

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Medical Clinic White Oak Naval Surface Warfare Center</i>
Acronym(s) used in correspondence	<i>White Oak BRMEDCLINIC</i>
Commonly accepted short title(s)	<i>White Oak Clinic</i>

- Complete Mailing Address

Branch Medical Clinic White Oak
 Naval Surface Warfare Center
 White Oak Detachment
 10901 New Hampshire Avenue
 Silver Spring, MD 20903-5640
 Code (TA)

- PLAD
BRMEDCLINIC NSWC WHITE OAK MD

- PRIMARY UIC: 52636 (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 (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 60921

• Primary Host (as of 01 Oct 1995) UIC: 60921

• Primary Host (as of 01 Oct 2001) UIC: UNKNOWN (possible NAVSEA)

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

• Yes No (check one)

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

Name	Location	UIC

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

Name	UIC	Location	Host name	Host UIC

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.

White Oak Detachment, NSWC, Dahlgren Division will be renamed (New Ownership). However, this site will be used as the home of Naval Sea System Command and will include approximately 4,000 military and civilian personnel. The clinic function will be realigned to primarily support military medicine with Occupational Health remaining as a secondary function.

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

- Medical Surveillance Program: Periodic medical examination of host and tenant command employees who must keep physical qualifications both military and civilian.
a) Surveillance: detecting adverse effects of toxic exposure. b) Certification: able to perform certain risky work tasks.
- Emergency Care: Initial care of medical emergencies, pending transfers to nearest treatment unit.
- Acute Care: Occupational injuries and illnesses; complete treatment if possible, referral if required.
- Industrial Hygiene: Assists the host and tenant commands in compliance with DoD, Navy, Federal, and State regulations, instructions and guidelines. Work includes: baseline and annual industrial hygiene surveys of all work spaces; development and implementation of work place monitoring plans and sampling; consulting safety and environmental offices on areas relating to exposures, training and hazardous materials; program audits as required or needed (e.g.; respirator protection program, hearing conservation); design reviews (i.e., new building or processes); contract reviews (e.g.; asbestos, lead abatement contracts); assisting in resolutions of trouble calls and indoor air quality problems.
- Non-occupational sick call and medical call for military and civilian personnel.
- Training and Education: (a) Health Promotion.

Projected Missions for FY 2001

- Increase by 300 the number of employees on medical surveillance.
- Increase number of first aid and emergency care
- Increase non-occupational sick call cases
- Increase health promotion to increased employee load
- Increase industrial hygiene due to 300 employees transferring from Annapolis site will be working with hazardous materials

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

Current Unique Missions

• N/A

Projected Unique Missions for FY 2001

• N/A

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

• Operational name	UIC
<u>National Naval Medical Center</u>	<u>00168</u>
• Funding Source	UIC
<u>National Naval Medical Center</u>	<u>00168</u>

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>1</u>	<u>2</u>	<u>6</u>
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>124</u>	<u>3</u>	<u>717</u>
• Tenants (total)	_____	_____	_____

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

Title/Name Office Fax Home

- Clinic Head

CDR Karen M. Bowden, CDR, MC, USN (301)394-1231 (301)394-2142

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

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)
- Aerial photos 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, 8 1/2" x 11")
- Aerial photos 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, 8 1/2" x 11")
- 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, HERR, HERR, 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).)
- 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.)
- Tenant Activity 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.

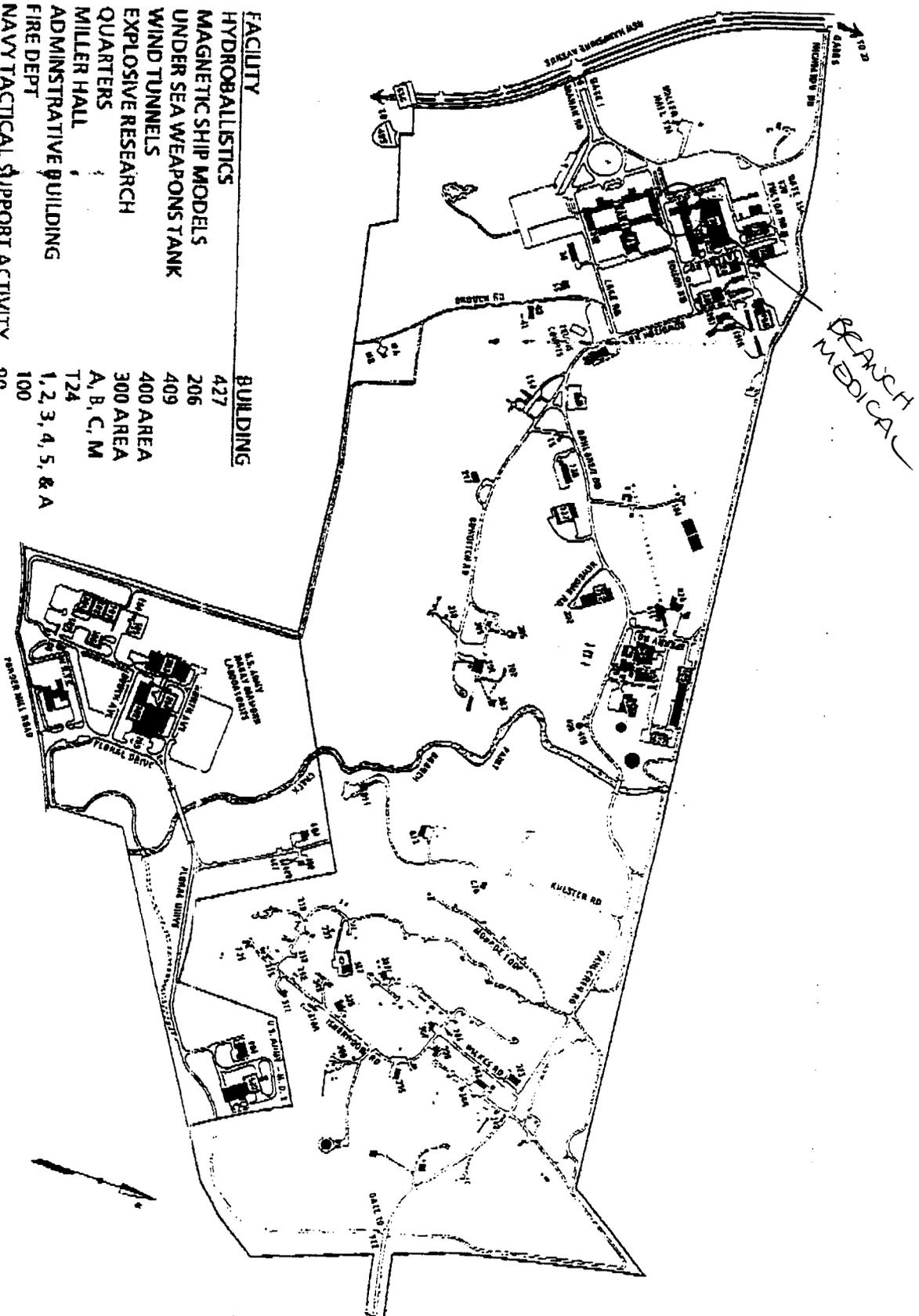
Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

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.

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

- Tenants (Other than those identified previously)

- | | |
|--------------------------------|--------------------|
| FACILITY | BUILDING |
| HYDROBALLISTICS | 427 |
| MAGNETIC SHIP MODELS | 206 |
| UNDER SEA WEAPONS TANK | 409 |
| WIND TUNNELS | 400 AREA |
| EXPLOSIVE RESEARCH | 300 AREA |
| QUARTERS | A, B, C, M |
| MILLER HALL | T24 |
| ADMINISTRATIVE BUILDING | 1, 2, 3, 4, 5, & A |
| FIRE DEPT | 100 |
| NAVY TACTICAL SUPPORT ACTIVITY | 90 |
| GATE 1 (FRONT) | 19 |
| GATE 10 (BACK) | T22 |
| VISITOR PARKING | P |



NAVSWC WHITE OAK LABORATORY
 Silver Spring, Maryland

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

Don D. Wilson
NAME (Please type or print)

Don D. Wilson
Signature

Acting
Title

Date

940207

National Naval Medical Center

Activity

BRMEDCL NSW

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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


Signature

ACTING CHIEF BUMED

10 FEB 1994

Title

Date

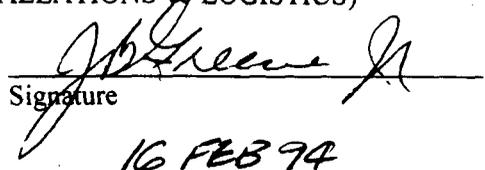
BUREAU OF MEDICINE AND SURGERY

Activity

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

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

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


Signature

ACTING
Title

16 FEB 94
Date

Document Separator

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**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	Branch Medical Clinic, White Oak
UIC:	32636
Host Activity Name (if response is for a tenant activity):	Officer in Charge Naval Surface Warfare Center Silver Spring, MD
Host Activity UIC:	60921

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

**DATA CALL 66
INSTALLATION RESOURCES**

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: Branch Medical Clinic, White Oak		UIC: 32636	
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.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	13	0	13
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			

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2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) Engineering Hazardous Waste			
2k. Sub-total 2a. through 2j:	13	0	13
3. Grand Total (sum of 1c. and 2k.):	13	0	13

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INSTALLATION RESOURCES**

1363b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
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NA

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

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

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INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic, White Oak		UIC: 32636	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non- Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			NA
1b. Real Property Maintenance (<\$15K)			NA
1c. Minor Construction (Expensed)			NA
1d. Minor Construction (Capital Budget)			NA
1c. Sub-total 1a. through 1d.			NA
2. Other Base Operating Support Costs:			
2a. Command Office			NA
2b. ADP Support			NA
2c. Equipment Maintenance			NA
2d. Civilian Personnel Services			NA

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2e. Accounting/Finance			NA
2f. Utilities			NA
2g. Environmental Compliance			NA
2h. Police and Fire			NA
2i. Safety			NA
2j. Supply and Storage Operations			NA
2k. Major Range Test Facility Base Costs			NA
2l. Other (Specify)			NA
2m. Sub-total 2a. through 2l:			NA
3. Depreciation			NA
4. Grand Total (sum of 1c., 2m., and 3.) :			NA

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

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INSTALLATION RESOURCES**

on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: Branch Medical Clinic, White Oak	UIC: 32636
Cost Category	FY 1996 Projected Costs (\$000)
Travel: (399)	1
Material and Supplies (including equipment): (499 & 599)	1
Industrial Fund Purchases (other DBOF purchases): (699)	23
Transportation: (799)	0
Other Purchases (Contract support, etc.): (999)* See Below	9
Total:	34

*OP32 Line 999 Includes purchase of medical supplies and equipment.

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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: Branch Medical Clinic, White Oak	UIC: 32636
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
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.

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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)):

NA

2) Estimated number of workyears which would be eliminated:

NA

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):

NA

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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):

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

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

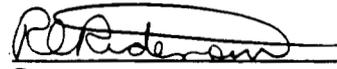
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

R. L. Ridenour
NAME (Please type or print)


Signature

Commander
Title

19 JUL 94
Date

National Naval Medical Center
Bethesda

Activity

Above certification is for NNMC Bethesda & all subordinate branches.

BUMED-822
MMA, 19 Jul 94

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

Signature

NAME (Please type or print)

ACTING

Title

Date

16 AUG 1994

Document Separator

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BRAC DATA CALL #26
CAPACITY ANALYSIS

BRANCH MEDICAL CLINIC WHITE OAK
UIC 32636

MISSION REQUIREMENTS	
1. Population	3
2. Bed capacity	4
3. Workload	5, 6, 7
4. Staffing	8
LOCATION	
5. Community Providers	9
6. Regional Population	10
7. Regional Community Hospitals	11

TABLE OF CONTENTS

MISSION REQUIREMENTS (BRMEDCL NSWC WHITE OAK) DMIS 303 UIC 32636

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	57,253	126	NA	51,434	113	NA
FAMILY OF AD	64,859	2,376	NA	58,247	2,138	NA
SUBTOTAL	122,122	2,502	NA	109,681	2,251	NA
RETIRED AND FAMILY MEMBERS UNDER 65	68,014	2,602	NA	66,167	2,535	NA
RETIRED AND FAMILY MEMBERS OVER 654	26,273	1,523	NA	33,367	1,934	NA
OTHER	18,785	809	NA	20,729	957	NA
TOTAL	235,184	7,436	NA	229,944	7,677	NA

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 :	NA
Set Up Beds ¹ :	NA
Expanded Bed Capacity ² :	NA

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	CIVILIANS	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	40	1984	NA	2024
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED) ¹	NA	NA	NA	3005.5
RADIOLOGY PROCEDURES (WEIGHTED) ¹	NA	NA	NA	75
PHARMACY UNITS (WEIGHTED) ¹	NA	NA	NA	20
OTHER (SPECIFY) AUDIOGRAMS	NA	139	NA	139

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

NOTE: UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.

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	17	1902	N/A	1919
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A	N/A	N/A	1131
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A	N/A	N/A	0
PHARMACY UNITS (WEIGHTED) ¹	N/A	N/A	N/A	0
OTHER (SPECIFY)	N/A	N/A	N/A	0

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

NOTE:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.
2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMIC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.
3. FY 94 WORKLOAD THROUGH APRIL/7 (MONTHS)*12 (MONTHS)=PROJ FY 94 WORKLOAD

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	17	1902	N/A	1919
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A	N/A	N/A	1131
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A	N/A	N/A	0
PHARMACY UNITS (WEIGHTED) ¹	N/A	N/A	N/A	15
OTHER (SPECIFY)	N/A	N/A	N/A	0

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

NOTE:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.
2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMIC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.
3. $FY\ 94\ WORKLOAD\ THROUGH\ APRIL/7\ (MONTHS) * 12\ (MONTHS) = PROJ\ FY\ 94\ WORKLOAD$

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	.8	.8	.8	.8	.8	.8	.8	.8
SPECIALTY CARE ²	NA							
PHYSICIAN EXTENDERS ³	NA							
INDEPENDENT DUTY CORPSMEN	NA							
TOTAL	.8	.8	.8	.8	.8	.8	.8	.8

¹This 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.

ASSUMPTION: NO INCREASE IN STAFFING THROUGH FY 2001.

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	734
SPECIALTY CARE ²	11402
PHYSICIAN EXTENDER ³	73
TOTAL	12209

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.

ASSUMPTIONS:

1. GEOGRAPHIC BOUNDARY IS THE WASHINGTON DC METROPOLITAN STATISTICAL AREA.
2. PRIMARY CARE ONLY INCLUDES FAMILY AND GENERAL PRACTICE PHYSICIANS AND ALL OTHER PROVIDERS ARE INCLUDED UNDER SPECIALTY CARE.
3. ONLY NONFEDERAL PHYSICIANS INVOLVED IN PATIENT CARE HAVE BEEN COUNTED.
4. UNDER PHYSICIAN EXTENDERS, ONLY PHYSICIAN ASSISTANT NUMBERS FOR WASHINGTON DC WERE AVAILABLE.

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: 4,360,349

ASSUMPTIONS, SOURCE: US BUREAU OF CENSUS, 1992 POPULATION BASED ON 1990 CENSUS DATA

2. GEOGRAPHIC BOUNDARY IS THE WASHINGTON METROPOLITAN STATISTICAL AREA DUT TO ITS PROXIMITY TO WASHINGTON DC.

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):

ASSUMPTION: DISTANCES AND DRIVING TIMES ARE APPROXIMATED.

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
WASHINGTON		11 MILES	16 MIN	
CHILDREN'S NATIONAL MEDICAL CENTER	NOT-FOR-PROFIT (NFP)			
COLUMBIA HOSPITAL FOR WOMEN MEDICAL CARE	NFP			
DISTRICT OF COLUMBIA GENERAL HOSPITAL	CITY			
GEORGE WASHINGTON UNIVERSITY HOSPITAL	NFP			
GEORGETOWN UNIVERSITY HOSPITAL	CHURCH OPERATED			
GREATER SOUTHEAST COMMUNITY HOSP	NFP			
HADLEY MEMORIAL HOSP	CHURCH			
HOSPITAL FOR SICK CHILDREN	NFP			
HOWARD UNIVERSITY HOSP	NFP			
NATIONAL REHABILITATION HOSP	NFP			
PROVIDENCE HOSP	NFP (CHURCH OPERATED)			
PSYCHIATRIC INSTITUTE OF WASHINGTON	CORPORATION			
SAINT ELIZABETHS HOSPITAL	CITY			
SIBLEY MEMORIAL HOSP	NFP			
VETERANS AFFAIRS MEDICAL CENTER	VETERANS ADMINISTRATION			

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
WALTER REED ARMY MEDICAL CENTER	ARMY			
WASHINGTON HOSPITAL CENTER	NFP			
MARYLAND				
ANDREWS AFB		40MILES	45 MIN	
MALCOLM GROW USAF MED CTR	AIR FORCE			
ANNAPOLIS		60 MILES	70 MIN	
ANNE ARUNDEL MED CTR	NFP			
BALTIMORE		30 MILES	40 MIN	
BON SECOURS HOSP	NFP			
CHILDREN'S HOSP AND CTR FOR RECONSTRUCTIVE SURGERY	NFP			
CHURCH HOSPITAL CORP	NFP			
DEATON HOSP	NFP			

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
FRANCIS SCOTT KEY MED CTR	NFP			
FRANKLIN SQ HOSP CTR	NFP			
GOOD SAMARITAN HOSP	NFP			
GREATER BALTIMORE MED CTR	NFP			
HARBOR HOSP CTR	NFP			
JAMES LAWRENCE KERNAN HOSP	NFP			
JOHNS HOPKINS HOSP	NFP			
KENNEDY KRIEGER INSTITUTE	NFP			
LEVINDALE HEBREW GERIATRIC CTR AND HOSP	NFP			
LIBERTY MED CTR	NFP			
MARYLAND GEN HOSP	NFP			
MERCY MED CTR	CHURCH			
MONTEBELLO REHAB HOSP	NFP			
MT WASHINGTON PEDIATRIC HOSP	NFP			
SHEPPARD AND ENOCH PRATT HOSP	NFP			
SINAI HOSP OF BALTIMORE	NFP			

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP ²
EMMITSBURG		60 MILES	60 MIN	
TAYLOR MANOR HOSP CORPORATION				
ELLIOT CITY		30 MILES	40 MIN	
CROWNSVILLE HOSP CTR	STATE			
CROWNSVILLE		39 MILES	48 MIN	
HOWARD COUNTY GEN HOSP	NFP			
COLUMBIA		25 MILES	35 MIN	
SOUTHERN MD HOSP CORPORATION				
CLINTON				
PRINCE GEORGE'S HOSP CTR	NFP			
CHEVERLY		22 MILES	30 MIN	
SPRING GROVE HOSP CTR	STATE			
CATONSVILLE		33 MILES	50 MIN	
SUBURBAN HOSP	NFP			
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	PUBLIC HEALTH SERVICE			
BETHESDA		10 MILES	15 MIN	
VETERANS AFFAIRS MEDICAL CTR	VETERANS ADMIN			
UNIV OF MD MEDICAL SYSTEM	NFP			
UNION MEM HOSP	NFP			
ST AGNES HOSP	CHURCH			

ROCKVILLE		10 MILES	16 MIN	
CHESTNUT LODGE HOSP	CORPORATION			
PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	CORPORATION			
SHADY GROVE ADVENTIST HOSP	CHURCH			
SILVER SPRING		4 MILES	9 MIN	
HOLY CROSS HOSP OF SILVER SPRING	CHURCH			
SUITLAND		NA	NA	
ST LUKE INSTITUTE	NFP			
SYKESVILLE		46 MILES	55 MIN	
SPRINGFIELD HOSP CTR	STATE			
TAKOMA PARK		14 MILES	23 MIN	
WASHINGTON ADVENTIST HOSP	CHURCH			
TOWSON		55 MILES	75 MIN	
ST JOSEPH HOSP	CHURCH			
VIRGINIA				
ALEXANDRIA		33 MILE	40 MIN	
ALEXANDRIA HOSP	NFP			
MT VERNON HOSP	NFP			
ARLINGTON		27 MILE	35 MIN	
ARLINGTON HOSP	NFP			
HOSPICE OF NORTHERN VIRGINIA	NFP			

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
WASHINGTON				
CHILDREN'S NATIONAL MED CTR	279	YES (Y)	73.8	BURN CARE UNIT
COLUMBIA HOSP FOR WOMEN MEDICAL CARE	141	Y	65.4	
DISTRICT OF COLUMBIA GEN HOSPITAL	435	Y	68	NEONATAL ICU
GEORGE WASHINGTON UNIV HOSP	425	Y	82.8	ONCOLOGY CTR
GEORGETOWN UNIV HOSP	500	Y	97.8	BURN CARE UNIT
GREATER SOUTHEAST COMM HOSP	470	Y	NA	
HADLEY MEM HOSP	81	Y	NA	
HOSP FOR SICK CHILDREN	80	Y	96.3	PEDIATRIC REHABILITATION
HOWARD UNIV HOSP	437	Y	70.6	COMPLICATED OBSTETRICS
NATIONAL REHAB HOSP	160	Y	76.9	REHABILITATION
PROVIDENCE HOSP	342	Y	76	
PSYCHIATRIC INSTITUTE OF WASHINGTON	210	Y	NA	PSYCHIATRIC
ST ELIZABETHS HOSP	1221	NO	99	PSYCHIATRIC
SIBLEY MEM HOSP	362	Y	61.6	
VETERANS AFFAIRS MED CTR	577	Y	NA	
WALTER REED ARMY MED CTR	793	Y	80.6	

