DCN 1022

R
289

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**BANGOR WA NUSW ANNEX**
Unit Identification Code (UIC):	**N00253**
Major Claimant:	**NAVSEA**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	336	METAL TREATMENT FACILITY	MCON	5,300
		Sub-Total - 1996		**5,300**
1998	315	SANITARY WASTEWATER SYS	MCON	660
		Sub-Total - 1998		**660**
1999	334	ENVIRONMENTAL TEST FAC	MCON	6,400
		Sub-Total - 1999		**6,400**
2000	371	HAZ/MAT RECYCLE FAC	MCON	8,000
2000	373	INDUST WSTE TRMNT PLNT UPG	MCON	3,000
		Sub-Total - 2000		**11,000**
2001	345	TARGET SUPPORT FACILITY	MCON	9,000
		Sub-Total - 2001		**9,000**
		Grand Total		**32,360**

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

12/7/94
Date

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

MDThornton
Signature

CDR, CEC, USN
Title

9 Dec 94
Date

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Camp Pendleton
Unit Identification Code (UIC):	47579
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998	25942	Medical/Dental Clinic (Margareta)	MCON	2,700
		Sub-Total		**2,700**
		Grand Total		**2,700**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

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

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRANCH MEDICAL CLINIC
AREA 33 CAMP PENDLETON, CA.
ACTIVITY UIC:47579

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

April 4, 1994

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

ENCLOSURE (10)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
3. Workload
4. Projected Workload
5. Medical Support
6. Graduate Medical Education

Facilities
7. Facilities Description

Location
8. Geographic Location
9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

Provide quality ambulatory health care services to active duty members assigned to units within the 33 Area, MCB, Camp Pendleton. In garrison medical support includes such services as: sickcall evaluations, physical examinations, immunizations, and overseas screening. Basic ancillary services are provided by the clinic's laboratory, radiology, and pharmacy service.

In addition to these primary care functions, clinic personnel provide medical support for Marine Corps training and live fire exercises as well as physical fitness and MWR activities.

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)
HQ BN	**11001**	**33 AREA**	**1327**
3RD BN 9TH MARINES	**13230**	**33 AREA**	**757**
1ST DENTAL CO.	**28380**	**33 AREA**	**15**

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	NA	NA	NA	NA
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	NA	NA		NA
FAMILY OF AD	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	NA	NA	NA	NA
TOTAL	NA	NA		NA

This Clinic does Ancillary services only.

All Military Personnel are treated at the BAS.

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	NA	NA	NA	NA	NA	NA	NA
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

This Clinic does Ancillary services only.

All Military Personnel are treated at the BAS.

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
Personnel assigned to Branch Medical Clinic 33 Area, Camp Pendleton are attached to 1st Marine Division. Time spent in medical support other than direct patient care is reported to 1st Marine Division.		

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]
	THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.			

[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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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	**** SEE BRAC FOR PARENT COMMAND**				
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)

BUMED-822
MSS, 14 Jun 94

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.

Beneficiaries would be required to seek primary medical care services from Naval Hospital Camp Pendleton or civilian medical facility. Closure of this area branch clinic would increase the time personnel spent traveling to another facility as well as increase the competition of limited resources at Naval Hospital, Camp Pendleton.

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.

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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 68094) BUMED-822 MAS, 14 Jun 94

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

Number of "stubbed" expanded beds[1]: __0__

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

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

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

BUMED-822
MSS, 14 Jan 99

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

SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)

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

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

[2] The total cost in thousands of dollars.

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

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

This Clinic does Ancillary services only.

All Military Personnel are treated at the BAS.

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)	NA	NA	NA

Table B:

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

[1] Record as a decimal to 6 digits.

This Clinic does Ancillary services only.

All Military Personnel are treated at the BAS.

Table C:

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

This Clinic does Ancillary services only.

All Military Personnel are treated at the BAS.

Table D:

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

[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).

This Clinic does Ancillary services only.

All Military Personnel are treated at the BAS.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

This Clinic does Ancillary Services only. All Military Personnel are treated at the BAS.

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 47579

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 47579

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

Document Separator

UIC: 47579

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Camp Margarita Camp Pendleton, CA*
Acronym(s) used in correspondence	*Branch Medical Clinic Area 33 Camp Pendleton, CA*
Commonly accepted short title(s)	*33 Area Branch Medical Clinic Margarita Branch Medical Clinic*

- Complete Mailing Address

Commanding Officer
Attn: 33 Area BRMEDCL
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD N/A

- PRIMARY UIC: 47579* (Plant Account UIC for Plant Account Holders)

* This UIC is used only for MEPRS/WORS reporting.
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

UIC: 47579

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

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

• Yes ____ No X (check one)

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

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

UIC: 47579

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 quality in garrison primary care services to all eligible beneficiaries and support units located within 33 Area, Camp Pendleton.
- In the event of mobilization of First Marine Divison Units within the 33 Area, all medical personnel will mobilize with their units.
- Provide in garrison medical support to Marine Corps Battalion Aid Stations within the 33 Area, Camp Pendleton.
- Provide medical support for Marinie Corps training exercises conducted with in 33 Area, Camp Pendleton.

Projected Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-
-

UIC: 47579

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

• Operational name	UIC
Naval Hospital Camp Pendleton	68094

• Funding Source	UIC
Naval Hospital Camp Pendleton	68094

UIC: 47579

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	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by First Marine Division and First Service Support Group, Camp Pendleton, CA.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by First Marine Division and First Service Support Group, Camp Pendleton, CA.

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
• Commanding Officer CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
• Director for Administration CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
• Administrative Officer, Branch Medical Clinics LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

UIC: 47579

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.)
N/A		

14. FACILITY MAPS: Facility maps will be submitted by the host, Marine Corps Base, Camp Pendleton, CA (UIC: M00681).

UIC: 47579

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 L. STAIGER
NAME (Please type or print)

James L Staiger
Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Hospital, Camp Pendleton
Activity

47579

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

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

UIC: 32956

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Edson Range Annex* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*Branch Medical Clinic Area 31* *Camp Pendleton, CA*
Commonly accepted short title(s)	*31 Area Branch Medical Clinic (ABMC) Edson Range* *Branch Medical Clinic*

- Complete Mailing Address

Commanding Officer
Attn: 31 Area BRMEDCL
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD N/A

- PRIMARY UIC: 32956* (Plant Account UIC for Plant Account Holders)

* This UIC is only used for MEPRS/WORS reporting.
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

UIC: 32956

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

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

• Yes ____ No X (check one)

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

UIC: 32956

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

UIC: 32956

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 quality primary care services to all eligible beneficiaries and support units located within 31 Area, Camp Pendleton.
- Provide in garrison medical support to Marine Corps Battalion Aid Stations within the 31 Area, Camp Pendleton.
- Provide medical support for Marinie Corps training exercises conducted with in 31 Area, Camp Pendleton.
-
-
-

Projected Missions for FY 2001

- Continue cuurent missions.
- Through Resource Sharing Agreement, provide primary care services to eligible dependent and retired beneficiaries.
-
-
-

UIC: 32956

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

Current Unique Missions

- N/A
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

Operational name	UIC
Naval Hospital Camp Pendleton	68094

Funding Source	UIC
Naval Hospital Camp Pendleton	68094

UIC: 32956

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	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton

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
• Commanding Officer CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
• Director for Administration CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
• Administrative Officer, Branch Medical Clinics LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

UIC: 32956

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.)
N/A		

14. FACILITY MAPS: Facility maps will be submitted by the host, Marine Corps Base, Camp Pendleton (UIC: M00681).

UIC: 32956

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 L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Hospital, Camp Pendleton
Activity

32956
GA

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)

D Hagen
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL 26 WORK SHEET FOR
MEDICAL FACILITY:_____

NAVAL HOSPITAL CAMP PENDLETON
AREA BRANCH MEDICAL CLINIC 31 CMP PENDL CA

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

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

Encl (9)

TABLE OF CONTENTS

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 11-18
8. Training Facilities.....19,20

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	N/A					
SUBTOTAL	127881	36421	NA	114386	37297	NA
RETIRED AND FAMILY MEMBERS UNDER 65	N/A					
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A					
OTHER	N/A					
TOTAL	127881	36421	NA	114386	37297	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.

Only active duty are seen at this clinic.

BUMED-822
MJS, 3 Jan 94

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	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	13419	NA	NA	13419
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	32202	NA	NA	32202
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3026	NA	NA	3026
PHARMACY UNITS (WEIGHTED)[1]	10420	NA	NA	10420
OTHER (SPECIFY)	***	N/A		

172 AUDIOGRAMS; 1192 IMMUNIZATIONS.
ONLY ACTIVE DUTY PERSONNEL ARE SEEN AT THIS CLINIC.

BUMED-822
MAS, 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	13419	N/A	N/A	13419
ADMISSIONS	NA			NA
LABORATORY TESTS (WEIGHTED)[1]	32202			32202
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3026			3026
PHARMACY UNITS (WEIGHTED)[1]	10420			10420
OTHER (SPECIFY)	***			N/A

172 AUDIOGRAMS; 1192 IMMUNIZATIONS
THIS BRANCH MEDICAL CLINIC SEES ACTIVE DUTY PERSONNEL ONLY.

BUMED-822, mgl
3 Jun 94

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

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

BEING ONE OF ELEVEN AREA BRANCH CLINICS ON MCB CAMP PENDLETON, IT WOULD BE IMPOSSIBLE TO ACCOMPLISH OR DETERMINE THE WORKLOAD DEMAND WE WOULD FACE IF NAVAL HOSPITAL, CAMP PENDLETON AND THE OTHER TEN BRANCH CLINICS WERE TO CLOSE AND WE PROVIDED ALL THE CARE FOR OUR CATCHMENT 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.

UIC 32956 BRMEDCL A31 CMP PENDL CA

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

The figures include military authorizations and contract on board. The clinic also has thirteen (13) other military enlisted authorizations on the Activity Manpower Document (AMD) which are not shown on the above chart.

