NS)	23511-5118 (PSD)	S	2
48477	EEAP #2 O DO	NORFOLK (NS)	23511-5118 (PSD)	S	12
48523	SDSA FLESUPSEC	NORFOLK (NAS)	23511-5425 (PSD)	S	0
48524	SDSA USERS AS	NORFOLK (NAS)	23511-5425 (PSD)	S	1
45838	STF SEWLT TSIT	NORFOLK	23511-5448	S	0
48565	CMS TRA TEAM M	NORFOLK	23511-5118 (PSD)	S	5
48663	CNB NORFOLK FS	NORFOLK (NAVAL BASE)	23511-6002	S	0
48764	AVORD MTT NORV	NORFOLK (LANT)	23511-5106 (PSD)	S	4
48777	COM W OCE SM	NORFOLK (NS)	23511-5118 (PSD)	S	0
48914	NAVSECGRUDET N	NORFOLK	23511-5109	S	0
49053	EEAP CHRIS N	NEWPORT NEWS (PSD NORFOLK)	23511-5118 (PSD)	S	0
49084	LANTFLT SGA H0	NORFOLK (NS)	23511-5118 (PSD)	S	0
49130	AIC MPN	NORFOLK (LANT)	23511-5106 (PSD)	S	0
49344	LANDFORTRACO L	NORFOLK (NS)	23511-5118 (PSD)	S	0
49363	DDRE NORFOLK	NORFOLK (NS)	23511-5118 (PSD)	S	0
53929	SLNT 1200 PMT	NORFOLK (BLDG CEP 200)	23511-5124	S	6
55103	PHIBCB 2	NORFOLK	09601-4921 FPO AP	S	653
55202	CHELWNGRES NOR	NORFOLK (NAS)	23511-5425 (PSD)	S	0
55337	PHIBRON 6	NORFOLK	09501-5805 FPO AE	S	25
55338	PHIBRON 8	NORFOLK	09501-5807 FPO AE	S	31
55462	NAVSURFLANT READSUPPGRU	NORFOLK (NS)	23511-6120	S	0
55730	SUBRON 6	NORFOLK	09501-5206 FPO AE	U	57[2]
55731	SUBRON 8	NORFOLK	09501-5208 FPO AE	U	56[2]
57012	COMNAVAIRLANT	NORFOLK (NAS)	23511-5315	S	224
57016	COMSUBLANT	NORFOLK	23511-5230	S	195
57021	COMTRALANT	NORFOLK	23511-6597	S	30
57023	COMOPTEVFOR	NORFOLK	23511-5225	S	207
62470	LANTNAVFACENGCOM NORFOLK, VA	NORFOLK	23511-6287	S	10
62575	NPPSO DET NORFOLK A	NORFOLK	23511-6294	S	0
65368	CSUBLANT SPINC	NORFOLK	23511-5106 (PSD)	S	1
66737	COMLOGGRU 2 ST	NORFOLK	23511-5118 (PSD)	S	0
67230	MCSFCO NORFOLK VA	NORFOLK	23511-5697	S	0

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67270	MAG FOUR SIX DET ALFA	NORFOLK	23511	S	0
67391	MCB CAMP ELMORE NORFOLK VA	NORFOLK (CAMP ELMORE)	23511	S	0
67825	4MAW MMM774MAG (HM774 MAW)	NORFOLK (NAS)	23511-5897	S	1
68028	MTMCMATCO NASN	NORFOLK (NAS)	23511-9810	S	0
68147	NROFSON SSTM NO	NORFOLK (NS)	23511-5118 (PSD)	S	8
82244	MARDEZSEC 5 NO	NORFOLK (NAVAL BASE)	23511-6002	S	0
31552	NMTJ W TV CONOR	NORFOLK (NAVAL BASE)	23511-6384	S	7
45033	FASWTCLNT NORF	NORFOLK (NS)	23511-6495	S	0
48538	STF SEWLT TSIT	NORFOLK	23511-5118 (PSD)	S	9
64281	NAVSEACOMBATSYSENGSTA NORFOLK, VA	NORFOLK (NS)	23511-5698	S	4
43268	CNAIRLNT SEAD	NORFOLK	23511-5315	S	0
47058	AMCC VAN NINR	NORFOLK (NS)	23511-5118 (PSD)	S	0
48397	NAVAL SURFACE FORCE ATLAN. INTELL.	NORFOLK (LANT)	23511-5106 (PSD)	S	0
48699	COLLEGE DEGREE PROGR. ST. LEO	NORFOLK	23511-5118 (PSD)	S	0
03020G32	MAG 46 DET A 4TH MARINE AIR WING	NORFOLK	23511	S	117
20001111	HQ & SERVICES BATTALION	NORFOLK	23511	S	515
20001434	HQ ATLANTIC COMMAND	NORFOLK	23501	S	6
20001444	FLAG ALL CINCSULANT	NORFOLK	23501	S	7
20001K31	OLD DOMINION UNIVERSITY	NORFOLK	23508	S	7
20001UB1	FLEET INTEL CENTER EUROPE	NORFOLK	23501	S	0
20001UCX	IMAGERY INTERP TEAM	NORFOLK	23511	S	5
20001118	5TH CONTROL INTEL TEAM	NORFOLK	23515	S	13
20001W54	ATLANTIC COMMAND ELECT INTEL CENTER	NORFOLK	23511	S	28
20001H59	OLD DOMINION UNIV/NORFOLK STATE UNIV	NORFOLK	23511	S	3
20001K08	DEGREE PROGRAM OLD DOMINION UNIV	NORFOLK	23511	S	3
20001NBJ	CINCLANT AIRBORN COMMAND POST	NORFOLK	23501	S	0
20001MBN	MCLNO OP TEST/EVAL F	NORFOLK	23511	S	1

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20001809	NAVAL SECURITY GROUP DETACHMENT	NORFOLK	23501	S	1
20001M69	OPERATION TANDE FORCE	NORFOLK	23511	S	1
20001NBH	HQ ATLANTIC COMMAND JOINT BILLET	NORFOLK	23511	S	12
20001NBK	LANTCOM DEFANAL CENTER	NORFOLK	23511	S	2
20001NBL	ARMED FORCES STAFF COLLEGE	NORFOLK	23511	S	3
20001J70	ARMED FORCES STAFF COLLEGE PERMANENT	NORFOLK	23511	S	3
20001NBG	SACLANT BILLET	NORFOLK	23511	S	3
20001NJM	HQ ATLANTIC COMMAND JOINT BILLET	NORFOLK	23511	S	3
20001NJL	SACLANT JOINT BILLET	NORFOLK	23511	S	2
20001NJN	ARMED FORCES STAFF COLLEGE JTB	NORFOLK	23501	S	1
53530J75	NAVAL CAREER APPRAL SCHOOL	NORFOLK	23511	S	3
53530J77	NUCLEAR WEAPONS TRAINING ATLANTIC	NORFOLK	23511	S	3
53530L56	FLEET HOME TOWN NEWS CENTER	NORFOLK	23511	S	12
53530MC5	FRAMP (INSTRUCTOR) NORFOLK	NORFOLK	23511	S	3
53530M32	NAVAL SAFETY CENTER NAVAL AIR STATION	NORFOLK	23511	S	10
53530NDM	RJCS-7 JOINT DOCTRINE CENTER BILLET	NORFOLK	23511	S	1
53530NJ6	RJCS-7 JOINT DOCTRINE CENTER CRITICAL	NORFOLK	23511	S	0
53530TCD	NAVAL AIR SYSTEMS COMMAND REPRESENTATIVE	NORFOLK	23511	S	2
53530TE4	LANDING SIGNAL OFFICER	NORFOLK	23511	S	1
53530T64	NAVAL LEGAL SERVICES OFFICE	NORFOLK	23511	S	2
535302C3	MCSF CADRE OCEANA	NORFOLK	23511	S	3
53530226	MCSF BATTALION HQ ATLANTIC	NORFOLK	23511	S	518
53530460	FLAG ALL COMNAVAIR	NORFOLK	23511	S	24
53530473	FLEET ACCOUNTING & DISTRIBUTION CENTER	NORFOLK	23511	S	3

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03343	USS CORAL SEA CV 43	NORFOLK (NOT IN 5440)	09550-2720 FPO AE	Z	3
04670	USS LAWRENCE DDG 4	NORFOLK (NOT ON MLS)	09577-1234 FPO AE	Z	0
04672	USS BARNEY DDG 6	NORFOLK (NOT ON MLS)	09565-1236 FPO AE	Z	0
05119	USS JOHN MARSHALL SSN 611	NORFOLK	09578-2322 FPO AE	Z	114
05142	USS LAPON	NORFOLK	09577-2341 FPO AE	Z	96
~~09473~~	~~VF 31~~	~~OCEANA~~	~~09504-6106 FPO AE~~	~~Z~~	~~131~~
09705	VA 55	NORFOLK (NO INFO ON MLS)	09504-6210 FPO AE	Z	0
09997	VAW 127	NORFOLK	09507-6413 FPO AE	Z	0
~~20056~~	~~USS DONALD B BEARY FF 1085 (NRF)~~	~~NEW YORK~~	~~09565-1445 FPO AE~~	~~U~~	~~210[1]~~
20615	USS JOHN ROGERS DD 983	NORFOLK	34092-1221	Z	382
30109	USS JOHN MARSHALL SSN 611 BLUE CREW	NORFOLK	NOT ON MLS	Z	0
31520	CNAIRLANT COMP	NORFOLK (NAS) (PSD)	23511-5425	Z	0
46218	USS AMERICA CV 66 (ECCM (MAJ 00602)	NORFOLK	09531-2790 FPO AE	Z	0
46219	USS JOHN F. KENNEDY CV-67 ECCM	NORFOLK	09538-2800	Z	0
47860	USS VULCAN AR 5 VULCAN RE	NORFOLK	09548-2545 FPO AE	Z	0
~~48325~~	~~AMPHIBWARCEN L~~	~~LITTLE CREEK~~	~~23521-5000~~	~~Z~~	~~0~~
48502	HSL-30 FMS	NORFOLK (LONG BEACH CA)	90822-5098 (PSD)	Z	1
48602	HSL-30 FMS	NORFOLK (NAS)	23511-5425 (PSD)	Z	0
49129	COMPHIBRON 12	NORFOLK (NS)	23511-5118 (PSD)	Z	0
52235	DDG 41 KING	NORFOLK	09576-1259 FPO AE	Z	0
52686	USS PREBLE DDG-46	NORFOLK	09582-1264 FPO AE	Z	8
~~52703~~	~~USS WAINWRIGHT CG 27~~	~~CHARLESTON~~	~~34093-1151 FPO AA~~	~~U~~	~~492[1]~~
~~52749~~	~~MINDIV 123~~	~~LITTLE CREEK~~	~~09501-5306~~	~~Z~~	~~0~~
52774	HSL 30 DET A	NORFOLK	23511-5593	Z	0
53836	USS CONCORD AFS-5	NORFOLK	09566-3034 FPO AE	Z	0
~~55143~~	~~CVW 13~~	~~OCEANA~~	~~09504-4416 FPO AE~~	~~Z~~	~~0~~
68653	COMANVAIRLANT	NORFOLK	23511-5315	Z	0
81778	USS CORAL SEA CV 43	NORFOLK (NEW ORLEANS, 70159-7900 PER MLS	09550-2720 FPO AE	Z	0
~~200341DH~~	~~HQ 4TH MEB~~	~~LITTLE CREEK~~	~~23521~~	~~Z~~	~~113~~

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** Subtotal **					1396
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~~02508~~	~~USS PRESERVER ARS-8~~	~~LITTLE CREEK~~	~~09582-3200 FPO AE~~	~~Z~~	~~60~~
03064	USS WISCONSIN BB-64	NORFOLK (NEW ORLEANS AS PER MLS)	09552-1130 FPO AE	Z	156
05836	USS CONCORD AFS 5	NORFOLK	09566-3034 FPO AE	Z	440
05844	USS CHARLESTON LKA-113	NORFOLK	09566-1700 FPO AE	Z	332
~~07159~~	~~USS PAIUTE ATF-159~~	~~LITTLE CREEK~~	~~09582-3215 FPO AE~~	~~Z~~	~~83~~
~~07160~~	~~USS PAPAGO ATF-160~~	~~LITTLE CREEK~~	~~09582-3216 FPO AE~~	~~Z~~	~~80~~
07170	USS RALEIGH LPD-1	NORFOLK	09586-1705 FPO AE	Z	7
~~07976~~	~~USS FORTIFY MSO-446 (NRF)~~	~~LITTLE CREEK~~	~~09569-1909 FPO AE~~	~~Z~~	~~131~~
~~08157~~	~~USS ADROIT MSO-509 (NRF)~~	~~LITTLE CREEK~~	~~09564-1919 FPO AE~~	~~Z~~	~~8~~
08808	USS VULCAN AR-5	NORFOLK	09548-2545 FPO AE	Z	2
~~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~~
~~20050~~	~~USS BOWEN FF 1079 (NRF)~~	~~NEW YORK~~	~~09565-1439 FPO AE~~	~~U~~	~~220[1]~~
~~20068~~	~~USS AINSWORTH FF 1090 (NRF)~~	~~NEW YORK~~	~~09564-1450 FPO AE~~	~~U~~	~~185[1]~~
20072	USS PHARRIS FF-1094	NORFOLK	09582-1454 FPO AE	Z	221
~~20073~~	~~USS TRUETT FF 1096 (NRF)~~	~~INGLESIDE~~	~~09588-1455 FPO AE~~	~~Z~~	~~250[1]~~
~~21403~~	~~USS DEFENDER MCM-2~~	~~LITTLE CREEK~~	~~09567-1922 FPO AE~~	~~Z~~	~~76~~
39391	HT HC6 NAS N	NORFOLK (NAS)	23511-5335	Z	0
52683	USS DAHLGREN DDG-43	NORFOLK	09567-1261 FPO AE	Z	0
52911	COMHELSEACONWING 1	NORFOLK	23511-5425	Z	17
~~55209~~	~~CG FOUTH MEB~~	~~LITTLE CREEK~~	~~23521-5450 (PSD)~~	~~Z~~	~~10~~
58179	USS NEWPORT LST 1179	NORFOLK	09579-1800 FPO AE	Z	258
0119A	DESTON 10	NORFOLK	09506-4713 FPO AE	Z	42
0246A	PHIBRON 12	NORFOLK	23511-6094	Z	39
~~03061~~	~~USS IOWA BB 61~~	~~NEW ORLEANS~~	~~09546-1100 FPO AE~~	~~Z~~	~~0~~