WASH HOSP CTR	874	Y	76.7	TRAUMA CTR
MARYLAND				
ANDREWS AFB				
MALCOLM GROW USAF MED CTR	291	Y	57	
ANNAPOLIS				
ANNE ARUNDEL MED CTR	303	Y	67	
BALTIMORE				
BON SECOURS HOSP	156	Y	94	
CHILDREN'S HOSP AND CTR FOR RECONSTRUCTIVE SURGERY	76	Y	42.1	
CHURCH HOSP CORP	216	Y	68.5	
DEATON HOSP	360	NO	NA	
FRANCIS SCOTT KEY MED CTR	347	Y	NA	BURN CARE UNIT
FRANKLIN SQ HOSP CTR	427	Y	76.1	NEONATAL ICU
GOOD SAMARITAN HOSP	269	Y	83.6	
GREATER BALTIMORE MED CTR	386	Y	78.2	TRAUMA CENTER
HARBOR HOSP CTR	287	Y	74.2	
JAMES LAWRENCE KERNAN HOSP	69	Y	53.6	
JOHNS HOPKINS HOSP	959	Y	80.9	BONE MARROW TRANSPLANTS

KENNEDY KRIEGER INSTITUTE	51	Y	74.5	
LEVINDALE HEBREW GERIATRIC CTR AND HOSP	76	Y	NA	
LIBERTY MED CTR	260	Y	76.9	
MARYLAND GEN HOSP	247	Y	75.7	
MERCY MED CTR	302	Y	68.5	WOMEN'S HEALTH CTR
MONTBELLO REHAB HOSP	137	Y	67.2	
MT WASHINGTON PEDIATRIC HOSP	130	Y	89.2	
SHEPPARD AND ENOCH PRATT HOSP	260	Y	83.8	
SINAI HOSP OF BALTIMORE	487	Y	78.9	TRAUMA CTR
ST AGNES HOSP	396	Y	79.8	NEONATAL ICU
UNION MEM HOSP	344	Y	NA	
UNIV OF MD MED SYSTEM	713	Y	78.5	ORGAN/TISSUE TRANSPLANTS
VETERANS AFFAIRS MED CTR	184	Y	80.4	
BETHESDA				
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	415	Y	57.8	RESEARCH
SUBURBAN HOSP	277	Y	NA	
CATONSVILLE				
SPRING GROVE HOSP CTR	508	Y	100	

CHEVERLY				
PRINCE GEORGE'S HOSP CTR	356	Y	79.2	
CLINTON				
SOUTHERN MD HOSP	328	Y	71.6	
COLUMBIA				
HOWARD COUNTY GEN HOSP	213	Y	66.7	
CROWNSVILLE				
CROWNSVILLE HOSP CTR	327	Y	76.5	
ELLIOT CITY				
TAYLOR MANOR HOSP	96	Y	66.7	
EMMITSBURG				
MOUNTAIN MANOR TREATMENT CTR FOR ALCOHOLISM	88	NO	NA	
FREDRICK				
FREDRICK MEM HOSP	188	Y	98.4	WOMEN'S HEALTH CTR
GLEN BURNIE				
NORTH ARUNDEL HOSP	329	Y	77.2	

JESSUP				
CLIFTON T PERKINS HOSP CTR	220	Y	17.7	FORENSIC PSYCHIATRY
LA PLATA				
PHYSICIAN'S MEM HOSP	104	Y	74	
LANHAM				
DOCTORS COMM HOSP	250	Y	64	
LAUREL				
GREATER LAUREL BELTSVILLE HOSP	176	Y	67	
OLNEY				
MONTGOMERY GEN HOSP	229	Y	59.4	
PATUXENT RIVER	20	NO	25	
NAVAL HOSP				
RANDALLSTOWN				
NORTHWEST HOSP CTR	227	Y	85.9	
ROCKVILLE				
CHESTNUT LODGE HOSP	100	Y	60	

PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	92	Y	63		
SHADY GROVE ADVENTIST HOSP	243	Y	73.3		
SILVER SPRING					
HOLY CROSS HOSP OF SILVER SPRING	414	Y	76.8	BONE MARROW TRANSPLANTS	
SUTTLAND					
ST LUKE INSTITUTE	24	NO	NA		
SYKESVILLE					
SPRINGFIELD HOSP CTR	619	Y	NA		
TAKOMA PARK					
WASHINGTON ADVENTIST HOSP	300	Y	78		
TOMSON					
ST JOSEPH HOSP	415	Y	77.1	NEONATAL ICU	
VIRGINIA					
ALEXANDRIA					
ALEXANDRIA HOSP	363	Y	64.5	TRAUMA CTR	
MT VERNON HOSP	229	Y	62.9		
ARLINGTON					

ARLINGTON HOSP	389	Y	62.7	NEONATAL ICU
HOSPICE OF NORTHERN VIRGINIA	13	Y	NA	
NATIONAL HOSP FOR ORTHOPAEDICS AND REHABILITATION	105	Y	49.5	
NORTHERN VIRGINIA DOCTORS' HOSP	211	Y	44.1	
FAIRFAX				
FAIR OAKS HOSP	144	Y	67.8	ORGAN/TISSUE TRANSPLANTS
FALLS CHURCH				
FAIRFAX HOSP	656	Y	86.4	
HCA DOMINION HOSP	100	Y	55	
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	114	Y	91.2	
LEESBURG				
GRAYDON MANOR	61	NO	72.1	
LOUDOUN HOSP CTR	103	Y	34.8	
SPRINGWOOD PSYCHIATRIC INSTITUTE	77	Y	74	
MANASSAS				
PRINCE WILLIAM HOSP	170	Y	50	

RESTON				
HCA RESTON HOSP CTR	135	Y	NA	
WOODBIDGE				
POTAMAC HOSP	158	Y	49.4	NEONATAL ICU

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
NA	NA	NA	NA	NA	NA	NA	NA	NA

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)
NA	NA	NA	NA

NA (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

Karen M. Bowden, CDR MC USN
NAME (Please type or print)

Karen Bowden
Signature

Head, Branch Medical Clinic White Oak
Title

Date 13 May 94

NSWC, BRMEDCLINIC White Oak
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature _____

Title Date _____

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature _____

Title Date _____

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) Signature *D. F. Hagen*
CHIEF BUMED/SURGEON GENERAL Date *6-2-94*

Title

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 *J. B. Greene Jr.*
ACTING Date *8 JUNE 1994*

Title

316

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. M. LICHTMAN
NAME (Please type or print)
COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title
BRMEDCL WHITE OAK (UIC 32636)
Activity

Signature
10 JUN 94

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

NEXT ECHELON LEVEL (if applicable)

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

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.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

Document Separator

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**BRAC DATA CALL #27
MILITARY VALUE ANALYSIS**

**BRANCH MEDICAL CLINIC WHITE OAK
UIC 32636**

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MISSION REQUIREMENTS

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

The Branch Medical Clinic, Naval Surface Warfare Center (NSWC) White Oak, MD is located approximately 10 miles from the National Naval Medical Center, Bethesda, MD. The nearest civilian medical facility is Holy Cross Hospital located about 6 miles away. NSWC is a major weapons research activity conducting research and development of highly toxic and explosive chemicals, many unique to the Navy. The clinic provides Occupational Health and Industrial Hygiene services to over 3,000 civilian employees and 20 active duty military personnel. The assigned Occupational Health Medical Officer provides periodic support to the Branch Medical Clinic, Carderock one day a week. Limited radiology services are provided once a week by a technician from NNMC.

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	17	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	N/A	N/A	N/A
TOTAL ACTIVE DUTY	N/A	17		N/A
FAMILY OF AD	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	1902	N/A	N/A
TOTAL	N/A	1919		N/A

What is your occupancy rate for FY 1994 to date? **NA**

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	1919	1919	1919	1919	1919	1919	1919
ADMISS.	NA						

Please show all assumptions and calculations in the space below:

NOTE:

1. PROJECTED OUTPATIENT VISITS ARE BASED ON FY 94.

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	1	1
Industrial Hygiene	1200	1200

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
NA								

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
NA			

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

NOTE; REFER TO NSWC, DAHLGREN, WHITE OAK DETACHMENT (UIC 60921) BRAC DATA CALL #4 FOR ADDITIONAL FACILITIES DATA.

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
N/A	Naval Surface Warfare Center	base manages	the building.	NA

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NA			

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
NA			

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
NA			

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 NSWC, Branch Medical Clinic White Oak					
2. UIC 32636		3. CATEGORY CODE		4. NO. OF BUILDINGS	
5. SIZE		A. GSF		B. NORMAL BEDS	
6. LOCATION White Oak		A. CITY Silver Spring		B. STATE MD	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80	20	N/A	N/A	
(2) ADMINISTRATION	N/A	N/A	N/A	N/A	
(3) CENTRAL STERILE SVCS.	N/A	N/A	N/A	N/A	
(4) DENTAL	N/A	N/A	N/A	N/A	
(5) EMERGENCY SVCS.	N/A	N/A	N/A	N/A	
(6) FOOD SERVICES	N/A	N/A	N/A	N/A	
(7) LABORATORIES	60	40	N/A	N/A	
(8) LOGISTICS	N/A	N/A	N/A	N/A	
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A	N/A	
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A	N/A	
(11) OUTPATIENT CLINICS	80	20	N/A	N/A	
(12) PHARMACY	N/A	N/A	N/A	N/A	
(13) RADIOLOGY	N/A	N/A	N/A	N/A	
(14) SURGICAL SUITE	N/A	N/A	N/A	N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	N/A	N/A	N/A	N/A	
(B) HVAC	N/A	N/A	N/A	N/A	
(C) PLUMBING	N/A	N/A	N/A	N/A	
(D) ELECTRICAL SVCS.	N/A	N/A	N/A	N/A	
(E) ELECTRICAL DISTRIBUTION	N/A	N/A	N/A	N/A	
(F) EMERGENCY POWER	N/A	N/A	N/A	N/A	

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: 17 JUL 92

FULL ACCREDITATION: **YES WITH COMMENDATION**

LIFE SAFETY MANAGEMENT SCORE: 2 (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?

THE CLINIC IS LOCATED ON BASE, WHERE THE CLIENTS ARE LOCATED.

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

**GROUND: WHITE OAK DOT
SEA: BALTIMORE HARBOR
AIR: ANDREWS AFB AND BALTIMORE-WASHINGTON AIRPORT
RAIL: METRO CENTER**

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): 20

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

NO MOBILIZATION REQUIREMENTS.

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

10 MINUTES, CUSTOMERS ARE ON BASE.

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

THERE ARE NO UNIQUE ASPECTS OF THE CLINIC'S LOCATION TO HELP OR HINDER THE HIRING PROCESS.

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.

We will no longer be able to provide the following missions:

I. Primary Missions

Navy Occupational Health Clinic's primary mission includes the following:

A. Medical Surveillance Program

- Periodic medical examinations on employees who must meet physical qualifications, both military and civilian.

Subgroups

- Surveillance: Detecting adverse effects of toxic exposure.
- Certification: Able to perform certain risky work tasks.

B. Emergency Care

- Initial care of medical emergencies, pending transfer to nearest treatment unit.

C. Acute Care

- Occupational injuries and illnesses. Complete treatment if possible, referral if required. Duty status evaluation.

D. Industrial Hygiene

- Baseline and periodic surveys.
- Workplace monitoring.
- Reporting surveys and results.

II. Secondary Missions

Secondary mission functions should be provided by freestanding occupational health clinics (those not attached to a primary care clinic/facility if feasible:)

A. Non-occupational Sickcall

- Initial/humanitarian treatment only, for civilians and contractors.
- Military medicine, time permitting.

B. Training and Education

- Occupational health, in-house and on-base.
- Health promotion.

C. Industrial Hygiene

- Consultation and emergency advice.

Ref: OPNAVINST 5100.23C, an evaluation of all potential health hazards in all White Oak work spaces would still be required. Therefore, an IH staff (BUMED) stationed at White Oak would still be required since it is their mission to support those requirements at all commands served. Line commands do not have that capability.

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.

Assumption: Base and clinic close

Yes. This facility only sees active duty and civilian employees. If closed, care for the active duty can be absorbed by NNMC. Active duty families, retired and their families would continue to obtain care from their current providers.

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

Assumption: Base and clinic close

Yes. The residual beneficiary population could be absorbed at other medical treatment facilities in the Washington area.

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

NA

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USNS COMFORT	T-AH 20	2

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

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

NONE, THE EFFECT ON WORKLOAD IS MINIMAL.

c. Please provide the total number of your expanded beds¹ 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 beds¹: **NA**

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

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

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

NOTE: REFER TO NMMC, UNABLE TO BREAK OUT BRANCH CLINICS.

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	NA	NA	NA	NA	NA	NA
AD FAMILY	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA
TOTAL	NA	NA	NA	NA	NA	NA

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

² The total cost in thousands of dollars.

NOTE: REFER TO NMMC, UNABLE TO BREAK OUT CLINICS.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	515,627	605,549	86,524
TOTAL OUTPATIENT VISITS	1,740	2067	517
AVERAGE COST PER VISIT	296	293	167

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: NA

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

Table B: NA

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A1			
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)			

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

Table C: NA

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: NA

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

FOR QUALITY OF LIFE QUESTIONS REFER TO NSWC, DAHLGREN, WHITE OAK
DETACHMENT (UIC 60921) BRAC DATA CALL #5.

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASEREP?

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

Pay Grade	Number of Bedrooms	Number on List	Average Wait
0-6/7/8/9	1		
	2		
	3		
	4+		
0-4/5	1		
	2		
	3		
	4+		
0-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

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:

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.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

AOB = (# 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 facilities² 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		

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

Facility	Unit of Measure	Total	Profitabl e (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)

38

6/2/94
054
MWD-825
RUMBO

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Paygrad e	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		

f. Standard Rate VHA Data for Cost of Living:

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

			Off Base Personnel - military
			Off Base Personnel - civilian

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

			Off Base Personnel	- civilian
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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
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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
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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. Puckett, CAPT, MC, USN
NAME (Please type or print)
Director for Occupational
and Community Health

Title

Branch Medical Clinic White Oak
Activity

R. Puckett
Signature

5-18-94
Date

ENCCL(1)
①

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

6-2-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. Groves Jr.

NAME (Please type or print)

J. B. Groves Jr.

Signature

Title

6/9/94

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)

D. M. LICHTMAN
NAME (Please type or print)

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

BRMEDCL WHITE OAK (UIC 32636)
Activity


Signature

16 JUN 94

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

NEXT ECHELON LEVEL (if applicable)

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

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.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

Document Separator

347

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC,
NAVAL SHIPYARD, PEARL HARBOR, HI
ACTIVITY UIC: 32609**

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

*****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.

TO PROVIDE A COMPREHENSIVE PROGRAM IN OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE TO ALL NAVY/MARINE CORPS COMMANDS IN HAWAII BY DELIVERING QUALITY CUSTOMER SERVICE THROUGH CLINICAL AND OPERATIONAL EXCELLENCE. OCCUPATIONAL HEALTH SERVICES INCLUDE INDUSTRIAL HYGIENE AND RADIATION HEALTH. OUR INDUSTRIAL HYGIENE DEPARTMENT IS THE ONLY SECTION WITHIN THE MILITARY STRUCTURE IN THE LOCAL CATCHMENT AREA THAT PROVIDES SPECIFIC TECHNICAL SERVICES NOT OBTAINABLE THROUGH OTHER MILITARY RESOURCES. THIS IS THE ONLY CLINIC WHICH PROVIDES INDUSTRIAL HYGIENE, RADIATION HEALTH, AND PREVENTIVE MEDICINE SUPPORT FOR NAVY/MARINE CORPS FACILITIES THROUGHOUT THE STATE OF HAWAII.

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)
SUBASE PH MAINT/SUP	39290	SUBASE PH	1194
SIMA	68251	NAVSTA PH	558
NAVSTA PH	62813	NAVSTA PH	446
USS LAKE ERIE	21827	NAVSTA PH	400
USS CHOSIN	21625	NAVSTA PH	386
USS LEFTWICH	20616	NAVSTA PH	365
CINCPACFLT	00070	NAVSTA PH	360
USS INGERSOLL	20837	NAVSTA PH	350
USS CUSHING	20617	NAVSTA PH	350
USS FLETCHER	20893	NAVSTA PH	340
NAVMED CLINIC	68098	NAVSTA PH	338
NAVOCEANPROFAC	68645	FORD ISLAND	287
JICPAC	68389	PEARL HARBOR	240
NAVSUBTRACENPA	42142	SUBASE	224

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 WILLAMETTE	21048	NAVSTA PH	210
USS CIMARRON	20861	NAVSTA PH	204
USS REUBEN JAMES	21359	NAVSTA PH	201
USS CROMMELIN	21104	NAVSTA PH	190
COMSUBPAC	57020	SUBASE PH	188
SUBASE WEAP IMA	44944	SUBASE PH	169
USS HONOLULU	21025	SUBASE PH	162
USCINCPAC	00038	PEARL HARBOR	160
USS BUFFALO	20996	SUBASE PH	155
AFDM-6	13862	SUBASE PH	153
USS HELENA	21367	SUBASE PH	146
USS WILLIAM H BATES	20043	SUBASE PH	146
USS ASPRO	05135	SUBASE PH	145
USS OLYMPIA	21024	SUBASE PH	144
USS BREMERTON	20882	SUBASE PH	144
USS TAUTOG	05132	SUBASE PH	144
USS NEW YORK CITY	20787	SUBASE PH	143
USS HAWKBILL	05148	SUBASE PH	143
USS SAN FRANCISCO	20887	SUBASE PH	141
USS INDIANAPOLIS	20788	SUBASE PH	140
USS CAVALLA	20346	SUBASE PH	138
USS TUNNY	20045	SUBASE PH	138
USS PINTADO	05153	SUBASE PH	137
(BLUE) USS KAMEHAMEHA	30154	SUBASE PH	136

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS BIRMINGHAM	20786	SUBASE PH	136
USS OMAHA	20783	SUBASE PH	136
SUBASE PH	00314	SUBASE PH	136
USS RECLAIMER	02537	NAVSTA PH	100
USS SILVERSIDES	20042	SUBASE PH	98
USS SALVOR	21468	NAVSTA PH	98
USS SAFEGUARD	21245	NAVSTA PH	95
NAVPACMETOCCEN	62363	PEARL HARBOR	89
OTH (TRANSIENT)	32003	NAVSTA PH	88
SEC DET	46188	NAVSTA PH	86
SDVT ONE DET	46406	PEARL HARBOR	81
FTG PEARL SD COM	42238	PEARL HARBOR	80
IDHS AND SPINTCOM	65260	USCINCPAC PEARL HARBOR	78
PACSUBFOROPS	65369	SUBASE PH	76
FLTRGR PEARL	57063	ATG MIDPAC PH	75
NAVSECGRUACT	35471	NAVSECGRUACT PH	61
COMSUBRON TRAN	46838	SUBASE PH	59
FACSPAC	43583	FACSPAC FI	59
NAVSTA BRIG	30849	NAVBRIG FI	57
MIDPAC COMNAVSURFGRU	55315	MIDPAC PH	57
COMSUBRON 7 TR	46840	SUBASE PH	50
SUBASE PH SRA	44429	SUBASE PH	49
MOBDIVSALVU-1	55550	MDSU 1 PH	49
JICPAC OPINT	66966	JICPAC PH	47
PSD	43104	PSD PH	46

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMSWFORPAC	43020	CINCPACFLT PH	44
CBU-413	66648	NAVSTA PH	44
COMSUBRON 7	53896	SUBASE PH	43
NAVSHIPYARD	00311	NAVSHIPYARD PH	43
COMSUBRON 1	55346	SUBASE PH	41
MOTU ONE	55302	MOTU ONE	39
H AND HS SUPP	00318	MCAS KBAY	39
STUNAVSUBTRA CENPAC	66830	SUBASE PH	37
PSD SUBASE PH	46767	SUBASE PH	34
NEPMU-6	0545A	NAVSTA PH	34
NAVSECGRUACT SEA DUTY	47683	NAVSTA PH	34
NAVY BAND WASH DC	35397	NAVSTA PH	33
MOBDIVSALVU 1 SEA DUTY	42270	NAVSTA PH	33
COMNAVBASE	61449	NAVSTA PH	33
COMTHIRDNCB	57046	NAVSTA PH	32
SUBASE SURV SUPT TEAM	42916	SUBASE PH	31
NAVLEGSVCOFF	68373	NAVSTA PH	31
COMSUBRON 1 SMMS PMT	44432	SUBASE PH	30
FISC	00604	NAVSTA PH	28
MOB ENV TM	63047	NAVSTA PH	25
SEMMSS	42822	NAVSTA PH	25
SUBASE SSEP CO	42917	SUBASE PH	24
NAVSECGRUACT	63901	NAVSTA PH	22
NAVAL REH CEN	68483	NAVSTA PH	22

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SUBASE PH HARBOR TW6	31756	SUBASE PH	21
USPACOM INFOSYS SUP	65840	USCINCPAC PH	21
MDSU 1 NEUTRAL	42271	NAVSTA PH	21
SUBASE SEC DET	46203	SUBASE PH	20
NAVMARCORESCEN	61845	NAVSTA PH	20
CPACFLT SEC GR	41656	CINCPACFLT PH	20
NSA/CSS NCR	41354	NCPAC PHLT PH	19
ARIZONA DET	47707	NAVSTA PH	19
HQ FMFPAC	67025	CAMP SMITH	19
NAVINTACT SP	33300	SUBASE PH	18
DESRON 31	25075	NAVSTA PH	18
NAVSUBTRACENAP	63154	SUBASE PH	17
PWC NB	62755	NAVSTA PH	17
NAVCRUIT SUBST	31919	HONOLULU	17
COMSUBRON 1 CMBT SYS	41674	SUBASE PH	16
DECA COMMISSAR	49216	NAVSTA PH	16
OICC MIDPAC	62471	NAVSTA PH	16
STU EEAP	43989	NAVSTA PH	16
CRUMIS SUPT AC	44645	USCINCPAC PH	14
SOC PAC	45582	USCINCPAC PH	13
COMSUPPRON 5	55437	NAVSTA PH	12
CPACFLT NPEB	46479	CINCPACFLT PH	12
NVSECGRUACT EC	45078	NAVSECGRUACT PH	11
COMUNDSURFACFL	57101	NAVSTA PH	11
USS TRATCOM SP	49335	SUBASE PH	10

