

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

297

Branch Medical Clinic China Lake

ACTIVITY UIC: 41425

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.

Provide general clinic (outpatient) services primarily for active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services. Subject to the availability of space and facilities and capabilities of the medical staff, provide general clinic services for other authorized persons as prescribed by Title 10, U.S. Code, and other current directives. Provide clinic specialty and subspecialty services as directed. Provide coordinated clinic healthcare services for all medical treatment facilities and activities assigned and exercise local coordination of other functions as directed. Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties. Ensure that the clinic is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide as directed, healthcare services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces to ensure the highest possible degree of operational readiness of these forces and activities. Conduct appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained. Participate as an integral element of the Navy and Tri-Service Regional Healthcare System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

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)
NAWC	60530	CHINA LAKE	392
VX-9	55646	CHINA LAKE	370
NIF	47609	CHINA LAKE	28
NTCC	48787	CHINA LAKE	17
A/C OP DET	47677	CHINA LAKE	16
NAWPNCCEN	46167	CHINA LAKE	14
PSD	43144	CHINA LAKE	12
EOD MU3 DET	30697	CHINA LAKE	10
DENTAL	41769	CHINA LAKE	07
ROICC	44269	CHINA LAKE	05
NAVPACMETOC	66459	CHINA LAKE	05
COMAIRTEVRON	52818	CHINA LAKE	05
DCA	41999	CHINA LAKE	03
NAWC WPN DIV	68936	CHINA LAKE	03
NIACEN-ST	47357	CHINA LAKE	02
NAWS	68937	CHINA LAKE	02
NAESU	35482	CHINA LAKE	01
NAVY EXCHANGE	60824	CHINA LAKE	01

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). See note below.

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	note below	N/A	N/A
ACTIVE DUTY NON N/MC	↓	↓	↓	↓
TOTAL ACTIVE DUTY		6,672		
FAMILY OF AD		6,579	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		3,591	↓	
RETIRED AND FAMILY MEMBERS OVER 65		00	↓	
OTHER		3,672	↓	
TOTAL	↓	20,514		↓

What is your occupancy rate for FY 1994 to date? 10,529

NOTE: UNABLE TO BREAKOUT N/MC FROM NON N/MC IN EAS III OR WORS. FY 94 WORKLOAD WAS DERIVED FROM MICRO-WORS UTILIZING FOUR MONTHS OF COMPLETED WORKLOAD AND PROJECTING THE REMAINING WORKLOAD THROUGH THE END OF THE FISCAL YEAR.

BUMED-822
MMS, 3 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	20,514	20,514	20,514	20,514	20,514	20,514	20,514
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

NOTE: THE HEADQUARTERS CLINIC (UIC 66099) DOES NOT PROJECT ANY SIGNIFICANT INCREASES TO THIS CLINIC (UIC 41425) WORKLOAD IN THE OUTYEARS. THIS CLINIC (UIC 41425) IS IN AN ISOLATED AREA AND ONLY TRICARE STANDARD PROGRAMS ARE AVAILABLE. THERE ARE LIMITED COMMUNITY BASED SERVICES WITHIN THE CATCHMENT AREA.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	200 HRS	01
RIFLE RANGE COVERAGE	50 HRS	01
MWR FUNCTIONS	150 HRS	06

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. **NOT APPLICABLE.**

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NOT APPLICABLE								

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): **NOT APPLICABLE.**

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
NOT APPLICABLE			

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
N/A	PATIENT CARE/ADMIN	31,752	17	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 from BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NOT APPLICABLE		

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
	NOT APPLICABLE		

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
	NOT APPLICABLE		

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 0212		
1. FACILITY NAME Branch Medical Clinic China Lake					
2. UIC 41425	3. CATEGORY CODE	4. NO. OF BUILDINGS 01			
5. SIZE 31,752 SQ FT	A. GSF N/A	B. NORMAL BEDS N/A	C. DTRS N/A		
6. LOCATION NAWS	A. CITY China Lake	B. STATE CA			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.	100%				
(4) DENTAL	100%				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	100%				
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER	100%				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item

DEFINITIONS

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

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

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

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

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

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard

or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

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

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

DATE OF SURVEY: **NOT APPLICABLE**

FULL ACCREDITATION: Yes/No

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

LOCATION:

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

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

Immediate emergency response to airfield incidents.