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~~30569~~	~~NSGA NOEST V~~	~~CHESAPEAKE~~	~~09476-5000 FPO AE~~	~~U~~	~~5~~
31755	USS L. Y. SPEAR AS-36	NORFOLK	09547-2600 FPO AE	U	18
~~32804~~	~~BRMCL NSGA CHP~~	~~CHESAPEAKE (NORTHWEST)~~	~~23322-5000~~	~~U~~	~~5~~
35548	USNS MISSISSNEWA MDPT MSL T-AO 144	MIAMI (MLS)	34092-4031 FPO AA	U	0
35549	USS HUMPHREYS JOSHUA MIL DEPT TAO 188	NORFOLK (MLS)	09573-4087 FPO AE	U	0
35550	USNS TRUKEE MILDEPT (MSL) T-AO 147	NORFOLK (MLS) SAYS NEW ORLEANS	09588-4068 FPO AE	U	0
39038	USNS PAWCATUCK MILDET (MSL) T-AO 108	NORFOLK	09582-4045 (MSL)	U	0
~~39364~~	~~MOBIVSALV 2~~	~~LITTLE CREEK~~	~~09506-7006 FPO AE~~	~~U~~	~~21~~[1]
41688	COM2FT CC SCRP	NORFOLK	09501-6000 FPO AE	U	12
41849	USS SHENANDOAH AD-44	NORFOLK	09551-2540 FPO AE	U	0
41855	USS PUDGET SOUND AD-38	NORFOLK	09544-2520 FPO AE	U	0
43552	USS LY SPEAR AS 36	NORFOLK	09547-2600 FPO AE	U	11
~~43615~~	~~USS POWHATAN MIL DEP TATF 166 (MSL)~~	~~LITTLE CREEK~~	~~09582-4048 FPO AE~~	~~U~~	~~5~~
45061	USS AMERICA CV-66 (C3 COUNTERMEASURE)	NORFOLK	09531-2790 FPO AE	U	0
45062	USS JOHN F. KENNEDY JF CV-67	NORFOLK	09538-2800 FPO AE	U	0
45153	AFDM 10 SRA	NORFOLK	23511	U	0
45246	USS EMORY S. LAND AS-39	NORFOLK	09454-2610 FPO AE	U	12
45249	USS HUNLEY AS 31 (REPAIR COMP)	NORFOLK	09559-2580 FPO AE	U	668
45253	USS L.Y. SPEAR AS 36 (REPAIR COMP)	NORFOLK	09547-2600 FPO AE	U	847
45254	USS EMORY S. LAND AS-39	NORFOLK	09545-2610 FPO AE	U	846
~~45472~~	~~ACU 4~~	~~LITTLE CREEK~~	~~23521-5004~~	~~U~~	~~262~~
45588	BRMCL NS NORF	NORFOLK (NS)	23511-5118 (PSD)	U	3[2]
45674	USS HUNLEY AS 31 TWR8	NORFOLK	09536-2590 FPO AE	U	0
47840	USS PUDGET SOUND AD 38 (REPAIR COMP)	NORFOLK	09544-2520 FPO AE	U	870
47841	USS YELLOWSTONE AD 41 (REPAIR COMP)	NORFOLK	09512-2525 FPO AE	U	844

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44593	USS THEODOR ROOSEVELT CVN 71	NORFOLK	09599-2871 FPO AE	U	11
~~45251~~	~~USS LAKE S AS 33~~	~~LaMADD~~	~~09536-2590~~	~~U~~	~~665~~[2]
45701	COMPSRON ONE	NORFOLK	09501-7106 FPO AE	U	24
45709	USNS HUMPHREYS JOSHUA T-AO	NORFOLK	09573-4087 FPO AE	U	23
45811	USNS LENTHALL JOHN MIL DEPT TAO 189(MSL)	NORFOLK	09577-4091 FPO AE	U	25
~~46106~~	~~BRMCL D NECK VA~~	~~DAM NECK~~	~~23461-5200~~	~~U~~	~~24~~
46284	USNS GRUMMAN LEROY MIL DEPT TAO 195(MSL)	NORFOLK	09570-4095 FPO AE	U	21
~~47106~~	~~ACU 4~~	~~LITTLE CREEK~~	~~23521-5004~~	~~U~~	~~178~~
48382	CCDG 8 N MILDE (GLOVER)	NORFOLK	09570-1458 FPO AE	U	23
52688	USS YARNELL HARRY E CG-17	NORFOLK	09594-1141 FPO AE	U	433
52700	USS BAINBRIDGE CGM-25	NORFOLK	09565-1161 FPO AE	U	543
52702	USS DANIELS JOSEPHUS CG-27	NORFOLK	09567-1150 FPO AE	U	499
52709	USS BIDDLE CG-34	NORFOLK	09565-1157 FPO AE	U	517
52717	USS DWIGHT D. EISENHOWER CVN 69 DSS (SEC	NORFOLK	09532-2830 FPO AE	U	13
~~53210~~	~~ACU 2~~	~~LITTLE CREEK~~	~~23520-5200~~	~~U~~	~~360~~
63674	USNS SATURN MIL DEPT TAFS 10 (MSL)	NORFOLK	09587-4052 FPO AE	U	50
63852	COMSTRIKEFLTLA	NORFOLK	09501-6015 FPO AE	U	8
63909	COM2FT DS NSG	NORFOLK	09501-6000 FPO AE	U	3
65376	COMSECONDFLT S	NORFOLK	09506-6000 FPO AE	U	0
74025	USS SYLVANIA AFS-2	NORFOLK	09587-3031 FPO AE	U	437
04689	USS HUNLEY AS 31	NORFOLK (COMING FROM SCOTLAND)	09599-2580 FPO AE	U	612
05841	USNS DE STEIGUER AGOR 13 (MSL)	NORFOLK PSD/ SAN DIEGO 96663-4012	23511-5118	U	0
17700	USS GLOVER AGFF 1	NORFOLK (NOT ON MLS)	NOT IN SHIPS ZIPS	U	0
20884	USS MINN/SAINT PAUL SSN-708	PORTSMOUTH	09578-2388 FPO AE	U	163
21049	USS PLATTE AO-186	NORFOLK	34092-3022 FPO AA	U	236
21847	USS JOHN C STENNIS CVN 74 (PCO)	NORFOLF (NAS)	23511-5118 (PSD)	U	0
~~21930~~	~~USS CYCLONE PC 1~~	LITTLE CREEK	~~09566-1960 FPO AE~~	~~U~~	~~0~~

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21411	USS NEWPORT NEWS SSN-750	NORFOLK	09579-2406 FPO AE	U	140
21412	USS GEORGE WASHINGTON CVN 73	NORFOLK	09550-2873 FPO AE	U	2647
21416	USS HAYLER DD-997	NORFOLK	09573-1231 FPO AE	U	334
~~21422~~	~~USS GUNSTON HALL LSD 44~~	~~LITTLE CREEK~~	~~09573-1732 FPO AE~~	~~U~~	~~346~~
21436	USS KIDD DD-993	NORFOLK	09576-1265 FPO AE	U	381
21438	USS SCOTT DD-995	NORFOLK	09587-1267 FPO AE	U	357
~~21441~~	~~USS GRAPPLE ARS 53~~	~~LITTLE CREEK~~	~~09570-3223 FPO AE~~	~~U~~	~~99~~
~~21462~~	~~USS ALBANY SSN-753~~	~~NEWPORT NEWS~~	~~23607-2705~~	~~U/X~~	~~144[4]~~
~~21464~~	~~USS SCRANTON SSN 756~~	~~NEWPORT NEWS~~	~~09587-2412 FPO AE~~	~~U/X~~	~~146[4]~~
~~21467~~	~~USS GRASP ARS 53~~	~~LITTLE CREEK~~	~~09570-3220 FPO AE~~	~~U~~	~~105~~
21487	USS ARLEIGH BURKE DDG-51	NORFOLK	09565-1269 FPO AE	U	333
~~21531~~	~~USS ASHLAND LSD 48~~	~~LITTLE CREEK~~	~~09564-1736 FPO AE~~	~~U~~	~~334~~
21560	USS WASP LHD-1	NORFOLK	09556-1660 FPO AE	U	1228
~~21562~~	~~USS TORTUGA LSD 46~~	~~LITTLE CREEK~~	~~09588-1734 FPO AE~~	~~U~~	~~372~~
~~21605~~	~~USS JEFFERSON CITY SSN 759 (PCO)~~	~~PACFLT~~	~~09575-2415 FPO AE~~	~~U~~	~~139[2]~~
30606	USS ENTERPRISE CVN 65	NORFOLK	09543-2810 FPO AE	U	1
30607	USS AMERICA CV 66 (SECURITY GROUP)	NORFOLK	09531-2790 FPO AE	U	10
30608	USS JOHN F. KENNEDY CV-67 (SEC GROUP)	NORFOLK	09538-2800 FPO AE	U	14
~~32528~~	~~BRCL NAS OCEAN~~	~~OCEANA~~	~~23460-5140~~	~~U~~	~~95~~
~~32529~~	~~BRMCL NAB LC~~	~~LITTLE CREEK~~	~~23521-5390~~	~~U~~	~~119~~
~~32532~~	~~BRMCL NSY NORV~~	~~PORTSMOUTH~~	~~23709-5000~~	~~U~~	~~0~~
~~32533~~	~~BRMCL WPNSTA~~	~~YORKTOWN~~	~~23691-5021~~	~~U~~	~~23~~
35472	CMIDEFOR DSSGD	NORFOLK	09501-6008 FPO AE	U	23
39041	USNS NEOSHO MIL DEPT TAO 143 (MSL)	NORFOLK	09579-4039 FPO AE	U	20
42252	COM2FT INTEL	NORFOLK	09501-6000 FPO AE	U	3
43056	USNS KAISER HENRY J TAO 187 (MSL)	NORFOLK	09576-4086 FPO AE	U	29
43701	USNS SIRIUS MIL DEPT TAFS 8 (MSL)	NORFOLK	09587-4064 FPO AE	U	51

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07195	USS SHREVEPORT LPD-12	NORFOLK	09587-1714 FPO AE	U	437
07196	USS NASHVILLE LPD 13	NORFOLK	09579-1715 FPO AE	U	433
07200	USS TRENTON LPD 14	NORFOLK	09588-1716 FPO AE	U	439
07201	USS PONCE LPD 15	NORFOLK	09582-1717 FPO AE	U	436
07350	USS IWO JIMA LPH 2	NORFOLK	09561-1625 FPO AE	U	700
07352	USS GUADALCANAL LPH 7	NORFOLK	09562-1635 FPO AE	U	688
08961	COMSECONDFLT	NORFOLK	09506-6000 FPO AE	U	89
13863	AFDM 7 SUSTAIN	NORFOLK (NS)	23511-6140	U	152
20001	USS MOUNT WHITNEY LCC-20	NORFOLK	09517-3310 FPO AE	U	868
20004	USS EL PASO LKA-117	NORFOLK	09568-1704 FPO AE	U	402
20009	USS INCHON LPH 12	NORFOLK	09529-1655 FPO AE	U	702
~~03365~~	~~USS ENTERPRISE CVN-65~~	~~NORFOLK (NS)~~	~~09519-2620 FPO AE~~	~~U~~	
03366	USS AMERICA CV-66 (MAJ 00060)	NORFOLK	09531-2790 FPO AE	U	2812
03367	USS JOHN F. KENNDY (MAJ 00060) (SST NSA)	NORFOLK	09538-2800 FPO AE	U	3022
03369	USS DWIGHT D.EISENHOWER CVN-69 (FLT A)	NORFOLK	09532-2830 FPO AE	U	2970
04712	USS KITTIWAKE ASR-13	NORFOLK	09576-3208 FPO AE	U	115
05136	USS SUNFISH SSN-649	NORFOLK	34093-2335 FPO AE	U	142
05144	USS HAMMERHEAD SSN-663	NORFOLK	09573-2343 FPO AE	U	142
05149	USS BERGALL SSN-667	NORFOLK	09565-2347 FPO AE	U	141
05150	USS SPADEFISH SSN-668	NORFOLK	09587-2348 FPO AE	U	143
05152	USS FINBACK SSN-670	NORFOLK	09549-2350 FPO AE	U	135
05154	USS FLYING FISH SSN-673	NORFOLK	09569-2353 FPO AE	U	153
05837	USS PUDGET SOUND AD 38	NORFOLK	09544-2520 FPO AE	U	659
05850	USS MILWAUKEE AOR-2	NORFOLK	09578-3024 FPO AE	U	476
05851	USS L.Y. SPEAR AS-36	NORFOLK	09547-2600 FPO AE	U	616
07175	USS AUSTIN LPD-4	NORFOLK	09564-1707 FPO AE	U	413
07178	USS GUAM LPH 9	NORFOLK	09563-1640 FPO AE	U	705