[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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

THIS IS A BRANCH CLINIC AND IS DEPENDENT UPON NAVAL HOSPITAL, CAMP PENDLETON. THE ABOVE PROVIDERS APPLY TO THE CATCHMENT AREA FOR THE HOSPITAL AND THE LOCAL AREA BRANCH MEDICAL CLINICS.

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

Region Population: 1,873,564

THIS BRANCH CLINIC IS LOCATED ON MCB CAMP PENDLETON AND HAS THE SAME REGIONAL POPULATION AS THE NAVAL HOSPITAL.

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]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY 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]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

[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
NOT-APPLICABLE								

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

COMMENT;
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

(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)
NOT-APPLICABLE			

(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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, 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)

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

290

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRANCH MEDICAL CLINIC
AREA 31 CAMP PENDLETON, CA.
ACTIVITY UIC:32956

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

April 4, 1994

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

ENCLOSURE (9)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
3. Workload
4. Projected Workload
5. Medical Support
6. Graduate Medical Education

Facilities
7. Facilities Description

Location
8. Geographic Location
9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

Provide quality ambulatory health care services to active duty members assigned to units within the 31 Area, MCB, Camp Pendleton. In garrison medical support includes such services as: sickcall evaluations, physical examinations, immunizations, and overseas screening. Basic ancillary services are provided by the clinic's laboratory, radiology, and pharmacy service.

In addition to these primary care functions, clinic personnel provide medical support for Marine Corps training and live fire exercises as well as physical fitness and MWR activities.

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)
MCTSSA	**30425**	**EDSON RANGE**	**300**
WFTBN	**33710**	**EDSON RANGE**	**435**
ACU-5	**47945**	**EDSON RANGE**	**612**
MCRD	**33710**	**EDSON RANGE**	**1700**

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

31 AREA

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	NA	13419	NA	NA
ACTIVE DUTY NON N/MC	NA	0		
TOTAL ACTIVE DUTY	NA	13419		NA
FAMILY OF AD	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	NA	NA	NA	NA
TOTAL	NA	13419		NA

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

NO ADMISSIONS AT THIS CLINIC.

ONLY ACTIVE DUTY ARE SEEN AT THIS CLINIC.

BUMED -822
MSS, 14 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	13655	13501	14157	14237	14311	NA	NA
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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
Rifle Range	**520**	**2**
Pistol Range	**140**	**1**
3 Mile Beach Run	**36**	**1**
Infantry Hike	**220**	**2**
Physical Fitness Test	**5**	**1**

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.			

[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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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	**** SEE BRAC FOR PARENT COMMAND**			
2. UIC	3. CATEGORY CODE	4. NO. OF BUILDINGS		
5. SIZE	A. GSF	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY		B.STATE	
7. FACILITY ASSESSMENT				
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)
BUMED-822
MSS, 14 Jun 94

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.

Beneficiaries will be required to go to the Naval Hospital or civilian Medical facility. This would be an inconvenience to the active duty population and would take time away from accomplishing the mission.

There would also be competition for limited resources at the Naval Hospital.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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 68094) BUMED-822 MSS, 14 Jun 94

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

Number of "stubbed" expanded beds[1]: __0___

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

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

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

BUMED-822
MSS, 14 Jun 94

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

SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	900778	1054210	1006436
TOTAL OUTPATIENT VISITS	13208	13419	12886
AVERAGE COST PER VISIT	68.19	78.56	78.10

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)	NA	NA	NA

Table B:

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

[1] Record as a decimal to 6 digits.

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

BUMED822
MAA, 14 Jun 94

Table D:

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

BUMED-822
MDB, 14 Jun 94

[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).

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

BUMED-822
MSS,
14 Jun 94

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 32956

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

PGray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 32956

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

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

Signature

15 JUN 1994

ACTING CHIEF BUMED
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)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

190

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

Installation Name:	Camp Pendleton
Unit Identification Code (UIC):	32956
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	35478	Branch Medical Clinic (Edson Range)	MCON	2,750
		Sub - Total 1996		2,750
		Grand Total		**4,450**

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Camp Pendelton
Unit Identification Code (UIC):	32956
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	35478	Branch Medical Clinic (Edson Range)	MCON	2,750
		Sub - Total 1996		2,750
		Grand Total		**4,450**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

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

Document Separator

UIC: 46363

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Camp Del Mar* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*Branch Medical Clinic Area 21* *Camp Pendleton, CA*
Commonly accepted short title(s)	*21 Area Branch Medical Clinic (ABMC) Del Mar* *Branch Medical Clinic*

- Complete Mailing Address

Commanding Officer
Attn: 21 Area BRMEDCL
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD N/A

- PRIMARY UIC: 46363* _____ (Plant Account UIC for Plant Account Holders)

* UIC is used only for MEPRS/WORS reporting.
Enter this number as the Activity identifier at the top of each Data Call response page.

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X____ (check one)

UIC: 46363

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

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

• Yes ____ No X (check one)

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

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

UIC: 46363

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 quality primary care services to all eligible beneficiaries and support units located within 21 Area, Camp Pendleton.
- Provide medical support for Marinie Corps training exercises conducted with in 21 Area, Camp Pendleton.
- Provide medical support for Amphibious Vehicle Testing Branch.
- Through Resource Sharing Agreement, provide primary care services to eligible dependent and retired beneficiaries.
- Provide in garrison medical support to Marine Corps Battalion Aid Stations within the 21 Area, Camp Pendleton.

Projected Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-
-

UIC: 46363

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

Current Unique Missions

- Provide medical support for Amphibious Vehicle Testing Branch.
-
-

Projected Unique Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-

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

Operational name	UIC
Naval Hospital Camp Pendleton	68094

Funding Source	UIC
Naval Hospital Camp Pendleton	68094

UIC: 46363

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	N/A	N/A	N/A
Contracted			0
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton. (UIC: 68094)

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton. (UIC: 68094)

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
• Commanding Officer			
CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
• Director for Administration			
CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
• Administrative Officer, Branch Medical Clinics			
LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

UIC: 46363

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.)
N/A		

14. FACILITY MAPS: Facility maps will be submitted by the host, Marine Corps Base, Camp Pendleton, CA (UIC: M00681).

UIC: 46363

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 L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan '94
Date

Naval Hospital, Camp Pendleton
Activity

46363

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

x D Hagen
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

JB Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL 26 WORK SHEET FOR
MEDICAL FACILITY:_____

NAVAL HOSPITAL CAMP PENDLETON
AREA BRANCH MEDICAL CLINIC 21 CMP PENDL CA

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

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

Encl (6)

TABLE OF CONTENTS

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 11-18
8. Training Facilities.....19,20

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	N/A					
SUBTOTAL	127881	36421	NA	114386	37297	NA
RETIRED AND FAMILY MEMBERS UNDER 65	N/A					
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A					
OTHER	N/A					
TOTAL	127881	36421	NA	114386	37297	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.

*****This Branch Medical Clinic is within the Naval Hospital catchment area. Only active duty are seen at this clinic.**

BUMED-822, mtl
3 Jun 94

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	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	8853	9918	1273	20044
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	118097	NA	NA	118097
RADIOLOGY PROCEDURES (WEIGHTED)[1]	5450	NA	NA	5450
PHARMACY UNITS (WEIGHTED)[1]	28980	NA	NA	28980
OTHER (SPECIFY)	***			

*** 781 AUDIOGRAMS; 1621 IMMUNIZATION

Unable to provide ancillary services by patient 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	8853	9918	1273	20044
ADMISSIONS	NA	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]	118097			118097
RADIOLOGY PROCEDURES (WEIGHTED)[1]	5450			5450
PHARMACY UNITS (WEIGHTED)[1]	28980			28980
OTHER (SPECIFY)	***			N/A

*** 781 AUDIOGRAMS; 1621 IMMUNIZATION

Unable to provide ancillary services by patient category.

BUMED-822, mas
3 Jun 94

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

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

Being one of eleven area branch clinics on MCB Camp Pendleton, it would be impossible to accomplish or determine the workload demand we would face if Naval Hospital, Camp Pendleton and the other ten branch clinics were to close and we provided all the care for our catchment 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.

UIC 46363 BRMEDCL A21 CMP PENDL CA

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5

The figures include military authorizations, contract and resource sharing on board. The clinic also has six (6) military enlisted authorizations on the Activity Manpower Document (AMD) which are not shown on the above chart.

[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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

THIS IS A BRANCH CLINIC AND IS DEPENDENT UPON NAVAL HOSPITAL, CAMP PENDLETON. THE ABOVE PROVIDERS APPLY TO THE CATCHMENT AREA FOR THE HOSPITAL AND THE LOCAL AREA BRANCH MEDICAL CLINICS.

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

Region Population: 1,873,564

THIS BRANCH CLINIC IS LOCATED ON MCB CAMP PENDLETON AND HAS THE SAME REGIONAL POPULATION AS THE NAVAL HOSPITAL.

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]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY 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]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

[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
NOT-APPLICABLE								

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

COMMENT;
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

(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)
NOT-APPLICABLE			

(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.

UIC 46363

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 46363

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

391

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRANCH MEDICAL CLINIC
AREA 21 CAMP PENDLETON, CA.
ACTIVITY UIC:46363

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

April 4, 1994

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

ENCLOSURE (6)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
3. Workload
4. Projected Workload
5. Medical Support
6. Graduate Medical Education

Facilities
7. Facilities Description

Location
8. Geographic Location
9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

Provide quality ambulatory health care services to active duty members assigned to units within the 21 Area, MCB camp Pendleton. In garrison medical support includes such services as: sickcall evaluations, physical examinations, immunizations, and overseas screening. Basic ancillary services are provided by the clinic's laboratory, radiology, and pharmacy service.