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

Air, rail and ground/on site, sea/150 miles away.

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): On site

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

None.

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

15 minutes average.

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

Yes, isolation of this duty station significantly increases the difficulty in recruiting qualified civilian personnel.

FEATURES AND CAPABILITIES

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

Loss of immediate emergency response to airfield incidents.

Loss of staffing of Flight Surgeon and Aviation Medicine Technicians.

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, TRICARE Standard Programs could absorb non active duty beneficiaries. However, the impact to active duty and civil service personnel would be significant in that they would be required to travel 70 miles to Edwards AFB for routine and emergent medical care. This travel requirement would increase lost man hours and increase risk for emergent conditions.

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

Yes, TRICARE Standard Programs and Medicare could absorb the residual eligible population.

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

NOT APPLICABLE

11. Mobilization. What are your facility's mobilization requirements? **See note below.**

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
U.S. NAVHOSP GUAM	68096	02
USS TRIPOLI	07198	01
USNS MERCY	46245	02
1ST FSSG	67446	03
1ST MAR DIV	67448	03
3RD MAR AIR WING CP	31053	02
3RD MAR AIR WING	57081	01
3RD FSSG	67436	01
FLEET HOSP #6	68686	02

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. However, the present workload could not be sustained if required mobilization training is fully implemented.

c. Please provide the total number of your expanded beds¹ that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition. **NOT APPLICABLE.**

Number of "stubbed" expanded beds¹: **NOT APPLICABLE**

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): **NOT APPLICABLE.**

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care: **See note below.**

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.

NOTE: ALL SUPPLEMENTAL CARE PROCEDURES ARE COMPLETED AND APPROVED AT THE HEADQUARTERS CLINIC (UIC 66099).

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). **See note below.**

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

NOTE: THIS DATA IS INCLUDED WITH THE HEADQUARTERS CLINIC (UIC 66099), IT CAN NOT BE BROKEN OUT SEPARATELY. MEPRS DATA DOES NOT ACCURATELY REFLECT OUTPATIENT COSTS.

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: **NOT APPLICABLE**

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

Table B: **NOT APPLICABLE**

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: **NOT APPLICABLE**

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: **NOT APPLICABLE**

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.

Host is responding: UIC 60530, Naval Air Warfare Center, China Lake, BSAT Data
Call #5.

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

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

COMMANDING OFFICER
Title

MAY 27 1994
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

NAME (Please type or print)

Signature

Title

Date

Acting

6/9/94

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

● **Name**

Official name	<i>Branch Medical Clinic, China Lake, CA</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>BRMEDCLINIC CHINA LAKE CA</i>

- **Complete Mailing Address Officer in Charge**
 Branch Medical Clinic China Lake
 Naval Air Weapons Station
 1 Administration Circle
 China Lake, CA 93555-6001

- **PLAD BRMEDCLINIC CHINA LAKE CA**

- **PRIMARY UIC: 41425** (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):*46361 PURPOSE: Branch Medical Annex, NWS, China Lake, Ca**
*46362 Branch Medical Annex, NAVOCCOMDET, China Lake, Ca

*These UIC's have no Naval personnel attached

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

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

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

- Yes No (check one)

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

- Yes No (check one)
- Primary Host (current) UIC: 60530
- Primary Host (as of 01 Oct 1995) UIC: 60530
- Primary Host (as of 01 Oct 2001) UIC: 60530

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

- Yes No (check one)

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

Name	Location	UIC
NOT APPLICABLE		

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

Name	UIC	Location	Host name	Host UIC
NOT APPLICABLE				

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

The closure of Naval Hospital, Long Beach, California due to BRAC-91, has had a severe impact on this command's ability to provide quality medical care for the active duty personnel stationed at Naval Air Weapons Center, China Lake, and tenant commands. With the loss of Naval Hospital Long Beach the closest military medical facility is at Edwards Air Force Base which is 70 miles to the south. This facility is a small hospital with very limited specialty support. It is approximately 160 miles to the Naval Hospital, Camp Pendleton and 200 miles to the Naval Medical Center, San Diego. This travel, for routine appointments, is a hardship for the active duty patient and has an adverse impact on their command's travel budget. We are currently exploring increased utilization of the local civilian medical community for active duty personnel, however funding constraints prohibit significant employment of those assets.