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20589	USS PETERSON DD 969	NORFOLK	09528-1207 FPO AE	U	355
20590	USS CARON DD-970 (MAJOR 00060) (FLT A)	NORFOLK	09566-1208 FPO AE	U	372
20600	USS COMTE DE GRASSE DD-974	NORFOLK	09566-1212 FPO AE	U	346
20603	USS BRISCOE DD-977	NORFOLK	09565-1215 FPO AE	U	363
20604	USS STUMP DD 978	NORFOLK	09587-1216 FPO AE	U	338
20611	USS CONOLLY DD-979	NORFOLK	09566-1217 FPO AE	U	328
20624	USS MISSISSIPPI CGM-40	NORFOLK	09578-1167 FPO AE	U	646
20632	USS SAIPAN LHA 2	NORFOLK	09549-1605 FPO AE	U	987
20635	USS EMORY S LAND AS-39	NORFOLK	09545-2610 FPO AE	U	584
20669	USS SOUTH CAROLINA CGM-37	NORFOLK	09587-1164 FPO AE	U	659
20681	USS VIRGINIA CGM-38	NORFOLK	09590-1165 FPO AE	U	611
20725	USS NASSAU LHA 4	NORFOLK	09557-1615 FPO AE	U	926
20782	USS MEMPHIS SSN-691	NORFOLK	09578-2371 FPO AE	U	138
20784	USS CINCINNATI SSN-693	NORFOLK	09566-2373 FPO AE	U	150
20825	USS JACKSONVILLE SSN-669	NORFOLK	09575-2379 FPO AE	U	141
20827	USS PHOENIX SSN-702	NORFOLK	09582-2382 FPO AE	U	144
20831	USS BALTIMORE SSN-704	NORFOLK	09565-2384 FPO AE	U	144
20862	USS MONONOGAHELA AO 178	NORFOLK	09578-3019 FPO AE	U	244
20885	USS HYMAN G RICKOVER SSN-709	NORFOLK	09586-2389 FPO AE	U	170
20888	USS ATLANTA SSN-712	NORFOLK	09564-2392 FPO AE	U	142
20995	USS NORFOLK SSN 714	NORFOLK	09579-2394 FPO AE	U	158
21007	USS MERRIMACK AO-179	NORFOLK	09578-3020 FPO AE	U	238
21046	USS YELLOWSTONE AD 41	NORFOLK	09512-2525 FPO AE	U	635
21098	USS SHENANDOAH AD 44	NORFOLK	09551-2540 FPO AE	U	660
21101	USS KEY WEST SSN-722	NORFOLK	09576-2402 FPO AE	U	136
21102	USS OKLAHOMA CITY SSN-723	NORFOLK	09581-2403 FPO AE	U	145
~~21210~~	~~USS WHIDBY ISLAND LSD 41~~	~~LITTLE CREEK~~	~~09591-1729 FPO AE~~	~~U~~	~~321~~
21225	USS YORKTOWN CG-48	NORFOLK	09594-1159 FPO AE	U	395
21247	USS THEODORE ROOSEVELT CVN-71	NORFOLK	09599-2871 FPO AE	U	3235
21281	USS TICONDEROGA CG-47	NORFOLK	09588-1158 FPO AE	U	358
21344	USS THOMAS S GATES CG-51	NORFOLK	09570-1171 FPO AE	U	396
21389	USS SAN JACINTO CG-56	NORFOLK	09587-1176 FPO AE	U	420

ACTIVITY: 32510

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

CDR P. M. DENZER MSC USN
NAME (Please type or print)

Patricia M. Denzer
Signature

Officer In Charge
Title

31 JAN 94
Date

Branch Medical Clinic, Naval Station, Norfolk, VA
Activity

ACTIVITY: 32510

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

310

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
(SEWELLS POINT)

NAVAL STATION
NORFOLK, VIRGINIA 23511 2899

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

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

Encl (2)

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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	113,928	23,875		102,496	21,450	
FAMILY OF AD	152,258	6,111		136,909	5,492	
SUBTOTAL	266,186	29,986		239,405	26,942	
RETIRED AND FAMILY MEMBERS UNDER 65	84,070	1,596		81,991	1,565	
RETIRED AND FAMILY MEMBERS OVER 65[4]	21,139	336		27,579	443	
OTHER	10,042	1,851		9,518	1,779	
TOTAL ****	381,437 270	33,769 14		358,493 245	30,729 13	

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.
******AD DEPS OVER 65**

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	176,622	19,103	3,944	57,621	257,290
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1] *					1,957,935
RADIOLOGY PROCEDURES (WEIGHTED)[1] *					85,926
PHARMACY UNITS (WEIGHTED)[1] *					482,562
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.**

**** Other includes numerous categories not shown above.** R

Source: MICRO-WORS FY 93

5 R (9/22/94) VR BUMED 874 9/29/94

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	176,622	19,103	3,944	57,621	257,290
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]*					1,957,935
RADIOLOGY PROCEDURES (WEIGHTED)[1]*					85,926
PHARMACY UNITS (WEIGHTED)[1]*					482,562
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	OTHER**	TOTAL OF EACH ROW
OUTPATIENT VISITS	187,128	18,984	5,424	59,664	271,200
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1] *					2,063,651
RADIOLOGY PROCEDURES (WEIGHTED)[1] *					90,738
PHARMACY UNITS (WEIGHTED)[1] *					524,292
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.**
** **Other includes numerous categories not shown above.**

Assumptions: **All vacant billets are filled**
CHCS becomes fully operational for Ancillary Services
Assume clinic will continue to have squadron flight surgeons and fleet doctors assist with after hours coverage

6R (9/22/94) VR Burnes 834 9/29/94

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	260,200	10,000	1,000	271,200
ADMISSIONS	0	-	-	-
LABORATORY TESTS (WEIGHTED)[1]	205,900	86,150	8,610	300,660
RADIOLOGY PROCEDURES (WEIGHTED)[1]	94,470	3,950	395	98,815
PHARMACY UNITS (WEIGHTED)[1]	202,670	121,600	182,420	506,690
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.

Assume all vacant billets are filled.

Assume CHCS becomes fully operational for Ancillary services.

Active duty workload include Occupational Health.

Assume clinic will continue to have a squadron flight surgeons and fleet doctors assist with after hours coverage.

3a. Continued

Calculations:

7,846	=	Patients/year (1 vacant provider billet)
6,000	=	Patients/year (Average 500 no shows/month)
13,846	=	Increase in workload at maximum capacity
257,290	=	FY 93 actual workload
271,200	=	Maximum capacity workload

Pharmacy:

The maximum capacity increase in patient workload, as identified on previous page, is 13,910. Pharmacy Department estimates an average of three scripts per patient.

13,910 x 3 = 41,730 + 482,562 (FY93 workload) = 524,292

Radiology:

The average work unit per patient is 4. The average percentage of patient population x-rayed is 8.65. Using the 13,910 maximum capacity increase would add 4,812 to radiology's current workload.

13,910 x 8.65 = 1,203.21 x 4 = 4812.

Laboratory:

The average work unit per visit is 7.6. Using the 13,910 maximum capacity increase would add 105,716 to laboratory's current workload.

13,910 x 7.6 = 105,716 + 1,957,935 = 2,063,651

76-A-R (9/22/94) UR Burmen 824 9/29/94

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	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	176,622	19,103	3,944	57,621	257,290
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]*					1,957,935
RADIOLOGY PROCEDURES (WEIGHTED)[1]*					85,926
PHARMACY UNITS (WEIGHTED)[1]*					482,562
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. **Unable to break out CHAMPUS and supplemental care for clinics. Information included in NAVMEDCEN Portsmouth submission.**

SOURCE: CHAMPUS DATA, MCQA; FY92 data used because most complete MTF data, AQCESS & MICRO-WORS FY93

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]	9	9	9	9	9	9	9	9
SPECIALTY CARE[2]	2	2	2	2	2	2	2	2
PHYSICIAN EXTENDERS[3]	11	11	11	11	11	11	11	11
INDEPENDENT DUTY CORPSMEN	7	7	7	7	7	7	7	7
TOTAL *	29	29	29	29	29	29	29	29

[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.

* ADDITIONALLY THIS ACTIVITY HAS 4 ALLIED SCIENCE MEDICINE INDIVIDUALS

BUMED
MED 825
GSA
6/1/94

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**

R
R
R

[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**

~~10~~ 9R (9/22/94) VR Bumed 824 9/29/94

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 HOSP GENERAL HOSP	DISTRICT	16	29	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES
MCDONALD ARMY COMMUNITY HOSP	ARMY	30	44	
PPH PENINSULA HOSP	CORPORATION	14	25	
SENTARA HAMPTON GENERAL HOSP	NON-GOVERN NOT-FOR-PROFIT	12	21	
VETERANS AFFAIRS MEDICAL CENTER	VA	7	14	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPITAL	AIR FORCE	14	25	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	25	39	
NEWPORT NEWS GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	16	27	
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNT NOT-FOR-PROFIT	21	34	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES
CHILDREN'S HOSP OF THE KING'S DAU	NON-GOVERNT NOT-FOR-PROFIT	6	10	INTEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS

R

~~12~~ 11R (9/22/94) VR Burmen 824 9/29/94

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]
CHESEPEAKE 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-GOVERN NOT-FOR-PROFIT	15	30	
VETERANS AFFAIRS MEDICAL CENTER	VA	13	26	INTEGRAL PARTS: UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPITAL	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 REGIONAL 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	INTEGRAL PARTS: ANESTHETISTS AND GASTROENTEROLOGISTS

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

DEPAUL MEDICAL CENTER	CHURCH OPER	4	9	NON FEDERAL; NURSE ANESTHETISTS
LAKE TAYLOR HOSP	HOSP DISTRICT	8	12	
NORFOLK COMM HOSP	CHURCH OPER	8	16	
SENTARA LEIGH HOSP	NON-GOVERNT NOT-FOR-PROFIT	10	16	
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	6	10	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING
MARYVIEW MEDICAL CENTER	CHURCH OPER	9	28	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	9	27	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	27	57	
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	13	20	
VIRGINIA BEACH HOSP	VA	20	29	

[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 provided by Hampton Roads Planning District Commission. Some medical treatment facilities are most easily reached by using tunnels, often adding significant time to a commute.

XS 11-A-R (9/22/94) UR BURWOO 824 9/29/94

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 GENERAL HOSP	260	YES	75.3%	
MCDONALD ARMY COMM HOSP	58	YES	58.8%	
HCA PENINSULA HOSP	125	YES	50.4%	
SENTARA HAMPTON GENERAL HOSP	211	YES	74.9%	
VETERANS AFFAIRS 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 REGIONAL MEDICAL CENTER	576	YES	N/R	
CHILDREN'S HOSP OF THE KINGS DAUGHTERS	156	YES	84.8%	
DEPAUL MEDICAL CENTER	274	YES	68%	
LAKE TAYLOR HOSPITAL	104	YES	41.3%	

[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

Sewells 32510

(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-26

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

P.M. DENZER	Patricia M. Denzer
NAME (Please type or print)	Signature
Officer in Charge	18 May 94
Title	Date
BRMEDCLINIC Nofolk, VA	
Activity	

BRANCH MEDICAL CLINIC, NAVAL STATION, NORFOLK
UIC 32510
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)

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/SUREGEON 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."

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

P. M. DENZER, CDR
NAME (Please type or print)

P.M. Denzer
Signature

OFFICER IN CHARGE
Title

22 Sept 94
Date

BRMEDCLINIC NAVSTA NORFOLK, 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)

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

Signature

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

26 Sept 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

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
NAVAL STATION, NORFOLK, VA

ACTIVITY UIC: 32510

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

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

Encl (2)

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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.

We are the Branch Medical Clinic, Naval Station, Norfolk, Virginia. Our mission is to provide primary health care to the active duty personnel and all others entrusted to our care.

We will accomplish this by the treatment of illness and injury and encouraging an optimal level health care through education.