In addition to these primary care functions, clinic personnel provide medical support for Marine Corps training and live fire exercises as well as physical fitness and MWR activities.

Through the Resource Sharing Agreement, 21 Area Branch Clinic also provides primary care services to eligible dependent and retired 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)
3RD AAV	**67448**	**21 AREA**	**956**
LSB	**28370**	**21 AREA**	**615**
AAS BN STUDENTS	**33808**	**21 AREA**	**237**
AAS BN STAFF	**33808**	**21 AREA**	**212**
3RD MEB	**14012**	**21 AREA**	**200**
GSM CO.	**28321**	**21 AREA**	**200**
FMSS STUDENTS	**65988**	**21 AREA**	**173**
CPL COURSE STUDENTS	**33060**	**21 AREA**	**76**
AVTB	**30425**	**21 AREA**	**45**
1ST FSSG SUPP CO	**MFAG8**	**21 AREA**	**45**
21 AREA GUARD	**33808**	**21 AREA**	**30**
RSU	**33103**	**21 AREA**	**23**
HQBN CPL COURSE	**33060**	**21 AREA**	**15**
USCG POINT HORBIT	**11-13277**	**21 AREA**	**11**
DENTAL	**62594**	**21 AREA**	**9**
1394TH DSB	**W8JGAA**	**21 AREA**	**6**
478TH TRANSPORT CO	**WRNEAA**	**21 AREA**	**6**
316TH QM CO	**WSTUAA**	**21 AREA**	**5**

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

21 AREA

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	NA	8853	NA	NA
ACTIVE DUTY NON N/MC	NA	0	NA	
TOTAL ACTIVE DUTY	NA	8853		NA
FAMILY OF AD	NA	9918	NA	
RETIRED AND FAMILY MEMBERS UNDER 65	NA	788	NA	
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	
OTHER	NA	485	NA	
TOTAL	NA	20044		NA

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

NO ADMISSIONS AT THIS CLINIC.

BUMED-822
MSS, 14 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	20428	20198	21179	21298	21409	NA	NA
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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
FIELD TRAINING	**1800 HRS QTR**	**22**
RANGE	**192 HRS QTR**	**8**
HIKE	**72 HRS QTR**	**6**
PFT	**48 HRS QTR**	**4**
CEREMONY	**24 HRS QTR**	**3**
MWR	**42 HRS QTR**	**8**
MEDICAL TRAINING	**72 HRS QTR**	**3**
BEQ HABITABITITY INSPECTION	**8 HRS QTR**	**1**
BATALION RUN	**24 HRS QTR**	**4**

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.			

[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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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	**** SEE BRAC FOR PARENT COMMAND**				
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)
BUMED-822
MDS, 14 Jun 94

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.

Beneficiaries will be required to go to the Naval Hospital or civilian Medical facility. This would be an inconvenience to the active duty population and would take time away from accomplishing the mission.

There would also be competition for limited resources at the Naval Hospital.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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 68094) BUMED-822 MSS, 14 Jan 94

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

Number of "stubbed" expanded beds[1]: __0__

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

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

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

BUMED-82C
MAS, 14 Jun 9

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

SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1554386	1545729	1359780
TOTAL OUTPATIENT VISITS	20091	20044	18960
AVERAGE COST PER VISIT	77.37	77.12	71.72

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)	NA	NA	NA

Table B:

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

[1] Record as a decimal to 6 digits. NA
COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table D:

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

[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).

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 46363

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 46363

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

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

Signature

ACTING CHIEF BUMED
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)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

Document Separator

UIC: 32585

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Building 13129* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*Branch Medical Clinic Area 13* *Camp Pendleton, CA*
Commonly accepted short title(s)	*13 Area Branch Medical Clinic (ABMC)*

- Complete Mailing Address

Commanding Officer
Attn: 13 Area BRMEDCL
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD N/A

- PRIMARY UIC: 32585* _____ (Plant Account UIC for Plant Account Holders)

* Used only for MEPRS/WORS Reporting
Enter this number as the Activity identifier at the top of each Data Call response page.

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X____ (check one)

UIC: 32585

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

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

• Yes ____ No X (check one)

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

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

UIC: 32585

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 quality primary care services to all eligible beneficiaries and support units located within 13 Area, Camp Pendleton.
- Provide in garrison medical support to Marine Corps Battalion Aid Stations within the 13 Area, Camp Pendleton.
- Provide medical support for Marinie Corps training exercises conducted with in 13 Area, Camp Pendleton.
-
-
-

Projected Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-
-
-

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

Current Unique Missions

- Provide facilities to conduct Emergency Medical Technician (EMT) training for Marine Corps Base and Naval Hospital Camp Pendleton personnel.
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

Operational name	UIC
Naval Hospital Camp Pendleton	68094

Funding Source	UIC
Naval Hospital Camp Pendleton	68094

UIC: 32585

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	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton. (UIC: 68094)

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton

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
• Commanding Officer			
CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
• Director for Administration			
CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
• Administrative Officer, Branch Medical Clinics			
LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

UIC: 32585

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.)
N/A		

14. FACILITY MAPS: Facility maps will be submitted by host Marine Corps Base, Camp Pendleton, CA (UIC: M00681)

UIC: 32585

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 L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan '94
Date

Naval Hospital, Camp Pendleton
Activity

32 555
GSA

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

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

292

CAPACITY ANALYSIS:
DATA CALL 26 WORK SHEET FOR
MEDICAL FACILITY:_____

NAVAL HOSPITAL CAMP PENDLETON
AREA BRANCH MEDICAL CLINIC 13 CMP PENDL CA

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

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

Encl (5)

TABLE OF CONTENTS

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 11-18
8. Training Facilities.....19,20

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	N/A					
SUBTOTAL	127881	36421	NA	114386	37297	NA
RETIRED AND FAMILY MEMBERS UNDER 65	N/A					
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A					
OTHER	N/A					
TOTAL	127881	36421	NA	114386	37297	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.

*****This Branch Medical Clinic is within the Naval Hospital catchment area. Only active duty are seen at this clinic.**

BUMED-822, MSS
3 Jun 94

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	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	21917	1311	823	24051
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	136992	NA	NA	136992
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3521	NA	NA	3521
PHARMACY UNITS (WEIGHTED)[1]	10704	NA	NA	10704
OTHER (SPECIFY)	***			

*** 3620 AUDIOGRAMS AND 6768 IMMUNIZATION WERE COMPLETED AT THIS FACILITY.

ANCILLARY PROCEDURES ARE NOT REPORTED BY PATIENT 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	21917	1311	823	24051
ADMISSIONS	NA	NA	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]	136992	NA		136992
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3521	ANA		3521
PHARMACY UNITS (WEIGHTED)[1]	10704	NA		10704
OTHER (SPECIFY)	***	N/A		N/A

***3620 AUDIOGRAMS AND 6768 IMMUNIZATION WERE COMPLETED AT THIS FACILITY.

ANCILLARY PROCEDURES ARE NOT REPORTED BY PATIENT CATEGORY.

BUMED-822, mss
3 Jun 94

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

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

BEING ONE OF ELEVEN AREA BRANCH CLINICS ON MCB CAMP PENDLETON, IT WOULD BE IMPOSSIBLE TO ACCOMPLISH OR DETERMINE THE WORKLOAD DEMAND WE WOULD FACE IF NAVAL HOSPITAL, CAMP PENDLETON AND THE OTHER TEN BRANCH CLINICS WERE TO CLOSE AND WE PROVIDED ALL THE CARE FOR OUR CATCHMENT 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.

UIC 32585 **BRMEDCL** A13 CMP PENDL CA

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	2	2	2	2	2	2	2	2
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	4	4	4	4	4	4	4	4
TOTAL	6	6	6	6	6	6	6	6

The figures include military authorizations and contract on board. The clinic also has twenty (20) other military enlisted authorizations on the Activity Manpower Document (AMD) which are not shown on the above chart.

[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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

THIS IS A BRANCH CLINIC AND IS DEPENDENT UPON NAVAL HOSPITAL, CAMP PENDLETON. THE ABOVE PROVIDERS APPLY TO THE CATCHMENT AREA FOR THE HOSPITAL AND THE LOCAL AREA BRANCH MEDICAL CLINICS.

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

Region Population: 1,873,564

THIS BRANCH CLINIC IS LOCATED ON MCB CAMP PENDLETON AND HAS THE SAME REGIONAL POPULATION AS THE NAVAL HOSPITAL.

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]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY 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]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

[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
NOT-APPLICABLE								

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

COMMENT;
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

(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)
NOT-APPLICABLE			

(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.

UIC 32585

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 32585

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. STAIGER
NAME (Please type or print)

Commanding Officer
Title

Naval Hospital, Camp Pendleton
Activity

Signature

27 May 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

~~CHIEF BUMED/SURGEON GENERAL~~
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

6-3-94
Date

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

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

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

ACTING
Title

Signature

8 JUNE 1994
Date

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC AREA 13, CAMP PENDLETON, CA.
ACTIVITY UIC:32585

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

April 4, 1994

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

ENCLOSURE (5)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
3. Workload
4. Projected Workload
5. Medical Support
6. Graduate Medical Education

Facilities
7. Facilities Description

Location
8. Geographic Location
9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

Provide quality ambulatory health care services to active duty members assigned to units within the 13 Area, MCB Camp Pendleton. In garrison medical support includes such services as: sickcall evaluations, physical examinations, immunizations, and ovserseas screening. Basic ancillary services are provided by the clinic's laboratory, radiology, and pharmacy service.

In addition to these primary care functions, clinic personnel provide medical support for Marine Corps training and live fire exercises as well as physical fitness and MWR activities.