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

Current Missions

- Provide primary medical care for 1,100 active duty military personnel, 5,000 Civil Service personnel and 4,500 dependent and retired members.
-
- Provide Industrial Hygiene/Environmental Health support for Naval Air Weapons Station, China Lake, California and all tenant commands.
-
-

Projected Missions for FY 2001

- Provide primary medical care for 1,100 active duty military personnel, 5,000 Civil Service personnel and 4,500 dependent and retired members.
- Provide Industrial Hygiene/Environmental Health support for Naval Air Weapons Station, China Lake, California and all tenant commands.
-
-
-

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
NAVMEDCLINIC PORT HUENEME CA 66099
- **Funding Source** UIC
BUMED WASHINGTON DC 00018

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command *Contract	<u>6</u>	<u>35</u>	<u>20 / ^{caew} _{*2} 2/8/94</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command *Contract	<u>6</u>	<u>37</u>	<u>21 / ^{caew} _{*2} 2/8/94</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC				
	S. A. KENT, LCDR, MSC, USN <u>Officer in Charge</u>	(619) 939-8002 DSN 437-8002	(619) 939-6582 DSN 939-6582	(619) 446-9741
● Duty Officer		(619) 939-2911 DSN 437-2911		[N/A]
●	_____			
●	_____			

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, 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
NOT APPLICABLE				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

- 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
NOT APPLICABLE					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>See attached list</i>	<i>All commands located at China Lake, CA</i>	<i>Medical support for attached personnel. No ISSA or MOU in effect.</i>

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

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

Note: Maps and aerial photos are being submitted to Headquarters, Naval Air Warfare Center, Washington, DC by the Commanding Officer, Naval Air Weapons Center, China Lake, Ca.

410 41425

**CHINA LAKE COMMANDS
SUPPORTED BY
NAVAL MEDICAL CLINIC
PORT HUENEME, CA**

Air Test and Evaluation Squadron Five (VX-5)
Marine Aviation Detachment
Defense Reutilization and Marketing Office
Defense Commissary Agency
Resident Officer in Charge of Construction
Personnel Support Activity Detachment
Branch Medical Clinic
Naval Oceanography Command Detachment
Naval Investigative Service Residency Agency
Explosive Ordnance Disposal Mobile Unit Three Detachment
Defense Printing Service Detachment Branch Office
Branch Dental Clinic
Reserve Unit NWC
Defense Investigative Service
Naval Aviation Engineering Support Unit
Communications Center
Naval Mobile Construction Battalion Seventeen
Joint Task Force Six
Defense Finance and Accounting Service

410 41425

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

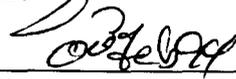
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

A. L. NELSON, LCDR, MSC, USN
NAME (Please type or print)


Signature

Acting
Title


Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED

Title

Date

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

7

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

Branch Medical Clinic China Lake

ACTIVITY UIC: 41425

**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. **See note below.**

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	994	994	N/A	893	893	N/A
FAMILY OF AD	1,217	1,217	N/A	1,090	1,090	N/A
SUBTOTAL	2,211	2,211	N/A	1,983	1,983	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	1,831	1,831	N/A	1,847	1,847	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	144	144	N/A	180	180	N/A
OTHER	258	258	N/A	283	283	N/A
TOTAL	2,233	2,233	N/A	2,310	2,310	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 20 MILES.

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

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

⁴ THIS SECTION MUST BE COMPLETED.

NOTE: RAPS WON'T PROJECT OUT FARTHER THAN 1999.

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 :	NOT APPLICABLE
Set Up Beds ¹ :	NOT APPLICABLE
Expanded Bed Capacity ² :	NOT APPLICABLE

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: UIC 41425

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	N/A			26,179
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A			152,294
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A			5,449
PHARMACY UNITS (WEIGHTED) ¹	N/A			36,066
OTHER (SPECIFY)	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. See note below.

NOTE: THIS FACILITY WAS NOT TRANSFERRED TO THE HEADQUARTERS CLINIC (UIC 66099) UNTIL FY-93. DATA IS PROVIDED AT THE LEVEL OF DETAIL AVAILABLE FOR FY-93.