Specifically:

-Provide a prepared medical staff to support outpatient treatment and referral to higher echelon of care for the active duty personnel, other Department of Defense (DOD) eligible beneficiaries and all others entrusted to us on or around the CINCLANTFLT area of Norfolk, Va. This includes direct patient care in: Acute Care, Military Sickcall, Primary Care, Aviation and non-aviation physical exams, Occupational Medicine, Optometry, OB/GYN; ancillary support in: Lab, Pharmacy, Radiology; and administrative support in: Health Records Maintenance, Biohazardous Waste Disposal, Education and Training programs for professional development and personnel preservation.

-Maintain aggressive Wellness Promotion and Preventive Medicine programs to foster healthy lifestyles.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SIMA NORFOLK	32770	NORFOLK	1213
TPU NS NORVA	00188	NORFOLK	869
NS NORVA	62688	NORFOLK	799
FKTTC BIRV	30811	NORFOLK	776
FTC NORVA GST	42090	NORFOLK	692
NAS NORFOLK	00188	NORFOLK	672
PHIBCB 2	55103	NORFOLK	653
HM 14	53827	NORFOLK	640
MCSF BATTALION HQ ATLANTIC	53530226	NORFOLK	518
HQ & SERVICE BATTALIOIN	20001111	NORFOLK	515
HM 12	09206	NORFOLK	425
FTC NORVA PCOM	42080	NORFOLK	404
NAS OCE AIMD	44325	NORFOLK	381
NAVCAMS LANT NORFOLK	70272	NORFOLK	334
VAW 120	09527	NORFOLK	315
CINCLANTFLT	00060	NORFOLK	287
COMNAVSURFLANT	53825	NORFOLK	281
NAS NORVA A/CO	35676	NORFOLK	244
HSL 30	09123	NORFOLK	240
COMNAVAIRLANT	57012	NORFOLK	224
VRC 40	09303	NORFOLK	223
FLEASWTRACEN	35386	NORFOLK	223
HSL 34 LAMPS	35282	NORFOLK	219

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CINCLANTFLT	00060	NORFOLK	287
USCINCLANT	00066	NORFOLK	190
NAS NORFOLK	00188	NORFOLK	672
NSC NORFOLK	00189	NORFOLK	55
COMCAEWWING 12	09052	NORFOLK	22
VAW 78	09102	NORFOLK	1
HSL 30	09123	NORFOLK	240
HM 12	09206	NORFOLK	425
HC 2	09212	NORFOLK	90
VRC 40	09303	NORFOLK	223
VAW 121	09467	NORFOLK	165
VAW 122	09476	NORFOLK	160
VAW 123	09477	NORFOLK	171
VAW 124	09526	NORFOLK	171
VAW 120	09527	NORFOLK	315
CARGRU 2	09576	NORFOLK	64
CARGRU 4	09577	NORFOLK	61
VC 6	09806	NORFOLK	137
FASOTRAGRULANT	09810	NORFOLK	68
VA 125	09922	NORFOLK	162
VAW 126	09963	NORFOLK	176
RESOLUTE AFDM 10	13867	NORFOLK	162
NFSSO NF M NOR	30019	NORFOLK	16

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FASWTCLNT GST	42139	NORFOLK	218
HC 2 SEA CONP	46817	NORFOLK	213
NTCC HAMPTON R	39146	NORFOLK	212
SACLANT	64590	NORFOLK	212
HC 6	0381A	NORFOLK	211
NAVDENCLINIC NORFOLK	62753	NORFOLK	210
COMOPTEVFOR	57023	NORFOLK	207
COMSUBLANT	56016	NORFOLK	195
AIC	65792	NORFOLK	191
USCINCLANT	00066	NORFOLK	190
HC 8 SEA COMP	55219	NORFOLK	181
BRMCL NS NORFOLK	32510	NORFOLK	179
VAW 126	09963	NORFOLK	176
SUBTRAFAC	45679	NORFOLK	175
VAW 123	09477	NORFOLK	171
VAW 124	09526	NORFOLK	171
MCSF COMPANY NORFOLK	53560243	NORFOLK	171
VA 125	09922	NORFOLK	162
RESOLUTE AFDM 10	13867	NORFOLK	162
VAW 122	09476	NORFOLK	160
LANTFLT HEDSUPPACT	57095	NORFOLK	149
NS NORVA BRIG	30838	NORFOLK	139
NAS NORVA SEA	46966	NORFOLK	138
VC 6	09806	NORFOLK	137
CRAW/CRAG HM	42434	NORFOLK	127
TRANSITPERSU	44383	NORFOLK	120
MAG 46 DET A	03020G32	NORFOLK	117

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VAW 120	30680	NORFOLK	79
FASOTRAGRULA	30686	NORFOLK	14
DET 22d DNCOFS	30696	NORFOLK	3
AFSCOL NORVA	30809	NORFOLK	13
FKTTC BIRV	30811	NORFOLK	776
NATTC DET LKHST DET NORFOLK VA	30827	NORFOLK	5
NS NORVA BRIG	30838	NORFOLK	139
NSGD CSS NORVA	30996	NORFOLK	5
FEWSG SURF DET ONE	31844	NORFOLK	32
CNAIRLNT COMP	31874	NORFOLK	3
TPU NS NORVA	32002	NORFOLK	869
VC 6 SEA DUTY	32019	NORFOLK	55
COMNUWPNTRAGRU LANT	32370	NORFOLK	12
BRMCL NS NORFOLK	32510	NORFOLK	179
CMIO NORFOLK	32678	NORFOLK	17
COM2FT NSGDT S	32685	NORFOLK	2
SIMA NORFOLK	32770	NORFOLK	1213
CNAVBASE NORVT	33001	NORFOLK	10
USCINCLNT AIRB	33009	NORFOLK	12
COMNAVAIRLNT	33221	NORFOLK	9
COMSUBLANT/BCT	33248	NORFOLK	101
NJROTC AREA 5	35105	NORFOLK	1
HSL 34 LAMPS	35282	NORFOLK	219
SURFLRSUPPG NO	35322	NORFOLK	93
FLEASWTRACEN	35386	NORFOLK	223
NBAND DC LANTF	35396	NORFOLK	53
NSGD DS NORVA	35477	NORFOLK	36

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NAVLEGSVCOFF	68363	NORFOLK	110
COMSUBLANT/BCT	33248	NORFOLK	101
MOBILE TECH UNIT 2	0033A	NORFOLK	100
PERSUPP DET NAVSTA	42574	NORFOLK	99
COMNAVBASE	61563	NORFOLK	94
NAVEASTOCEAN CEN	63061	NORFOLK	93
SURFLRSUPPG NO	35322	NORFOLK	93
HC 6 SSDUTY COM	31242	NORFOLK	92
HC 2	09212	NORFOLK	90
COMNUWPNTRAGRU LANT	63007	NORFOLK	89
CMIDEFOR STNG	47197	NORFOLK	81
HC 8	55218	NORFOLK	80
VAW 120	30680	NORFOLK	79
USCINCLNT WWMC	39211	NORFOLK	76
NAVADMINCOM	64356	NORFOLK	75
COMLOGGRU TWO	53841	NORFOLK	71
CRUDSCRU 8	0107A	NORFOLK	70
FASOLNT DT STR	44275	NORFOLK	70
AIC (OSIS)	66967	NORFOLK	68
FASOTRAGRULANT	09810	NORFOLK	68
CNB NORVA F S	47523	NORFOLK	65
NTCC BREEZY PO	39145	NORFOLK	64
CARGRU 2	09576	NORFOLK	64
FICEURLANT	0586A	NORFOLK	63
EEAP TIDEWATER	43987	NORFOLK	62
CARGRU 4	09577	NORFOLK	61
CARGRU 8	53889	NORFOLK	61

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MOB ENV TM NOR	35701	NORFOLK	34
NTCC BREEZY PO	39145	NORFOLK	64
NTCC HAMPTON R	39146	NORFOLK	212
USCINCLNT WWMC	39211	NORFOLK	76
NEXCH NB NORVA	39228	NORFOLK	36
NAVSURFLT P NO	39282	NORFOLK	36
SLNT GASTP #1 N	41616	NORFOLK	6
NTISA DET TWO NORFOLK VA	41738	NORFOLK	8
SLNT DIESLPMTT	41940	NORFOLK	12
FTC NORVA PCOM	42080	NORFOLK	404
FTC NORVA GST	42090	NORFOLK	692
FASWTCLNT GST	42139	NORFOLK	218
CRAW/CRAG HM	42434	NORFOLK	127
PERSUPP DET LANTFLT NORFOLK VA	42572	NORFOLK	31
PERSUPP DET NAS NORFOLK VA	42573	NORFOLK	53
PERSUPP DET NAVSTA NORFOLK VA	42574	NORFOLK	99
NBS FSD NORVA	42582	NORFOLK	15
SLNT 1200 PMT	42964	NORFOLK	1
ROCLANT	43442	NORFOLK	16
CSUBLANT NCCS	43739	NORFOLK	13
USCINCLLANT WIS	44018	NORFOLK	7
CSUBRON 6 OTH	44294	NORFOLK	28
CSUBRON 8 OTH	44295	NORFOLK	57
NAS OCE AIMD	44325	NORFOLK	381
TRANSITPERSU	44383	NORFOLK	120

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NAS NORVA OTHE	44418	NORFOLK	57
CSUBRON 8 OTH	44295	NORFOLK	57
CBU FOUR ONE ONE NORVA	66676	NORFOLK	55
FICKUR/LNT IDE	65291	NORFOLK	55
VC 6 SEA DUTY	32019	NORFOLK	55
NSC NORFOLK	00188	NORFOLK	55
HSL 34	52874	NORFOLK	54
NBANK DC LANTF	35396	NORFOLK	53
NCTAMS LANT MO	31197	NORFOLK	53
PERSUPP DET NAS NORVA	42573	NORFOLK	53
ROCLNT NATO NO	47862	NORFOLK	51
NROTCU	45890	NORFOLK	51
NSAFECEN AVS	48570	NORFOLK	51
FLTIMAGFALNT	41411	NORFOLK	50
LFLT HDSUP PHY	46902	NORFOLK	46
NAVCAMS LANT SATCOM DET NO	42159	NORFOLK	45
NAVINTACT S CN	35945	NORFOLK	45
HSL 30	66660	NORFOLK	45
COMLOGRON FOUR	57068	NORFOLK	44
NAVAVNDEPOT	65887	NORFOLK	40
NAVENVIRHLTH CEN	68546	NORFOLK	39
NAVENPVNTMEDU TWO NORVA	63117	NORFOLK	38
VRC 40 SEA	45592	NORFOLK	38
CLNTFT FLTCONT	42229	NORFOLK	37
CPTEVFOR DT NO	31977	NORFOLK	36
NAVALREHCEN	67558	NORFOLK	36
NSGD DS NORVA	35477	NORFOLK	36

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NAS NORVA OTHE	44418	NORFOLK	57
CSUBRON 8 SMMS	44450	NORFOLK	31
COMNAVAIR LA	44481	NORFOLK	20
HELICOPTER TACTICAL WING 1	44890	NORFOLK	32
NSGDT NOR/ECCM	45076	NORFOLK	3
CSS 6 VACAP OP	45245	NORFOLK	2
UC12B FRT	45496	NORFOLK	5
VRC 40 SEA	45592	NORFOLK	38
SUBTRAFAC NORFOLK VA	45679	NORFOLK	175
EODBRU TWO DET NORFOLK	45682	NORFOLK	7
CNARF LANT REP	45906	NORFOLK	0
AEGISTC ATSNOR	45952	NORFOLK	29
NMASSO SNAPMED	46008	NORFOLK	4
NAVSECORDTM	46094	NORFOLK	26
USLNTC CM SUPA	46298	NORFOLK	27
LANTJIC (CI)	46645	NORFOLK	28
HC 2 SEA CONP	46817	NORFOLK	213
SSAAC NORFOLK	47144	NORFOLK	22
SURFNUCPROPMOB TRATM	47301	NORFOLK	16
CNB NORVA F S	47523	NORFOLK	65
NMAC N DUTY CO	47653	NORFOLK	6
CBR-D MTT NORV	47705	NORFOLK	8
ROCLNT NATO NO	47862	NORFOLK	51
SUBPERSUPP DET	48100	NORFOLK	33
INT DKSL SUB	48408	NORFOLK	5
NSAFECEN AVS	48570	NORFOLK	51
NSAFECENSUBMAR	48571	NORFOLK	16