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)
HQS & SUPPORT BN	**33060**	**13 AREA**	**1030**
SECURITY BN	**33120**	**13 AREA**	**500**
NAVAL WEAPONS STATION, FALLBROOK	**47618**	**13 AREA**	**65**
13 AREA DENTAL CLINIC	**62594**	**13 AREA**	**41**
SECURITY BN ANNEX	**33124**	**13 AREA**	**22**

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

13 AREA

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	NA	21901	NA	NA
ACTIVE DUTY NON N/MC	NA	0	NA	
TOTAL ACTIVE DUTY	NA	21901		NA
FAMILY OF AD	NA	1327	NA	
RETIRED AND FAMILY MEMBERS UNDER 65	NA	187	NA	
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	
OTHER	NA	11	NA	
TOTAL	NA	23426		NA

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

NO ADMISSIONS AT THIS CLINIC.

BUMED-822
MSS, 14 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	23952	23682	24832	24972	25102	NA	NA
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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
RIFLE/PISTOL RANGE	**210 HRS QTR**	**2**
ORDNANCE COVERAGE	**12 HRS QTR**	**1**
FIELD TRAINING/HIKES/BN RUN	**110 HRS QTR**	**2**
MWR SUPPORT/RODEO	**25 HRS QTR**	**2**
AMBULANCE SUPPORT/COVERAGE	**20 HRS QTR**	**2**
CHANGE OF COMMAND/RETIREMENT CEREMONIES	**17 HRS QTR**	**12**
MWR EVENTS (RODEO, BIKE RACE, 10K RUN)	**66 HRS QTR**	**32**
HOSPITAL CMD EVENTS	**5 HRS QTR**	**2**

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

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

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

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

[1] 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]
	THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.			

[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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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	**** SEE BRAC FOR PARENT COMMAND**				
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)
BUMED-822
MSS, 14 Jun 94

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.

Beneficiaries would be required to seek primary medical care services from Naval Hospital, Camp Pendleton or civilian medical facility. Closure of this area branch clinic would increase the time personnel spent traveling to another facility as well as increase the competition of limited resources at Naval Hospital, Camp Pendleton.

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.

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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 68094)

BUMED-822 MSS, 14 Jun 94

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

Number of "stubbed" expanded beds[1]: __0__

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

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

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

BUMED
MSS, 14 Jun 94

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

SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1707154	2002046	1742840
TOTAL OUTPATIENT VISITS	21771	24051	23486
AVERAGE COST PER VISIT	78.41	83.24	74.21

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)	NA	NA	NA

Table B:

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

[1] Record as a decimal to 6 digits.

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table D:

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

[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).

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 32585

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 32585

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

R. T. RIDENOUR, RADM,MC,USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

Document Separator

UIC: 46364

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Correctional Facility* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*Branch Medical Clinic CORFAC Area 24* *Camp Pendleton, CA*
Commonly accepted short title(s)	*24 Area Branch Medical Clinic (ABMC)* *CORFAC Branch Medical Clinic* *BRIG Branch Medical Clinic*

- Complete Mailing Address

Commanding Officer
Attn: 24 Area BRMEDCL
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD N/A

- PRIMARY UIC: 46364* (Plant Account UIC for Plant Account Holders)

* This UIC is used only for MEPRS/WORS reporting.
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

UIC: 46364

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

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

• Yes ____ No X (check one)

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

UIC: 46364

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

UIC: 46364

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 quality primary care services to all personnel assigned to the Correctional Facility, Marine Corps Base, Camp Pendleton.

Projected Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-
-
-

UIC: 46364

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

-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

Operational name	UIC
Naval Hospital Camp Pendleton	68094

Funding Source	UIC
Naval Hospital Camp Pendleton	68094

UIC: 46364

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	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton

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
• Commanding Officer CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
• Director for Administration CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
• Administrative Officer, Branch Medical Clinics LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

UIC: 46364

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.)
N/A		

14. FACILITY MAPS: Facility maps will be submitted by the host, Marine Corps Base, Camp Pendleton (UIC: M00681).

UIC: 46364

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 L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Hospital, Camp Pendleton
Activity

46364
USA

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_____ x D Hagen
NAME (Please type or print) Signature

SURGEON GENERAL/CHIEF BUMED___ 2-9-94
Title Date

BUREAU OF MEDICINE & SURGERY___
Activity

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

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

J. B. GREENE, JR _____ J B Greene Jr
NAME (Please type or print) Signature

ACTING _____ 16 FEB 94
Title Date

Document Separator

2-3

CAPACITY ANALYSIS:
DATA CALL 26 WORK SHEET FOR
MEDICAL FACILITY:_____

NAVAL HOSPITAL CAMP PENDLETON
AREA BRANCH MEDICAL CLINIC 24 CMP PENDL CA

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

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

Encl (8)

TABLE OF CONTENTS

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 11-18
8. Training Facilities.....19,20

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	N/A					
SUBTOTAL	127881	36421	NA	114386	37297	NA
RETIRED AND FAMILY MEMBERS UNDER 65	N/A					
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A					
OTHER	N/A					
TOTAL	127881	36421	NA	114386	37297	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.

Only active duty are seen at this clinic.

BCUMED 822, MDA
3 Jun 94

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	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	3858	NA	NA	3858
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]		NA	NA	
RADIOLOGY PROCEDURES (WEIGHTED)[1]		NA	NA	
PHARMACY UNITS (WEIGHTED)[1]		NA	NA	
OTHER (SPECIFY)	***	N/A	N/A	

THIS IS THE BRIG FOR THE MCB CAMP PENDLETON.
ONLY ACTIVE DUTY PERSONNEL ARE TREATED AT THIS FACILITY.

BUMED 822, MSS
3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	3858	N/A	N/A	3858
ADMISSIONS	NA			NA
LABORATORY TESTS (WEIGHTED)[1]				
DIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

THIS IS THE BRIG FOR MCB CAMP PENDLETON.
ONLY ACTIVE DUTY ARE TREATED AT THIS FACILITY.

BUMED-822, MSS
3 Jun 94

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

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

BEING ONE OF ELEVEN AREA BRANCH CLINICS ON MCB CAMP PENDLETON, IT WOULD BE IMPOSSIBLE TO ACCOMPLISH OR DETERMINE THE WORKLOAD DEMAND WE WOULD FACE IF NAVAL HOSPITAL, CAMP PENDLETON AND THE OTHER TEN BRANCH CLINICS WERE TO CLOSE AND WE PROVIDED ALL THE CARE FOR OUR CATCHMENT 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.

UIC 46364 BRMEDCL A24 CMP PENDL CA

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

The clinic has three (3) military enlisted authorizations on the Activity Manpower Document (AMD) which are not shown on the above chart.

[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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

THIS IS A BRANCH CLINIC AND IS DEPENDENT UPON NAVAL HOSPITAL, CAMP PENDLETON. THE ABOVE PROVIDERS APPLY TO THE CATCHMENT AREA FOR THE HOSPITAL AND THE LOCAL AREA BRANCH MEDICAL CLINICS.

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

Region Population: 1,873,564

THIS BRANCH CLINIC IS LOCATED ON MCB CAMP PENDLETON AND HAS THE SAME REGIONAL POPULATION AS THE NAVAL HOSPITAL.

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]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY 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]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

[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
NOT-APPLICABLE								

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

COMMENT;
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

(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)
NOT-APPLICABLE			

(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.

UIC 46364

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 46364

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED?SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
AREA 24, CAMP PENDLETON, CA
ACTIVITY UIC: 46364

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

April 4, 1994

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

ENCLOSURE (8)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
3. Workload
4. Projected Workload
5. Medical Support
6. Graduate Medical Education

Facilities
7. Facilities Description

Location
8. Geographic Location
9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

PROVIDE QUALITY AMBULATORY HEALTH CARE SERVICES TO ACTIVE DUTY MEMBERS ASSIGNED TO BASE BRIG, 24 AREA, MCB CAMP PENDLETON.

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)
24 ABMC MCB, BRIG	**33120**	**24 AREA**	**215**

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

24 AREA

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).

	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	3858	NA	NA
ACTIVE DUTY NON N/MC	NA	0	NA	
TOTAL ACTIVE DUTY	NA	3858		NA
FAMILY OF AD	NA	NA	NA	
RETIRED AND FAMILY MEMBERS UNDER 65	NA	NA	NA	
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	
OTHER	NA	NA	NA	
TOTAL	NA	3858		NA

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

NO ADMISSIONS AT THIS CLINIC.

BUMED-822
MSS, 14 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	3304	3484	3654	3674	3693	NA	NA
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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
CORRECTIONS COMPANY PFT	**3 HRS / QTR**	**1**

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.			

[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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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	**** SEE BRAC FOR PARENT COMMAND**				
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)
BUMED-822
MSL, 14 Jun 94

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.

BENEFICIARIES WOULD BE REQUIRED TO SEEK PRIMARY MEDICAL CARE SERVICES FROM NAVAL HOSPITAL, CAMP PENDLETON OR CIVILIAN MEDICAL FACILITY. CLOSURE OF THIS AREA BRANCH CLINIC WOULD INCREASE THE TIME PERSONNEL SPENT TRAVELING TO ANOTHER FACILITY AS WELL AS INCREASE THE COMPETITION OF LIMITED RESOURCES AT NAVAL HOSPITAL, CAMP PENDLETON.

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.

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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 68094) BUMED-822 MSS, 14 Jun 96

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

Number of "stubbed" expanded beds[1]: __0__

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

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

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

BUMED-822
MJS, 14 Jun 9c

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

SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	169647	175603	142856
TOTAL OUTPATIENT VISITS	2112	3858	4178
AVERAGE COST PER VISIT	80.33	45.52	34.19

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)	NA	NA	NA

Table B:

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

[1] Record as a decimal to 6 digits. NA

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table D:

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

[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).