See BUMED-823
 5/2/94

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	N/A			26,179
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A			152,294
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A			5,449
PHARMACY UNITS (WEIGHTED) ¹	N/A			36,066
OTHER (SPECIFY)	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. See note below.

NOTE: THIS FACILITY WAS NOT TRANSFERRED TO THE HEADQUARTERS CLINIC (UIC 66099) UNTIL FY-93. DATA IS PROVIDED AT THE LEVEL OF DETAIL AVAILABLE FOR FY-93. NEITHER EAS III OR WORS COLLECTS ANCILLARY PROCEDURES BY BENEFICIARY CATEGORY. THIS COMMAND DOES NOT PROJECT ANY ADDITIONAL WORKLOAD CAPACITY FROM OUR CURRENT LEVEL ASSUMING THE ASSUMPTIONS LISTED ABOVE. AT A MINIMUM, THE ADDITION OF EVEN 1% MORE PATIENTS WOULD GENERATE ADDITIONAL SUPPLY COSTS.

CJL BEMED-823
 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	N/A	→	→	26,179
ADMISSIONS	N/A	→	→	N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A	→	→	152,294
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A	→	→	5,449
PHARMACY UNITS (WEIGHTED) ¹	N/A	→	→	36,066
OTHER (SPECIFY)	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. **See note below.**

NOTE: NO TRICARE PRIME AVAILABLE.

SJA BEMFD-823

3 Jun 94

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	06	06	06	06	06	06	06	06
SPECIALTY CARE ²	01	01	01	01	01	01	01	01
PHYSICIAN EXTENDERS ³	01	01	01	01	01	01	01	01
INDEPENDENT DUTY CORPSMEN	01	01	01	01	01	01	01	01
TOTAL	09	09	09	09	09	09	09	09

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	02
SPECIALTY CARE ²	16
PHYSICIAN EXTENDER ³	Unknown
TOTAL	18

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 27,725

According to the Bureau of the Census, Department of Commerce 1990 census for Ridgecrest.

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

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Ridgecrest Community Hospital	Community Non-profit	2 miles	5 minutes	N/A

¹ Distance in driving miles from your facility

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

NOTE: ONLY HOSPITAL AVAILABLE IN AREA.

cgw BUMED-023
3 Jun 94

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Ridgecrest Hospital	80	YES	30	N/A

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.

NOTE: ONLY HOSPITAL AVAILABLE IN AREA.

CPA BUMED-823
3 Jun 94

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. NOT APPLICABLE

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

(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. NOT APPLICABLE

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. NOT APPLICABLE

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

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

COMMANDING OFFICER
Title

27 MAY 1994
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

6-2-94

Date

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)

J.B. Greene Jr

Signature

ACTING

Title

8 JUNE 1994

Date

Title

Date

1

**DATA CALL 66
INSTALLATION RESOURCES**

577

Activity Information:

Activity Name:	Branch Medical Clinic China Lake, CA
UIC:	N66099 41425
Host Activity Name (if response is for a tenant activity):	Naval Air Weapons Station, China Lake, CA
Host Activity UIC:	68937

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

**DATA CALL 66
INSTALLATION RESOURCES**

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 China Lake CA		UIC: N66099	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	5		5
1b. Minor Construction	0		0
1c. Sub-total 1a. and 1b.	5		5
2. Other Base Operating Support Costs:			
2a. Utilities	90		90
2b. Transportation	15		15
2c. Environmental	0		0
2d. Facility Leases	0		0
2e. Morale, Welfare & Recreation	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	16	32	48
2j. Other (Specify) SAGS: FG & FN	55	52	107
2k. Sub-total 2a. through 2j:	176	84	260
3. Grand Total (sum of 1c. and 2k.):	181	84	265

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

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 China Lake CA		UIC: N66099	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	N/A		
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:	N/A		
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation	N/A		
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A		

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Branch Medical Clinic China Lake CA	UIC: N66099
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	5
Material and Supplies (including equipment):	432
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	330
Total:	767

**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 China Lake CA	UIC: N66099
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	*
Mission Support:	.2
Procurement:	**
Other:*	***
Total Workyears:	YR BUREAU 8/2/94 .2

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

* Branch Medical Clinic China Lake obtains facilities support from Naval Air Weapons Station China Lake, who should be calculating the FY-96 estimated number of workyears in their submission.