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NEXCH NB NORVA	39228	NORFOLK	36
NAVSATCOMMDET	43669	NORFOLK	36
NAVSURFLT P NO	39282	NORFOLK	36
DESRON 2	0111A	NORFOLK	35
MOB ENV TIM NOR	35701	NORFOLK	34
SUBPERSUPP DET	48100	NORFOLK	33
FEWSG SURF DET ONE	31844	NORFOLK	32
FLETRACEN	61797	NORFOLK	32
HELICOPTER TACTICAL WING 1	44890	NORFOLK	32
PERSUPP DET LANTFLT NORVA	42572	NORFOLK	31
CSUBRON 8 SMMS	44450	NORFOLK	31
PHIBRON 8	55338	NORFOLK	31
PHIBRON 4	55336	NORFOLK	31
COMTRALANT	57021	NORFOLK	30
AEGISTC ATSNOR	45952	NORFOLK	29
PHIBRON 2	553335	NORFOLK	29
NAVSECGRU DET	63902	NORFOLK	29
FLEASWTRACEN LANT	63401	NORFOLK	28
CNMPC NACU NOR	43293	NORFOLK	28
CSUBRON 6 OTH	44294	NORFOLK	28
ATLANTIC COMMAND ELECT INTEL CENTER	20001W54	NORFOLK	28
LANTJIC (CI)	46645	NORFOLK	28
USLNTC CM SUPA	46298	NORFOLK	27
NWTG LNTFLDRDR	31506	NORFOLK	27
HLTHCARE SUPPO	68908	NORFOLK	27
NAVSECORDTM	46094	NORFOLK	26

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NSAFECEN NOSH	48572	NORFOLK	9
NSAFECENSUR SS	48573	NORFOLK	15
LNTFLT TQL NDU	48617	NORFOLK	15
DECA NORFOLK	49176	NORFOLK	2
CTG ONE SIX EIGHT PT TWO	52850	NORFOLK	13
SLNT 1200 PMT	52863	NORFOLK	5
HSL 34	52874	NORFOLK	54
COMNAVSURFLANT	53825	NORFOLK	281
HM 14	53827	NORFOLK	640
COMLOGGRU TWO	53841	NORFOLK	71
VR 56	53856	NORFOLK	1
CARGRU 8	53889	NORFOLK	61
SLNT 600 PMT N	53930	NORFOLK	9
HM 18	55214	NORFOLK	1
HC 8	55218	NORFOLK	80
HC 8 SEA COMP	55219	NORFOLK	181
PHIBRON 2	55335	NORFOLK	29
PHIBRON 4	55336	NORFOLK	31
COMLOGRON FOUR	57068	NORFOLK	44
FLTIMAGCOMLANT NORFOLK	57093	NORFOLK	25
LANTFLT HEDSUPPACT	57095	NORFOLK	149
FAADCLANT NORFOLK VA	60951	NORFOLK	21
COMNAVBASE NORFOLK VA	61463	NORFOLK	94
COMDT AFSC NORFOLK	61720	NORFOLK	25
FLETRACEN NORFOLK VA	61797	NORFOLK	32
COMSCMIDLANT	62538	NORFOLK	21

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COMDT AFSC	61720	NORFOLK	25
CINCLANTFLT PE	35313	NORFOLK	25
FLTIMAGCOMLANT	57093	NORFOLK	25
PHIBRON 6	55337	NORFOLK	25
NARDAC NORFOLK	68507	NORFOLK	24
FLAG ALL COMNAVAIR	53530460	NORFOLK	24
NAVMTONATD	45627	NORFOLK	23
COMCAEWWING 12	09052	NORFOLK	22
SSAAC NORFOLK	47144	NORFOLK	22
FAADCLANT	60951	NORFOLK	21
COMSCMIDLANT	62538	NORFOLK	21
PERSUPPACT	68547	NORFOLK	21
COMNAVAIR LA	44481	NORFOLK	20
FOSSAC NORVA	65966	NORFOLK	19
NROTCU HAMPTON ROADS NORVA	68699	NORFOLK	19
DMS BRMCL NS	46886	NORFOLK	18
COMFEWSG	66236	NORFOLK	17
CMIO NORVA	32678	NORFOLK	17
NTCC HAMPTON R	41516	NORFOLK	17
NAVINTACT CSUB	45107	NORFOLK	17
CLNTFT NPEB	46434	NORFOLK	17
NFSSO NF M NOR	30019	NORFOLK	16
ROCLANT	43442	NORFOLK	16
NSAFECENSUBMAR	48671	NORFOLK	16
SURFNUCPROPMOB TRATM	47301	NORFOLK	16
DESRON 32	0137A	NORFOLK	16
PWC NORFOLK	00187	NORFOLK	16

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DMACS LANT NORFOLK VA	62627	NORFOLK	6
NS NORFOLK VA	62688	NORFOLK	799
NAVDENCLINIC NORFOLK VA	62753	NORFOLK	210
COMNUWPNTRAGRU LANT	63007	NORFOLK	89
NAVEASTOCEANCE N NORFOLK	63061	NORFOLK	93
NAVAIRES NORVA	63102	NORFOLK	6
NAVENPVNTMEDU TWO NORFOLK VA	63117	NORFOLK	38
SOCLANT	63184	NORFOLK	4
NAVEDTRASUPPCE NLANT NORFOLK VA	63325	NORFOLK	10
FHTNC NORFOLK VA	63376	NORFOLK	9
NAVSAFECEN NORFOLK VA	63393	NORFOLK	9
FLEASWTRACENLA NT NORFOLK VA	63401	NORFOLK	28
NAVMTO NORFOLK VA	63408	NORFOLK	15
NAVSECGRU DET NORFOLK VA	63902	NORFOLK	29
NAVADMINCOM NORFOLK VA	64356	NORFOLK	75
SACLANT	64590	NORFOLK	212
COMOCEANLANT	64759	NORFOLK	6
CINC WESTLANT	64762	NORFOLK	7
FLT ICELNT SSO	65286	NORFOLK	4
FICKUR/LNT IDE	65291	NORFOLK	55
USCINCLNT IDHS	65296	NORFOLK	15
NOCICMFAC BLC	65781	NORFOLK	4
AIC	65792	NORFOLK	191

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COMNAVSUPSYS COM DET PRICE FIGHTER	45613	NORFOLK	15
NBS FSD NORVA	42582	NORFOLK	15
FLTILOTEAM	0067A	NORFOLK	15
NSAFECENSUR SS	48573	NORFOLK	15
LNTFLT TQL NDU	48617	NORFOLK	15
USCINCLNT IDHS	65296	NORFOLK	15
NAVMTO NORVA	63408	NORFOLK	15
HQ FMT LANT	67026	NORFOLK	15
LANTJIC (ADP)	31297	NORFOLK	15
NAVINTACT NORV	30995	NORFOLK	14
DESRON 22	0131A	NORFOLK	14
FASOTRAGRULA	30686	NORFOLK	14
NSFCN NORVA ND	47350	NORFOLK	14
CSUBLANT NCCS	43739	NORFOLK	13
DESRON 26	0135A	NORFOLK	13
CTG ONE SIC WITH PT TWO	52850	NORFOLK	13
AFSCOL NORVA	30809	NORFOLK	13
FLTIMAGFALNT CA	41412	NORFOLK	13
5TH CONTROL INTEL TEAM	20001118	NORFOLK	13
FLT HOME TOWN NEW CENTER	53530L56	NORFOLK	12
MECPN OLD DO	47587	NORFOLK	12
NSGD NORVA S/D	47678	NORFOLK	12
EEAP #2 O DO	48477	NORFOLK	12
PQMM SPEC NORV	45983	NORFOLK	12
SLNT DIESLPMTT	41940	NORFOLK	12
COMNUWPNTRAGRU LANT	32370	NORFOLK	12

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 R (9/22/94) VR BUMED 824 9/29/94

NAVAVNDEPOT NORFOLK VA	65887	NORFOLK	40
FOSSAC NORFOLK VA	65966	NORFOLK	19
COMFEWSG	66236	NORFOLK	17
HSL 30	66660	NORFOLK	45
CBU FOUR ONE ONE NORFOLK VA	66676	NORFOLK	55
CINCLANTFLT/PA	66799	NORFOLK	5
NAVMEDCOM MIDATLANTICREG	66818	NORFOLK	1
AIC (OSIS)	66967	NORFOLK	68
CNAVBASE NORVPAO	66990	NORFOLK	7
HQ FMF LANT	67026	NORFOLK	15
NAVALREHCEN NORFOLK VA	67558	NORFOLK	36
MARCORSECF B L	67853	NORFOLK	10
NARDAC NORFOLK VA	68057	NORFOLK	24
NS NORVA CAA	68130	NORFOLK	7
NAVLEGSVCOFF NORFOLK VA	68363	NORFOLK	110
NAVPACEN NORFOLK VA	68406	NORFOLK	11
NAVENVIRHLTH CEN NORFOLK VA	68546	NORFOLK	39
PERSUPPACT NORFOLK VA	68547	NORFOLK	21
CNAVBASE NORVA	68563	NORFOLK	7
NAVRESSOFSO NORFOLK VA	68573	NORFOLK	3
NROTCU HAMPTON ROADS NORFOLK VA	68699	NORFOLK	19
NMC NORVA	68722	NORFOLK	5

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USCINCLNT AIRB	33009	NORFOLK	12
HQ LANT COM JOINT BILLET	20001NBH	NORFOLK	12
NAVPACEN NOR	68406	NORFOLK	11
NAVSAFCEN NAS	5353OM32	NORFOLK	10
MARCORSECF B L	67853	NORFOLK	10
LANTNAVFACENG COM NORVA	62470	NORFOLK	10
NAVEDTRASUPPCE NLANT NORVA	63325	NORFOLK	10
CNAVBASE NORV	33001	NORFOLK	10
COMNAVAIRLANT	33221	NORFOLK	9
FHTNC NORVA	63376	NORFOLK	9
NAVSAFECEN NOR	63393	NORFOLK	9
EWOPFAC NORVA	44833	NORFOLK	9
NSAFECEN NOSH	48572	NORFOLK	9
SLNT 600 PMT N	53930	NORFOLK	9
STF SEWLT TSIT	48538	NORFOLK	9
FLAG ALL COMNAVSURF	56011452	NORFOLK	9
MC TAC COM/CTRL SYS	56011788	NORFOLK	8
NROFSON SSTM NO	68147	NORFOLK	8
EEAP #1 TW C	47593	NORFOLK	8
NTISA DET TWO NORVA	41738	NORFOLK	8
CBR-D MTT NORV	47705	NORFOLK	8
LNTNVFCEGV SE	45806	NORFOLK	8
STU PG2 OLD DOMINION UNIT	44688	NORFOLK	8
FLT TRA CEN NO	45700	NORFOLK	7
CNAVBASE NORVA	685663	NORFOLK	7

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NAVMAC CHAPRES	68775	NORFOLK	5
NAVDRUGLAB NORFOLK VA	68851	NORFOLK	3
HLTHCARE SUPPO NORFOLK VA	68908	NORFOLK	27
NAVCAMS LANT NORFOLK VA	70272	NORFOLK	334
PWC NORFOLK	00187	NORFOLK	16
MOBILE TECHNICAL UNIT 2	0033A	NORFOLK	100
FLTILOTEAM	0067A	NORFOLK	15
CRUDSCRU 8	0107A	NORFOLK	70
DESRON 2	0111A	NORFOLK	35
DESRON 22	0131A	NORFOLK	14
DESRON 26	0135A	NORFOLK	13
DESRON 32	0137A	NORFOLK	16
HC 6	0381A	NORFOLK	211
FICEURLANT	0586A	NORFOLK	63
NROFSO MPCOU N	30951	NORFOLK	1
NAVINTACT NORV	30995	NORFOLK	14
DEFCURSTA NORV	31140	NORFOLK	6
NCTAMS LANT MO	31197	NORFOLK	53
HC 6 SSDUTY COM	31242	NORFOLK	92
LANTJIC (ADP)	31297	NORFOLK	15
NWTG LNTFLDRDR	31506	NORFOLK	27
CPTEVFOR DT NO	31977	NORFOLK	36
CINCLANTFLT PE	35313	NORFOLK	25
NAS NORVA A/CO	35676	NORFOLK	244
NAVINTACT S CN	35945	NORFOLK	45

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NS NORVA CAA	68130	NORFOLK	7
CNAVBASE NORVPAO	66990	NORFOLK	7
USCINCLANT	44018	NORFOLK	7
EODBRU TWO DET	45682	NORFOLK	7
CINC WESTLANT	64762	NORFOLK	7
EEAP #2 ST	48442	NORFOLK	7
NMTJ W TV CONOR	31552	NORFOLK	7
CSUBLANT N D C	43599	NORFOLK	7
FLAG ALL CINCSULANT	20001444	NORFOLK	7
OLD DOM UNIV	20001K31	NORFOLK	7
HQ LANT COM	20001434	NORFOLK	6
SLNT 1200 PMT	53929	NORFOLK	6
DEFCURSTA NORV	31140	NORFOLK	6
DMACS LANT NOR	62627	NORFOLK	6
NAVAIRES NOR	63102	NORFOLK	6
NMAC N DUTY CO	47653	NORFOLK	6
SLNT GASTP #1 N	41616	NORFOLK	6
AMCC VAN SIC	41520	NORFOLK	6
COMOCEANLANT	64759	NORFOLK	6
NATTC DET LKHST NORV	30827	NORFOLK	5
NSGD CSS NORV	30996	NORFOLK	5
UC12B FRT	45496	NORFOLK	5
INT DKSL SUB	48408	NORFOLK	5
SLNT 1200 PMT	52863	NORFOLK	5
CINCLANTFLT/PA	66799	NORFOLK	5
NMC NORVA	68722	NORFOLK	5
NAVMAC CHAPRES	68775	NORFOLK	5