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 46364

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 46364

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

R. R. SAREERAM
NAME (Please type or print)

Signature

29 JUN 1994

ACTING
Title

Date

Document Separator

UIC: 46365

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Camp San Onofre* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*Branch Medical Clinic Area 52* *Camp Pendleton, CA*
Commonly accepted short title(s)	*52 Area Branch Medical Clinic (ABMC) San Onofre* *Branch Medical Clinic*

- Complete Mailing Address

Commanding Officer
Attn: 52 Area BRMEDCL
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD N/A

- PRIMARY UIC: 46365* (Plant Account UIC for Plant Account Holders)

* This UIC is used only for MEPRS/WORS reporting.
Enter this number as the Activity identifier at the top of each Data Call response page.

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X____ (check one)

UIC: 46365

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

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

• Yes ____ No X (check one)

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

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

UIC: 46365

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 quality primary care services to all eligible beneficiaries and support units located within 52 Area, Camp Pendleton.
- Provide medical support for Marinie Corps training exercises conducted with in 52 Area, Camp Pendleton.
- Through Resource Sharing Agreement, provide primary care services to eligible dependent and retired beneficiaries.
- Provide in garrison medical support to Marine Corps Battalion Aid Stations within the 52 Area, Camp Pendleton.

Projected Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-
-

UIC: 46365

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

- To date there is no anticipated change in the current mission.
-
-

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

Operational name	UIC
Naval Hospital Camp Pendleton	68094

Funding Source	UIC
Naval Hospital Camp Pendleton	68094

UIC: 46365

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	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	N/A	N/A	N/A
• Tenants (total)	N/A	N/A	N/A

* Manning provided by Naval Hospital Camp Pendleton.

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
• Commanding Officer CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
• Director for Administration CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
• Administrative Officer, Branch Medical Clinics LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

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.)
N/A		

14. FACILITY MAPS: Facility maps will be submitted by the host, Marine Corps Base, Camp Pendleton, CA (UIC: M00681).

UIC: 46365

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 L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Hospital, Camp Pendleton
Activity

46365
USA

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 _____ x D Hagen
NAME (Please type or print) Signature

SURGEON GENERAL/CHIEF BUMED ____ 2-9-94
Title Date

BUREAU OF MEDICINE & SURGERY ___
Activity

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

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

J. B. GREENE, JR _____ JB Greene Jr
NAME (Please type or print) Signature

ACTING _____ 16 FEB 94
Title Date

Document Separator

24

CAPACITY ANALYSIS:
DATA CALL 26 WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL CAMP PENDLETON
BRANCH MEDICAL CLINIC 52 AREA

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

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

Encl (13)

TABLE OF CONTENTS

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 11-18
8. Training Facilities.....19,20

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	NA					
SUBTOTAL	127881	36421	NA	114386	37297	NA
RETIRED AND FAMILY MEMBERS UNDER 65	N/A					
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A					
OTHER	N/A					
TOTAL	127881	36421	NA	114386	37297	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. ALL DEPENDENTS, RETIRED AND OTHERS ARE LISTED UNDER THE NAVAL HOSPITAL CATCHMENT AREA.

BUMED-822
MSS, 3 Jun 94

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	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	23240	7194	182	30616
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	117640	NA	NA	117640
RADIOLOGY PROCEDURES (WEIGHTED)[1]	7142	NA	NA	7142
PHARMACY UNITS (WEIGHTED)[1]	32361	NA	NA	32361
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.

*** 5307 IMMUNIZATIONS; 205 EKGs.

ANCILLARY PROCEDURES ARE NOT REPORTED BY PATIENT 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	23240	7194	182	30616
ADMISSIONS	NA	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]	117640			117640
RADIOLOGY PROCEDURES (WEIGHTED)[1]	7142			7142
PHARMACY UNITS (WEIGHTED)[1]	32361			32361
OTHER (SPECIFY)	***			N/A

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

***5307 Immunizations; 205 EKGs

Ancillary Procedures are not reported by patient category.

BUMED-822
mas, 3 Jun 94

3B. Workload. Complete the follwing 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				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

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

BEING ONE OF ELEVEN AREA BRANCH CLINICS ON MCB CAMP PENDLETON, IT WOULD BE IMPOSSIBLE TO ACCOMPLISH OR DETERMINE THE WORKLOAD DEMAND WE WOULD FACE IF NAVAL HOSPITAL, CAMP PENDLETON AND THE OTHER TEN BRANCH CLINICS WERE TO CLOSE AND WE PROVIDED ALL THE CARE FOR OUR CATCHMENT 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.

UIC 46365 BRMEDCL A52 CMP PENDL CA

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	0	0	0	0	0	0	0	0
TOTAL	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5

The figures include contract and resource sharing on board. This clinic has twenty-two (22) military enlisted authorizations on the Activity Manpower Document (AMD) which is not shown on the above chart.

[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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

THIS IS A BRANCH CLINIC AND IS DEPENDENT UPON NAVAL HOSPITAL, CAMP PENDLETON. THE ABOVE PROVIDERS APPLY TO THE CATCHMENT AREA FOR THE HOSPITAL AND THE LOCAL AREA BRANCH MEDICAL CLINICS.

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

Region Population: 1,873,564

THIS BRANCH CLINIC IS LOCATED ON MCB CAMP PENDLETON AND HAS THE SAME REGIONAL POPULATION AS THE NAVAL HOSPITAL.

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]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY 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]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

[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
NOT-APPLICABLE								

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

COMMENT:
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

(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)
NOT-APPLICABLE			

(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.

UIC 46365

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 46365

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
AREA 52, CAMP PENDLETON, CA 92055
ACTIVITY UIC: 46365

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

April 4, 1994

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

ENCLOSURE (13)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
3. Workload
4. Projected Workload
5. Medical Support
6. Graduate Medical Education

Facilities
7. Facilities Description

Location
8. Geographic Location
9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

PROVIDE QUALITY AMBULATORY HEALTH CARE SERVICES TO ACTIVE DUTY MEMBERS ASSIGNED TO UNITS WITHIN THE 52 AREA, MCB CAMP PENDELTON. IN GARRISON MEDICAL SUPPORT INCLUDES SUCH SERVICES AS SICKCALL EVALUATIONS, PHYSICAL EXAMINATIONS, IMMUNIZATIONS, AND OVERSEAS SCREENING. BASIC ANCILLARY SERVICES ARE PROVIDED BY THE CLINIC'S LABORATORY, RADIOLOGY, AND PHARMACY SERVICE.

IN ADDITION TO THESE PRIMARY CARE FUNCTIONS, CLINIC PERSONNEL PROVIDE MEDICAL SUPPORT FOR MARINE CORPS TRAINING AND LIVE FIRE EXERCISES AS WELL AS PHYSICAL FITNESS AND MWR ACTIVITIES.

THROUGH THE RESOURCE SHARING AGREEMENT, 52 AREA BRANCH MEDICAL CLINIC ALSO PROVIDES PRIMARY CARE SERVICES TO ELIGIBLE DEPENDENT AND RETIRED 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)
SCHOOL OF INFANTRY (STAFF)	**33353**	**52 AREA**	**850**
SCHOOL OF INFANTRY (STUDENTS)	**33350**	**52 AREA**	**3000**
RESERVE SUPPORT UNIT	**M33103**	**CAMP TELEGA**	**40**
52 AREA DENTAL CLINIC	**62594**	**52 AREA**	**15**

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

52 AREA

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	NA	26610	NA	NA
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	NA	26610		NA
FAMILY OF AD	NA	6456	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	276	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	NA	24	NA	NA
TOTAL	NA	33366		NA

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

NO ADMISSIONS AT THIS CLINIC.

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	33092	32719	34309	34501	34681	NA	NA
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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
RIFLE/PISTOL RANGE SUPPORT	**160 HRS / QTR**	**1 - 2**
MWR SUPPORT FOR SPORTING EVENTS	**24 HRS / QTR**	**1**
FIELD TRAINING EXERCISES	**7128 HRS / QTR**	**1**
MEDICAL SUPPORT FOR PFT	**8 HRS / QTR**	**1**

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.			

[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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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
	INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).		

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	**** SEE BRAC FOR PARENT COMMAND**				
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)

BUMED-822
MSS, 14 Jun 94

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.

BENEFICIARIES WILL BE REQUIRED TO GO TO THE NAVAL HOSPITAL OR CIVILIAN MEDICAL FACILITY. THIS WOULD BE AN INCONVENIENCE TO THE ACTIVE DUTY POPULATION AND WOULD TAKE TIME AWAY FROM ACCOMPLISHING THE MISSION.

THERE WOULD ALSO BE COMPETITION FOR LIMITED RESOURCES AT THE NAVAL HOSPITAL, CAMP PENDLETON.

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.

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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 68094) BUMED-822 mss, 14 Jun 94

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

Number of "stubbed" expanded beds[1]: __0__

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

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

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

BUMED-82
mzl, 14 Jun 9

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

SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1622937	1804940	1747396
TOTAL OUTPATIENT VISITS	31752	30616	33366
AVERAGE COST PER VISIT	51.11	58.95	52.37

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)	NA	NA	NA

Table B:

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

[1] Record as a decimal to 6 digits.

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table D:

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

[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).

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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:

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

UIC 46365

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 46365

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. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

R. I. RIDENOUR, RADM,MC,USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

295

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, CAMP SMITH, HI
ACTIVITY UIC: 47867

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

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 mission of the Branch Medical Annex Camp Smith is to provide medical support to Headquarters, Commander in Chief Pacific, and 14 tenant commands. Branch Medical Annex Camp Smith provides care to over 1,500 multi-service active duty personnel including 17 Flag Officers. The service provided includes Military Sickcall, Physical Examination, Immunization and Ambulance services.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USCINCPAC	00038	CAMP SMITH	783
COMMARFORPAC	67025	CAMP SMITH	235
NCC 110	20021	CAMP SMITH	221
ITF	33011	CAMP SMITH	142
IDHS AND SPINTCOM	65260	CAMP SMITH	78
NTCC	00950	CAMP SMITH	59
CRUMIS SUPT	44645	CAMP SMITH	14
SOC PAC	45582	CAMP SMITH	13
NNCPAC	45408	CAMP SMITH	12
MEDICAL	68098	CAMP SMITH	9
DENTAL	62313	CAMP SMITH	3
DEF FUEL REG PAC	68256	CAMP SMITH	1
DISA CCCCS	68813	CAMP SMITH	1
PACOM ALT COM	65217	CAMP SMITH	1
DEFCURSVSPAC REGCOM	55216	CAMP SMITH	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	4,148	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	1,037	N/A	N/A
TOTAL ACTIVE DUTY	N/A	5,186		N/A
FAMILY OF AD	N/A	2	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	5*	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	*	N/A	N/A
OTHER: CIVIL SERVI	N/A	5	N/A	N/A
TOTAL	N/A	5,198		N/A

What is your occupancy rate for FY 1994 to date? N/A

* Due to workload reporting procedures, unable to diferenciate between the retired beneficiary types.