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PACNAVFEC	62742	NAVSTA PH	10
NAVSECGRUACT	30993	NAVSECGRUACT PH	10
MED HOL CO	41304	NAVSTA PH	10
COMSUBRON 7 NEUTRAL DUTY	49158	SUBASE PH	9
SUBASE PH TWI	42366	SUBASE PH	9
PQ MESS MGMT	45984	NAVSTA PH	9
DOE NAVREACT	44621	NAVSTA PH	9
COMSUBRON 1 NEUTRAL DUTY	49157	SUBASE PH	8
SUBASE PH TR10	47300	SUBASE PH	8
NAVBCSTSVC FSD	45864	NAVSTA PH	8
CAAC/NADSAP	68006	NAVSTA PH	8
INTELDATHANDSY	31296	CINCPACFLT PH	8
PMOPAC DT PH	44700	SUBASE PH	7
COMSUBPAC SEA	35308	SUBASE PH	7
NAVFSSO NFOOD	31231	NAVSTA PH	7
FLTIMAGCENPAC	44994	NAVSTA PH	7
FLTILOTEAM	30742	NAVSTA PH	7
SUBASE TR3	47298	SUBASE PH	6
COMSUBPAC NEUT	35309	SUBASE PH	6
MEPS HONOLULU	35538	MEPS HONOLULU	5
SUBASE TR7	47299	SUBASE PH	4
TAGOS SUPP PAC	46078	NAVSTA PH	4
DEFCURSTA	31127	DCSSTA HON	4
NIPSSA SP CINC	32856	CINCPACFLT PH	4
COMSUBPAC SHIP YARD REP	48298	SUBASE PH	3
NSGA/CLOB	35016	NAVSTA PH	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
JICPAC	65288	NAVSTA PH	3
DMA CSC WESPAC	62624	NAVSTA PH	3
NAVSUBTRACENAP	45035	SUBASE PH FMS	2
COMSUBPAC NCCS	43738	SUBASE PH	2
NAVINSERV	63435	NAVSTA PH	2
MIDPAC REG			
MARFORPAC HQ	67839	CAMP SMITH	2
CPACFLT NPEB	46478	CINCPACFLT PH	2
NAVBCSTVC DET	42581	CINCPACFLT PH	2
CINCPACFLT/RPN	32798	CINCPACFLT PH	2
COMSUBPAC	42220	SUBASE PH	1
INTEL DIV			
DECA PAC DIST	48805	NAVSTA PH	1
DEF FUEL REG	68256	USCINCPAC PH	1
DISA CCCC MSE	68813	USCINCPAC PH	1
PACOM ALT COM	65217	USCINCPAC PH	1
DEFURSVS	55216	USCINCPAC PH	1
PACREGCOM			
DES COUNSELOR	44942	NAVSTA PH	1
NAVMARTRJUD	31560	NAVSTA PH	1
NAVISV SERVO	43124	NAVSTA PH	1
JICPAC	45478	NAVSTA PH	1
CINCPACFLT	42228	CINCPACFLT PH	1
FLTCONCTR			

UNIT NAME FOR CIVILIAN PERSONNEL	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF CIVILIAN PERSONNEL)
NAVALSHIPYARD	00311	NAVALSHIPYARD	4511
PWC PH	62755	NAVSTA PH	1445
NAVSTA PH	62813	NAVSTA PH	543
FISC PH	00604	NAVSTA PH	425
NAVFACPACIDV	62742	NAVSTA PH	404
MCAB KANEOHE	00318	MCAB KBAY	357
NAS BPT	00334	NAS BPT	178
CINCPAC HMCMP SMITH	00038	CAMP SMITH	151
NCTAMS HONOLULU	00950	HONOLULU HI	139
NAVELECENGACT PH	02676	NAVSTA PH	136
PMRFHAWAREA KEKAHA	0534A	BARKING SANDS, KAUAI	134
SUBASE PH	00314	SUBASE PH	129
NAVMEDCLINIC	68098	NAVSTA PH	123
JICPAC PH	68389	NAVSTA PH	122
CINCPACFLT PH	00070	USCINCPAC PH	108
NAVMAGSECDT LLL	46201	NAVMAG LLL	69
CONST OICMID PH	62471	NAVSTA PH	67
PERSUPDET PH	43104	NAVSTA PH	51
NAVBASE PH	61449	NAVSTA PH	50
NAVMPG OAHU HI	68297	HAWAII	47
NCTAMS PH	68568	NAVSTA PH	45
CAMP HM SMITH	67385	CAMP SMITH	43
SUPSHIPS PH	47456	SUBASE PH	42

UNIT NAME FOR CIVILIAN PERSONNEL	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF CIVILIAN PERSONNEL)
NAVSEAMGMT OFFWE	6438A	NAVSTA PH	42
NAVCALL LAB	68312	LTL	39
CDR SUBFORPAC	57020	SUBASE PH	38
COMUNDERSEA SURV	57101	NAVSTA PH	34
NAV SUBTRGCEN PAC	63154	SUBASE PH	24
DPSDO PH	672707	NAVSTA PH	22
NCTAMS EASTPAC	47701	WAHIAWA	21
DPSDO PH	44285	NAVSTA PH	20
JNTCASRESCEN BPT	33011	BPT	20
OFPMPCR PH	0598A	NAVSTA PH	15
MSCTAGOSSUP TUNI PH	46078	NAVSTA PH	15
PERSUPPET PH	46767	NAVSTA PH	15
NAV PACMETOCEN PH	62363	NAVSTA PH	14
NAVDENGEN PH	62313	NAVSTA PH	13
NAVENVIRON AND PREV PH	0545A	NAVSTA PH	12
CDR NAVCONSTRBAT	57046	NAVSTA PH	11
PACFLINTLOGVE PH	30742	NAVSTA PH	11
FLTAIVASPE COPTR BPT	0346A	BPT	9
COMSOPAC AIEA	45582	AIEA	8
NAVALCOHOL REHAB PH	68483	NAVSTA PH	8

UNIT NAME FOR CIVILIAN PERSONNEL	UIC	UNIT LOCATION	(NUMBER OF CIVILIAN PERSONNEL)	UNIT SIZE
NAVSEAINACT SHIP WAIPAHU	57026	WAIPAHU	8	
CDR ATGMIDPAC FI	57063	NAVSTA PH	7	
SIMA	68251	NAVSTA PH	7	
NAVLEGSERVOF PH	68373	NAVSTA PH	7	
PERSUPDET BPT	43057	BPT	6	
SUBFORCEOPS CMP PH	65369	NAVSTA PH	6	
CDR NAVSURFGPMI	55315	NAVSTA PH	6	
CDR 3RD FLT	43020	CINCPAC PH	5	
NAVOCEANPROC FAC FI	68645	FORD ISLAND	4	
PACREGDIVEDTRG PH	45738	NAVSTA PH	4	
NAVSRFRGPH	47242	NAVSTA PH	3	
PERSUPDET WAHIAMA	43058	WAHIAMA	3	
CINCPACFLT	30310	CINCPAC PH	2	
NAVSEAGRPACT PH	30993	NAVSTA PH	2	
EXPGRDDISPGRP 1 BPT	55321	BPT	1	
NAVAIRESCN BPT	68900	BPT	1	
NAVSEGRP	45078	NAVSTA PH	1	
SUBFORPACINT PH	42220	SUBASE PH	1	
FLTAREACONT SERV PH	43583	NAVSTA PH	1	
REGISTRGSRVPH GRP	45540	NAVSTA PH	1	

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	22,045	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	172	N/A	N/A
TOTAL ACTIVE DUTY	N/A	22,217		N/A
FAMILY OF AD	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0	N/A	N/A
OTHER: CIVIL SERVICE/OCC HEALTH	N/A	31,608	N/A	N/A
TOTAL	N/A	53,825		N/A

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	53,825	53,525	53,225	52,925	52,625	52,625	52,625
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

FY 95 FIGURES COINCIDES WITH FY 94 FIGURES. AN ASSUMED REDUCTION IN WORKLOAD AVERAGING 300 OPV'S FOR CIVILIAN PERSONNEL (THIS CLINIC'S LARGEST CUSTOMER) PER YEAR WAS USED DUE TO A PROJECTED DROP IN THE SHIPYARD POPULATION. THESE FIGURES ARE AN EXPECTED FIVE YEAR TREND WITH AN EXPECTED STABILIZATION AT THE END OF THE FIFTH YEAR.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
USMC/NAVY RIFLE/PISTOL RANGE	8-16 HRS	1
HEALTH FAIR	4 HRS	2
* ENVIRONMENTAL HEALTH AND SANITATION INSPECTIONS	1023 HRS	7
HIV/AIDS EDUCATION	560 HRS	3.9
ENTOMOLOGY	144 HRS	1
* PREVENTIVE MEDICINE TRAINING	173.5 HRS	1.2
* PREVENTIVE MEDICINE QA&I	1068 HRS	7.4
* DERATTIZATION	24.5 HRS	0.2
* PREVENTIVE MEDICINE ADMIN SUPPORT	720 HRS	5.0
* PREVENTIVE MEDICINE MISC (WATER/ICE/)	112 HRS	0.7
*(NOTE: STAFF REQUIRED = TOTAL HRS DIVIDED BY 145.136)		

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

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

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

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
N/A			

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
550-10	MED CLINIC/PT CARE	49537	4	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 Shipyard, Pearl Harbor, HI					
2. UIC 32609		3. CATEGORY CODE 550-10		4. NO. OF BUILDINGS 1	
5. SIZE 49,537		A. GSF 54,520		B. NORMAL BEDS N/A	C. DTRS N/A
6. LOCATION HI		A. CITY PEARL HARBOR		B. STATE HI	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	39	0	61	E20	
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100	0	0		
(8) LOGISTICS	100	0	0		
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100	0	0		
(12) PHARMACY	100	0	0		
(13) RADIOLOGY	100	0	0		
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100	0	0		
(B) HVAC	100	0	0		
(C) PLUMBING	60	0	40	C02, C14	
(D) ELECTRICAL SVCS.	100	0	0		
(E) ELECTRICAL DISTRIBUTION	100	0	0		
(F) EMERGENCY POWER	0	0	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 or 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 or 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 indicates one of the six types of deficiencies. The first character of the code specifies the facility types - first character A - Functional criteria B - Physical condition C - Design criteria D - Location or siting criteria E - Total components or related items F - Heating, Ventilating and Air Conditioning (HVAC) (1) The next two deficient characters of the code specify the status of condition which are deficient. (2) Facility Heating, Ventilating and Air Conditioning (HVAC) - last two characters

- 20 - - None
- 19 - - Mission of the Base
- 18 - - Site Location
- 17 - - Functionality
- 16 - - JCAH Deficiency
- 15 - - OSHA Deficiency
- 14 - - Compliance of Installation with Master Plan
- 13 - - Sound Deficiency
- 12 - - Building Proofing/Excessive Noise
- 11 - - Roof/Ceiling
- 10 - - Seismic Design
- 09 - - Building Design
- 08 - - Building Design
- 07 - - Communications
- 06 - - Power Generators
- 05 - - Emergency Design
- 04 - - Lighting Capacity
- 03 - - Fire Protection
- 02 - - Medical Gases
- 01 - - Plumbing, Fixtures

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: 11/91

FULL ACCREDITATION: Yes

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

NO SCORE WAS PROVIDED. ONLY OVERALL ACCREDITATION WITH COMMENDATION WAS GIVEN.

LOCATION:

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

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

WE ARE LOCATED DIRECTLY ACROSS FROM THE PEARL HARBOR NAVAL SHIPYARD AND IMMEDIATELY ADJACENT TO THE PEARL HARBOR NAVAL STATION. THESE TWO BASES ARE WHERE THE LARGEST PERCENTAGE OF OUR CUSTOMER POPULATION IS DERIVED. THIS CLINIC IS THE NAVY'S DESIGNATED MEDICAL FACILITY ON THE ISLAND FOR PROVIDING OCCUPATIONAL/PREVENTIVE MEDICINE SERVICES TO ALL NAVY/MARINE CORPS BASES.

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

**AIR: HONOLULU INTERNATIONAL AIRPORT
HICKAM AIR FORCE BASE**

RAIL: N/A

SEA: HONOLULU HARBOR

GROUND: PUBLIC TRANSPORTATION (BUS) IS ACCESSIBLE WITHIN ONE BLOCK OF OUR FACILITY. TAXI CABS ARE READILY ACCESSIBLE.

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): **THREE**

d. What is the importance of your location given your mobilization requirements? **N/A. WE HAVE NO MOBILIZATION REQUIREMENTS.**

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

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?

DUE TO HAWAII'S LOW UNEMPLOYMENT RATE, ISOLATED MANPOWER POPULATION, AND HIGH COST OF LIVING, IT CAN BE VERY DIFFICULT HIRING QUALIFIED PERSONNEL. OUR BIGGEST PROBLEM IS THAT MANY OF OUR POSITIONS ARE GS-03/04 PAY GRADES MAKING IT DIFFICULT TO HIRE IN A HIGH COST OF LIVING AREA SUCH AS HAWAII.

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 U.S. NAVY/USMC OPERATIONAL FORCES (SHIPS, SUBS, SPECIAL FORCES) WOULD SUFFER MAN-HOUR LOSSES DUE TO OCCUPATIONAL MEDICINE SERVICE AND ACCESSIBILITY BEING REMOVED (LOST). NEARBY MILITARY FACILITIES WOULD BECOME OVERCROWDED WITH NAVY/USMC FORCES TRYING TO ACCESS THEIR SERVICES. THE SPECIALIZED SERVICES PROVIDED AT THIS FACILITY ARE NOT AVAILABLE AT OTHER LOCAL (MILITARY AND CIVILIAN) FACILITIES. THE DOD WORK FORCES WOULD HAVE TO SHIFT ITS PERSONNEL TO OTHER OUTSIDE MEDICAL FACILITIES FOR ROUTINE AND TECHNICAL SPECIFIC MEDICAL EVALUATIONS SOLELY PROVIDED BY THIS FACILITY WHICH WOULD NO LONGER BE AVAILABLE. THIS WILL CREATE A SIGNIFICANT INCREASE IN OVERALL COSTS TO THE GOVERNMENT PAID OUT IN WORKMAN COMPENSATION COSTS FOR LOST MAN-HOURS.

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.

IT WOULD ONLY BE ABLE TO ABSORB THE NEEDS OF THE ACTIVE DUTY NAVY AND MARINE CORPS PERSONNEL REQUIRING PHYSICAL EXAMS ASSIGNED TO CARE AT THIS CLINIC.

THE OCCUPATIONAL HEALTH SERVICES PROVIDED FOR CIVIL SERVICE EMPLOYEES BY THIS FACILITY COULD NOT BE ABSORBED INTO THE INFRASTRUCTURE AS CURRENTLY ESTABLISHED. THE MAJOR MISSION OF THIS FACILITY IS TO PROVIDE OCCUPATIONAL HEALTH SERVICES TO GOVERNMENT SERVICE AND WAGE GRADE EMPLOYEES AS WELL AS ACTIVE DUTY PERSONNEL.

OVER 80 PERCENT OF SERVICES AT THIS FACILITY ARE RELATED TO THE CIVIL SERVICE SECTOR. THOSE NUMBERS WHILE NOT PROVIDED IN THIS REPORT ARE SIGNIFICANT. WE PROVIDE A COMPREHENSIVE PROGRAM IN OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE TO ALL NAVY AND MARINE CORPS COMMANDS IN THIS REGION BY DELIVERING QUALITY CUSTOMER SERVICE THROUGH CLINICAL AND OPERATIONAL EXCELLENCE. OCCUPATIONAL HEALTH SERVICES INCLUDE INDUSTRIAL HYGIENE AND RADIATION HEALTH. OUR INDUSTRIAL HYGIENE DEPARTMENT IS THE ONLY SECTION WITHIN THE MILITARY STRUCTURE IN THE LOCAL CATCHMENT AREA THAT PROVIDES SPECIFIC TECHNICAL SERVICES NOT OBTAINABLE THROUGH OTHER MILITARY RESOURCES. THIS IS THE ONLY CLINIC WHICH PROVIDES INDUSTRIAL HYGIENE, RADIATION HEALTH, AND PREVENTIVE MEDICINE SUPPORT FOR NAVY/MARINE CORPS FACILITIES THROUGHOUT THE STATE OF HAWAII.

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.

NO. OCCUPATIONAL HEALTH SERVICES PROVIDED FOR CIVIL SERVICE EMPLOYEES BY THIS FACILITY COULD NOT BE ABSORBED INTO THE INFRASTRUCTURE AS CURRENTLY ESTABLISHED. THE MAJOR MISSION OF THIS FACILITY IS TO PROVIDE OCCUPATIONAL HEALTH SERVICES TO GOVERNMENT SERVICE AND WAGE GRADE EMPLOYEES AS WELL AS ACTIVE DUTY PERSONNEL. OVER 80 PERCENT OF SERVICES AT THIS FACILITY ARE RELATED TO THE CIVIL SERVICE SECTOR. THOSE NUMBERS WHILE NOT PROVIDED IN THIS REPORT ARE SIGNIFICANT. WE PROVIDE A COMPREHENSIVE PROGRAM IN OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE TO ALL NAVY AND MARINE CORPS COMMANDS IN THIS REGION BY DELIVERING QUALITY CUSTOMER SERVICE THROUGH TECHNICAL, CLINICAL AND OPERATIONAL EXCELLENCE. OCCUPATIONAL HEALTH SERVICES INCLUDE INDUSTRIAL HYGIENE AND RADIATION HEALTH. OUR INDUSTRIAL HYGIENE DEPARTMENT IS THE ONLY SECTION WITHIN THE MILITARY STRUCTURE IN THE LOCAL CATCHMENT AREA THAT PROVIDES SPECIFIC TECHNICAL SERVICES NOT OBTAINABLE THROUGH OTHER MILITARY RESOURCES. THIS IS THE ONLY CLINIC WHICH PROVIDES INDUSTRIAL HYGIENE, RADIATION HEALTH, AND PREVENTIVE MEDICINE SUPPORT FOR NAVY/MARINE CORPS FACILITIES THROUGHOUT THE STATE OF HAWAII. FROM A MEDICAL FACILITY PERSPECTIVE, IF OUR SERVICES WERE NO LONGER PROVIDED, THE SPECIFIC NAVY REQUIRED TESTS AND PROCEDURES WOULD BE LOST BY THE CIVILIAN SECTOR AS THEIR KNOWLEDGE AND DATA BASE IS GEARED TOWARDS NON-NAVY CRITERIA. THERE WOULD BE NO WAY TO ENFORCE NAVY POLICY AND REQUIREMENTS FOR THE TECHNICAL ASPECTS NEEDED AS WE USUALLY MAINTAIN HIGHER STANDARDS THAN REQUIRED BY OSHA AND OTHER REGULATORY AGENCIES.

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

WE HAVE NO INPATIENT CARE CAPABILITIES.

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

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

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

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

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

c. Please provide the total number of your expanded beds¹ 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 beds¹: **N/A**

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	0	0	0

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	0	0	0	0	0	0
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

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	4,360,799	4,367,355	4,391,378
TOTAL OUTPATIENT VISITS	51,128	53,431	53,825
AVERAGE COST PER VISIT	85.29	81.74	81.58

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. PLEASE REFER TO CO, NAVAL STATION, PEARL HARBOR (UIC: 62813) DATA CALL #37 FOR ALL QUALITY OF LIFE ANSWERS.

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	Average Wait
0-6/7/8/9	1		
	2		
	3		
	4+		
0-4/5	1		
	2		
	3		
	4+		
0-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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:

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

(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 facilities² 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		

²Spaces 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					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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 - Ordance (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

			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

G. E. THOMAS, LT, MSC, USN
NAME (Please type or print)

D. E. Thomas LT MSC USN
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, NAVAL SHIPYARD, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

[Signature]
Signature

COMMANDING OFFICER
Title

5-23-94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

[Signature]
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]
Signature

ACTING
Title

6/9/94
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	<i>Naval Medical Clinic, Pearl Harbor Branch Medical Clinic, Pearl Harbor Naval Shipyard</i>
Acronym(s) used in correspondence	<i>Branch Medical Clinic, Shipyard</i>
Commonly accepted short title(s)	<i>Shipyard Clinic</i>

- Complete Mailing Address

Naval Medical Clinic, Pearl Harbor
Branch Medical Clinic, Pearl Harbor Naval Shipyard
Box 121
Pearl Harbor, HI 96860-5080

- PLAD

BRMEDCL NSY PEARL HBR HI

- PRIMARY UIC: 32609 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): _____ PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 62813

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

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

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

32609

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.

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 Missions

- Provide Occupational Health services for all Hawaii based Navy and Marine Corps commands.
- Provide all occupational physicals for Pearl Harbor area commands for civilians and active duty military.
- Provide active duty separation, re-enlistment, special program, periodic, and Department of Defense Medical Examination Review Board (DODMERB) (used for entrance to Service Academies) physicals for Pearl Harbor area commands.
- Provide medical surveillance for civilian and military workers working with hazardous materials or in hazardous situations in the Pearl Harbor area.
- Provide Industrial Optometry services: managing sight conservation program for workers needing eye protection in the Pearl Harbor area and treating occupational eye injuries.
- Provide Audiology services including hearing conservation program.
- Provide Acute Care Services for active duty Pearl Harbor Naval Shipyard employees and civilians in Pearl Harbor area commands.
- Provide Industrial Hygiene services to all Navy and Marine Corps commands, both shore and afloat, in the Hawaii area.
- Provide Radiation Health/Safety support services for Hawaii based Navy and Marine Corps commands except Shipyard and Subase.
- Provide Preventive Medicine services to all Navy and Marine Corps facilities throughout Hawaii.
- Conduct all Center for Disease Control (CDC) deratization exemption inspections for all Navy ships, stationed in Hawaii and Navy vessels passing through this area whose certificate is about to expire.

32609

- Provide required SECNAV Instructor certification courses for Navy/Red Cross HIV/AIDS education to all ship and shore facilities in Hawaii and occasionally to Okinawa, Yokosuka, Japan and Guam (Guam has not had any classes although they were offered).