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 R (9/22/94) VR Volumes 824 9/29/94

STU CDP VIRGINIA WESLEYAN	35946	NORFOLK	2
FLTIMAGFALNT CM	41411	NORFOLK	50
FLTIMAGFALNT CA	41412	NORFOLK	13
FTC NORVA FMST	41471	NORFOLK	4
NTCC HAMPTON R	41516	NORFOLK	17
AMCC VAN FOUR	41519	NORFOLK	3
AMCC VAN SIX	41520	NORFOLK	6
NAVCAMS LANT SATCOM DET NO	42159	NORFOLK	45
CINCLANTFLT/ SPINTCOM DIV	42201	NORFOLK	1
CLNTFT FLTCONT	42229	NORFOLK	37
CRAW/CRAG HC	42432	NORFOLK	2
CSUBLANT INT	42443	NORFOLK	1
CCRUDESGRUB SC	42601	NORFOLK	2
STU AEPR OLD DOMINION UNIV	42825	NORFOLK	1
CLFT PASS MGT	42900	NORFOLK	1
SLNT RSG PQS T	42965	NORFOLK	2
CNMPC NACU NOR	43293	NORFOLK	28
CSUBLANT N D C	43599	NORFOLK	7
NAVSATCOMMDET	43669	NORFOLK	36
EEAP TIDEWATER	43987	NORFOLK	62
FASOLNT DT STR	44275	NORFOLK	70
STU PG2 OLD DOMINION UNIT	44688	NORFOLK	8
EWOPFAC NORVA	44833	NORFOLK	9
FASOTRAGGRUL SD	44937	NORFOLK	5

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FLTIMAGCENLANT DET NORVA	45896	NORFOLK	5
FASOTRAGGRUL SD	44937	NORFOLK	5
EEAP T NELSO	46329	NORFOLK	5
SUBTRAFAC	46387	NORFOLK	5
CMS TRA TEAM M	48565	NORFOLK	5
IMAGERY INTERP TEAM	20001UCX	NORFOLK	5
FTC NORVA FMST	41471	NORFOLK	4
NAVSEACOMBATSY SENGSTA NORV	64281	NORFOLK	4
AVORD MTT NORV	48764	NORFOLK	4
JSJCS/J7JDC NO	47344	NORFOLK	4
NOCICMFAC BLC	65781	NORFOLK	4
FLT ICELNT SSO	65286	NORFOLK	4
SOCLANT	63184	NORFOLK	4
NMASSO SNAPMED	46008	NORFOLK	4
NSGDT NOR/ECCM	45076	NORFOLK	3
DET 22D DNCOFS	30696	NORFOLK	3
CNAIRLNT COMP	31874	NORFOLK	3
NAVRESSOFSO	68573	NORFOLK	3
NAVDRUGLAB	68851	NORFOLK	3
AMCC VAN FOUR	41519	NORFOLK	3
NBCSTSVCMOB DT	45523	NORFOLK	3
FLTIMAGCENLNAT OCEANA DET	45898	NORFOLK	3
ODU/NORF ST UNIV	20001H59	NORFOLK	3
DEGREE PROG ODU	20001K08	NORFOLK	3
ARMED FORCES STAFF COLLEGE	20001NBL	NORFOLK	3

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NAVINTACT CSUB	45107	NORFOLK	17
NBCSTSVCMOB DT	45523	NORFOLK	3
COMNAVSUPSYS COM DET PRICE FIGHTER NORVA	45613	NORFOLK	15
NAVMTONATD	45627	NORFOLK	23
FLT TRA CEN NO	45700	NORFOLK	7
LNTNVFCEGV SE	45806	NORFOLK	8
NIRA DT 4 NORV	45869	NORFOLK	1
NROTCU NOR	45890	NORFOLK	51
FLTIMAGCENLANT DET NORFOLK	45896	NORFOLK	5
FLTIMAGCENLANT OCEANA DET	45898	NORFOLK	3
PMOLT SSNSDNOR	45919	NORFOLK	2
PQMM SPEC NORV	45983	NORFOLK	12
NAVSUPSYSCOMDE T PRIC FIGH	46019	NORFOLK	2
PQMM SPC NS NO	46242	NORFOLK	1
EEAP T NELSO	46329	NORFOLK	5
SUBTRAFAC	46387	NORFOLK	5
CLNTFT NPEB	46434	NORFOLK	17
NASC DET WSM NORVA	46774	NORFOLK	1
DMEDS NDC NORV	46878	NORFOLK	1
DMS BRMCL NS	46886	NORFOLK	18
DMEDS NDRL NOR	46887	NORFOLK	1
LFLT HDSUP PHY	46902	NORFOLK	46
NAS NORVA SEA	46966	NORFOLK	138
CMIDEFOR STNG	47197	NORFOLK	81
JSJCS/J7JDC NO	47344	NORFOLK	4
NSFCN NORVA ND	47350	NORFOLK	14

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ARMED FORCES STAFF COL PERM	20001J70	NORFOLK	3
SACLANT BILLET	20001NBG	NORFOLK	3
HQ LANT COM JT BILLET	20001NJM	NORFOLK	3
NAVAL CAREER APPRAL SCHOOL	53530J75	NORFOLK	3
NUC WEP TRNG LANT	53530J77	NORFOLK	3
FRAMP (INST) NORVA	53530MC5	NORFOLK	3
MCSF CADRE OCEANA	535302C3	NORFOLK	3
FAADC	53530473	NORFOLK	3
MCSF CADRE LCREEK	560112C2	NORFOLK	3
COM2FT NSGDT S	32685	NORFOLK	2
DECA NORFOLK	49176	NORFOLK	2
STU CDP VA WESLYN	35946	NORFOLK	2
CRAW/CRAG HC	42432	NORFOLK	2
CCRUDESGRUB	42601	NORFOLK	2
SLNT RSG PQS T	42965	NORFOLK	2
NAVSUPSYSCOM DET PRICE FIGH	46019	NORFOLK	2
CLNTFT NPDP AD	47495	NORFOLK	2
EEAP #2 NOR	48447	NORFOLK	2
LANTCOM DEFANAL CENTER	20001NBK	NORFOLK	2
SACLANT JOINT BILLET	20001NJL	NORFOLK	2
NAVAIRSYSCOM REP	5353OTCD	NORFOLK	2
NAVAL LEGAL SERVICES OF	5353OT64	NORFOLK	2
PMOLT SSNSDNOR	45919	NORFOLK	2

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 R (9/22/94) REBUILD 824 9/29/94

CLNTFT NPDP AD	47495	NORFOLK	2
MECPN OLD DO	47587	NORFOLK	12
EEAP #1 TW C	47593	NORFOLK	8
NSGD NORVA S/D	47678	NORFOLK	12
NRC LANT	48150	NORFOLK	1
EEAP #2 ST	48442	NORFOLK	7
EEAP #2 NOR	48447	NORFOLK	2
EEAP #2 O DO	48477	NORFOLK	12
SDSA USERS AS	48524	NORFOLK	1
CMS TRA TEAM M	48565	NORFOLK	5
AVORD MTT NORV	48764	NORFOLK	4
SLNT 1200 PMT	53929	NORFOLK	6
PHIBCB 2	55103	NORFOLK	653
PHIBRON 6	55337	NORFOLK	25
PHIBRON 8	55338	NORFOLK	31
COMNAVAIRLANT	57012	NORFOLK	224
COMSUBLANT	57016	NORFOLK	195
COMTRALANT	57021	NORFOLK	30
COMOPTEVFOR	57023	NORFOLK	207
LANTNAVFACENG COM NORFOLK VA	62470	NORFOLK	10
CSUBLANT SPINC	65368	NORFOLK	1
4MAW MMM774MAG	67825	NORFOLK	1
NROFSON SSTM NO	68147	NORFOLK	8
NMTJ W TV CONOR	31552	NORFOLK	7
STF SEWLT TSIT	48538	NORFOLK	9

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SLNT 1200 PMT	42964	NORFOLK	1
VAW 78	09102	NORFOLK	1
NJROTC AREA 5	35105	NORFOLK	1
VR 56	53856	NORFOLK	1
HM 18	55214	NORFOLK	1
NAVMEDCOM MIDATLANTICREG	66818	NORFOLK	1
NROFSO MPCOU N	30951	NORFOLK	1
CINCLANTFLT/SP INTCOM DIV	42201	NORFOLK	1
CSUBLANT INT	42443	NORFOLK	1
STU AEPR ODU	42825	NORFOLK	1
CLFT PASS MGT	42900	NORFOLK	1
NIRA DT 4 NORV	45869	NORFOLK	1
PQMM SPC NS NO	46242	NORFOLK	1
NASC DET WSM NORVA	46774	NORFOLK	1
DMEDS NDRL NOR	46887	NORFOLK	1
DMEDS NDC NORVA	64878	NORFOLK	1
NRC LANT	48150	NORFOLK	1
SDSA USERS AS	84524	NORFOLK	1
CSUBLANT SPINC	65368	NORFOLK	1
4MAW MMM774MAG	67825	NORFOLK	1
MCLNO OP TEST/EVAL F	20001MBN	NORFOLK	1
NAVAL SEC DET	20001809	NORFOLK	1
OPERATION TANDE FORCE	20001M69	NORFOLK	1
ARMED FORCES STAFF COLLEGE JTB	20001NJN	NORFOLK	1
RJCS-7 JOINT DOCTRINE CTR BLT	5353ONDM	NORFOLK	1

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NAVSEACOMBATSY SENGSTA NORFOLK VA	64281	NORFOLK	4
MAG 46 DET A 4TH MARINE AIR WINT	03020G32	NORFOLK	117
HQ & SERVICES BATTALION	20001111	NORFOLK	515
HQ ATLANTIC COMMAND	20001434	NORFOLK	6
FLAG ALL CINCSULANT	20001444	NORFOLK	7
OLD DOMINION U	20001K31	NORFOLK	7
IMAGERY INTERP TEAM	20001UCX	NORFOLK	5
5TH CONTROL INTEL TEAM	20001118	NORFOLK	13
ATLANTIC COMMAND ELECT INTEL CENTER	20001W54	NORFOLK	28
OLD DOMINION UNIV/NORFOLK STATE UNIV	20001H59	NORFOLK	3
DEGREE PROGRAM OLD DOMINION UNIV	20001K08	NORFOLK	3
MCLNO OP TEST/ EVAL F	20001MBN	NORFOLK	1
NAVAL SECURITY GROUP DETACHMENT	20001809	NORFOLK	1
OPERATION TANDE FORCE	20001M69	NORFOLK	1
HQ ATLANTIC COMMAND JOINT BILLET	20001NBH	NORFOLK	12
LANTCOM DEFANAL CENTER	20001NBK	NORFOLK	2

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LANDING SIGNAL OFFICES	53530TE4	NORFOLK	1
FLAG A COMPHIBRON 12	56011739	NORFOLK	1
FRAMP STUDENTS	53530JAF	NORFOLK	1

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ARMED FORCES STAFF COLLEGE	20001NBL	NORFOLK	3
ARMED FORCES STAFF COLLEGE PERMANENT	20001J70	NORFOLK	3
SACLANT BILLET	20001NBG	NORFOLK	3
HQ ATLANTIC COMMAND JOINT BILLET	20001NJM	NORFOLK	3
SACLANT JOINT BILLET	20001NJL	NORFOLK	2
ARMED FORCES STAFF COLLEGE JTB	20001NJN	NORFOLK	1
NAVAL CAREER APPRAL SCHOOL	53530J75	NORFOLK	3
NUCLEAR WEAPONS TRAINING ATLANTIC	53530J77	NORFOLK	3
FLEET HOME TOWN NEW CENTER	53530L56	NORFOLK	12
FRAMP (INSTRUCTOR) NORFOLK	53530MC5	NORFOLK	3
NAVAL SAFETY CENTER NAVAL AIR STATION	53530M32	NORFOLK	10
RJCS-7 JOINT DOCTRINE CENTER BILLET	53530NDM	NORFOLK	1
NAVAL AIR SYSTEMS COMMAND REPRESENTATIVE	53530TCD	NORFOLK	2
LANDING SIGNAL OFFICES	53530TE4	NORFOLK	1
NAVAL LEGAL SERVICES OFFICE	53530T64	NORFOLK	2

MCSF CADRE OCEANA	535302C3	NORFOLK	3
MCSF BATTALION HQ ATLANTIC	53530226	NORFOLK	518
FLAG ALL COMNAVAIR	53530460	NORFOLK	24
FLEET ACCOUNTING & DISTRIBUTION CENTER	53530473	NORFOLK	3
MCSF COMPANY NORFOLK	53560243	NORFOLK	171
MCSF CADRE LITTLE CREEK	560112C2	NORFOLK	3
FLAG ALL COMNAVSURF	56011452	NORFOLK	9
FLAG A COMPHIBRON 12	56011739	NORFOLK	1
MC TAC COMMAND/ CONTROL SYSTEMS	56011788	NORFOLK	8
FRAMP STUDENTS	53530JAF	NORFOLK	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		176,289		
ACTIVE DUTY NON N/MC		1,405		
TOTAL ACTIVE DUTY		177,694		
FAMILY OF AD		18,294		
RETIRED AND FAMILY MEMBERS UNDER 65 *		4,413		
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		53,909		
TOTAL		254,310		

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

IT 18R (9/22/94) VR BUMED 824 9/29/94

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
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TOTAL ACTIVE DUTY		177,694		
FAMILY OF AD		18,294		
RETIRED AND FAMILY MEMBERS UNDER 65		4,413		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		53,909		
TOTAL		254,310		

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

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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	271,200	271,200	271,200	271,200	271,200	271,200	271,200
ADMISS.	**N/A**						

Please show all assumptions and calculations in the space below:

Assumptions:

* **All vacant billets are filled**
* **CHCS becomes fully operational for ancillary services**
* **Clinic will continue to have squadron flight surgeons and fleet doctors assist with after hours coverage**
* **All staffing, facilities and funding remain at current level**
* **Submarine Tenders decommission in FY 96-97 (as projected) which will increase the active duty population by approximately 4,000**
* **Base closure at Charleston, SC will add approximately ten additional ships to this homeport**

Calculations:

7,846 = Patients/year (1 vacant provider billet)
6,000 = Patients/year (Average 500 no shows/month)
13,846 = Increase in workload at maximum capacity
257,290 = FY 93 actual workload
271,200 = Maximum capacity workload

Projections were straight-lined for FY95-FY01 because maximum capacity is assumed.