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	5,198	5,198	5,198	5,198	5,198	5,198	5,198
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

Assuming staffing and benficiary population does not change, the workload should remain level with FY-94 workload.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
MEDICAL SUPPORT FOR HELO OPS	4 HRS	2
MEDICAL SUPPORT FOR RIFLE/PISTOL RANGE	6 HRS	1
MEDICAL SUPPORT FOR CHANGE OF COMMAND CEREMONIES	6 HRS	8
MEDICAL SUPPORT FOR PFTs	3 HRS	1
MEDICAL SUPPORT FOR MARINE OPS	16 HRS	2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

[1] 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	CAMP SMITH ANNEX/ PT CARE	7,707	48	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
	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 ANNEX, CAMP SMITH				
2. UIC	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS 1		
5. SIZE 7,707	A. GSF 18,751	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	N/A				
(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	N/A				
(8) LOGISTICS	N/A				
(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	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING	N/A				
(A) STRUCTURAL/SEISMIC	80	-0-	20	A09	
(B) HVAC	100	-0-	-0-		
(C) PLUMBING	100	-0-	-0-		
(D) ELECTRICAL SVCS.	100	-0-	-0-		
(E) ELECTRICAL DISTRIBUTION	100	-0-	-0-		

(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 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: 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. See attached.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

We are the immediate medical response team for USCINCPAC staff and other attached units.

b. What are the nearest air, rail, sea and ground transportation nodes?

AIR: We are approximately 7 miles from Honolulu International Airport and Hickam Air Force Base.

RAIL: None.

SEA: There are numerous seagoing vessels around the island and are readily accessible.

GROUND: Public transportation (bus) is readily accessible from across the street.

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?

We have no mobilization requirements.

e. On the average, how long does it take your current clients/customers to reach your facility?

Approximately 10 minutes on the average.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

None.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

a. There would be a longer patient waiting time and probably more lost work days due to longer proceed time to other medical facilities such as Tripler Army Medical Center and Pearl Harbor medical establishments.

b. Ambulance service (911) will be utilized vice military assets thus bringing high transport costs.

c. Decreased response time in case of an actual emergency.

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. Remaining military local health care infrastructure will be able to absorb the additonal workload. However, patients including senior ranking officers will spend more travelling time to the other MTF.

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.

N/A. There would be no residual population remaining.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

N/A. No inpatient capability.

11. Mobilization. What are your facility's mobilization requirements?

We have no 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: N/A

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

N/A

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: N/A

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT	-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	2	4	2	3	2	4
AD FAMILY						
OTHER						
TOTAL	2	4	2	3	2	4

[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	$502,900	$446,440	$474,680
TOTAL OUTPATIENT VISITS	5,411	4,016	4,659
AVERAGE COST PER VISIT	$92.94	$111.17	$101.88

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: N/A NOT AN INPATIENT FACILITY BUMED MED 825 GSA 6/2/94

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life. **PLEASE REFER TO CG, MCB, KANEOHE BAY (UIC:00318) DATA CALL #39 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[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. KIETHANOM, CDR, MC, USN
NAME (Please type or print)

M. Kiethanom
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, CAMP SMITH, 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

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)

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR.
NAME (Please type or print)

Signature

ACTING
Title

6/9/94
Date

Document Separator

47867

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	*Naval Medical Clinic, Pearl Harbor* *Branch Medical Clinic, Camp Smith*
Acronym(s) used in correspondence	*Branch Medical Annex Camp H.M. Smith*
Commonly accepted short title(s)	*Camp Smith Medical, Camp Smith Annex*

- Complete Mailing Address:

  NAVAL MEDICAL CLINIC
  BRANCH MEDICAL ANNEX, CAMP H.M. SMITH
  BOX 121
  PEARL HARBOR, HI 96860-5080

- PLAD: BRMEDCL NS CAMP SMITH HI

- PRIMARY UIC: 47867 (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)

47867

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes ____ No __X__ (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes __X__ No ____ (check one)

• Primary Host (current) UIC: 67839

• Primary Host (as of 01 Oct 1995) UIC: 67839

• Primary Host (as of 01 Oct 2001) UIC: 67839

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes ____ No __X__ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

47867

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.

NOT AFFECTED

47867

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

- PRIMARY OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY NAVY, MARINE, ARMY, AIR FORCE AND COAST GUARD MEMBERS
- OUTPATIENT MEDICAL SUPPORT TO OTHER DoD AUTHORIZED CIVILIANS
- OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY DEPENDENTS
- OUTPATIENT MEDICAL SUPPORT TO RETIREES
- PROVIDE MEDICAL SUPPORT TO MARINE FIELD EXERCISES
-

Projected Missions for FY 2001

- NO CHANGES
-
-
-
-

47867

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
COMNAVBASE	61449

Funding Source	UIC
BUMED	00018

47867

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	1	9	0
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	1	13	0
• 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
• COMMANDING OFFICER CAPT P. J. BARNETT	(808) 471-3025	(808) 471-1855	(808) 499-1564
• CLINIC DIRECTOR CDR M. KIETHANOM	(808) 474-1510	(808) 471-1882	(808)672-9764
• OFFICER OF THE DAY	(808) 471-9725	(808) 471-1882	[N/A]
• DIRECTOR FOR RESOURCES LCDR G. FOSS	(808) 474-7576	(808) 471-5704	(808) 499-3451

47867

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					

47867

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.)

FOREIGN POLICY ADVISOR	*CAMP HM SMITH*	*OUTPATIENT MEDICAL SUPPORT*
INSPECTOR GENERAL	"	" " "
US INFORMATION AGENCY ADVISOR	"	" " "
COMMANDER IN CHIEF, US PACIFIC COMMAND	"	" " "
DEFENSE INFORMATION SYSTEMS AGENCY	"	" " "
DEFENSE LOGISTICS AGENCY	"	" " "
JOINT TASK FORCE FULL ACCOUNTING	"	" " "
NSA/CSS PACIFIC AREA HEADQUARTERS	"	" " "
SPECIAL OPERATIONS COMMAND PACIFIC	"	" " "
MILITARY TRAFFIC MGMT COMMAND PACIFIC, US ARMY	"	" " "
COMMAND HQSVCBN CAMP SMITH	"	" " "
NAVAL DENTAL CENTER	"	" " "

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.)

47867

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

47867

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

205

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: CAMP H.M. SMITH MEDICAL ANNEX

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

TABLE OF CONTENTS

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 11,12

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	1,367	N/A	55,178	1,367	N/A
FAMILY OF AD	65,780	95	N/A	65,780	95	N/A
SUBTOTAL	120,958	1,462	N/A	120,958	1,462	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	21,632	9	N/A	21,632	9	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	5,628	-0-	N/A	5,628	-0-	N/A
OTHER	6,685	12	N/A	6,685	12	N/A
TOTAL	154,903	1,483	N/A	154,903	1,483	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	N/A
Set Up Beds[1]:	N/A
Expanded Bed Capacity[2]:	N/A

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	4,016	---	---	4,016
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	---	---	---	12,274 *
RADIOLOGY PROCEDURES (WEIGHTED)[1]	---	---	---	61 *
PHARMACY UNITS (WEIGHTED)[1]	---	---	---	4,243 *
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.

* The CHCS does not provide ADHOC ancillary workload information by the categories requested above.

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	5,193	-0-	-0-	5,193
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	15,623	-0-	-0-	15,623
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	4,326	-0-	-0-	4,326
OTHER (SPECIFY) CIVIL SERVICE	N/A	N/A	N/A	5

[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.

Based on previous year's workload data and efficiency review analysis, the one Physician Assistant and Independent Duty Corpsman are working at maximum capacity.

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	5,186	2	5	5,193
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	15,600	7	16	15,623
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	4,326	2	4	4,332
OTHER (SPECIFY) CIVIL SERVICE	N/A	N/A	N/A	5

[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.

With our limited staff, the current workload demand was derived by using the average monthly workload for the past 7 months to develop a 12 month workload demand.