Projected Missions for FY 2001

- Same as Current Mission

-
-
-
-

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

Current Unique Missions

● None

●

●

Projected Unique Missions for FY 2001

● None

●

●

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

COMNAVBASE, PEARL HARBOR 61449

● Funding Source

UIC

BUMED 00018

32609

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>8</u>	<u>26</u>	<u>44</u>
● Tenants (total)	<u>0</u>	<u>0</u>	<u>0</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>5 OGS A</u>	<u>18 OGS A</u>	<u>44 OGS A</u>
● Tenants (total)	<u>0</u>	<u>0</u>	<u>0</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● Comanding Officer CAPT P. J. Barnett	(808)474-3136	(808)471-1185	(808)487-6601
● Clinic Director LCDR Miller	(808)474-3136	(808)471-1185	(808)487-6601
● Administrative Officer ENS Skipton	(808)474-3136	(808)471-1185	(808)486-4797
● Officer of the Day	(808)471-9725	(808)471-1882	[N/A]
● Director for Resources LCDR Geoff Foss	(808)474-7579	(808)471-5704	(808)499-3451

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>MARINE BARRACKS HI</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVUSEAWARENGSTA DET LUALUALEI HI</i>	<i>Lualualei, HI</i>	<i>Occupational Health Services</i>
<i>NAVASTRGRUP DET CHARLIE WAHIWA HI</i>	<i>Wahiawa, HI</i>	<i>Occupational Health Services</i>
<i>NAVWESTOCEANCEN PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVLEGSVCOFF PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>PACMLSRANFAC HAWAREA BARKING SANDS KAUAI</i>	<i>Barking Sands, Kauai</i>	<i>Occupational Health Services</i>
<i>SIMA PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>COMBPAC PH</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>DMACS PAC HICKAM AFB</i>	<i>Hickam, HI</i>	<i>Occupational Health Services</i>
<i>CGCD14</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>DRMO HI</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>ARC PEARL</i>	<i>Pearl Harbor</i>	<i>Occupational Health Services</i>
<i>NAVBCSISVC FSD PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>

<i>NAVCRUITASTA HONOLULU</i>	<i>Honolulu, HI</i>	<i>Occupational Health Services</i>
<i>DSC STATION HONOLULU</i>	<i>Honolulu, HI</i>	<i>Occupational Health Services</i>
<i>NAVSEACEN FSO PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NPPSO DET PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>OFFCPM PACR PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>HSL THREE SEVEN BARBERS PT HI</i>	<i>Barbers Pt, HI</i>	<i>Occupational Health Services</i>
<i>FASOTRAGRUPAC DET BARBERS POINT HI</i>	<i>Barbers Pt, HI</i>	<i>Occupational Health Services</i>
<i>NAESU DET BARBERS POINT, HI</i>	<i>Barbers Pt, HI</i>	<i>Occupational Health Services</i>
<i>FAADCPAC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS CHOSIN</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>SPAWARSYSCOM SURTASS PMR PAC</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>COMSUBPAC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>COSUBRON SEVEN</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>FLETRAGRU PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>FMFPAC</i>	<i>Camp Smith, HI</i>	<i>Occupational Health Services</i>
<i>USS FLETCHER</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>

<i>USS REUBEN JAMES</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>COMSUPPRON FIVE</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>COMDESRON TWO FIVE</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS RECLAIMER</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS SAFEGUARD</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS INGERSOLL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>COMDESRON THREE ONE</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS CUSHING</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS COMPETENT</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS PINTADO</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS KAMEHEAMEAHA</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS HADDOCK</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS LOS ANGELES</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS SAN FRANCISCO</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS TAUTOG</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS BIRMINGHAM</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>

<i>USS HELENA</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS NEW YORK CITY</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>SUBASE PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVSUBTRACENPAC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NSC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NEXCEN PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>PWC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>PACOPSUPPFAC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USCINPAC</i>	<i>Camp Smith, HI</i>	<i>Occupational Health Services</i>
<i>DCA PAC WHEELER AAF</i>	<i>Wheeler, HI</i>	<i>Occupational Health Services</i>
<i>DRMR PAC CAMP H.M. SMITH</i>	<i>Camp Smith, HI</i>	<i>Occupational Health Services</i>
<i>TADOS SUPPU PAC HI</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>NCPAC</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>NAVCHAMPUS HI</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>NAVENPVNIMEDU SIC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAF MIDWAY ISLAND</i>	<i>Midway Island</i>	<i>Occupational Health Services</i>
<i>NAVAUDO HONOLULU</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>NAVSEA DET NISF PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>

HRO PEARL	Pearl Harbor, HI	Occupational Health Services
EODMU ONE	Oahu, HI	Occupational Health Services
FACSFAC PEARL	Pearl Harbor, HI	Occupational Health Services
FLTMAGFAC PAC BARBERS PT HI	Barbers Pt., HI	Occupational Health Services
FLTILOTEAM PEARL	Pearl Harbor, HI	Occupational Health Services
NAVSURGP MIDPAC PEARL	Pearl Harbor, HI	Occupational Health Services
CINCPACFLT PEARL	Pearl Harbor, HI	Occupational Health Services
COMTHIRDFLT	Pearl Harbor, HI	Occupational Health Services
COMSUBRON ONE	Pearl Harbor, HI	Occupational Health Services
ASWPAC PEARL	Pearl Harbor, HI	Occupational Health Services
COMPATWING TWO BARBERS PT HI	Barbers Pt., HI	Occupational Health Services
FIRST MEB FMF KANEHOE	Kanehoe, HI	Occupational Health Services
USS CIMERRON	Pearl Harbor, HI	Occupational Health Services
USS WILLAMETTE	Pearl Harbor, HI	Occupational Health Services
USS CONSERVER	Pearl Harbor, HI	Occupational Health Services
USS LEFTWICH	Pearl Harbor, HI	Occupational Health Services

<i>USS SALVOR</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS CROMMELIN</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS ASPRO</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS BATES</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS TUNNY</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS BREMERTON</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS HONOLULU</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS OLYMPIA</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS CAVALLA</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS HAWKBILL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS BUFFALO</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS INDIANAPOLIS</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS OMAHA</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>USS FRANCIS SCOTT KEY</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>PACNAVFACENENGCO M</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>USS LAKE ERIE</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>

<i>NAVDENCEN PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NEFACTPAC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVMAG LUALUALEI HI</i>	<i>Lualualei, HI</i>	<i>Occupational Health Services</i>
<i>NAVMARCORESCEN HON</i>	<i>Honolulu, HI</i>	<i>Occupational Health Services</i>
<i>NAVOCEANPROFAC FORD ISLAND PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVSECGRUACT PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVSECGRUACT KUNIA</i>	<i>Kunia, HI</i>	<i>Occupational Health Services</i>
<i>NAVSTA PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NISCOM PAC AREA PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NAVSHIPYD PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>COMUNDERSEASURVP AC</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>CAMP SMITH HI</i>	<i>Camp Smith, HI</i>	<i>Occupational Health Services</i>
<i>JICPAC</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NATIONAL PARK SERVICE</i>	<i>Oahu, HI</i>	<i>Occupational Health Services</i>
<i>WAHIAWA</i>	<i>Wahiawa, HI</i>	<i>Occupational Health Services</i>
<i>FORD ISLAND</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>MCAS KANEOHE HI</i>	<i>Kaneohe, HI</i>	<i>Occupational Health Services</i>

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<i>NAS BARBERS PT HI</i>	<i>Barbers Point, HI</i>	<i>Occupational Health Services</i>
<i>NAVAL REH CEN PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>NCTAMS EASTPAC HON HI</i>	<i>Honolulu, HI</i>	<i>Occupational Health Services</i>
<i>PERSUPPDET PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>PERSUPPDRT SUBASE HI</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>PERSUPPDET WAHIAWA</i>	<i>Wahiawa, HI</i>	<i>Occupational Health Services</i>
<i>ISIC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>MOMAG DET SEVEN BARBERS PT</i>	<i>Barbers Pt, HI</i>	<i>Occupational Health Services</i>
<i>MOTU-1 PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>CBU-FOUR ONE THREE PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>
<i>MIDPAC PEARL</i>	<i>Pearl Harbor, HI</i>	<i>Occupational Health Services</i>

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

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

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

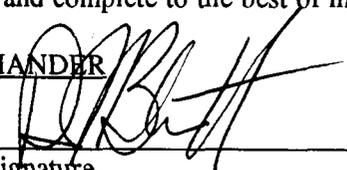
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

CAPT P. J. BARNETT, MSC, USN
NAME (Please type or print)



Signature

COMMANDING OFFICER
Title

2-1-94

Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

32609

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

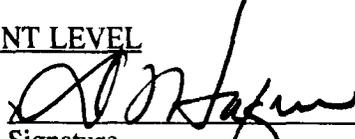
Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)



Signature

SURGEON GENERAL/CHIEF BUMED

Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. Gilbert, Jr.

NAME (Please type or print)



Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

347

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAVAL SHIPYARD, PEARL
HARBOR, HI**

**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	55,178	37,748	N/A	55,178	37,748	N/A
FAMILY OF AD	65,780	0	N/A	65,780	0	N/A
SUBTOTAL	120,958	37,748	N/A	120,958	37,748	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	21,632	0	N/A	21,632	0	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	5,628	0	N/A	5,628	0	N/A
OTHER - CIVIL SERVICE NAT'L GUARD/SURV/OTHER	18,700 6,685	11,200 0	N/A	18,700 6,685	11,200 0	N/A
TOTAL	173,603	48,948	N/A	173,603	48,948	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 :	<u> N/A </u>
Set Up Beds ¹ :	<u> N/A </u>
Expanded Bed Capacity ² :	<u> N/A </u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	22,802	10	1	22,813 **
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	---	---	---	97,822 *
RADIOLOGY PROCEDURES (WEIGHTED) ¹	---	---	---	12,085 *
PHARMACY UNITS (WEIGHTED) ¹	---	---	---	920 *
OTHER (SPECIFY) CIV/SER OCCUPATIONAL HEALTH SERVICES	---	---	---	30,618 **

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

* The CHCS does not provide ADHOC reports for the ancillary workload information by the categories specified above.

** The Shipyard Clinic is primarily an Occupational Health Services Clinic for Civil Service personnel, and also performs military physical exams for commands in the Pearl Harbor area.

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	24,438	N/A	N/A	24,438 **
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	---	---	---	121,392 *
RADIOLOGY PROCEDURES (WEIGHTED) ¹	---	---	---	14,005 *
PHARMACY UNITS (WEIGHTED) ¹	---	---	---	1210 *
OTHER (SPECIFY) CIV/SER OPV'S	---	---	---	34,768 **

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

THE FIGURES REPRESENT A 10% INCREASE OVER THE PROJECTED FY-94 WORKLOAD. THIS 10% INCREASE IS THE CURRENT NO SHOW RATE WITHIN CLINIC. THEREFORE, IF THERE WAS A 0% NO SHOW RATE, THEN THE CLINIC WORKLOAD COULD INCREASE BY TEN PERCENT.

* The CHCS does not provide ADHOC reports for the ancillary workload information by the categories specified above.

** The Shipyard Clinic is primarily an Occupational Health Services Clinic for Civil Service Personnel, and also performs military physical exams for commands located in the Pearl Harbor area.

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	22,217	0	0	22,217
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	---	---	---	110,357
RADIOLOGY PROCEDURES (WEIGHTED) ¹	---	---	---	12,732
PHARMACY UNITS (WEIGHTED) ¹	---	---	---	1,100
OTHER (SPECIFY CIV/SER OPV'S)	---	---	---	31,608

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

THE ABOVE WORKLOAD WAS CALCULATED USING THE FIRST SEVEN MONTHS OF FY-94 MORBIDITY REPORTS. THE REMAINING FIVE MONTHS OF FY-94 WERE ADDED FROM AN AVERAGE OF THE FIRST SEVEN MONTHS.

* The CHCS does not provide ADHOC reports for the ancillary workload information by the categories specified above.

** The Shipyard Clinic is primarily an Occupational Health Services Clinic for Civil Service Personnel, and also performs military physical exams for commands located in the Pearl Harbor area.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	5	5	5	5	5	5	5	5
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	0	0	0	0	0	0	0	0
TOTAL	6	6	6	6	6	6	6	6

¹This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	1,177
SPECIALTY CARE ²	937
PHYSICIAN EXTENDER ³	66
TOTAL	2,180

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.

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: 836,231

The 1990 U.S. Census for the island of Oahu.

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
KUAKINI	KUAKINI HEALTH SYSTEM	7 MILES	10-15 MIN	N/A
PALI MOMI	KAPIOLANI HEALTH SYSTEM	5 MILES	10 MIN	N/A
QUEENS	*	10 MILES	25 MIN	N/A
STRAUB	STRAUB INC	10 MILES	15-20 MIN	N/A
ST FRANCIS	*	12 MILES	20 MIN	N/A
ST FRANCIS WEST	CATHOLIC CHURCH HEALTH SYSTEM	12 MILES	20 MIN	N/A
WAHIAWA GENERAL	COMMUNITY HOSPITAL ASSOCIATION	8 MILES	15-20 MIN	N/A
CASTLE	CASTLE, INC.	11 MILES	35 MIN	N/A
KAISER-PERM	KAISER-PERM	8 MILES	15 MIN	N/A
KAPIOLANI	KAPIOLANI HEALTH SYSTEM	10 MILES	25 MIN	N/A
REHABILITATION HOSPITAL OF THE PACIFIC	RHP INC CIVILIAN	12 MILES 10 MILES	30 MIN	N/A
HAWAII STATE HOSPITAL	*	20 MILES	30 MIN	N/A
SHRINERS	*	15 MILES	20 MIN	N/A
TRIPLER ARMY MEDICAL CENTER	U.S. ARMY	7 MILES	10 MIN	MULTIPLE MOUs FOR EXCHANGE OF SERVICES

* UNABLE TO OBTAIN INFORMATION REQUESTED:

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
Kuakini	250	Yes	68%	Long-term Care, Home Care, Day Care, Hello Pad
Pali Momi	116	Yes	60%	Cardiac Center
Queens	506	Yes	*	Trauma Center
Straub	159	Yes	70%	Burn Center
St Francis	308	Yes	*	Gen Med/Surg
St Francis West	89	Yes	80%	OB, MRI
Wahiawa General	69	Yes	75%	ICU, Cancer Unit, OB, Blood Bank
Castle	160	Yes	70%	Chemo-therapy, Psych Residential
Kaiser-Permanente	201	Yes	65%	HMO, 8 OP Clinics
Kapiolani	232	Yes	68%	Women & Children Only
Rehab Hosp of Pacific	100	Yes	80%	Psych, Spinal, Brain, Stroke, Ortho, Amputee Care
Hawaii State Hosp	*	*	*	*
Shriners	40	Yes	*	Ortho/Burn
Tripler Army Medical Center	537	Yes	60%	GME Program

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.

* Unable to obtain information requested. Facility/s would not provide info.

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.

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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

G. E. THOMAS, LT, MSC, USN
NAME (Please type or print)

A. E. Thomas
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, NSY, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

P. J. BARNETT, CAPT, MSC, USN

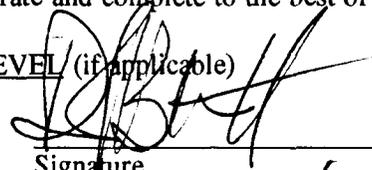
NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI

Activity



Signature

Date

23 May 94

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

NEXT ECHELON LEVEL (if applicable)

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

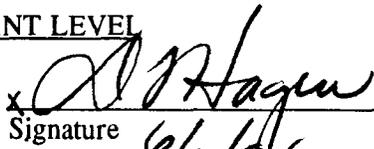
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

x 

Signature

Date

6/2/94

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

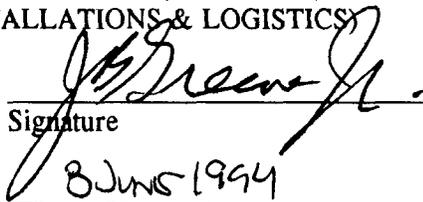
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. Greeno DR.

NAME (Please type or print)

ACTING

Title



Signature

Date

8 JUN 1994

Document Separator

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	NAVAL BRANCH MEDICAL CLINIC, NAVY SHIPYARD
UIC:	32609
Host Activity Name (if response is for a tenant activity):	NAVAL STATION PEARL HARBOR
Host Activity UIC:	62813

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL BRANCH MEDICAL CLINIC, NAVY SHIPYARD		UIC: 32609	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	126	N/A	126
1b. Minor Construction	6	N/A	6
1c. Sub-total 1a. and 1b.	132	N/A	132
2. Other Base Operating Support Costs:			
2a. Utilities	70	N/A	70
2b. Transportation	25	N/A	25
2c. Environmental	2	N/A	2
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	15	277	292
2j. Other (Specify)	45	N/A	45
2k. Sub-total 2a. through 2i:	157	277	434

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	289	277	566
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b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
N/A	N/A

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 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: NAVAL BRANCH MEDICAL CLINIC, NAVY SHIPYARD		UIC: 32609	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non- Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<\$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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: NAVAL BRANCH MEDICAL CLINIC, NAVY SHIPYARD	UIC: 32609
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	27
Material and Supplies (including equipment):	88
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	271

386	Total:
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DATA CALL 66
INSTALLATION RESOURCES

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL BRANCH MEDICAL CLINIC, NAVY SHIPYARD	UIC: 32609
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

CONTRACT SUPPORT FOR TABLE 3 PERFORMED BY PUBLIC WORKS CENTER PEARL (62755) AND FLEET INDUSTRIAL SUPPLY CENTER PEARL (00604)

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

**DATA CALL 66
INSTALLATION RESOURCES**

future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

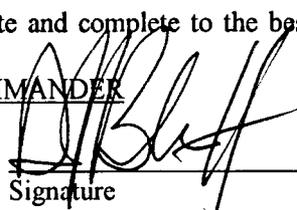
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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



Signature

COMMANDING OFFICER
Title

12 JULY 1994

Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

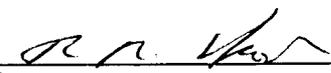
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity



Signature

14 July 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

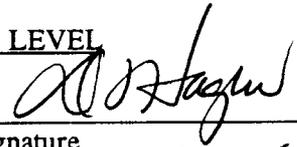
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity



Signature

7-19-94

Date

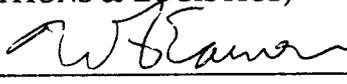
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

W. A. EARNER

NAME (Please type or print)

Title



Signature

04 AUG 1994

Date

Document Separator

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

● Name

Official name	<i>BRANCH MEDICAL CLINIC, NTTC, CORRY STATION</i>
Acronym(s) used in correspondence	<i>BRMEDCL, NTTC CORRY</i>
Commonly accepted short title(s)	<i>CORRY MEDICAL CLINIC, CORRY CLINIC</i>

● Complete Mailing Address:

*COMMANDING OFFICER
ATTENTION CODE 42
NAVHOSP
6000 WEST HIGHWAY 98
PENSACOLA, FL 32512-0003*

● PLAD

NAVHOSP Pensacola Fl

● PRIMARY UIC: ^{32561 m.d.d.}~~32516~~ (Plant Account UIC for Plant Account Holders)

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

● ALL OTHER UIC(s): Refer to questions # 3, 9 and 10. PURPOSE:

2. **PLANT ACCOUNT HOLDER:**

● Yes No (check one)

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

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

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

• Yes _____ No (check one)

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

• Yes No _____ (check one)

• Primary Host (current) UIC: 63082

• Primary Host (as of 01 Oct 1995) UIC: 63082

• Primary Host (as of 01 Oct 2001) UIC: 63082

● **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. N/A

• Yes _____ No (check one)

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

Name	Location	UIC
N/A		

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

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

Name	N/A	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.

Under BRAC93, approximately 100 active duty will relocate to NTTC Corry Station as part of Instructor Training School consolidation.

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

Current Missions

- *Provide primary medical care to staff and students assigned to NTTC Corry Station, Pensacola, Florida.*
- *Provide women's health care clinic.*
- *Provide radiology support to prisoners assigned to Saufley Field Federal Prison.*
- *Provide orthopedics consultation one day per week.*

Projected Missions for FY 2001

- *SAME AS ABOVE.*

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

Current Unique Missions

- *N/A*

Projected Unique Missions for FY 2001

- *N/A*

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

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

● Operational name	UIC
<u>NAVAL HOSPITAL, PENSACOLA</u>	<u>00203</u>
● Funding Source	UIC
<u>NAVAL HOSPITAL, PENSACOLA</u>	<u>00203</u>

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>4</u>	<u>18</u>	<u>2</u>
● Contract			<u>0*</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>20</u> <i>CFW</i>	<u>180</u> <i>CFW</i>	<u>20</u> <i>CFW</i>
● Contract			<u>0*</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

* Note: The above personnel and positions will be included in NH Pensacola BRAC-95 Data Call 1. Personnel are assigned to Naval Hospital Pensacola (UIC: 00203) and detailed to the branch medical clinic.

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● <u>JAMES B. JOHNSON, HMCM(SW)</u> DIRECTOR	<u>(904)452-6556</u>	<u>(904)452-6349</u>	<u>(904)456-1771</u>
● <u>EMEDIO BULOSAN, CDR</u> SENIOR MEDICAL OFFICER	<u>(904)452-6326/6327</u>	<u>(904)452-6349</u>	<u>[N/A]</u>

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>BARIN FIELD CRASH AND RESCUE</i>	<i>BARIN FIELD, AL</i>	<i>Primary medical care and Crash and Rescue support.</i>
<i>NETPMSA</i>	<i>SAUFLEY FIELD, PENSACOLA, FL</i>	<i>Primary medical care.</i>

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

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

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

Maps and photos provided by NTTC Corry Station UIC: 63082 as part of Brac Data Call 95-1.

BRAC-95 DC 1/BRMEDCLINIC, NTTC CORRY STATION, PENSACOLA, FL/32561

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."