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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	271,200	271,200	271,200	271,200	271,200	271,200	271,200
ADMISS.	**N/A**						

Please show all assumptions and calculations in the space below:

- Assume all vacant billets are filled
- Assume CHCS becomes fully operational for ancillary services
- Assume the clinic will continue to have squadron flight surgeons and fleet doctors assist with after hours coverage
- Assume all staffing, facilities and funding remain at current level
- Submarine Tenders are projected to decommission in FY 96-97 which will increase the active duty population by approximately 4,000
- Base closure at Charleston, SC will add approximately ten additional ships to this homeport

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
Change of Commands	**36-48 hr**	**2-4 ea**
Decom/commissionings of commands	**36-48 hr**	**2-4 ea**
Magnetic Silencing depermings	**40-60 hr**	**1 ea**
Marine Security Force Exercises	**20 hr**	**1 ea**
Pistol/Rifle Range	**10-40 hr**	**1-2 ea**
Recreational Activities (Health Fair, Fun Run, and Earth Day Fair)	**20-48 hr**	**1-6 ea**
Physical Readiness Tests	**10 hr**	**1-2 ea**

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.

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]
55010	CD2/OUTPATIENT MEDICAL CARE	66,000	15	ADEQUATE
17120	AVIATION PHYSIOLOGY TRAINING DEPARTMENT	21,000	4	ADEQUATE
17125	WATER SURVIVAL TRAINER	93,271	53	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:

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Branch Medical Clinic, Naval Station, Norfolk, VA				
2. UIC **32510**	3. CATEGORY CODE	4. NO. OF BUILDINGS 3		
5. SIZE	A. GSF 180071	B. NORMAL BEDS None		C.DTRS
6. LOCATION	A. CITY **Norfolk**		B.STATE Va	

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.	100%				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	60%	40%		F 11	
(B) HVAC	80%	20%		F 01	
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER	100%				

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: OCT 91

FULL ACCREDITATION: YES

LIFE SAFETY MANAGEMENT SCORE: ___5___ (Record as 1,2,3,4,or 5)

SCORED UNDER NAVMEDCEN PORTSMOUTH

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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?

Located centrally to all activities of the CINCLANTFLT area on or around the Naval Base, Norfolk, Virginia R

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

Air - Norfolk International Airport R

Rail - Amtrack Terminal, Newport News R

Sea - Naval Base, Norfolk R

Ground - Greyhound Bus Line, Norfolk R

R

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): **one**

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

Centrally located within one mile of the Naval Air Station, Norfolk, Va.

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

Less than five minutes in a motor vehicle.

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

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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? **Located centrally to all activities of the CINCLANTFLT area on or around the Naval Base, Norfolk, Virginia**

b. What are the nearest air, rail, sea and ground transportation nodes? **One mile for each**

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): **one**

d. What is the importance of your location given your mobilization requirements? **Centrally located within one mile of the Naval Air Station, Norfolk, Va.**

e. On the average, how long does it take your current clients/customers to reach your facility? **Less than five minutes in a motor vehicle.**

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.

The Branch Medical Clinic is the primary outpatient facility to support the CINCLANTFLT area. If the capabilities of this clinic were lost, greater than 70,000 active duty personnel and their family members would require deferment to other treatment facilities.

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.
**** NO**

This clinic supports the largest Navy Base on the east coast with an active duty beneficiary population of greater than 70,000 and a civilian government employee population of greater than 17,200. Over 125,000 beneficiaries would require deferment to other treatment facilities for their outpatient medical entitlements.

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**

Active duty are the primary beneficiary 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 20	46977	16
USNS COMFORT	46246	14
FLEET HOSPITAL 5	68685	14
FLEET HOSPITAL 3	68683	4
NAVHOSP GITMO	61564	4
FIRST FSSG	67446	2
NAVHOSP ROTA	66101	1
FLEET HOSPITAL 2	68682	1
USS GUADALCANAL	07352	5
USS GUAM	07178	2
SEC MARDIV	08321	6
NAVHOSP NAPLES	66096	1
SECOND FSSG	68408	3
NAVHOSP KEFLAVIK	63020	1
FIRST MARDIV	MPS2D	1
EPMU 7	62997	1
FLEET HOSPITAL 8	45392	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. **Each day a provider is absent from work for training or a drill approximately 20 patients must be redirected or rescheduled at a later date. When support staff (Nurse, Corpsman etc.) are absent the same rule applies for approximately 10 patients.**

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]: _____

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

BUMED-82C
mb, 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	139	$209K	130	$182K	17	$40K
AD FAMILY						
OTHER	11	$3K	12	$2K		
TOTAL	150	$212K	142	$184K	17	$40K

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

[2] The total cost in thousands of dollars.

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12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS): N/A BUMED MED 825 GSA 6/1/94

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	139	$209K	130	$182K	17	$40K
AD FAMILY						
OTHER	11	$3K	12	$2K	17	$40K
TOTAL	159	$212K	142	$184K	34	$80K

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

[2] The total cost in thousands of dollars.

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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	$9,419,302	$10,843,953	$4,154,598
TOTAL OUTPATIENT VISITS	212,824	257,290	99,697
AVERAGE COST PER VISIT	$44.26	$42.47	$41.67

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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	$9,419,302	$10,927,938	$4,154,598
TOTAL OUTPATIENT VISITS	212,824	25,290	99,697
AVERAGE COST PER VISIT	$44.26	$42.47	$41.67

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)			

See Total QOL Revision at end of this

15. Quality of Life. **INFORMATION PROVIDED BY HOST COMMAND (COMMANDER, NAVAL BASE, NORFOLK, VA - UIC 33001 BRAC Data Call 27)**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." 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)

i. 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 PROVIDED BY HOST COMMAND (NAVAL STATION, NORFOLK, VA - UIC 62688)**

Copy attached

~~35~~ HOR (9/22/94) VR BUMED 824 9/29/94

Quality of Life

5 47. Military Housing

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+	199	199	0	0
Officer	3	197	195	2	0
Officer	1 or 2	15	14	1	0
Enlisted	4+	870	870	0	0
Enlisted	3	889	863	26	0
Enlisted	1 or 2	944	723	221	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	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:

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?

47.a.(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	0
	2	0	8-10 Months
	3	0	8-10 Months
	4+	14	12-14 Months
O-4/5	1	0	0
	2	1	9-12 Months
	3	62	12-15 Months
	4+	33	10-16 Months
O-1/2/3/CWO	1	0	4-9 Months
	2	3	4-9 Months
	3	3	6-15 Months
	4+	16	12-14 Months
E7-E9	1	0	2-9 Months
	2	11	6-14 Months
	3	67	7-13 Months
	4+	63	12-24 Months
E1-E6	1	0	2-9 Months
	2	1080	6-14 Months
	3	778	7-13 Months
	4+	534	12-24 Months

[1]As of 31 March 1994

47.a.(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	High cost for junior enlisted, 3 or more bedrooms
2	Travel time/distance
3	Convenience to Base facilities/child care
4	Sense of safety/security (undesirable high crime areas, especially near base.)
5	Area has large deployable sector. Shared comraderie/problems/expenses.

(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)?

32%

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

Type of Quarters	Utilization Rate
Adequate	98.2
Substandard	97.4
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?

1.) Yes.
2.) 600 substandard units in Ben Moreell housing are being demolished and will be rebuilt. Some quarters have been taken off line in Camp Allen and Torgerson sites, for planned revitalization projects scheduled FY95-97 time frame. Some units have been condemned in

Carper housing due to unsafe structural conditons, as identified by Engineering Structural inspection.

47.b. BEQ:

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

Type of Quarters	Utilization Rate
Adequate	93%
Substandard	N/A
Inadequate	94%

(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?

Occupancy fairly steady, at times occupancy lower due to Open Bay bldgs empty when not needed by precon/decom units, This brings overall % below 95%

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

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

$$= 106$$

(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
Family Commitments (children in school)	44	40%
Spouse Employment/Financial	11	10%
Can't sell home	22	20%
Legal Reasons(banned from spouse, kids, etc...)	32	30%
TOTAL	109	

Note: Number of GB's on board May94

Info taken from special request chits submitted for permission to reside in BEQ and check-in interviews.

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

Unknown, no waiting list at this time for enlisted.

47.c. BOQ:

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

Type of Quarters	Utilization Rate
Adequate	88%
Substandard	N/A
Inadequate	81%

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

No significant changes since FY93./ No Shows and last minute cancellations of large groups due to various reasons.

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

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

$$= 70$$

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	10	14%	
Spouse Employment (non-military)	55	79%	
Other	5	7%	Can't sell home in Charleston
TOTAL		100	

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Note: No written record of reason for separation. Data based on orders, BAQ records and check-in interviews.

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

103 based on current officer waiting list.

On Base MWR Facilities

S 48. 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.

MWR function for both NAS / NAVSTA NORFOLK is managed by Naval Station and facilities are utilized by all hands. Similarly, NAS Hospitality manages the clubs at both NAS and NAVSTA.

LOCATION *NAVAL STATION NORFOLK* DISTANCE *N/A*

Facility	Unit of Measure	Total	Profitable Y,N,N/A
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	20,870	N
Wood Hobby			
Bowling	Lanes	48	Y
Enlisted Club	SF	68,435	Y
Officer's Club	SF	13,322	Y
Library	SF	8,851	N/A
Library	Books	19,000	N/A
Theater(See Note)	Seats	1,000	N/A

ITT	SF	924	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	18	N/A
Pool (outdoor)	Lanes	11	N
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	12	N/A

Note: 1,000 seat theater is utilized for classes / briefing / presentations / ceremonies. Third party contractor operates a ten cinema theater located adjacent to the Navy Exchange complex.

[1]Spaces designated for a particular use. A single building mignt coatain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable Y,N,N/A
Volleyball CT (outdoor)	Each	6	N/A
Basketball CT (outdoor)	Each	0	N/A
Racquetball CT	Each	14	N/A
Golf Course	Holes	18	Y
Driving Range	Tee Boxes	20	Y
Gymnasium	SF	131,257	N/A
Fitness Center	SF	11,310	N
Marina	Berths	140	Y
Stables	Stalls	0	N/A
Softball Fld	Each	12	N/A

Football Fld	Each	0	N/A
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A
Camping Issue	SF	2,940	N
Single Sailor Enlisted Rec Center (Wind and Sea)	SF	33,792	N

LOCATION *NAVAL AIR STATION, Norfolk* DISTANCE *N/A*

Facility	Unit of Measure	Total	Profitable Y,N,N/A
Auto Hobby	Indoor Bays	15	N
	Outdoor Bays	24	N
Arts/Crafts	SF	0	N/A
Wood Hobby			
Bowling	Lanes	24	Y
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	0	N/A
Museum/Memorial	SF	0	N/A

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Pool (indoor)	Lanes	5	N/A
Pool (outdoor)	Lanes	5	N
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	4	N/A

[1]Spaces designated for a particular use. A single building mignt coatain several facilities, each of which should be listed spearately.

Facility	Unit of Measure	Total	Profitable Y,N,N/A
Volleyball CT (outdoor)	Each	2	N/A
Basketball CT (outdoor)	Each	1	N/A
Racquetball CT	Each	3	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	8,000	N/A
Fitness Center	SF	0	N/A
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	4	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A
Boat Issue	SF	1,995	N/A

Vet Clinic	SF	2,992	N/A

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

NO

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50. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	12	X			16	135
6-12 Mos	16	X			26	270
12-24 Mos	30	X			76	270
24-36 Mos	56	X			9	37
3-5 Yrs	190	X			14	14

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.