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]	0	0	0	0	0	0	0	0
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	2	2	2	2	2	2	2	2

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	1,177
SPECIALTY CARE[2]	937
PHYSICIAN EXTENDER[3]	66
TOTAL	2,180

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 836,231

The 1990 U.S. Census was used 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	* Unable to obtain info	10 miles	25 min	N/A
Straub	Straub Inc.	10 miles	15-20 min	N/A
St Francis	Catholic Churc	12 miles	20 min	N/A
St Francis West	Catholic Church Health System	12 miles	20 min	N/A
Wahiawa General	Community Hosp 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
Rehab Hosp of the Pacific	RHP Inc.	12 miles	30 min	N/A
HI State Hosp	State of Hawaii	20 miles	30 min	N/A
Shriners	Shriners	15 miles	20 min	N/A
Tripler Army Medical Cent	U.S. Army	7 miles	10 min	Multiple MOUs for exchange of services

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, Helo 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, Dialysis Center
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, Service Pacific theatre

[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:

DATA CALL #26 - BRANCH MEDICAL CLINIC
NS CAMP SMITH HI
UIC: 47867

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. KIETHANOM, CDR, MC, USN
NAME (Please type or print)

M. Kiethanom
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, CAMP SMITH, 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

COMMANDING OFFICER
Title

23 May 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

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR.
NAME (Please type or print)

Signature

ACTING
Title

8 JUNE 1994
Date

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL BRANCH MEDICAL CLINIC, CAMP H. M. SMITH
UIC:	47867
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE, CAMP SMITH, HI
Host Activity UIC:	47867

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: NAVAL BRANCH MEDICAL CLINIC, CAMP H. M. SMITH		**UIC:** 47867	
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	2	N/A	2
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	N/A	N/A	N/A
2j. Other (Specify)	9	N/A	9
2k. Sub-total 2a. through 2j:	25	N/A	25

3. Grand Total (sum of 1c. and 2k.):	25	N/A	25

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)
N/A	N/A

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 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, CAMP H. M. SMITH		**UIC:** 47867	
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

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, CAMP H. M. SMITH	**UIC:** 47867

Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	2
Material and Supplies (including equipment):	5
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	6

DATA CALL 66
INSTALLATION RESOURCES

Total:	13

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, CAMP H. M. SMITH	**UIC:** 47867
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 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

future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

N/A

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above)**:

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	N/A

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	N/A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

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)

Signature

04 AUG 1994

Title

Date

BRAC DATA CALL #26
CAPACITY ANALYSIS

BRANCH MEDICAL CLINIC CARDEROCK
UIC 32566

TABLE OF CONTENTS

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

MISSION REQUIREMENTS (BRMEDCL NSRDC CARDERCK) DMIS 302 UIC 32566

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	60,348	3,273	NA	54,121	2,976	NA
FAMILY OF AD	74,603	672	NA	66,887	602	NA
SUBTOTAL	134,9511	3,945	NA	121,008	3,578	NA
RETIRED AND FAMILY MEMBERS UNDER 65	75,748	921	NA	73,642	896	NA
RETIRED AND FAMILY MEMBERS OVER 654	27,179	546	NA	34,517	695	NA
OTHER	20,048	349	NA	21,953	394	NA
TOTAL	257,866	5,761	NA	251,120	5,563	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	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	82	2270	NA	2352
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	2716
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	0
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	22
OTHER (SPECIFY)	NA	NA	NA	NA

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

NOTE: UNABLE TO BREAK OUT 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	56	2400	NA	2456
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	2053
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	0
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	55
OTHER (SPECIFY)	NA	NA	NA	NA

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

NOTE:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCUDED IN NNMC 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	CIVILIAN	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55	2400	0	2456
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	2053
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	0
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	55
OTHER (SPECIFY)	NA	NA	NA	NA

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

NOTE:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCUDED IN NNMC 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]	.2	.2	.2	.2	.2	.2	.2	.2
SPECIALTY CARE[2]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDERS[3]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INDEPENDENT DUTY CORPSMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	.2	.2	.2	.2	.2	.2	.2	.2

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

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 Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

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:

1. SOURCE: US BUREAU OF CENSUS, 1992 POPULATION BASED ON 1990 CENSUS

2. GEOGRAPHIC BOUNDARY IS THE WASHINGTON METROPOLITAN STATISTICAL AREA DUE TO 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		40 MILES	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[1]	DRIVING TIME	RELATIONSHIP[2]
ST AGNES HOSP	CHURCH			
UNION MEM HOSP	NFP			
UNIV OF MD MEDICAL SYSTEM	NFP			
VETERANS AFFAIRS MEDICAL CTR	VETERANS ADMIN			
BETHESDA		10 MILES	15 MIN	
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	PUBLIC HEALTH SERVICE			
SUBURBAN HOSP	NFP			
CATONSVILLE		33 MILES	50 MIN	
SPRING GROVE HOSP CTR	STATE			
CHEVERLY		22 MILES	30 MIN	
PRINCE GEORGE'S HOSP CTR	NFP			
CLINTON				
SOUTHERN MD HOSP	CORPORATION			
COLUMBIA		25 MILES	35 MIN	
HOWARD COUNTY GEN HOSP	NFP			
CROWNSVILLE		39 MILES	48 MIN	
CROWNSVILLE HOSP CTR	STATE			
ELLIOT CITY		30 MILES	40 MON	
TAYLOR MANOR HOSP	CORPORATION			
EMMITSBURG		60 MILES	65 MIN	

MOUNTAIN MANOR TREATMENT CTR FOR ALCOHOLISM	CORPORATION			
FREDRICK		31 MILES	40 MIN	
FREDRICK MEM HOSP	NFP			
GLEN BURNIE		40 MILES	50 MIN	
NORTH ARUNDEL HOSP	NFP			
JESSUP		32 MILES	40 MIN	
CLIFTON T PERKINS HOSP CTR	STATE			
LA PLATA		60 MILES	70 MIN	
PHYSICIAN'S MEM HOSP	NFP			
LANHAM		62 MILES	70 MIN	
DOCTORS COMM HOSP	NFP			
LAUREL		16 MILES	25 MIN	
GREATER LAUREL BELTSVILLE HOSP	NFP			
OLNEY		17 MILES	22 MIN	
MONTGOMERY GEN HOSP	NFP			
PATUXENT RIVER		40 MILES	50 MIN	
NAVAL HOSPITAL	NAVY			
RANDALLSTOWN		46 MILES	55 MIN	
NORTHWEST HOSP CTR	NFP			

ROCKVILLE		11 MILES	17 MIN	
CHESTNUT LODGE HOSP	CORPORATION			
PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	CORPORATION			
SHADY GROVE ADVENTIST HOSP	CHURCH			
SILVER SPRING		4 MILES	7 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		35 MILES	42 MIN	
ALEXANDRIA HOSP	NFP			
MT VERNON HOSP	NFP			
ARLINGTON		29 MILES	35 MIN	
ARLINGTON HOSP	NFP			
HOSPICE OF NORTHERN VIRGINIA	NFP			

NATIONAL HOSP FOR ORTHOPAEDICS AND REHABILITATION	NFP			
NORTHERN VIRGINIA DOCTORS' HOSP	CORPORATION			
FAIRFAX		38 MILES	45 MIN	
FAIR OAKS HOSP	NFP			
FALLS CHURCH				
FAIRFAX HOSP	NFP			
HCA DOMINION HOSP	CORPORATION			
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	STATE			
LEESBURG		NA	NA	
GRAYDON MANOR	NFP			
LOUDOUN HOSP CTR	NFP			
SPRINGWOOD PSYCHIATRIC INSTITUTE	CORPORATION			
MANASSAS		23 MILES	30 MIN	
PRINCE WILLIAM HOSP	NFP			
RESTON		39 MILES	45 MIN	
HCA RESTON HOSP CTR	CORPORATION			
WOODBRIDGE		50 MILES	59 MIN	
POTAMAC HOSP	NFP			

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]
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 REHABILITAT ION
HOWARD UNIV HOSP	437	Y	70.6	COMPLICATED OBSTETRICS
NATIONAL REHAB HOSP	160	Y	76.9	REHABILITAT ION
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
SUITLAND				
ST LUKE INSTITUTE	24	NO	NA	

SYKESVILLE				
SPRINGFIELD HOSP CTR	619	Y	NA	
TAKOMA PARK				
WASHINGTON ADVENTIST HOSP	300	Y	78	
TOWSON				
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	
WOODBRIDGE				
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								

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			

(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

PATRICIA H. GULBRANDSEN M.D., M.P.H.
NAME (Please type or print)

Patricia H. Gulbrandsen MD
Signature

HEAD, BRANCH MEDICAL CLINIC
Title

May 17, 1994
Date

NAVAL SURFACE WARFARE CENTER, WHITE OAK, MD
Activity

ENCL(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) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.

NAME (Please type or print) | Signature

ACTING

Title | Date

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)

Signature

16 JUN 94

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

BRMEDCL CARDEROCK (32566)
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

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)

296

BRAC DATA CALL #27
MILITARY VALUE ANALYSIS

BRANCH MEDICAL CLINIC CARDEROCK
UIC 32566

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 29

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 Carderock is located at David Taylor Ships Research and Development Center, Carderock, MD. The nearest definitive care facility is NNMC, which is located 9 miles away at an approximate travel time of 10 minutes. The clinic must rely on 911 emergency medical services (EMS). An active duty Occupational Health Medical Officer is assigned one day a week from Branch Medical Clinic, NSWC, White Oak. Support provided by the clinic is limited to occupational health and industrial hygiene services for 15 military and 2,000 civilian personnel.

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)
CDNSWC	00167	Bethesda, MD	1449

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	56	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	-	N/A	N/A
TOTAL ACTIVE DUTY	N/A	-		N/A
FAMILY OF AD	N/A	-	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	-	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	-	N/A	N/A
OTHER CIVILIAN	N/A	2400	N/A	N/A
TOTAL	N/A	2456		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	2456	2456	2456	2456	2456	2456	2456
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

NOTE:

1. PROJECTED OUTPATIENT VISITS IS BASED ON FY 94 DATA.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
MEDICAL STANDBY FOR BASE-SPONSORED FUN RUN	1 HOUR	1

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
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.

FOR FACILITY QUESTIONS, REFER TO NSWC, CARDEROCK (UIC 00167) BRAC DATA CALL #4.

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]
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: **NA**

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				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: CARDEROCK BRANCH MEDICAL CLINIC					
2. UIC: 32566	3. CATEGORY CODE		4. NO. OF BUILDINGS: 1		
5. SIZE	A. GSF		B. NORMAL BEDS: 0		C.DTRS
6. LOCATION: CDNSWC	A. CITY: BETHESDA			B.STATE: MD	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	100%				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(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%				

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 WITHIN WALKING DISTANCE (10 MINUTES) OF THE EMPLOYEES ON BASE. IT DOES NOT SUPPORT OFFSITE BENEFICIARIES.

b. What are the nearest air, rail, sea and ground transportation nodes?