** Branch Medical Clinic China Lake obtains procurement support from Naval Construction Battalion Center Port Hueneme, who should be calculating the FY-96 estimated number of workyears in their submission.

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

2) Estimated number of workyears which would be eliminated: .2

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area): 0

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

Commanding Officer
Title

13 Jul 94
Date

Naval Medical Clinic Port Hueneme, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

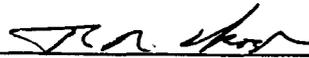
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity



Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN

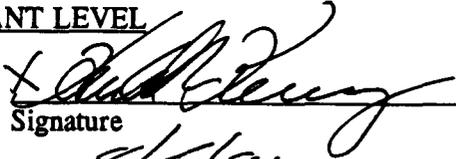
NAME (Please type or print)

ACTING CHIEF BUMED

Title

BUREAU OF MEDICINE AND SURGERY

Activity



Signature

8/5/94

Date

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

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

W. A. EARNER

NAME (Please type or print)

Title



Signature

8/30/94

Date

Document Separator

46487

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Naval Branch Medical Clinic Cleveland</i>
Acronym(s) used in correspondence	<i>Naval Branch Medical Clinic Cleveland</i>
Commonly accepted short title(s)	<i>Branch Clinic Cleveland</i>

- Complete Mailing Address
Officer in Charge
Naval Branch Medical Clinic
1240 East 9th Street
Room 2693
Cleveland, OH 44199-2055

- PLAD N/A

- PRIMARY UIC: 46487 (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: _____

_____	_____
_____	_____

416487

2. PLANT ACCOUNT HOLDER:

• Yes _____ No X _____ (check one)

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 00034

• Primary Host (as of 01 Oct 1995) UIC: 00034

• Primary Host (as of 01 Oct 2001) UIC: 00034

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

416487

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.

The BRAC-93 decision consolidated all recruit training at Great Lakes. Additionally, many "A" and "C" Service Schools were also consolidated at Great Lakes. The migration of staff, dependents, students and recruits continues to increase medical workload as forecasted. Projected workloads through FY97 were used in determining medical manpower requirements. These requirements are currently being addressed through BUMED and BUPERS by Special Navy Manning Plans as an interim measure to final billet redistribution. Projected workloads were also used in determining requirements for three MILCONS: Branch Clinics 1017 and 1523 (RTC), and Branch Clinic 237 (NTC).

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 Ambulatory Health Care for active duty personnel assigned DFAS Cleveland
- Provide Male and Female Wellness Training
- Conduct medical review of PRT questionnaires

Projected Missions for FY 2001

- Provide Ambulatory Health Care for active duty personnel assigned to DFAS, Cleveland
-
-
-
-

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

- Medical Support for active duty personnel
-
-

Projected Unique Missions for FY 2001

-
-
-

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

- Operational name UIC
Naval Hospital, Great Lakes, IL 00211
- Funding Source UIC
Naval Hospital, Great Lakes, IL 00211

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>01</u>	<u>08</u>	<u>02</u>
● Tenants (total)	<u>00</u>	<u>00</u>	<u>00</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>01</u>	08 ^{m.D.S.} 09	02 ^{m.D.S.} 0
● Tenants (total)	<u>00</u>	<u>00</u>	<u>00</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
<u>CDR Patrick Clement</u>	DSN: 580-5900	DSN: 580-5900	
● Duty Officer			[N/A]
●			
<u>CDR Jon D. Bayer</u>	DSN: 792-2616	DSN: 792-2402	
●			
<u>CDR Lawrence J. Giron</u>	DSN: 792-3578	DSN: 792-2402	

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

416487

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

416487

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."