Family Home Care - Referral to available care

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

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

NAB Little Creek - 252 - 6 week to 5yrs.
NNSY, Portsmouth - 57 - 6week to 5yrs.
Fort Story(Army) - 50 - 6week to 5yrs.
Langley AFB - 145(main), 50(Bethel) - 6week to 5yrs.

S 51. Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	2-172247
Gas Station	SF	3-1230
Auto Repair	SF	9424
Auto Parts Store	SF	2816
Commissary	SF	49725
Mini-Mart	SF	2-7153
Package Store	SF	2-19547
Fast Food Restaurants	Each	2
Bank/Credit Union	Each	1
Family Service Center	SF	9404
Laundromat	SF	3-5774
Dry Cleaners	Each	1
ARC	PN	90
Chapel	PN	100
FSC Classrm/Auditorium	PN	20

S 52. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
Charlottesville, Virginia	166
Raleigh, North Carolina	188
Richmond, Virginia	93
Washington, DC	200

S 53. Standard Rate VHA Data for Cost of Living:

Paygrade	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

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O2E	251.41	200.45
O3E	238.87	202.08
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

S 54. 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	535	265	75
Apartment (1-2 Bedroom)	1300*	229	141
Apartment (3+ Bedroom)	900	450	201
Single Family Home (3 Bedroom)	1600	460	213
Single Family Home (4+ Bedroom)	1500	595	260
Town House (2 Bedroom)	1150	320	130
Town House (3+ Bedroom)	1250	575	180
Condominium (2 Bedroom)	1400	500	123
Condominium (3+ Bedroom)	1400	600	192

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*Many of these high cost units are located in the resort area.

S 54.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

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	$82,000
Single Family Home (4+ Bedroom)	$91,000
Town House (2 Bedroom)	$71,500
Town House (3+ Bedroom)	$78,000
Condominium (2 Bedroom)	$71,500
Condominium (3+ Bedroom)	$81,400

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S 54.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		
	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	44	16

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

Location. Number of Bedrooms, Siding type (brick, vinyl, wood), School system, Crime rates, BAQ, VHA alignment with payment amount.

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55. 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
BUPERS will provide data.		

S 56. 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)
Norfolk, Va.	46	5	20
Va. Beach, Va.	36	20	40
Portsmouth, Va.	7	12	30
Chesapeake, Va.	10	25	40
Suffolk, Va.	1	30	45

57. 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:

S 57.a. List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s) Shown by numbers of schools			Special Education Available Note 1	Annual Enrollment Cost per Student Note2	1993 Avg SAT/ ACT Score (SAT total)	% HS Grad to Higher Educ Note 3	Source of Info Note 4
		elem	mid	high					
Chesapeake, VA	Public	26	7	5	YES	$4,589	831	71%	
Hampton, VA	Public	24	5	4	YES	$4,498	833	74%	Note 5a
Norfolk, VA	Public	36	8	5	YES	$5,164	769	64%	Note 5b
Portsmouth, VA	Public	16	4	4	YES	$4,712	744	71%	
Suffolk, VA	Public	10	3	2	YES	$4,365	742	44%	Note 5c
Virginia Beach, VA	Public	52	14	10	YES	$3,942	889	77%	
Nonpublic Schools: Note 6		Grade	Students enrolled & as % of total enrolled in specified Grades 1992						Note 7
Chesapeake, VA	Private	1-8	1,198 (6%)						
Hampton, VA	Private	1-8	982 (6%)						
Norfolk, VA	Private	1-8	2,173 (8%)						
Portsmouth, VA	Private	1-8	878 (^%)						
Suffolk, VA	Private	1-8	650 (10%)						
Virginia Beach, VA	Private	1-8	2,820 (6%)						

Note 1: Federal law requires accommodation of special needs students. In 1992-93, 2.2% of students in Virginia (22,310 of 1,030,004) were identified with special needs and were accommodated. [Virginia Statistical Series. Projection of Educational Statistics to 2012. Center of Public Service, University of Virginia, September, 1993]

Note 2: Figure is the average expenditure per student found in the 1993-94 Fall Membership in Virginia's Public Schools, Virginia Department of Education, Division of Information Systems.

Note 3: The figure for number of students enrolled in college is not an actual count, but rather is the results of a survey completed by each school system prior to graduation.

Note 4: Each school system was contacted by the Hampton Roads Planning District Commission for the information.

Note 5a: Published 1992 data is used for Hampton's SAT and % HS grads to higher education.

Note 5b: Published 1992 data is used for Norfolk % HS grads to higher education.

Note 5c: Data for Suffolk City School is for the class of 1992.

Note 6: Data is provided in aggregate for the private schools in the cities most representative of the host, Norfolk Naval Shipyard. Although the private schools account for a relatively small number of students, they provide opportunities for diversity of educational opportunities. Examples of these include: Norfolk Academy (one of the country's oldest private schools, founded in 1728, emphasizes leadership and college reparation skills); Hebrew Academy (offering Judaic education), and the Chesapeake Bay Academy (offering curriculum aimed at students with learning disabilities and attention to deficit disorders).

Note 7: "Input Data: Population Estimates" Center for Public Service, University of Virginia, November 24, 1993

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57.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	
Christopher Newport Univ.	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
College of William and Mary	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
Commonwealth College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No
Eastern Virginia Medical School	Day	No	No	No	No	Yes
	Night	No	No	No	No	Yes
Hampton Univ.	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
Norfolk State Univ.	Day	No	Yes	Yes	Yes	Yes
	Night	No	Yes	Yes	Yes	Yes
Old Dominion	Day	No	No	No	Yes	Yes

Univ.						
	Night	No	No	No	Yes	Yes
Patrick Henry College	Day	Yes	Yes	Yes	Yes	No
	Night	Yes	Yes	Yes	Yes	No
Regent Univ.	Day	No	No	No	No	Yes
	Night	No	No	No	No	Yes
Thomas Nelson Community College	Day	Yes	Yes	Yes	Yes	No
	Night	Yes	Yes	Yes	Yes	No
Tidewater Community College	Day	Yes	Yes	Yes	Yes	No
	Night	Yes	Yes	Yes	Yes	No
Virginia Wesleyan College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No

Extension Campuses targeting Hampton Roads Large Military Population						
George Wash. Univ.	Day	No	No	No	No	No
	Night	No	No	No	No	Yes
Southern Illinois Univ	Day	No	No	No	No	No
	Night	No	No	No	Yes	No
St. Leo's College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No

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LS 57.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	
American Prepratory Institute	Day	Yes	NO	NO	NO	NO
	Night	Yes	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO
Central Texas College	Day	Yes(basic skills)	NO	NO	NO	NO
	Night	NO	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO
Troy State Univ.	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	Yes
Florida Institute of Technology	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO
St. Leo College	Day	NO	NO	NO	NO	NO
	Night	NO	NO	Yes	Yes	NO
				Yes	Yes	NO

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	Corres-pondence	NO	NO	NO	NO	NO
Norfolk State University	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	Yes
	Corres-pondence	NO	NO	NO	NO	NO

5 58.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	388	392	347	Metropolitan Statistical Area-Norfolk, Va Beach, Newport News
Manufacturing	50	51	45	March 1994 - 5.5%
Clerical	439	443	393	
Service	644	646	576	
Other	169	170	151	
Totals*	1690	1702	1512	

**Totals equal total number of first time users. Does not include multiple users. Categories reflect data based on most recent information available in last 6 month period. Since no criteria was given for the five categories data is derived from criteria set by NFSC. Professional included any degreed, licensed or certified professions; manufacturing included assembly line work and some blue collar skilled jobs; clerical included secretary, receptionist, clerk, data entry, general clerical; all others came under service or other.*

When we gather data we get actual job titles not categories and there are hundreds of job titles and we normally encourage individuals to list at least three job titles.

This information had to be done by hand because we do not have data broken down into your five categories.

S 59. 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.

Active duty are experiencing difficulty with access. With the decommissioning of Tenders, the situation may worsen.
The Sewells Point Medical Clinic is set up to make appointments for active duty personnel on a first come first served basis. Appointments are made by telephone(or can be made by personal appearance). Same day service is aavailable for personnel who call in the A.M. Same day service may be available for callers in the P.M. or appointment will be set up for the following day. If the local branch is experiencing a busy day, the medical appointments system will query other branch clinics to determine if an appointment can be made at any one of the four other medical facilities in the Tidewater area. The time frame for obtaining an appointment is consistent with similiar services provided by the civilian medical community.

60. 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.

S *Yes, reasonable access to Medical/Dental care is available for family members through the Tricare service center. The Tricare service center was set up as a joint venture by the Army, Navy, and Air Force commands in the Tidewater area as a means to meet the medical need of family members, which totals 380,000 persons. The Tricare system provides direct care at an outpatient clinic. Navcare also provides access for a wide range of health care options. Military facilities can be queried through Tricare for appointments on a space available basis. Through the managed care system, a family member may elect to use CHAMPUS or other service eligible benefits. The key to this service is the appointment system with its guaranteed 30 second answering service.*

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S 61. Complete the table below to indicate the crime rate for your 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.

**DATA FOR 1991 NOT AVAILABLE*

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military		0	5
Base Personnel - civilian		15	3
Off Base Personnel - military		12	5
Off Base Personnel - civilian		N/A	N/A
2. Blackmarket (6C)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		N/A	N/A
3. Counterfeiting (6G)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0

Off Base Personnel - civilian		N/A	N/A
4. Postal (6L)			
Base Personnel - military		1	0
Base Personnel - civilian		2	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		N/A	N/A
5. Customs (6M)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		N/A	N/A
6. Burglary (6N)			
Base Personnel - military		73	65
Base Personnel - civilian		0	110
Off Base Personnel - military		11	12
Off Base Personnel - civilian		N/A	N/A
7. Larceny - Ordnance (6R)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		N/A	N/A
8. Larceny - Government (6S)			
Base Personnel - military		282	180
Base Personnel - civilian		185	163
Off Base Personnel - military		0	0

Off Base Personnel - civilian		N/A	N/A

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military		905	604
Base Personnel - civilian		213	188
Off Base Personnel - military		79	31
Off Base Personnel - civilian		N/A	N/A
10. Wrongful Destruction (6U)			
Base Personnel - military		687	665
Base Personnel - civilian		422	397
Off Base Personnel - military		30	27
Off Base Personnel - civilian		N/A	N/A
11. Larceny - Vehicle (6V)			
Base Personnel - military		117	96
Base Personnel - civilian		28	25
Off Base Personnel - military		3	1
Off Base Personnel - civilian		N/A	N/A
12. Bomb Threat (7B)			
Base Personnel - military		16	9
Base Personnel - civilian		4	1
Off Base Personnel - military		2	0
Off Base Personnel - civilian		N/A	N/A

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		N/A	N/A
14. Assault (7G)			
Base Personnel - military		291	210
Base Personnel - civilian		333	154
Off Base Personnel - military		281	296
Off Base Personnel - civilian		N/A	N/A
15. Death (7H)			
Base Personnel - military		8	3
Base Personnel - civilian		3	5
Off Base Personnel - military		7	4
Off Base Personnel - civilian		N/A	N/A
16. Kidnapping (7K)			
Base Personnel - military		1	0
Base Personnel - civilian		3	1
Off Base Personnel - military		8	1
Off Base Personnel - civilian		N/A	N/A

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Activity UIC: 62688

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military		27	52
Base Personnel - civilian		22	31
Off Base Personnel - military		40	30
Off Base Personnel - civilian		N/A	N/A
19. Perjury (7P)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		N/A	N/A
20. Robbery (7R)			
Base Personnel - military		31	14
Base Personnel - civilian		10	5
Off Base Personnel - military		8	0
Off Base Personnel - civilian		N/A	N/A
21. Traffic Accident (7T)			
Base Personnel - military		1195	1151
Base Personnel - civilian		544	574
Off Base Personnel - military		245	250
Off Base Personnel - civilian		N/A	N/A

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Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military		1	2
Base Personnel - civilian		5	9
Off Base Personnel - military		12	4
Off Base Personnel - civilian		N/A	N/A
23. Indecent Assault (8D)			
Base Personnel - military		4	7
Base Personnel - civilian		9	7
Off Base Personnel - military		72	12
Off Base Personnel - civilian		N/A	N/A
24. Rape (8F)			
Base Personnel - military		8	0
Base Personnel - civilian		11	2
Off Base Personnel - military		14	19
Off Base Personnel - civilian		N/A	N/A
25. Sodomy (8G)			
Base Personnel - military		0	4
Base Personnel - civilian		0	1
Off Base Personnel - military		13	4
Off Base Personnel - civilian		N/A	N/A

Note: NS includes Ben Morrell, A.C.T. & Carper housing areas.

BRAC-27

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

P.M. DENZER	Patricia M. Denzer
NAME (Please type or print)	Signature
Officer in Charge	18 May 94
Title	Date
BRMEDCLINIC Norfolk, 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)

B. B. POTTER
NAME (Please type or print)

Signature

ACTING
Title

25 MAY 94
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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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

P. M. DENZER, CDR
NAME (Please type or print)

P.M. Denzer
Signature

OFFICER IN CHARGE
Title

22 Sept 94
Date

BRMEDCLINIC NAVSTA NORFOLK, 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)

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

Signature

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

26 Sept 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