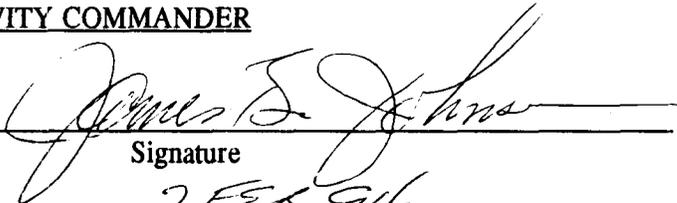
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

JAMES B. JOHNSON, HMCM(SW)
NAME (Please type or print)


Signature

DIRECTOR
Title

2 FEB 94
Date

Branch Medical Clinic, NTTC
Activity

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

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

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

ACTING
Title

J. B. Greene Jr.
Signature
16 FEB 1994

Date

Document Separator

348

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name: BRANCH MEDICAL CLINIC CORRY STATION

UIC: 32561

Host Activity Name (if response is for a tenant activity): NTTC CORRY STATION

Host Activity UIC: 63082

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 CORRY STATION

UIC: 32561

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

**DATA CALL 66
INSTALLATION RESOURCES**

1. Real Property Maintenance Costs:

1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0

2. Other Base Operating Support Costs:

2a. Utilities	100	0	100
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	N/A	N/A	
2e. Morale, Welfare & Recreation	N/A	N/A	
2f. Bachelor Quarters	N/A	N/A	
2g. Child Care Centers	N/A	N/A	
2h. Family Service Centers	N/A	N/A	
2i. Administration	0	0	0
2j. Other (Specify)	0	0	0
2k. Sub-total 2a. through 2j:	100	0	100
3. Grand Total (sum of 1c. and 2k.):	100	0	100

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

N/A

N/A

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Activity Name: BRMEDCL CORRY STATION

UIC: 32561

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

**DATA CALL 66
INSTALLATION RESOURCES**

3. Depreciation N/A N/A

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: BRMEDCL WHITING FIELD

UIC: 32558

Cost Category	FY 1996 Projected Costs (\$000)
Travel:	0
Material and Supplies (including equipment):	155
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	2
Total:	157

**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 CORRY STATION

UIC: 32561

**FY 1996 Estimated
Number of
Workyears On-Base**

Contract Type

Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A

Total Workyears:

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

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

N/A

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)
COMPTROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

18 July 1974

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)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

7-18-94

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]
Signature

Date

8-1-94

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

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

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

[Signature]
Signature

Date

8/25/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

14 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #66 FOR BRMEDCLINIC CORRY STATION (UIC: 32561) - INSTALLATION RESOURCES

Document Separator

348

BU MED-822
mkd, 20 Jul 94

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR**

(BRMEDCLINIC NTTC PENSACOLA)

**MEDICAL FACILITY: BRMEDCLINIC NAVAL TECHNICAL TRAINING CENTER
CORRY STATION (UIC: 32561)**

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 1999 (RAPS doesn't project beyond this year.)		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	12475	4887	N/A	11254	4383	N/A
FAMILY OF AD	20875	7892	N/A	18808	7069	N/A
SUBTOTAL	33350	12779	N/A	30062	11452	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	24776	12331	N/A	24142	12022	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	7239	3243	N/A	9193	4118	N/A
OTHER (includes Survivors, med elg NG, RES and their dependents)	3902	1928	N/A	4443	2182	N/A
TOTAL	69267	30281	N/A	67840	29774	N/A

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

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

¹ THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES. (additive; PROJECTION DOES NOT INCLUDE BRAC CHANGES)

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

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

⁴ THIS SECTION MUST BE COMPLETED.

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

Operating Beds ¹ :	___N/A___
Set Up Beds ¹ :	___N/A___
Expanded Bed Capacity ² :	___N/A___

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	12,680	0	0	12,680
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹ (See note)				135,146
RADIOLOGY PROCEDURES (WEIGHTED) ¹ (see note)				12,100
PHARMACY UNITS (WEIGHTED) ¹ (See note)				21,357
OTHER (SPECIFY) (See note)				N/A

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	13225	N/A	N/A	13225
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹				144,514
RADIOLOGY PROCEDURES (WEIGHTED) ¹				11,532
PHARMACY UNITS (WEIGHTED) ¹				17,319
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

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

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

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

Laboratory weighted unit = minute

.0167 is factor to convert hours to minutes

BILLETS/POSITIONS ONBOARD: 1

$Y = \text{BILLETS/POSITIONS ONBOARD} + .49 \times 145.136 = \text{AVAILABLE MONTHLY HOURS}$

$[Y - (Y \times .07)] / .0167 = \text{MONTHLY WEIGHTED LABORATORY UNITS} \times 12 = \text{ANNUAL WEIGHTED LABORATORY UNITS}$

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

Upper range WWU/RVS for 1 staff equals 961

BILLETS/POSITIONS ONBOARD: 1

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

LEGEND: Upper break point limit = .49 billets/positions

Y = manhours=(number of personnel + upper break point limit) x Manpower Allowance Factor (MAF=145.136)

X = monthly workload

SERVICE	ONBOARD PERSONNEL (PROVIDER/SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PRIMARY CARE	3/4	7.49	1087.0686	$Y = 311.9 + .8783X$	882.57839	10591
PHYSICAL EXAM	0/3	3.49	506.52464	$Y = 418.6 + .9714X$	90.51332	1087
MENTAL HEALTH	2/2	4.49	651.66064	$Y = 405.2 + 1.912X$	128.90202	1547
TOTAL						13225

SERVICE	ONBOARD PERSONNEL (PROVIDER/SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PHARMACY	0/1	1.49	216.25264	$Y = 92.90 + .08547X$	1443.2273	17319

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS				SEE NOTE ABOVE
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹				
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

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

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	1	1	1	1	1	1	1	1
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	2	2	2	2	2	2	2	2
TOTAL	4	4	4	4	4	4	4	4

¹ This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use. **REFER TO NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203) DATA CALL 26, BRANCH MEDICAL CLINIC LOCATED WITHIN NAVAL HOSPITAL, PENSACOLA CATCHMENT AREA.**

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

¹ This includes General 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.

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

Region Population: REFER TO NAVAL HOSPITAL, PENSACOLA (UIC: 00203) DATA CA
26. BRANCH MEDICAL CLINIC LOCATED WITHIN SAME GEOGRAPHIC BOUNDRY.

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

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

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:

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

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

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)

(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 1991

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

JAMES B. JOHNSON

NAME (Please type or print)

DIRECTOR, BRMEDCL

Title

Date

Signature

NTTC CORY STATION, PENSACOLA FL
Activity

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

NEXT ECHELON LEVEL (if applicable)

M. BALSAM

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)

Activity



Signature

19 July 94

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

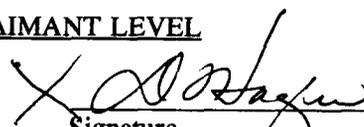
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity



Signature

7-20-94

Date

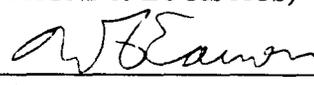
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

W. A. EARNER

NAME (Please type or print)

Title



Signature

8/3/94

Date

Document Separator

37

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Clinic, NTTC
Corry Station
ACTIVITY UIC: 32561**

**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.

- The Branch Clinic provides a comprehensive range of outpatient health care service to active duty personnel attached to NTTC Corry Station, Saufley, Barin Field and to all other beneficiaries to include operating forces and NATO personnel as directed by higher authority.

- The Branch Medical Clinic will provide the highest quality of health care in accordance with BUMED, civilian agencies, and commission standards, to include the Joint Commission on Accreditation of Health Care Organizations.

- The Branch Medical Clinic will provide liaison between NTTC Corry Station, to include the joint services, Saufley Field, Barin Field and Naval Hospital.

- The Branch Medical Clinic will provide continuing education for all staff personnel and provide patient education to all beneficiaries.

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)
NTTC CORRY STUDENTS	30922	CORRY STATION	1,013
NTTC CORRY STAFF	42116	CORRY STATION	766
NTTC CORRY COMMAND	63082	CORRY STATION	311
NTTC CORRY MANAGEMENT	42960	CORRY STATION PENSACOLA, FL	4
PERSONNEL SUPPORT ACTIVITY	43082	CORRY STATION PENSACOLA, FL	35
NAVAL SECURITY GROUP	46830/ 46829 46828	CORRY STATION, PENSACOLA, FL	63 53 19
BARIN FIELD CRASH & RESCUE	60237	BARIN FIELD, AL	75
DENTAL CLINIC	39071	CORRY STATION, PENSACOLA, FL	12
FEDERAL PRISON CAMP	68322	SAUFLEY FIELD, PENSACOLA, FL	76
NETPMSA	42101	SAUFLEY FIELD, PENSACOLA FL	214

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	11,325	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	543	N/A	N/A
TOTAL ACTIVE DUTY	N/A	11,868		N/A
FAMILY OF AD	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A
TOTAL	N/A	11,868		N/A

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	NOTE 1						
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

NOTE: REFER TO NAVAL HOSPITAL, PENSACOLA (UIC: 00203) DATA CALL 27

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
MARINE CORP PRT	17 HOURS	2
MEDICAL STANDBY, NTTC CORRY	45 HOURS	2
MEDICAL STANDBY, NSGA	6 HOURS	2

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
55010	BRANCH MEDICAL CLINIC/Patient Care	7,846	51 YEARS	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 fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	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.

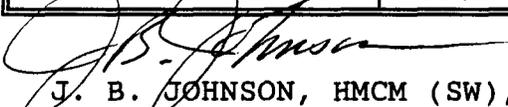
PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

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	N/A	N/A	N/A

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME: BRANCH MEDICAL CLINIC, NTTC CORRY STATION					
2. UIC 32516	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS		1	
5. SIZE	A. GSF 7846	B. NORMAL BEDS N/A		C.DTRS	
6. LOCATION	A. CITY Pensacola	B.STATE Florida			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	50%	50%		A15	
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	100%				
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER	100%				


 J. B. JOHNSON, HMCM (SW), USN
 DIRECTOR, BRMEDCLINIC CORRY STATION

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 or 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 or 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: 11/7-8/91

FULL ACCREDITATION: Yes

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

LOCATION:

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

a. What is the importance of your location relative to the clients supported? Due to schools command, close proximity alleviates need for personnel transportation of students, and close access for care.

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

Pensacola, Florida

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): 7 Miles

d. What is the importance of your location given your mobilization requirements? Direct support units for Naval Hospital, Pensacola.

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

- NTTC Corry Station - 2 to 5 minutes walking.
- Saufley Field - 15 - 20 minutes via automobile.
- Barin Field - 1 hour via automobile.

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

FEATURES AND CAPABILITIES

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

Loss of Military Sickcall, PRT standbys, and a large impact for Naval Hospital to capture.

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 Naval Hospital, Pensacola (UIC: 00203) Data Call 27.

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 Naval Hospital, Pensacola (UIC: 00203) Data Call 27.

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 #8	43592	9
FLEET HOSPITAL #15	45399	2
1ST MARINE AIR WING	57079	1
NAVAL HOSPITAL ROTA	66101	1
1ST MARINE BRIGADE	67339	2
FLEET HOSPITAL #4	68684	2
FLEET HOSPITAL #5	68685	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. See Naval Hospital, Pensacola (UIC: 00203) Data Call 27.

c. Please provide the total number of your expanded beds¹ 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 beds¹: N/A

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

13. Supplemental Care. Please complete the following table for supplemental care: N/A ALL OUR PATIENTS ARE SENT TO SUPPLEMENTAL CARE AT THE NAVAL HOSPITAL, PENSACOLA, FLORIDA

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						
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 (1ST QTR ONLY)
TOTAL COSTS	1,068,790.00	1,241,215.00	337,410.00
TOTAL OUTPATIENT VISITS	13,149	12,680	2,823
AVERAGE COST PER VISIT	\$81.28	\$97.89	\$119.52

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	N/A	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.

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. REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION (UIC: 63082) BRAC DATA CALL 23.

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?

Pay Grade	Number of Bedrooms	Number on List	Average Wait
0-6/7/8/9	1		
	2		
	3		
	4+		
0-4/5	1		
	2		
	3		
	4+		
0-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

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

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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:

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

(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 facilities² 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		

²Spaces 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 BASERE

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

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

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

(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.

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Served 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			

FY 1993	FY 1992	FY 1991	Crime Definitions
			9. Larceny - Personal (6T) Base Personnel - military Base Personnel - civilian
			Off Base Personnel - military
			Off Base Personnel - civilian
			Base Personnel - military
			Base Personnel - civilian
			10. Wrongful Destruction (6U) Base Personnel - military
			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			

FY 1993	FY 1992	FY 1991	Crime Definitions
			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 - military
			Off Base Personnel - military
			Off Base Personnel - civilian
			20. Robbery (7R) Base Personnel - military
			Base Personnel - military
			Off Base Personnel - military
			Off Base Personnel - civilian
			21. Traffic Accident (7T) Base Personnel - military
			Base Personnel - military
			Off 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

NAME (Please type or print) JAMES B. JOHNSON

TITLE DIRECTOR

Signature *James B. Johnson*

Date 20 July 1994

Activity BRANCH MEDICAL CLINIC, NTTC, CORRY STATION

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

NEXT ECHELON LEVEL (if applicable)

M. BALSAM
NAME (Please type or print)

M. Balsam
Signature

COMMANDING OFFICER
Title

20 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D.F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D.F. Hagen
Signature

CHIEF BUMED/SURGEON GENERAL

Title

2240-90
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

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	Branch Medical Clinic, Concord
UIC:	32599
Host Activity Name (if response is for a tenant activity):	N/A NWS Concord
Host Activity UIC:	N/A 64436

BUMED-822
ms, 15 Jul 94

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Medical Clinic, Concord		UIC: 32599	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	N/A	N/A	N/A
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Utilities	14	N/A	14
2b. Transportation	1.1	N/A	1.1
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	55	97	152
2j. Other (Specify) COMMUNICATIONS	34	N/A	34
2k. Sub-total 2a. through 2j:	104.1	97	201.1
3. Grand Total (sum of 1c. and 2k.):	104.1	97	201.1

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>	
N/A		N/A

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic, Concord			UIC: 32599
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<\$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Branch Medical Clinic, Concord	UIC: 32599
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	5
Material and Supplies (including equipment):	165
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	170

**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: Branch Medical Clinic, Concord	UIC: 32599
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

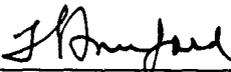
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

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


Signature

Commander
Title

7/14/94
Date

Naval Medical Center, Oakland
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____
Signature _____

Title _____
Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____
Signature _____

Title _____
Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

Signature *[Handwritten Signature]*
Date *7-19-94*

NAME (Please type or print) CHIEF BUMED/SURGEON GENERAL

Title _____

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)

Signature *[Handwritten Signature]*
Date *04 AUG 1994*

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

Title _____

Document Separator

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MISSION REQUIREMENTS

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

Branch Medical Clinic Concord is tasked to provide general ambulatory care service to Navy and Marine Corps units of the operating forces and shore activities as well as their authorized beneficiaries as prescribed by Title 10, U.S. Code; Train and maintain designated personnel in an operationally ready status for augmentation of the operating forces, as directed. Provide comprehensive occupational health programs, including occupational medicine, environmental health, and preventive medicine services. Provide medical component of personnel and equipment for Naval Weapons Station Concord Service Response Force.

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)
NMS CONCORD	60036	CONCORD, CA	300
USS FLINT	20113	CONCORD, CA	397
USS SHASTA	20114	CONCORD, CA	384
USS MT HOOD	20112	CONCORD, CA	355
USS MAUNA KEA	08822	CONCORD, CA	331
USS PYRO	08392	CONCORD, CA	310
USS KISKA	20245	CONCORD, CA	279
USCG MARINE SAFETY DET.	75180	CONCORD, CA	14
NTTC	68761	CONCORD, CA	13
EOD MOBILE UNIT #9	47451	CONCORD, CA	5
BRANCH DENTAL CLINIC	35727	CONCORD, CA	2
WESTERN DIVISION CONTRACTS OFFICE	45725	CONCORD, CA	2
MARINE LIASON	00027	CONCORD, CA	1
NAVY PUBLIC WORKS	68378	CONCORD, CA	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	N/A	5460	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	125	N/A	N/A
TOTAL ACTIVE DUTY	N/A	5585		N/A
FAMILY OF AD	N/A	1763	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	3780	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	3865	N/A	N/A
TOTAL	N/A	14993		N/A

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

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

NAVAL HOSPITAL OAKLAND

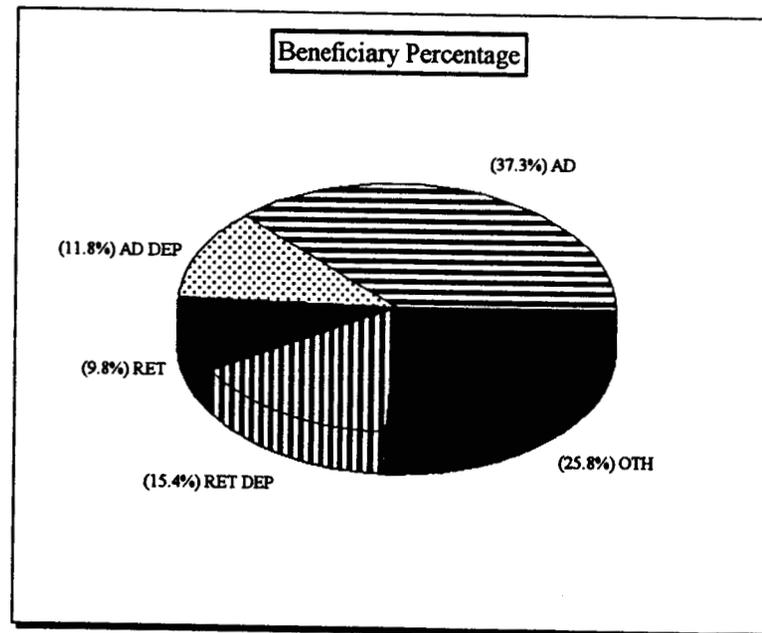
SUMMARY OF FY94 THROUGH APRIL 1994 WORKLOAD DATA BY CLINICAL SERVICE/BENEFICIARY CATEGORY

CONCORD CLINIC

OUTPATIENT VISITS FY94

MEPR	DESCRIPTION	ACTIVE DUTY	DEP ACTIVE DUTY	RETIRED	DEP RETIRED	OTHER	TOTAL
BHA	PRIMARY CARE CLINICS	2595	945	782	1295	0	5597
BHB	PHYSICAL EXAM, AMBUL	0	0	0	0	0	0
BHC	OPTOMETRY CLINIC	685	83	99	49	608	1504
BHG	OCCUPATIONAL HEALTH	0	0	0	0	1647	1647
TOTAL		3280	1028	881	1344	2255	8748

Source: Extracted from WORS DATABASE Maintained by Management Analysis Department



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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	14764	14843	14856	14964	15068	*	*
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

* RAPS DATA NOT AVAILABLE

BASED ON FY94 PROJECTED OPV RATIO OF FY94 RAPS POPULATION PROJECTION (20 MILES RADUIS CATCHMENT) EXAMPLE:

PROJ FY945 OPVS = 14993, RAPS POPULATION PROJ = 71077, OPV% OF POPULATION PROJ = 21%, PROJU FY95 OPVS = 14764, SAME METHODOLOGY APPLIED TO FY96-99

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	80HRS/ QRT	1
HOME CARE INSPECTIONS	80HRS/ QRT	1
MEDICAL SUPPORT SERVICE RESPONSE FORCE	80HRS/ QRT	5
MEDICAL STANDBY STATION EVENTS	8HRS/QRT	2
MEDICAL STANDBY PT	4HRS/QRT	2

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY2001
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
	BRANCH CLINIC/PATIENT CARE	25,062	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 fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)

DD-H(A)1707

DMIS ID NO

1. FACILITY NAME BRANCH MEDICAL CLINIC CONCORD

2. UIC 32599

3. CATEGORY CODE

4. NO. OF BUILDINGS 1

5. SIZE

A. GSF 25,062

B. NORMAL BEDS 0

C. DTRS

6. LOCATION

A. CITY CONCORD

B. STATE CA

7. FACILITY ASSESSMENT

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

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

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

- (1) Deficient Status of Condition Types - first character
 - A - Physical Condition
 - B - Functional or Space Criteria
 - C - Design Criteria
 - D - Location or Siting Criteria
 - E - Nonexistence
 - F - Total Obsolescence or Deterioration
- (2) Facility Components or Related Items - last two characters
 - 01 - Heating, Ventilating and Air Conditioning (HVAC)
 - 02 - Plumbing Fixtures
 - 03 - Fire Protection/Life Safety Code
 - 04 - Medical Gases
 - 05 - Lighting Fixtures
 - 06 - Power Capacity
 - 07 - Emergency Generators
 - 08 - Communications
 - 09 - Building or Structure (total)
 - 10 - Seismic Design
 - 11 - Roof/Ceiling
 - 12 - Building Interior/Configuration
 - 13 - Sound Proofing/Excessive Noise
 - 14 - Compliance of Installation with Master Plan
 - 15 - OSHA Deficiency
 - 16 - JCAH Deficiency
 - 17 - Functionality
 - 18 - Site Location
 - 19 - Mission of the Base
 - 20 - None

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

DATE OF SURVEY: MAY 1993

FULL ACCREDITATION: Yes, Full accreditation with
Commendation to May 96

LIFE SAFETY MANAGEMENT SCORE: 2 (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?

- Easy access, clinic centrally located on the Naval Weapons Station.

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

-Airport - Buchanan Airport, Concord - 3 miles
-Rail - Bay Area Rapid Transit (BART) - 4 miles;
Freight Rail - on facility
-Sea - Port Chicago - 2 miles
-Ground - Adjacent to major freeway

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): 30

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

-Close proximity to both military and commercial transportation

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

-15-30 minutes

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

Location and easy access make working at the Weapons Station more desirable.

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.

A majority of the service is provided in the Occupational Health area to civilian employees of the Weapons Station. Closure would impact the availability of these services requiring physicals/screening to be completed at another military site or civilian facility. Additionally, active duty personnel would have a 30 minute commute to the closest military treatment facility for sick call.