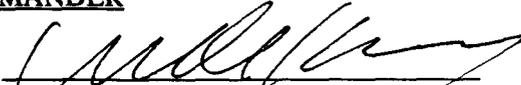
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

C. R. DE KREY



Signature

Commanding Officer



Date

Naval Hospital, Great Lakes, IL

46487

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

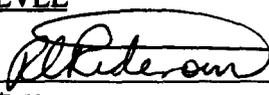
Activity

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 

Signature

23 FEB 1994

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

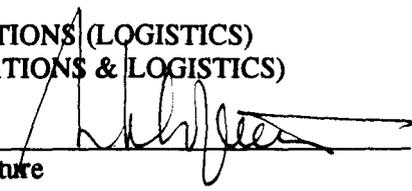
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

S. F. Loftus

Vice Admiral, U.S. Navy

NAME (Please type or print)
Deputy Chief of Naval
Operations (Logistics)



Signature

3-11-94

Title

Date

Document Separator

298

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:CLEVELAND (46487)

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. Population3
2. Bed Capacity4
3. Workload5,6,7
4. Staffing8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals11,12

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	842	NOT AVAILABLE	NA	808	NOT AVAILABLE	NA
FAMILY OF AD	2092			1993		
SUBTOTAL	2934			2801		
RETIRED AND FAMILY MEMBERS UNDER 65	3759			3682		
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	1563			1783		
OTHER	1352			1357		
TOTAL	9608			9623		

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

BUMED
MED 825
65A
6/14/94



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 :	<u>N/A</u>
Set Up Beds ¹ :	<u>N/A</u>
Expanded Bed Capacity ² :	<u>N/A</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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AT BUMED IN HAND
WRITTEN FORMAT)

BUMED
MED 825
65A
6/14/94

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1200	none	none	1200
ADMISSIONS	N/A			
LABORATORY TESTS (WEIGHTED) ¹	480 bench procedures	12	02	494
RADIOLOGY PROCEDURES (WEIGHTED) ¹	60 procedures			
PHARMACY UNITS (WEIGHTED) ¹	3000	(1200)	4200
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.

Raw numbers are sent to CLAH for weighted computations.

(INFORMATION RECEIVED @ BUMED IN HAND WRITTEN FORMAT)
 BUMED 6SA
 MED-825 6/14/94



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				
ADMISSIONS	<i>N/A</i>			
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.

Local military organization are currently admit restructuring ie DFAS, WRD. Population served is unstable till this is completed. workload in all likelihood will not be increased

(INFORMATION REVIEWED
@ BUMED IN HAND
WRITTEN FORMAT)
BUMED GSA
MED 825 6/14/94



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		N/A		
LABORATORY TESTS (WEIGHTED) ¹				
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

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

Workload will in all probability decrease as local Military Commands reorganize and centralize their command to areas away from our catchment area.

(INFORMATION RECEIVED
 @ BUMED IN HAND)
 WRITTEN FORM.
 BUMED GSA
 MED-825 6/14/44



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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	1	1	1	1	1	1	1	1
SPECIALTY CARE²								
PHYSICIAN EXTENDERS ³	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	$\frac{2}{4}$	$\frac{1}{3}$						
TOTAL								

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

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

³ This includes Physician Assistants and Nurse Practitioners.

INFORMATION RECEIVED
 @ BUMED IN HAND
 WRITTEN FORM)
 BUMED GSA
 MED-825 6/14/94



LOCATION

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

PROVIDER TYPE

PRIMARY CARE¹

SPECIALTY CARE²

PHYSICIAN EXTENDER³

TOTAL

CURRENT

} Too Numerous to Calculate

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

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

³ This includes Physician Assistants and Nurse Practitioners.

(INFORMATION RECEIVED
@ BUMED IN HAND
WRITTEN FORMAT)
BUMED GSA
MED 825 6/14/94





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

Region Population: _____

UNAVAILABLE

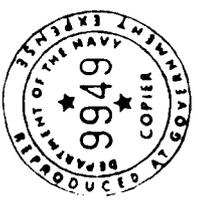
(INFORMATION RECEIVED
@ BUMED IN HAND
WRITTEN FORMAT)
BUMED CSA
MED-825 6/14/94

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

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Lithgow Medical		5	10 min	DOD Charge Care for one of our Retirees
Wade Park	VA	10	20 mi	Dad's med contract
Brooksville	VA	40	40-60 min	see Supp Care

- Distance in driving miles from your facility
- List any partnerships, MOUs, contracts, etc with this facility

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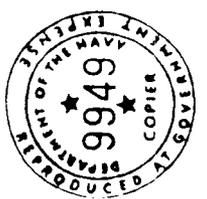
7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
<i>WYANDANNAUSE</i>				

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.