AIR: NATIONAL AIRPORT, WASHINGTON DC
GROUND: METRORAIL
SEA: BALTIMORE
RAIL: UNION STATION, WASH DC

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): **15**

d. What is the importance of your location given your mobilization requirements?

ONE HOUR BY CAR FROM USNS COMFORT HOSPITAL SHIP LOCATED IN BALTIMORE, MD.

e. On the average, how long does it take your current clients/customers to reach your facility?

10 MINUTES FROM 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?

NO PUBLIC TRANSPORTATION, HINDERS HIRING OF CIVILIAN PERSONNEL.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

BRANCH MEDICAL CLINIC CARDEROCK PROVIDES PRIMARY CARE FOR ACTIVE DUTY AND OCCUPATIONAL HEALTH AND INDUSTRIAL HYGIENE SERVICES FOR THE BASE.

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. CARE FOR ACTIVE DUTY COULD BE ABSORBED BY NNMC. CLOSURE OF THE BASE WOULD ELIMINATE THE REQUIREMENT FOR OCCUPATIONAL HEALTH AND INDUSTRIAL HYGIENE SERVICES.

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: BOTH BASE AND CLINIC CLOSE

YES. THE CLINIC AT CARDEROCK PRIMARILY PROVIDES OCCUPATIONAL HEALTH AND INDUSTRIAL HYGIENE SUPPORT FOR ACTIVE DUTY AND CIVILIAN PERSONNEL. ROUTINE CARE FOR ANY RESIDUAL ACTIVE DUTY DEPENDENTS, RETIREES AND THEIR DEPENDENTS COULD BE PROVIDED AT OTHER MEDICAL TREATMENT FACILITIES IN THE AREA (I.E. NNMC, WRAMC, MGMC) OR THROUGH CHAMPUS.

THE OCCUPATIONAL HEALTH AND INDUSTRIAL HYGIENE FUNCTIONS WOULD NO LONGER BE REQUIRED.

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	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, EFFECT ON WORKLOAD IS MINIMAL.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: **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 NNMC, UNABLE TO BREAK OUT BY CLINIC

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	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 NNMC, UNABLE TO BREAK OUT BY CLINIC

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	194,543	346,157	58,095
TOTAL OUTPATIENT VISITS	1,835	2,344	719
AVERAGE COST PER VISIT	106	148	81

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)			

[1]These 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 ([A+M] -F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

FOR QUALITY OF LIFE QUESTIONS, REFER TO NSWC CARDEROCK (UIC 00167) 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[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

AOB = (# Geographic Bachelors x average number of days in barracks)

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Tennis CT	Each		

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT / ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerica l				
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			

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

PATRICIA H. GULBRANDSEN, M.D., M.P.H.
NAME (Please type or print)

Patricia H. Gulbrandsen MD
Signature

HEAD, BRANCH MEDICAL CLINIC
Title

May 17, 1994
Date

NAVAL SURFACE WARFARE CENTER, WHITE OAK, MD.
Activity

ENCL(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) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 6/9/94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

D. M. LICHTMAN
NAME (Please type or print)

Signature

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

16 JUN 94
Date

BRMEDCL CARDEROCK (32566)
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

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)

296

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Carderock
UIC:	32566
Host Activity Name (if response is for a tenant activity):	Commander David Taylor Research Center Carderock Laboratory
Host Activity UIC:	00167

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: Branch Medical Clinic, Carderock		**UIC:** 32566	
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	2		2
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			

DATA CALL 66
INSTALLATION RESOURCES

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:	2	0	2
3. Grand Total (sum of 1c. and 2k.):	2	0	2

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:

Appropriation	Amount ($000)
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..

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic, Carderock		**UIC:** 32566	
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

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

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, Carderock	**UIC:** 32566
Cost Category	**FY 1996 Projected Costs ($000)**
Travel: (399)	0
Material and Supplies (including equipment): (499 & 599)	0
Industrial Fund Purchases (other DBOF purchases): (699)	4
Transportation: (799)	0
Other Purchases (Contract support, etc.): (999)* See Below	9
Total:	13

*OP32 Line 999 Includes purchase of medical supplies and equipment.

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, Carderock	**UIC:** 32566
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.

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)):

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

DATA CALL 66
INSTALLATION RESOURCES

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):**

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. Ridenour
NAME (Please type or print)

RLRidenour
Signature

Commander
Title

19 JUL 94
Date

National Naval Medical Center
Bethesda
Activity

Above certification is for NNMC Bethesda & all subordinate branches.

BUMED-822
mss, 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

NAME (Please type or print) x D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 9-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 16 AUG 1994 Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	*Branch Medical Clinic Carderock* *Naval Surface Warfare Center*
Acronym(s) used in correspondence	*BRMED Clinic Carderock*
Commonly accepted short title(s)	*Carderock Clinic*

- Complete Mailing Address

  Branch Medical Clinic Carderock, Code 306
  Naval Surface Warfare Center, Carderock Division
  Clara Barton Parkway
  Bethesda, MD 20084-5000

- PLAD
  BRMEDCLINIC NSRDC CARDEROCK MD

- PRIMARY UIC: 32566 (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)

ENCLOSURE (4)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes ____ No __X__ (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes __X__ No ____ (check one)

• Primary Host (current) UIC: 000167

• Primary Host (as of 01 Oct 1995) UIC: 000167

• Primary Host (as of 01 Oct 2001) UIC: UNKNOWN

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes ____ No __X__ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC

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.

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

• 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:

• 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, led 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
National Naval Medical Center	00168

• Funding Source	UIC
National Naval Medical Center	00168

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	0	1	5
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	129	109
• 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 K. Bowden MSC, USN	(301) 227-1585	(301) 227-4610	(301) 869-6989

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

• Tenants (Other than those identified previously)

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste d	Civilian

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

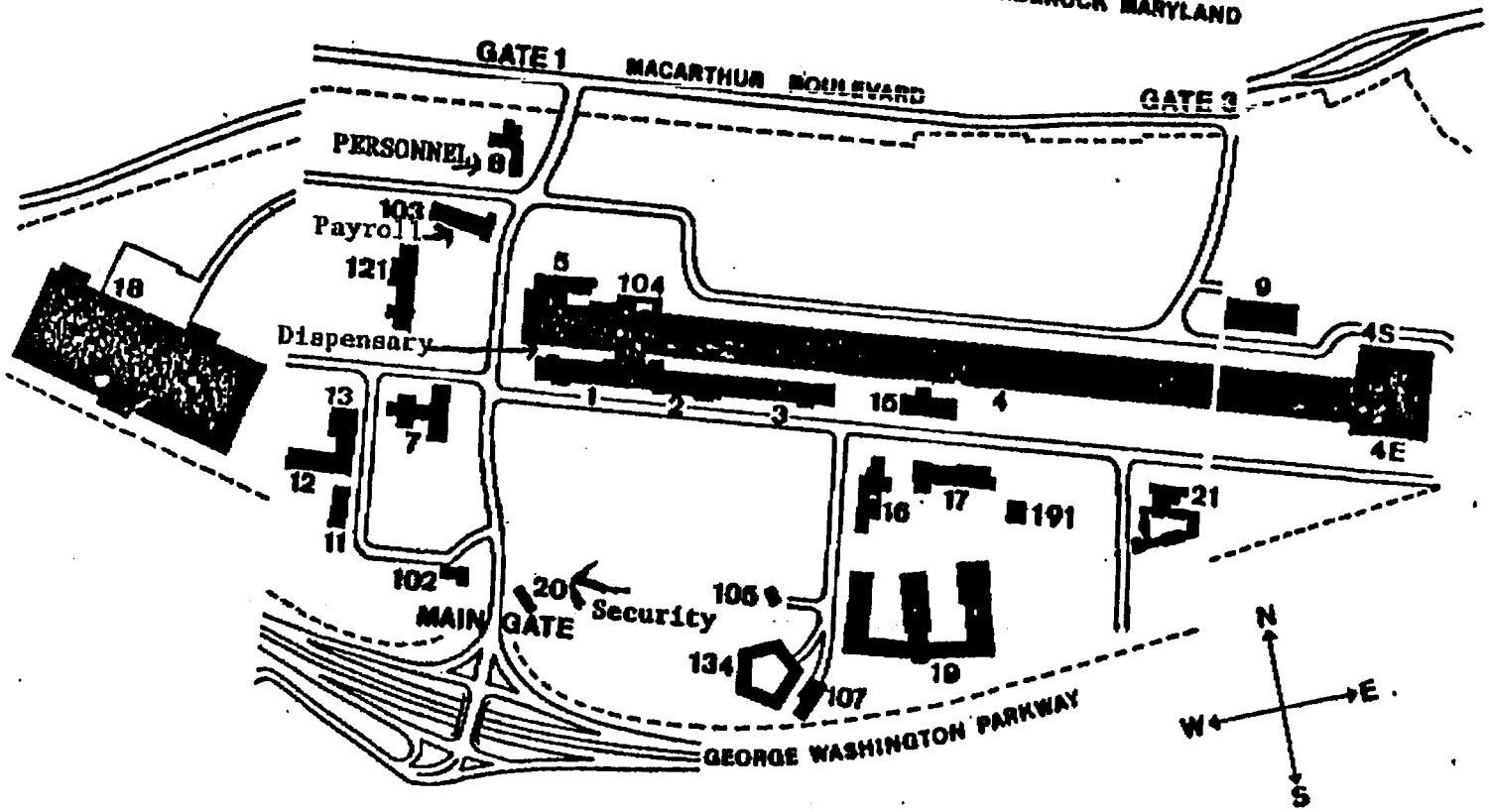
• Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

• Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)

• Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)

• Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

Naval Surface Warfare [redacted] CENTER CARDEROCK MARYLAND



32566

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

940207
Date

National Naval Medical Center
Activity
BRMEDCL NSRDC

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)

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date