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

Yes. There are ample community facilities available in surrounding area with low daily census. Additionally David Grant Medical Center, Travis Air Force Base. The only area of concern would be the medical support we provide to the Naval Weapon Station's Regional Response Force which deploys to incidents or accidents within the geographical area as assigned by Commander in Chief, U.S. Pacific Fleet

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

Yes. See 10a.

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

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
USNS Mercy	T-AH 19	2
1st Marine Division		2
1st FSSG		1

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

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

None.

c. Please provide the total number of your expanded beds¹ 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.

Not applicable.

Number of "stubbed" expanded beds¹: 0

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	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	N/A	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.

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

FORMAT CHANGED SEE NEW FORMAT

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1,011,112	1,811,684	N/A
TOTAL OUTPATIENT VISITS	16,137	14,215	↓
AVERAGE COST PER VISIT	62.66	127.45	↓

BUMED-822, mms
1 Jun 94

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

Table A:

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

Table B:

"OLD" TABLE

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

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

Table C:

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

HOLD "TABLE"

Table D:

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

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

Table A:

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

Table B:

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

¹ Record as a decimal to 6 digits.

Table C:

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

Table D:

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

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

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

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

15. Quality of Life. *See note below

a. Military Housing

(1) Family Housing:

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

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

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

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

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

*Quality of life issues were addressed in BSAT Data Call #46 by Naval Weapons Station, Concord, UIC: 60036

As of 31 March 1994.

Pay Grade	Number of Bedrooms	Number on List ¹	Average Wait
0-6/7/8/9	1		
	2		
	3		
	4+		
0-4/5	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+		

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

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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:

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

(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 facilities² 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		

²Spaces 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					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

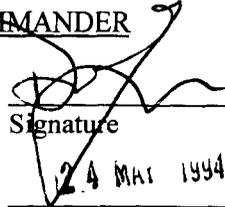
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

Daniel J. Ryan, LT MSC USN
NAME (Please type or print)


Signature

Officer-in-Charge
Title

24 MAR 1994
Date

Branch Clinic, Concord, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Commander
Title

Naval Medical Center, Oakland, CA
Activity

F. G. Sanford
Signature

12.4 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

D. F. Hagen
Signature

6-2-94
Date

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

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

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

ACTING
Title

J. B. Greene Jr.
Signature

6/9/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

Branch Medical Clinic, Naval Weapons Station, Concord, CA (UIC 32599)

1. ACTIVITY:

- Name

Official name	<i>Branch Medical Clinic, Naval Weapons Station, Concord, CA</i>
Acronym(s) used in correspondence	<i>BRMEDCL WEPSTA Concord</i>
Commonly accepted short title(s)	<i>BMC Concord</i>

- Complete Mailing Address

**Naval Branch Medical Clinic
Naval Weapons Station
Concord, CA 94520-5055**

- PLAD

BRMEDCLINIC NWS CONCORD

- PRIMARY UIC: 32599

- ALL OTHER UIC(s): None

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

DATA CALL 1: BMC Concord (UIC 32599)

3. ACTIVITY TYPE:

• **HOST COMMAND:**

• Yes No (check one)

• **TENANT COMMAND:**

• Yes No (check one)

• Primary Host (current) UIC: 60036

• Primary Host (as of 01 Oct 1995) UIC: 60036

• Primary Host (as of 01 Oct 2001) UIC: 60036

• **INDEPENDENT ACTIVITY:**

• Yes No (check one)

4. SPECIAL AREAS:

Name	Location	UIC
No Special Areas		

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
No Detachments				

DATA CALL 1: BMC Concord (UIC 32599)

6. BRAC IMPACT:

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

7. MISSION:

Current Missions

- **Primary care outpatient medical support for military personnel of WEPSTA Concord and its tenant commands.**
- **Primary care outpatient medical services for other eligible beneficiaries.**
- **Support services for WEPSTA Concord personnel in the following areas: Industrial Hygiene, Preventive Medicine, Occupational Health, Medical Surveillance programs, Radiation Monitoring, the Personnel Reliability Program, and the Regional Response Force.**
- **24 hour emergency ambulance for WEPSTA Concord and its nearby housing area.**

Projected Missions for FY 2001

- **UNCHANGED FROM ABOVE**

DATA CALL 1: BMC Concord (UIC 32599)

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>3</u>	<u>11</u> ¹⁰ _{GSA}	<u>12</u> ¹¹ _{GSA}
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

11. KEY POINTS OF CONTACT (POC)

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC:			
DANIEL RYAN LT, MSC, OIC	(510) 246-5867	(510) 246-2716	(510) 674-0859
• Duty Officer:			
SAME AS ABOVE			

12. TENANT ACTIVITY LIST: NO TENANTS

13. REGIONAL SUPPORT: NONE

14. FACILITY MAPS: SUBMITTED BY HOST ACTIVITY

DATA CALL 1: BMC Concord (UIC 32599)

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.

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

ACTIVITY COMMANDER

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

F. G. Sanford RADM MC USN
Signature

Commander
Title

2/2/94
Date

Naval Medical Center, Oakland
Activity

DATA CALL 1: BMC Concord (UIC 32599)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)

x 

Signature

SURGEON GENERAL/CHIEF BUMED

Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY

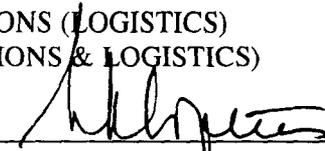
Activity

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

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

S. F. Loftus

NAME (Please type or print) Vice Admiral, U.S. Navy
Deputy Chief of Naval
Operations (Logistics)



Signature

Title

17 FEB 1994

Date

Document Separator

349

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL BRANCH MEDICAL CLINIC, CONCORD

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	16145	2536	N/A	13730	2195	N/A
FAMILY OF AD	21142	2952	N/A	17956	2562	N/A
SUBTOTAL	37287	5488	N/A	31686	4757	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	26402	4707	N/A	25202	4465	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	8006	1538	N/A	10285	1964	N/A
OTHER	3449	622	N/A	4579	829	N/A
TOTAL	75144	12355	N/A	71752	12015	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 :	<u>N/A</u>
Set Up Beds ¹ :	<u>N/A</u>
Expanded Bed Capacity ² :	<u>N/A</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	4922	1267	2373	5810
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	97719	25154	47112	169986
RADIOLOGY PROCEDURES (WEIGHTED) ¹	642	165	309	1117
PHARMACY UNITS (WEIGHTED) ¹	9049	2329	4363	15742
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

PROCEDURE COMPUTATION BASED ON BENEFICIARY RATIO OF TOTAL OUTPATIENT VISITS. EXAMPLE:
 TOTAL FY93 OPVS = 14215, ACDU OPVS = 4922, ACDU % OF TOTAL = 34.6, TOTAL LAB PROCEDURES = 282218, 34.63% OF LAB PROCEDURES = 97719, LAB PROCEDURES FOR ACDU = 97719

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	4922	1267	2373	5810
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	97719	25154	47112	169986
RADIOLOGY PROCEDURES (WEIGHTED) ¹	642	165	309	1117
PHARMACY UNITS (WEIGHTED) ¹	9049	2329	4363	15742
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	2536	2952	6245	11733
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	50720	59040	124900	234660
RADIOLOGY PROCEDURES (WEIGHTED) ¹	330	384	812	1525
PHARMACY UNITS (WEIGHTED) ¹	5072	5904	12490	23466
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

NAVAL HOSPITAL OAKLAND

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

OUTPATIENT VISITS FY93

MEPR	DESCRIPTION	ACTIVE DUTY	DEP ACTIVE DUTY	RETIRED	DEP RETIRED	OTHER	TOTAL
BHA	PRIMARY CARE CLINICS	2403	1170	809	1428	35	5845
BHB	PHYSICAL EXAM, AMBUL	691	30	3	0	1172	1896
BHC	OPTOMETRY CLINIC	1656	67	88	45	1018	2874
BHG	OCCUPATIONAL HEALTH	172	0	0	0	3428	3600
TOTAL		4922	1267	900	1473	5653	14215
%		34.63%	8.91%	16.69%	RET+DRET	39.77%	100.00%

Source: Extracted from WORS DATABASE Maintained by Management Analysis Department

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

	ACTIVE DUTY	DEP ACTIVE DUTY	(RET + DEP/RET)	Sub Total	OTHER (NAT CG+SURV)	Grand Total
3b. FY93 PROJ ASSIGNED POPULATION (20 MI RADIUS) = OPV DEMA % OF TOTAL POP	2536 20.5	2952 23.9	6245 50.5	11733 95.0	622 5.0	12355
3a. FY93 OPVS	4922	1267	2373	8562	5653	14215
FY93 LAB (BENE CAT BASED ON BENE OPV RATIO OF TOT OPVS)	97719	25154	47112	169986	112232	282218
LAB PROC PER OPV(LAB PROC divided by OPVS)	20	20	20	20	20	20
3b. LAB WORKLOAD DEMAND(LAB PROC PER OPV x TOT POP)	50720	59040	124900	234660	12440	247100
3a. FY93 XRAY(BENE CAT BASED ON BENE OPV RATIO OF TOT OPV XRAY PROC PER OPV(XRAY PROC divided by OPVS)	642 0.13	165 0.13	309 0.13	1117 0.13	737 0.13	1854 0.13
3b. XRAY DEMAND(XRAY PER OPV * TOT POP)	330	384	812	1525	81	1606
3a. FY93 PHARM(BEN CAT BASED ON BEN OPV RATIO OF TOT OPVS PHARM PER OPV (PHARM divided by OPVS)	9049 2	2329 2	4363 2	15742 2	10393 2	26135 2
3b. PHARM WORKLOAD DEMAND(PHARM PER OPV x TOT POP)	5072	5904	12490	23466	1244	24710

NAVAL MEDICAL CENTER
FY93 MONTHLY OUTPATIENT VISITS WORKLOAD DATA BY CLINICAL SERVICE
CONCORD CLINIC

UIC 32599

MEPR	CLINICAL SERVICE	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY93	MON	% OF	FY92	MON	% OF	FY93/92
														TOTAL	AVG	TOTAL	AVG	TOTAL	% DIFF	
BHA	PRIMARY CARE CLINICS	446	384	424	474	433	688	297	554	320	535	603	687	5845	487	41	7732	644	48	-24
BHB	PHYSICAL EXAM, AMBUL	56	175	247	218	251	104	83	320	313	129	0	0	1896	158	13	2685	224	17	-29
BHC	OPTOMETRY CLINIC	304	187	319	89	120	137	113	113	417	640	97	338	2874	240	20	2817	235	17	2
BHG	OCCUPATIONAL HEALTH	455	126	103	266	391	395	274	281	305	528	283	193	3600	300	25	2903	242	18	24
TOTAL FY93 OPVS		1261	872	1093	1047	1195	1324	767	1268	1355	1832	983	1218	14215	1185		16137	1345		-12
% DIFF OVER PRIOR MONTH		53	-31	25	-4	14	11	-42	65	7	35	-46	24							
TOTAL FY92 OPVS		1091	1131	1138	1259	1607	1398	1448	1824	1692	1635	1090	824	16137						
% DIFF FY93 OVER PRIOR YEAR		16	-23	-4	-17	-26	-5	-47	-30	-20	12	-10	48							-12

ANCILLARY SERVICES

WEIGHTED PROCEDURES	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY93	MON	FY92	MON	FY93/92
													CUMTOT	AVG	CUMTOT	AVG	% DIFF
PHARMACY	2305	1891	1988	2061	1873	2488	2278	2269	2305	2133	2238	2306	26135	2178	28407	2367	-8
% DIFF OVER PRIOR MONTH	-9	-18	5	4	-9	33	-8	-0	2	-7	5	3					
FY92 PHARMACY	2585	2340	2348	2630	2480	2518	2418	2414	2351	2216	1582	2525					
% DIFF FY93 OVER PRIOR YEAR	-11	-19	-15	-22	-24	-1	-6	-6	-2	-4	41	-9					
LABORATORY	24057	20580	17979	29205	25696	22458	24316	21313	21753	26521	26018	22322	282218	23518	253401	21117	11
% DIFF OVER PRIOR MONTH	7	-14	-13	62	-12	-13	8	-12	2	22	-2	-14					
FY92 LABORATORY	16841	18067	17399	12726	19073	16834	30173	18360	30170	29151	22174	22433					
% DIFF FY93 OVER PRIOR YEAR	43	14	3	129	35	33	-19	16	-28	-9	17	-0					
XRAY	390	143	33	47	137	213	101	194	146	147	139	144	1854	155	3642	304	-49
% DIFF OVER PRIOR MONTH	86	-63	-77	42	191	55	-53	92	-23	1	8	-9					
FY92 XRAY	486	395	309	363	326	459	347	190	164	188	205	210					
% DIFF FY93 OVER PRIOR YEAR	-20	-64	-89	-87	-58	-54	-71	2	-11	-22	-22	-31					

SOURCE: MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS) STEPDOWN ASSIGNMENT STATISTICS REPORT (STAT-ID: 005 & 155) ACQUIRED FROM DATA MANAGEMENT DIV. ISD.

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

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

¹ This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	SEE BELOW
SPECIALTY CARE ²	SEE BELOW
PHYSICIAN EXTENDER ³	*41
TOTAL	*2141

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.

The 40 mile catchment area of this facility includes the major metropolitan areas of Oakland and San Francisco, with one the premier teaching facilities located at the University of California San Francisco Medical Center. While exact number of providers for the entire catchment area is not available, the county in which Weapons Station is located has over 2100 licensed physicians. (county does not include cities mentioned above)

*The state of California has 4,781 registered Nurse Practitioners, break down by county is not available.

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: _____

Contra Costa County	836,000
Vallejo-Fairfield-Napa	466,000
Oakland	2,112,000
San Francisco	1,622,000

* 1992 California Statistical Abstract - Department of Finance, Sacramento, Ca

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
Mount Diablo Medical Center	Contra Costa County	5	5-10	none
John Muir Medical Center	Contra Costa County	10	15	none
Delta Memorial	Sutter Health Corp.	12	15-20	none
Merrithew Memorial	Contra Costa County	10	15	none
David Grant	Air Force	30	35	Specialty Referral

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

Listed above are the military and civilian facilities closest to the Naval Weapons Station. The 40 mile radius includes approximately 55 more community/specialty hospitals.

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
Mount Diablo Medical Center	220	yes	47%	
John Muir Medical Center	347	yes	50%	Trauma Center
Delta Memorial	111	yes	70%	
Merrithew Memorial	133	yes	77%	
David Grant	195	yes	80%	

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

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

c. Training Facilities:

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

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

A = STUDENTS PER YEAR

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

C = A x B

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

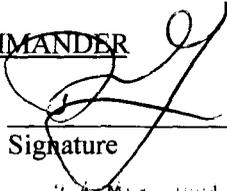
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

Daniel J. Ryan, LT MSC USN
NAME (Please type or print)


Signature

Officer-in-Charge
Title

24 MAR 1994
Date

Branch Clinic, Concord, CA
Activity

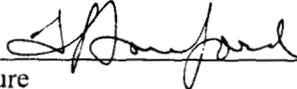
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

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

Commander
Title

Naval Medical Center, Oakland, CA
Activity


Signature

24 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

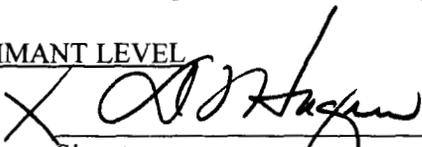
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

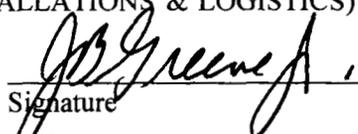
6-2-94
Date

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

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

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

Acting
Title


Signature

8 JUNE 1994
Date

Document Separator

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	Branch Medical Clinic, Concord
UIC:	32599
Host Activity Name (if response is for a tenant activity):	N/A NWS Concord
Host Activity UIC:	N/A 64036

BLUMED-822
M21, 15 Jul 94

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Medical Clinic, Concord		UIC: 32599	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	N/A	N/A	N/A
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Utilities	14	N/A	14
2b. Transportation	1.1	N/A	1.1
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	55	97	152
2j. Other (Specify) COMMUNICATIONS	34	N/A	34
2k. Sub-total 2a. through 2j:	104.1	97	201.1
3. Grand Total (sum of 1c. and 2k.):	104.1	97	201.1

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
N/A	N/A

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic, Concord			UIC: 32599
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<\$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Branch Medical Clinic, Concord	
UIC: 32599	
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	5
Material and Supplies (including equipment):	165
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	170

**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: Branch Medical Clinic, Concord	UIC: 32599
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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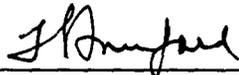
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

ACTIVITY COMMANDER

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


Signature

Commander
Title

7/14/94
Date

Naval Medical Center, Oakland
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

04 AUG 1994

Date

Document Separator

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	Yorktown Branch Medical Clinic
UIC:	32533
Host Activity Name (if response is for a tenant activity):	Naval Weapons Station, Yorktown, VA
Host Activity UIC:	00109

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: Yorktown Branch Medical Clinic		UIC: 32533	
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			
2b. Transportation	2	0	2
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) SAG FN	4	0	4
2k. Sub-total 2a. through 2j:	6	0	6
3. Grand Total (sum of 1c. and 2k.):	6	0	6

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Yorktown Branch Medical Clinic		UIC: 32533	
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: Yorktown Branch Medical Clinic	UIC: 32533
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	36
Material and Supplies (including equipment): T&W	520
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	
Other Purchases (Contract support, etc.):	1115
Total:	1671

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

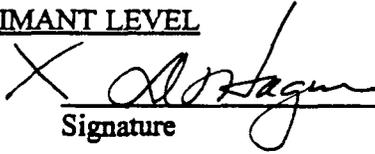
Date

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

X 

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

W. A. EARNER



NAME (Please type or print)

Signature

04 AUG 1994

Title

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

Official name	<i>Branch Medical Clinic, NWS, Yorktown, VA</i>
Acronym(s) used in correspondence	<i>BRMEDCL YKTWN BMC YORKTOWN</i>
Commonly accepted short title(s)	<i>BRMEDCL YORKTOWN</i>

• Complete Mailing Address

Branch Medical Clinic
P.O. Box 90, NWS,
Yorktown, VA 23691-0090

• PLAD *BRMEDCLINIC WPNSTA YORKTOWN VA*

• PRIMARY UIC: 32533 (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: N/A

2. PLANT ACCOUNT HOLDER:

• Yes No XXXX (check one)

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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: 00109
- Primary Host (as of 01 Oct 1995) UIC: 00109
- Primary Host (as of 01 Oct 2001) UIC: 00109

● **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
N/A	N/A	N/A

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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.

No, Branch Medical Clinic, Yorktown was not affected by previous BRAC Decisions.

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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

Current Missions

- Provide Primary Health Care to DOD beneficiaries and Commands on the Hampton Roads Peninsula.
- Provide Occupational Medicine health care to the Naval Weapons Station and tenant commands of the Station.
- Provide emergency medical response team for Broken Arrow, Otto Fuel, Helicopter Operations, and pier operations.
- Provide Basic Life Support ambulance services to the Naval Weapons Station and Navy housing.
- Provide manpower support to BUMED operational platforms eg. Fleet Marine Force, Fleet Hospitals, Primary Casualty Receiving Ships, and Hospital Ships.
-

Projected Missions for FY 2001

- In addition to the missions listed above the following change is anticipated:
- Provide Health Maintenance organization (HMO) services to DOD beneficiaries in support of the DOD TRICARE programs for the Hampton Roads Peninsula.
-
-
-

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

- Operational name UIC
Commander, Naval Medical Center 00183
Portsmouth, VA
- Funding Source UIC
Commander, Naval Medical Center 00183
Portsmouth, VA

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>2</u>	<u>23</u>	<u>12</u> 11 Federal Civilians 1 Contract Employee
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>2</u>	<u>23</u>	<u>13</u> 12 Federal Civilians 1 Contract Employee
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
<u>Christopher "W" Sacash</u> <u>LCDR MSC, USN</u>	DSN 953-7404 ext 6102 (804) 887-7404 ext 6102	DSN 953-7450 (804) 887-7450	(804) 725-7090
• Duty Officer	DSN 953-7404 (804) 887-7404	SAA	[N/A]
•			

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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.)

N/A

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

Branch Medical Clinic, NWS, Yorktown, VA UIC: 32533

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Refer to attached list.</i>		

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

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

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

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

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

N/A Tenant Activity. Information provided by NWS, Yorktown, VA BRAC submission. Confirmed per telephone with Mrs. Swindeck (Code 012D) NWS, Yorktown, VA.

ACTIVITY: 32533

BRAC 95 Data Call

Item #13.

YorkTown Branch Medical Clinic, YorkTown Weapons Station, YorkTown VA

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

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

ACTIVITY: 32533

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT TOTAL AD
** Subtotal **				
				62443

00109	NSC SHEVILLE SSN 758	PACFLT	09564 2414 FPO AE	X 141
00109	NSC SHEVILLE SSN 758	FT. BELVOIR	22060-5426	X 32
** Subtotal **				
				173
** CINCLANTFLT Y				
00109	WPNSTA YORKTOWN	YORKTOWN	23691-5000	Y 273
30014	NWEP YRKTN SERVICE	YORKTOWN	23691-5000	Y 16
30720	EODGRU TWO DET YORKTOWN	YORKTOWN	23691-5099	Y 9
35042	WPSTA BDENCL N	YORKTOWN	23691-5026	Y 6
35051	NDCLBR	NEWPORT NEWS	23607-2787	Y 6
44247	LNFD CO YKTN	YORKTOWN (SPRING ROAD)	23691-5000	Y 3
44985	ROCLNT ACLT YK	YORKTOWN NAVAL WEAPONS	23691-5000	Y 15
45650	NAVSEA DET RASO YORKTOWN VA	YORKTOWN (NAVAL WEAPONS STATION)	23691-5098	Y 4
46421	NRCHTB	WILLIAMSBURG	23187-8792	Y 44
47616	NWPNSTA YKTN	YORKTOWN (NWS)	23691-5000	Y 102
48060	FASOTRAGRUPAC DET NOWPORT	NEWPORT NEWS	23607-2787	Y 9
49175	DECA YORKTOWN	YORKTOWN	23691-5000 (PSD)	Y 7
55131	NAVCHAPGRU	WILLIAMSBURG	23187-8792	Y 51
55256	MOMAG UNIT FOURTEEN	YORKTOWN	23691-5030	Y 35
60138	NSC CHEAT AX N	WILLIAMSBURG	23187-8792	Y 10
62638	COMNAVIUWGRU TWO	WILLIAMSBURG	23187-8792	Y 3
62793	SUPSHIP NEWPORT NEWS	NEWPORT NEWS	23607-2787	Y 75
63439	NAVOPTHALSUPTRACT YORKTOWN VA	YORKTOWN	23691-5071	Y 126
67803	4TH FSSGMLC4SB	NEWPORT NEWS (75TH WARWICK)	23607-1595	Y 5
67808	4TH FSSGCOC 4M	NEWPORT NEWS	23607-1595	Y 9
68549	PERSUPP DET YORKTOWN VA	YORKTOWN	23691-5041	Y 19
68842	SUBTORPFAC YORKTOWN VA	YORKTOWN	23691-5121	Y 129

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
0708A	NAVMINWARENGACT	YORKTOWN	23691-5076	Y	12
30962	NOPHTHALSUPA	YORKTOWN	23691-5071	Y	23
41317	STU LAW ED PRG M W WM M VA	WILLIAMSBURG	23185-2306	Y	2
41530	NCHAPGR SEADU	WILLIAMSBURG (CHEATHAM ANNEX)	23187-8792	Y	126
44624	NREACTRO DOENP	NEWPORT NEWS (BOX 973)	23607-0973	Y	32
45275	I&ISTF4YH NPTN	NEWPORT NEWS	23607-1595	Y	0
47305	FCT USCG TG YK	YORKTOWN (PO BOX 21)	23690-5000	Y	6
47387	SSHP NPTN DNN	NEWPORT NEWS	23607	Y	0
47725	STU NSEADT RASO NWS YORKTOWN	YORKTOWN (MWS)	23691-5000 (PSD)	Y	0
48056	PACMISTESTQEN DET YORKTOWN VA	YORKTOWN (NWS)	23691-5000	Y	0
48715	NTCC YORKTOWN	YORKTOWN	23691-5000 (PSD)	Y	4
61896	MCRC NEWPORT NEWS VA	NEWPORT NEWS	23607	Y	0
66406	RESALEACT DET YORKTOWN VA	YORKTOWN (NORTH WEAPONS STATION)	23691-5000	Y	3
66980	MTMC TRANS ENGR AGENCY NPT	NEWPORT NEWS (WARWICK BLVD P.O. BOX 6276)	23606-0276	Y	0
67054	MCSFCO YORKTOWN VA	YORKTOWN	23691-5100	Y	0
67802	4TH FSSGHSCO4S	NEWPORT NEWS (YORKTOWN NAVAL WEAPON PSD)	23691 (PSD)	Y	0
68204	USCG RTC YORKTOWN VA	YORKTOWN, VA	23690-5069	Y	0
81464	RES CHFOR STF	YORKTOWN	23691-5000 (PSD)	Y	0
33118	CARGOAN WMS	WILLIAMSBURG (CHEATHAM ANNEX)	23187-8792	Y	0
43752	DEFENSE SUBSISTENCE OFFICE CHEATHAM	WILLIAMSBURG (CHEATHAM ANNEX)	23187-8792	Y	0
47491	POST GRADUATE WILLIAM & MARY COLL.	WILLIAMSBURG (YORKTOWN PSD)	23691-5000 (PSD)	Y	0
53590M91	AMMO LIAISON OFFICER WEAPON STAT YKT	YORKTOWN	23691	Y	2
53590234	SECURITY FORCE COM WPN STAT YKT	YORKTOWN	23691	Y	229
53590426	CARGO HANDLING & PORT GROUP	YORKTOWN	23691	Y	1
47780	USS ENTERPRISE CVN-65	NEWPORT NEWS FPO AE	09543-2810	U	251
47781	USS ENTERPRISE CVN 65 BAL CREW	NEWPORT NEWS	09543-2810 FPO AE	U	416
<u>21462</u>	<u>USS ALBANY SSN-753</u>	<u>NEWPORT NEWS</u>	<u>23607-2785</u>	<u>U/Y</u>	<u>144</u>
<u>21464</u>	<u>USS SCRANTON SSN-756</u>	<u>NEWPORT NEWS</u>	<u>09587-2412 FPO AE</u>	<u>U/Y</u>	<u>146</u>

ACTIVITY: 32533

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."

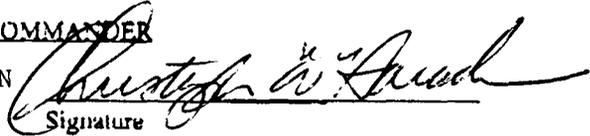
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

Christopher "W" Sacash LCDR MSC USN
NAME (Please type or print)


Signature

Officer in Charge
Title

28 Jan 1994
Date

Branch Medical Clinic
Activity
P.O. Box 90, NWS,
Yorktown, VA 23691-0090

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)

W.J. McDaniel
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)

R.I. Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J. B. Greene Jr.
Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

350

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic,
P.O. Box 0090, Naval Weapons Station,
Yorktown, VA 23691-0090
UIC:32533

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	20,816	1,551		18,528	1,393	
FAMILY OF AD	42,542	9,109		37,985	8,178	
SUBTOTAL	63,358	10,660		56,513	9,571	
RETIRED AND FAMILY MEMBERS UNDER 65	29,752	4,496		29,009	4,390	
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	6,704	1,178		8,749	1,522	
OTHER	2,610	515		2,420	496	
TOTAL ****	102,424 81	16,849 16		96,691 73	15,979 14	

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 Branch Medical Clinic, Yorktown is a primary care outpatient facility. There are no inpatient beds.

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,972	916	1,186	2,455	14,529
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) ¹					99,160
RADIOLOGY PROCEDURES (WEIGHTED) ¹					5,296
PHARMACY UNITS (WEIGHTED) ¹					46,820
OTHER (SPECIFY)					

VR Sumner 824
R 9/24/94

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

5 R (9/21/94) VR Sumner 824 9/24/94

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,972	916	1,186	2,455	14,529
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) ¹					99,160
RADIOLOGY PROCEDURES (WEIGHTED) ¹					5,296
PHARMACY UNITS (WEIGHTED) ¹					46,604
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	10,171	934	1,210	12,315
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹	60,686	33,377	7,080	101,143
RADIOLOGY PROCEDURES (WEIGHTED) ¹	3,943	918	541	5,402
PHARMACY UNITS (WEIGHTED) ¹	12,834	5,704	28,998	47,536
OTHER (SPECIFY)	0	0	0	2,504

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

Assumptions:

- 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.

(See next page for calculations)

6 R (9/21/94) VRBumei 824 9/29/94

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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	10,171	934	1,210	12,315
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹	60,686	33,377	7,080	101,143
RADIOLOGY PROCEDURES (WEIGHTED) ¹	3,943	918	541	5,402
PHARMACY UNITS (WEIGHTED) ¹	12,834	5,704	28,998	47,536
OTHER (SPECIFY)	0	0	0	2,453

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.

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.

Calculations:

Methodology used to determine maximum capacity was an estimated 2% which covers the cancellation and no show rate.

Example: $9,972 \times .02 = 199 + 9,972 = 10,171$

Ancillary workload is not broken out by patient category; therefore, estimates were developed. The following determinations were made:

Lab -- An estimated 60% of laboratory tests are for active duty, 33% for family of active duty and the remaining 7% for retired and family:

Example = Total laboratory tests $101,143 \times .60 = 60,686$ (Active Duty)

Radiology -- An estimated 73% of radiology procedures are performed on active duty, 17% for family of active duty, and the remaining 10% for retired and family:

Example = Total X-ray procedures $5,402 \times .73 = 3,943$ (Active Duty)

Pharmacy -- An estimated 27% of prescriptions are for active duty, 12% for family of active duty, and 61% for retired and family:

Example = Total scripts = $47,536 \times .27 = 12,834$ (Active Duty)

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,972	916	1,186	2,455	14,529
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) ¹					99,160
RADIOLOGY PROCEDURES (WEIGHTED) ¹					5,296
PHARMACY UNITS (WEIGHTED) ¹					46,820
OTHER (SPECIFY)					

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,972	916	1,186	2,455	14,529
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) ¹					99,160
RADIOLOGY PROCEDURES (WEIGHTED) ¹					5,296
PHARMACY UNITS (WEIGHTED) ¹					46,604
OTHER (SPECIFY)					

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

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

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

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

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.

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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								
PHYSICIAN EXTENDERS ³								
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	4	4	4	4	4	4	4	4

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	1169
PHYSICIAN EXTENDER ³	*
TOTAL	1918**

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

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

³ This includes Physician Assistants and Nurse Practitioners.

* Physician Extenders total not broken down for the Tidewater Area, State of Virginia

** Total does not include Physician Extenders.

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LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	269
SPECIALTY CARE ²	618
PHYSICIAN EXTENDER ³	97
TOTAL	984

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.

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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: 438,800 U.S. Census 1990

Gloucester County	33600
Hampton	132400
James City County	36000
Newport News	166000
Poquoson	12400
Williamsburg	13000
York County	45400

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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: 438,800 U.S. Census 1990

Gloucester County	33600
Hampton	132400
James City County	36000
Newport News	166000
Poquoson	12400
Williamsburg	13000
York County	45400

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
1st Medical Hosp	US Air Force	22 miles	30 minutes	TRI-CARE
McDonald Army Community Hosp	US Army	6 miles	10 minutes	TRI-CARE
VA Hospital	Veterans Admin	28 miles	30 minutes	MOU
Riverside Newport News	Riverside Health Corp	16 miles	20 minutes	None
Mary Immaculate Hosp	The Bernadine Sisters Order of St. Francis	9 miles	10 minutes	None
Riverside Walter Reed	Riverside Health Systems	25 miles	30 minutes	None
Williamsburg Community Hosp	City of Williamsburg	18 miles	20 minutes	None
Sentara Hampton General Hosp	Sentara	32 miles	35 minutes	None
Regional Kings Daughters	Children Health Systems	18 miles	20 minutes	None
Newport News General Hosp	City of Newport News	22 miles	25 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
1st Medical Hosp USAF	53	yes	61.4%	N/A
McDonald Army Community Hosp	58	yes	58.5%	N/A
VA Hospital	312	yes	71.1%	N/A
Riverside Newport News	576	yes	N/R	N/A
Mary Immaculate Hosp	110	yes	69.1%	N/A
Riverside Walter Reed	71	yes	N/R	N/A
Williamsburg Community Hosp	109	yes	N/R	N/A
Sentara Hampton	211	yes	74.9%	N/A
Regional Kings Daughter	144	yes	84.8%	N/A
Newport News	35	yes	N/R	N/A

¹ Use definitions as noted in the American Hospital Association publication Hospital Statistics. N/R = Not reporting. Source: 1993 AHA Guide.

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

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

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

(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

c. Training Facilities:

Yorktown - 32533

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Yorktown - 32533

(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.

00 17 84 03.40 0304 444 0348 DCHS 444 YORKTOWN 002 002

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.

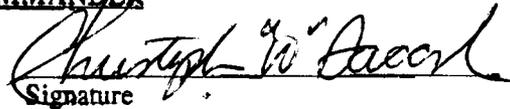
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes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

DATA CALL BRAC #26

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

ACTIVITY COMMANDER

Christopher "W" Sacash, LCDR MSC USN
NAME (Please type or print)


Signature

Officer in Charge
Title

19 May 94
Date

Branch Medical Clinic, NWS
Activity

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

CDR W. A. REY, MSC, USN
NAME (Please type or print)

W. A. Rey.
Signature

OFFICER IN CHARGE (ACTING)
Title

21 Sept 94
Date

BRANCH MEDICAL CLINIC, NWS
Activity

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Clinic,
PO Box 90, NWS, Yorktown, VA 23691-0090
ACTIVITY UIC: 32533

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

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

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MISSION REQUIREMENTS

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

Provide Primary Health Care to DOD beneficiaries and Commands on the Hampton Roads Peninsula.

Provide Occupational Medicine health care to the Naval Weapons Station and tenant commands of the Station.

Provide emergency medical response team for Broken Arrow, Otto Fuel, Helicopter Operations, and pier Operations.

Provide Basic Life Support ambulance services to the Naval Weapons Station and Navy housing.

Provide manpower support to BUMED operational platforms eg. Fleet Marine Force, Fleet Hospitals, Primary Casualty Receiving Ships, and Hospital Ships.

Provide Health Maintenance Organization (HMO) services to DOD beneficiaries in support of the DOD TRICARE programs for the Hampton Roads Peninsula.

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)
NWS Yorktown	00109	Yorktown, VA	382
MARSECGUA COM	53590	Yorktown, VA	229
USS Albany SSN 753	21462	Newport News, VA	146
USS Scranton SSN 756	21464	Newport News, VA	144
NAVSUBTOR FAC	68842	Yorktown, VA	129
NAVCHAP Sea Duty	41530	Cheatham Annex, VA	126
NOSTRA (Staff)	63439	Yorktown, VA	126
SUP Ship	62793	Newport News	75
NAVCHAPGRP	55131	Cheatham Annex, VA	51
NAVCHAPGRP Trng	46421	Cheatham Annex, VA	44
MOMAG Unit 14	55256	Yorktown, VA	35
BRMED Clinic	32533	Yorktown, VA	25
NOSTRA (Student)	30962	Yorktown, VA	23
PSD	68549	Yorktown, VA	

For additional customer base pages use file CUSTOMER.BA2.

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		12,509		
ACTIVE DUTY NON N/MC		102		
TOTAL ACTIVE DUTY		12,611		
FAMILY OF AD		941		
RETIRED AND FAMILY MEMBERS UNDER 65 *		1,287		
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		3,468		
TOTAL		18,307		

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

Projections are based on HMO Partnership in place by June 94.

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

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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		12,509		
ACTIVE DUTY NON N/MC		102		
TOTAL ACTIVE DUTY		12,611		
FAMILY OF AD		941		
RETIRED AND FAMILY MEMBERS UNDER 65		1,287		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		3,468		
TOTAL		18,307		

Projections are based on HMO Partnership in place by June 94.

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	21,247	23,491	23,726	23,963	24,203	24,445	24,689
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

Assumptions:

- * Projections are based on HMO partnerships (1.5 Family Practice physicians) being in place. FY 90/91 workload was used to develop projection for FY 95. R
- * Outyear projections were based on the assumption that Provider staffing for BMC Yorktown remaining at 2 GMOs, 1.5 Family Practice, 1 Nurse Practitioner, and 3 IDCs. R
- * An increase of 1% for patient visits for HMO growth/participation from 1996-2001 is estimated. R

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7D

7D

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	21,247	23,491	23,726	23,963	24,203	24,445	24,689
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

Projections are based on HMO partnerships being in place and provider staffing for BMC Yorktown remaining at 2 GMOs, 1.5 Family Practice, 1 Nurse Practitioner, 3 IDCs.

Used a 1% increase for patient visit for HMO growth/participation from 1996-2001.

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	12 Hrs	1
Preventive Medicine Inspections	9 Hrs	1
Marine Corps Essential Subject Training	3 Hrs	1
Marine Corps Field Training	48 Hrs	2
Marine Corps Rifle and Pistol Range	8 Hrs	1
PRT, Parades, Inspection Standbys	3 Hrs	2
HELIO Operations	1 Hr	2
Pier Operations	1 Hr	2
Family Advocacy Program	8 Hrs	1
NWS Health Fair	2 Hrs	3
Overseas Screen/EFMP Program	30 Hrs	2
Auxillary Reaction Force	1 Hr	2
HAZMAT Drill	3 Hrs	5
Broken Arrow Drill	6 Hrs	8
Accident/Incident Drills	2 Hrs	4
OTTO Fuel Spill Drill	3 Hrs	4
Disaster Preparedness Drill	2 Hrs	4

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
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
55010	Branch Medical Clinic Yorktown, VA (Out Patient Care, Admin, Lab, Xray, and Power Plant)	13102	19 years	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: None

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
WR1202289	Install Smoke Alarms and Door Closures	FY92	14000

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

*BUMED
MED-825
GSA
6/1/94*

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. *N/A*

*BUMED
MED-825
GSA
6/1/94*

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, PO Box 90, NWS, Yorktown VA					
2. UIC: 32533	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS: 1			
5. SIZE	A. GSF: 13,102	B. NORMAL BEDS: N/A	C. DTRS: N/A		
6. LOCATION	A. CITY: Yorktown	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.	N/A				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

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

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

- (1) Deficient Status of Condition Types - first character
 - A - Physical Condition
 - B - Functional or Space Criteria
 - C - Design Criteria
 - D - Location or Siting Criteria
 - E - Nonexistence
 - F - Total Obsolescence or Deterioration
- (2) Facility Components or Related Items - last two characters
 - 01 - Heating, Ventilating and Air Conditioning (HVAC)
 - 02 - Plumbing Fixtures
 - 03 - Fire Protection/Life Safety Code
 - 04 - Medical Gases
 - 05 - Lighting Fixtures
 - 06 - Power Capacity
 - 07 - Emergency Generators
 - 08 - Communications
 - 09 - Building or Structure (total)
 - 10 - Seismic Design
 - 11 - Roof/Ceiling
 - 12 - Building Interior/Configuration
 - 13 - Sound Proofing/Excessive Noise
 - 14 - Compliance of Installation with Master Plan
 - 15 - OSHA Deficiency
 - 16 - JCAH Deficiency
 - 17 - Functionality
 - 18 - Site Location
 - 19 - Mission of the Base
 - 20 - None

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

DATE OF SURVEY: OCT 91

FULL ACCREDITATION: YES

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

SCORED UNDER NAVMEDCEN PORTSMOUTH

LOCATION:

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

a. What is the importance of your location relative to the clients supported? The clinic is within a 10 mile radius of the primary patient workload.

b. What are the nearest air, rail, sea and ground transportation nodes? Newport News/Williamsburg Airport 16 miles, AMTRAC Williamsburg 11 miles, Greyhound Bus Station Williamsburg 11 miles, NWS Yorktown Pier 1 mile.

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): 16

d. What is the importance of your location given your mobilization requirements? We provide primary medical support to mobilizing reserve units of the 4th FSSG and Navy Cargo Handling Units.

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? The distance from Norfolk/Portsmouth limits the availability to hire civilian federal service health care providers.

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.

Ambulatory care capacity probably could be absorbed by the remaining military facilities, one Army hospital six miles from Yorktown, one U.S. Air Force hospital 22 miles away and 7 local civilian hospitals. The Station and tenant population of approximately 1900 military and 2000 civilians would be negatively impacted in the support of Occupational Health and Medical Surveillance programs.

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?

With one Army, one Air Force hospital and 7 local civilian hospitals, the residual population could be managed by local facilities.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below: None. Branch Medical Clinic, Yorktown only provides outpatient care.

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
US NAVAL HOSP NAPLES IT	66096	1
USS GUADALCANAL	07352	1
2D FSSG	68408	1
USNS COMFORT	46246	2
FLTHOSP #5	68685	5
FLTHOSP #20	46977	2
FLTHOSP #3	68683	1
500 BED CBZ		5
2D MARDIV		3

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. No change.

c. Please provide the total number of your expanded beds¹ 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 beds¹: None

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	4	\$2K	2	\$8K	7	\$11K
AD FAMILY						
OTHER	2	\$1K				
TOTAL	6	\$3K	2	\$8K	7	\$11K

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Billie
8/24
9/2/94

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

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	4	\$2K	2	\$8K	7	\$11K
AD FAMILY						
OTHER	2	\$1K	2	\$8K	7	\$11K
TOTAL	6	\$3K	4	\$16K	14	\$22K

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	\$1,776,930	\$1,779,797	\$ 554,909
TOTAL OUTPATIENT VISITS	23,493	14,529	5,394
AVERAGE COST PER VISIT	\$ 75.64	\$122.50	\$102.88

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: None

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

Table B: None

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: None

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: None

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
QA Revision
at end of
this*

15. Quality of Life. For pages 26 thru 49 data to be submitted by:
UIC: 00109
Naval Weapons Station, Yorktown, VA
BRAC DATA CALL #46

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	Average Wait
0-6/7/8/9	1		
	2		
	3		
	4+		
0-4/5	1		
	2		
	3		
	4+		
0-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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:

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

(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 facilities² 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		

²Spaces 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)

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		

f. Standard Rate VHA Data for Cost of Living:

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Served 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			

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Copy attached

15. Quality of Life. Provided by Naval Weapons Station,
Yorktown, VA UIC 00109 in BRAC Data Call
#46

~~John Q. Q. Q.~~
Revision

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 of 36-A-R (9/21/94) DE BUNNARD 824

17.5 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:

a. Facility type/code
 b. What makes it inadequate?
 c. What use is being made of the facility?
 d. What is the cost to upgrade the facility to standard?
 e. What other use could be made of the facility and at what cost?
 f. Current improvement plans and programmed funding.
 g. Has this facility condition resulted in C3 or C4 designation on your BASEREP?

Type of Quarters	Number of Bedrooms	Total number of units	Adequate Number	Substandard Number	Inadequate Number
Officer	4+	15	15	0	0
Officer	3	26	26	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	28	28	0	0
Enlisted	3	103	103	0	0
Enlisted	1 or 2	286	286	0	0
Mobile Homes	NA	0	0	0	0
Mobile Home lots	NA	40	40	0	0

Table 17.2: Available Military Family Housing

17.2 For military family housing in your locale, provide the following information:
 NO
 17.1 Do you have mandatory assignment to on-base housing? Yes / No

NOTE: The Peninsula Naval Complex includes personnel assigned or attached for duty at the various Navy and Marine Corps installations located at WPNSTA Yorktown, Cheatham Annex, various components, Navy and Marine Corps Reserve Training Center and commands, permanent party personnel attached at Shipbuilding, Conversion and Repair (SUPSHIP), and personnel assigned to precommissioning and decommissioning units at SUPSHIP, and overnau ships at SUPSHIP.

17. Military Housing - Family Housing

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17. Military Housing - Family Housing, continued

17.4 Complete the following table for the military housing waiting list. Report Number on list as of 31 March 1994.

Table 17.4: Military Housing Waiting List

Pay Grade	Number of Bedrooms	Number on List	Average Wait
O-6/7/8/9	1	NA	NA
	2	NA	NA
	3	NA	NA
	4+	1	14 Months
O-4/5	1	NA	NA
	2	NA	NA
	3	5	6 Months
	4+	1	8 Months
O-1/2/3/CWO	1	NA	NA
	2	NA	NA
	3	5	6 Months
	4+	NA	NA
E7-E9	1	NA	NA
	2	NA	NA
	3	6	6 Months
	4+	5	8 Months
E1-E6	1	NA	NA
	2	39	7 Months
	3	16	6 Months
	4+	5	8 Months

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17. Military Housing - Family Housing, continued

17.5 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.

Table 17.5: Housing Demand Factors

Top Five Factors Driving the Demand for Base Housing	
1	Cost
2	Commuting Distance
3	Security
4	Proximity to Facilities
5	Residing in Navy Environment

17.6 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 %

17.7 Provide the utilization rate for family housing for FY 1993.

Table 17.7: Family Housing Utilization

Type of Quarters	Utilization Rate (%)
Adequate	99.7
Substandard	
Inadequate	

17.8 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? N/A

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18. Military Housing - Bachelor Quarters

18.1 Provide the utilization rate for Bachelor Enlisted Quarters (BEQs) for FY 1993.

Table 18.1: BEQ Utilization

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	98

18.2 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 has been below 95% due to renovation of Bldg. 707 BEQ.

18.3 Calculate the Average on Board (AOB) for Geographic Bachelors (GB) as follows:

$$AOB = (\# \text{ GB}) \times (\text{average } \# \text{ of days in barracks})$$

$$AOB = 11$$

18.4 Indicate in the following chart the percentage of Geographic Bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Table 18.4: Reasons for Geographic Separation (BEQ)

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	0	0	
Spouse Employment (non-military)	0	0	
Other	11	100%	
TOTAL	11	100%	

18.5 How many enlisted Geographic Bachelors (GB) do not live on base? # GB Off-Base = 18

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18. Military Housing - Bachelor Quarters, continued:

18.6 Provide the utilization rate for Bachelor Officers Quarters (BOQs) for FY 1993.

Table 18.6: BOQ Utilization

Type of Quarters	Utilization Rate
Adequate	95
Substandard	
Inadequate	

18.7 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.

18.8 Calculate the Average on Board (AOB) for Geographic Bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ GB} \times \text{average } \# \text{ days in barracks)}}{365}$$

$$\text{AOB} = \underline{3}$$

18.9 Indicate in the following chart the percentage of Geographic Bachelors by category of reasons for family separation. Provide comments as necessary.

Table 18.9: Reasons for Geographic Separation (BOQ)

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	2	67	
Spouse Employment (non-military)	0	0	
Other Separation/Divorce	1	33	
TOTAL	3	100	

18.10 How many officer Geographic Bachelors do not live on base?

$$\# \text{ GB Off-Base} = \underline{-0-}$$

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19. MWR Facilities

19.1 For on-base MWR facilities available, complete the following table for each separate location. These are spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.
 For off-base government-owned or leased recreation facilities, indicate their distance from your base. If there are any facilities not listed, include them at the bottom of the table. None.

LOCATION: N/A DISTANCE: N/A

Table 19.1.2: MWR Facilities Summary

Facility	Unit of Measure	Total	Profitable (Y / N / N/A)
Audio Hobby	Indoor Bays	6	N/A
	Outdoor Bays	NONE	
Arts / Crafts	SF	NONE	
Wood Hobby	SF	3,480	N/A
Bowling	Lanes	6	N/A
Enlisted Club	SF	NONE	
Officers Club	SF	13,485	Y
Library	SF	5,400	N/A
Library	Books	25,000	N/A
Theater	Seats	370	N/A
ITT	SF	NONE	
Museum / Memorial	SF	NONE	
Pool (indoor)	Lanes	NONE	
Pool (outdoor)	Lanes	6	N/A
Beach	LF	NONE	
Swimming Ponds	Each	NONE	
Tennis Court	Each	3	N/A

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19.2 Is your library part of a regional interlibrary loan program? Yes / No

Facility	Unit of Measure	Total	Profitable (Y / N / N/A)
Volleyball court (outdoor)	Each	1	N/A
Basketball court (outdoor)	Each	3	N/A
Racquetball court	Each	1	N/A
Golf Course	Holes	9	Y
Driving Range	Tee Boxes	8	N/A
Gymnasium	SF	19,008	N/A
Fitness Center	SF	NONE	
Marina	Berths	NONE	
Stables	Stalls	15	N/A
Softball Field	Each	3	N/A
Football Field	Each	1	N/A
Soccer Field	Each	1	N/A
Youth Center	SF	2,520	N/A
Recreation Center	SF	18,840	N/A

19. MWR Facilities, continued Table 19.1.b: MWR Facilities Summary

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Quality of Life

20. Base Family Support Facilities and Programs

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

Table 20.1: Child Care Availability

Age Category	Capacity (# of Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Months	1	X			11	240
6-12 Months	7	X			11	180
12-24 Months	20	X			22	90
24-36 Months	21	X			8	70
3-5 Years	60	X			0	0

20.2 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:

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

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20. Base Family Support Facilities and Programs, continued

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

Table 20.6: Available Services

Service	Unit of Measure	Quantity
Exchange/Package Store	SF	6013
Gas Station	SF	1308
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	12063
Mini-Mart	SF	1317
Package Store	SF	0
Fast Food Restaurants	Each	1
Bank/Credit Union	Each	1
Family Service Center	SF	5400
Laundromat	SF	0
Dry Cleaners	Each	3
ARC	PN	0
Chapel	PN	200
FSC Classroom/Auditorium	PN	25
Uniform Shop	SF	884
Country Store	SF	1600

21. Metropolitan Areas

21.1 Identify proximate major metropolitan areas closest to your base (provide at least three):

Table 21.1: Proximate Metropolitan Areas

City	Distance (Miles)
Newport News	15
Hampton	20
Norfolk	40
Richmond	65

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22. VHA Rates

22.1 Identify the Standard Rate VHA Data for Cost of Living in your area:
 Table 22.1 - VHA Rates

Paygrade	With Dependents	Without Dependents
E1	105.73	59.16
E2	93.00	58.48
E3	87.75	64.66
E4	105.87	73.89
E5	129.27	90.26
E6	147.34	100.30
E7	192.30	133.58
E8	170.31	128.75
E9	217.51	165.12
W1	256.58	194.86
W2	233.10	182.83
W3	200.09	162.66
W4	187.72	166.44
O1E	243.67	180.75
O2E	244.85	195.22
O3E	189.35	160.19
O1	134.93	99.43
O2	155.28	121.37
O3	199.07	167.61
O4	181.43	157.78
O5	197.44	163.28
O6	188.76	156.24
O7	118.08	95.94

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23. Off-base Housing Rental and Purchase

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

Table 23.1: Recent Rental Rates

Type of Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency	\$311		UNKNOWN
Apartment (1-2 Bedroom)	\$494		\$100
Apartment (3+ Bedroom)	\$647		\$150
Single Family Home (3 Bedroom)	\$800		\$150
Single Family Home (4+ Bedroom)	\$1,000		\$200
Town House (2 Bedroom)	\$515		\$100
Town House (3+ Bedroom)	\$555		\$150
Condominium (2 Bedroom)	\$575		\$100
Condominium (3+ Bedroom)	NA		NA

23.2 What was the rental occupancy rate in the community as of 31 March 1994?

Table 23.2: Rental Occupancy Rate

Type Rental	Occupancy Rate (%)
Efficiency	92.4
Apartment (1-2 Bedroom)	95.5
Apartment (3+ Bedroom)	97.5
Single Family Home (3 Bedroom)	99
Single Family Home (4+ Bedroom)	99
Town House (2 Bedroom)	98
Town House (3+ Bedroom)	98.5
Condominium (2 Bedroom)	98
Condominium (3+ Bedroom)	98.5

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Month	Number of Bedrooms			
	1	2	3	4+
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				

Table 23.4: Housing Availability

NOTE: INFORMATION NOT AVAILABLE

23.4 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.

Type of Home	Median Cost
Single Family Home (3 Bedroom)	\$96,000
Single Family Home (4+ Bedroom)	\$135,000
Town House (2 Bedroom)	\$60,000
Town House (3+ Bedroom)	\$70,000
Condominium (2 Bedroom)	\$50,000
Condominium (3+ Bedroom)	\$60,000

Table 23.3: Regional Home Costs

23.3 What are the median costs for homes in the area?

23. OFF-base Housing Rental and Purchase, continued

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NOTE: The principle housing cost driver for our area is the housing location, the neighborhood amenities provided such as security guards and landscaping services, and the recreational facilities provided such as tennis courts, pools, and golf courses.

23.5 Describe the principle housing cost drivers in your local area.

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24. Sea-Shore Opportunities

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

Table 24.1: Sea Shore Opportunities

Rating	# Sea Billets in Local Area	# Shore Billets in Local Area
EO	0	9
ET	0	5
FC	0	12
GMM	0	44
TM	0	19

25. Commuting Distances

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

Table 25.1: Commuting Distances

Location	% Employees	Distance (mi)	Time (min)
Newport News	23.9	10-15	20
Gloucester	21.9	12	30
York County	20.1	10-15	20
Hampton	10.0	20	30
Williamsburg- James City County	8.7	10-15	20

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26. Regional Educational Opportunities

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

26.1 List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. public, private, 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/ACT score of the class that graduated in 1995 and the number of students in that class who enrolled in college in the fall of 1994.

Table 26.1: Educational Opportunities

Public Schools

NOTE: Special Education Available. All public schools in Virginia are required to meet the needs of all students. All the schools above have programs as required for the mentally retarded, learning disabled, emotionally disturbed, hearing impaired, visually impaired. They also provide occupational and physical therapy, and special transportation

Institution	Grade Level(s)	Annual Enrollment (Cost-N/A)	SAT/ACT Score	% HS to College	Source of Info
Gloucester County Public Schools	primary	3,013			school administration
	middle	1,459			
	secondary	1,659	413V	62%	high school guidance off
Hampton City Public Schools	primary	11,496			student services
	middle	5,280			
	secondary	5,777	393V	83.6%	
Newport News City Public Schools	primary	17,205			research services
	middle	6,960			
	secondary	7,660	412V	50% (coll)	

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Public Schools	primary	1,077			school administration
	middle	596			
	secondary	753	475M	88%	
Williamburg-James City County Public Schools	primary	3,520			school information
	middle	1,548			
	secondary	1,789	436V	75%	
York County Public Schools	primary	4,949			information services
	middle	2,483			
	secondary	3,090	427V	87%	
			472M		

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Insitution	Grade Level(s)	Annual Enrollment	SAT	% HS	ACT	Score	College	Source of Info
Beihel Christian School	pre-school	58						school administrator
"	primary	92						
"	middle	39						
"	secondary	34	unk	unk				
Central Baptist Schools	pre-school	5						church office
"	primary	30						
"	middle	15						
Chestnut Memorial Schools	pre-school	100						school administrator
Cook's Kindergarten	pre-school	14						school office

NOTE: Special Education Available. Private schools reported that mildly retarded and handicapped children were "mainstreamed" since the teacher-student ratio allowed more time with children with special needs; however, private schools could not compete with the state supported programs for severely retarded or handicapped children and the parents would have to pay the expenses if the school could provide the special education needs of the child.

Private Schools

Table 26.11: Educational Opportunities

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Gloria Dei Lutheran School	pre-school	172				school administrator
"	primary	275				
Hampton Christian Schools	primary (K - 6)	255				school administrator
"	secondary (7 - 12)	190	unk	unk		
" (Mary Atkins Pre-school)	pre-school	55				
Hampton Montessori School, INC	pre-school	60				school administrator
Hampton Roads Academy	middle (6 - 8)	180				school administrator
"	secondary	240	544V	100%		
Hampton Roads Montessori School	pre-school	60	595M			school administrator
Hilton Presbyterian Pre-School	pre-school	72				pre-school employee
Holloman Child Development Center Grafton	primary	175				school administrator
Kiddie Care Gloucester	pre-school	100				center employee
Kindercare Learning Center	pre-school	480 (4 sites)				center administrator
La Petite	pre-school	210 (2 sites)				center administrator
Living Word Academy	pre-school	30				school administrator

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school administrator	6	primary	\$119 mo			
center employee	85	pre-school	\$70/wk			
	20	primary	\$70/wk			
school administrator	11	pre-school	\$1300/yr			
	100	primary	\$2000/yr			
school administrator	368	primary	\$1169/yr			
school	35	pre-school	\$60/wk			
secretary	40	primary	\$60/wk			
school administrator	228	secondary	\$5300-3750/yr	1035	98%	
center	90	pre-school	\$75/wk			
church secretary	218	pre-school	\$123-268/mo			
		primary	(K - 5)			
center employee	65	pre-school	\$60/wk			
school administrator	311	primary	\$1600-2050/yr			
pastor	99	pre-school	\$60-70/mo			

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Trinity Lutheran School	pre-school	100	\$107-217 mo	church secretary
Ware Academy	pre-school	37	\$100/mo	school administrator
"	primary	111	\$2150-	
"	middle	2600/yr	(K - 8)	
Warwick Kid's Academy	pre-school	90	\$55/wk	school secretary
Warwick River Christian Academy	pre-school	210	\$685-\$2010	school administrator
White Away Private School	pre-school	50	\$90/mo	school administrator
Williamsburg Christian Academy	primary	90	\$1000-2200/yr	school administrator
"	middle	30	\$2850/yr	
"	secondary	40	\$3000/yr	90%
Willingham Academy	primary	229	\$3250-	school administrator
	middle	3600/yr		
"	secondary	242	\$21M	100%
		\$4000/yr	\$36M	
Woodside Pre-School	pre-school	60	\$35/wk	owner

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26.2 List the educational institutions within 50 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 applicable boxes.

Table 26.2: Off-Base Educational Programs

Institution	Type Classes	Adult High School	Vocational/ Technical	Program Type		
				Undergraduate	Courses only	Degree Program
CHRISTOPHER NEWPORT UNIVERSITY	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
HAMPTON UNIVERSITY	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
COLLEGE OF WILLIAM AND MARY	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
REGENT UNIVERSITY	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y
GEORGE WASHINGTON UNIVERSITY	Day	N	N	Y	Y	Y
	Night	N	N	Y	Y	Y

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Institution	Type Classes	Adult High School	Vocational/ Technical	Program Type		Courses only	Degree Program
				Undergraduate	Graduate		
THOMAS NELSON	Day	N	Y	Y	Y	Y	N
COMMUNIT Y COLLEGE	Night	N	Y	Y	Y	Y	N
CENTER FOR EMPLOYME NT	Day	N	Y	N	N	N	N
TRAINING	Night	N	N	N	N	N	N
NEW HORIZONS	Day	N	Y	N	N	N	N
TECHNICAL CENTER	Night	N	Y	N	N	N	N
RIVERSIDE SCHOOL OF PROFESSION AL NURSING	Day	N	Y	N	N	N	N
COMMONWE ALTH COLLEGE	Day	N	Y	N	N	N	N
	Night	N	Y	N	N	N	N

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Institution	Classes	Type	Adult High School	Vocational/Technical	Program Type		Graduate
					Undergraduate	Degree Program	
ECP COMPUTER INSTITUTE	Day	N	N	Y	N	N	N
	Night	N	N	Y	N	N	N
TIDEWATER TECHNICAL SCHOOL	Day	N	N	Y	N	N	N
	Night	N	N	Y	N	N	N
KEE BUSINESS COLLEGE	Day	N	N	Y	N	N	N
	Night	N	N	Y	N	N	N
COMPUTER DYNAMICS INSTITUTE	Day	N	N	Y	N	N	N
	Night	N	N	Y	N	N	N
ADVANCED TECHNOLOGICAL INSTITUTE	Day	N	N	Y	N	N	N
	Night	N	N	Y	N	N	N

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Institution	Type (Classes)	Program Type	Adult High School	Vocational Technical	Courses		Graduate
					Undergraduate	Degree Program	
AMERICAN SPIRIT INSTITUTE	Day	N	N	Y	N	N	N
	Night	N	N	N	N	N	N
C. I. TRAVEL SCHOOL	Day	N	N	Y	N	N	N
	Night	N	N	N	N	N	N
CAREER DEVELOPME NT CENTER	Day	N	N	Y	N	N	N
	Night	N	N	N	N	N	N
GIBSON WORLD TRAVEL SCHOOL	Day	N	N	Y	N	N	N
	Night	N	N	N	N	N	N
INTERNATIO NAL	Day	N	N	Y	N	N	N
	Night	N	N	N	N	N	N
BARTENDIN G INSTITUTE	Night	N	N	N	N	N	N

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Institution	Type (Classes)	Adult	High School	Vocational/Technical	Program Type	
					Undergraduate	Graduate
LUCAS TRAVEL SCHOOL	Day	N	N	Y	N	N
	Night	N	N	N	N	N
OLIVIA D. SHEAS FASHION MODEL ACADAMIE	Day	N	N	Y	N	N
	Night	N	N	N	N	N
HAMPTON ADULT EDUCATION	Day	N	N	N	N	N
	Night	Y	N	N	N	N
NEWPORT NEWS ADULT EDUCATION	Day	N	N	N	N	N
	Night	Y	N	N	N	N
WILLIAMSE URG/AMES CITY ADULT EDUCATION	Day	N	N	N	N	N
	Night	Y	N	N	N	N

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NOTE: Some correspondence courses are available through OPM but not for program types shown.

Institution	Type Classes	Program Type	Program Type		
			Undergraduate	Degree Program	Graduate
None	Day				
	Night				
	Corres- pondence				
	Day				
	Night				
	Corres- pondence				
	Day				
	Night				
	Corres- pondence				
	Day				
	Night				
	Corres- pondence				

Table 26.3: On-Base Educational Programs

26.3 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 applicable boxes.

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Skill Level	1991		1992		1993		Local Community Unemployment Rate (%) (Mar 94)
Professional							
Manufacturing							
Clerical							
Service							
Other			157 clients		623 clients		5.5%

Table 27.1: Spouse Employment

27.1 Provide the following data on spousal employment opportunities.

27. Spousal Employment Opportunities

Quality of Life

28. Medical/Dental Care

28.1 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 experience a delay for routine orthopedic appointments (90 days) and neurology (120 days) in the military health care system. It is difficult to provide all the preventive dental care procedures an active duty member is entitled per Commanding Officer of NOB Dental Clinic. Access to military dental care is available. All active duty care is initiated in the military health care system. When referrals are made to the civilian health care system access is available.

28.2 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.

Families of military members experience limited, selective, or closed (no) services in the following areas of the military health care system: Dental (closed), allergy (limited), dermatology (limited), gastroenterology (limited), gynecology (limited for non-acute and acute care, and colposcopy, infertility is selective, all other GYN services are open), HIV (closed), internal medicine (limited), neurology (closed until summer of 94), neurosurgery (closed), OB post partum (limited), ophthalmology (limited), optometry (closed), orthopedics (limited), pediatrics (selective for school physicals, neurology, and child development, closed for dermatology, closed for cardiology until summer of 94, limited for asthma and routine and chronic care appointments), physical therapy (closed), plastic surgery (selective), psychiatry (closed), psychology (closed), and rheumatology (limited). When referred or care is sought under CHAMPUS or delta dental, care is available in the civilian health care system.

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29.1 Complete the table below to indicate the crime rate for your activity for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in the NCI's Manual, dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include (a) 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 (b) all reported criminal activity off base.

NOTE: The local authorities will not provide crime rate data. The following tables reflect crime statistics for on-station incidents including military housing.

Table 29.1a. Local Crime Rate

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeits (6G)	0	0	0
Base Personnel - military			
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			

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Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6N)			
Base Personnel - military	1		
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military	2	3	5
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordrance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military	25	16	19
Base Personnel - civilian			2
Off Base Personnel - military			
Off Base Personnel - civilian			

Table 29. Local Crime Rate

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Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (67)	1	35	27
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian	47	17	21
10. Wrongful Destruction (6U)			
Base Personnel - military	35	21	23
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian	44	10	12
11. Larceny - Vehicle (6V)			
Base Personnel - military		2	
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			1
12. Bomb Threat (7B)			
Base Personnel - military	5	7	
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian	1	6	

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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	15	9	2
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian	22	6	11
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			
1			

Table 29.1.c Local Crime Rate

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Crime Rates, continued
Table 29.1a. Local Crime Rate

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	2		
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 Accidents (7T)			
Base Personnel - military	71	55	63
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
Off Base Personnel - military	23	45	9

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29. Crime Rates, continued
 Table 29.1.6. Local Crime Rate

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - (Third (SB))			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			2
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			

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

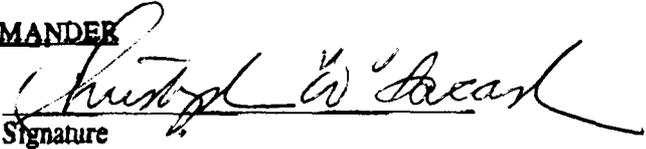
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes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

DATA CALL BRAC #27

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

ACTIVITY COMMANDER

Christopher "W" Sacash, LCDR MSC USN
NAME (Please type or print)


Signature

Officer in Charge
Title

19 May 94
Date

Branch Medical Clinic, NWS
P.O. Box 90, Yorktown, VA 23691-0090
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)

ACTING

Title

NAVAL MEDICAL CENTER, PORTSMOUTH

Activity

Signature

25 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

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)

Title

Signature

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."

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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

CDR W. A. REY, MSC, USN
NAME (Please type or print)

W.A. Rey
Signature

OFFICER IN CHARGE (ACTING)
Title

21 Sept 94
Date

BRANCH MEDICAL CLINIC, NWS
Activity