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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
NONE	NONE	NONE						

- 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)
NONE	NONE	NONE	NONE

(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."

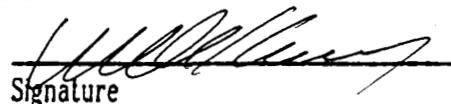
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify the 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

C. R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

6/16/93
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

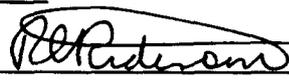
Date

Activity

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

MAJOR CLAIMANT LEVEL

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

X 
Signature

15 JUN 1994

ACTING CHIEF BUMED
Title

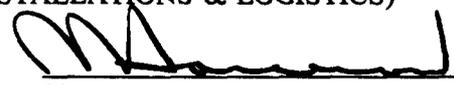
Date

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

28 JUN 1994

ACTING
Title

Date

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: CLEVELAND
ACTIVITY UIC: 46487

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.

Branch Medical Clinic Cleveland, OH provides primary sick call services to active duty and active reserve members. Services include gynecology, sight conservation support, physical examinations, and administration of immunizations.



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)
9th CG Dist	09-71109	Cleveland	150
STAClev Harbor	09-30975	Cleveland	20
MSO Cleve	09-33253	Cleveland	20
CEU	32- 82 382	Cleveland	15
NFSU	32-5-1261	Cleveland	6
EMD	32-5-1226	Cleveland	3
uscg Cutter Mackay	09 12505	Cleveland	18
Naval Reserve	81001	Cleveland	40
NRC	62378	Cleveland	26
PRD	62416	Columbus	20
DFAS	00034	Cleveland	27
FSA	68996	Cleveland	9
DITSO	49 55 7	Cleveland	0
BUMED CLIN	46487	Cleveland	10

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

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MSS, 14 Jun 94

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	1022	NA	NA
ACTIVE DUTY NON N/MC	NA	3694	NA	NA
TOTAL ACTIVE DUTY	NA	4716		NA
FAMILY OF AD	NA	38	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	0	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	0	NA	NA
OTHER	NA	0	NA	NA
TOTAL	NA	4754		NA

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	4754	4754	4754	4754	4754	4754	4754
ADMISS.	NA						

Please show all assumptions and calculations in the space below:



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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
CPR TRAINING	48 hr	02
PRT STNBY	4hr	01

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MSS, 14 Jun 94



N/A

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MSA, 14 Jun 99

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			
			BUMED 822
			MSJ, 14 Jun 99

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.



N/A

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):

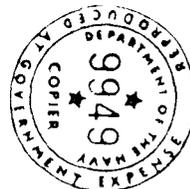
FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	N/A	BUMED-822		
		MED, 14	Jun 94	

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?



N/A
↓

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.

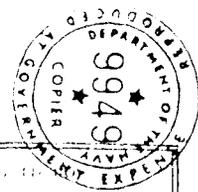
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PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

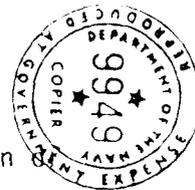
7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.



DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707		THIS IS:
1. FACILITY NAME <i>Branch Medical Clinic, Cleveland Ohio</i>					
2. UIC <i>46487</i>		3. CATEGORY CODE		4. NO. OF BUILDINGS <i>N/A</i>	
5. SIZE		A. GSF		B. NORMAL BEDS <i>N/A</i>	
6. LOCATION		A. CITY <i>Cleveland</i>		B. STATE <i>Ohio</i>	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING		<i>100%</i>		<i>018</i>	
(2) ADMINISTRATION	<i>100%</i>				
<i>N/A</i> (3) CENTRAL STERILE SVCS.					
<i>N/A</i> (4) DENTAL					
<i>N/A</i> (5) EMERGENCY SVCS.					
<i>N/A</i> (6) FOOD SERVICES					
(7) LABORATORIES					
<i>N/A</i> (8) LOGISTICS					
<i>N/A</i> (9) INPATIENT NURSING UNITS					
<i>N/A</i> (10) LABOR-DEL-NURSERY					
<i>N/A</i> (11) OUTPATIENT CLINICS					
(12) PHARMACY	<i>100%</i>				
(13) RADIOLOGY	<i>100%</i>				
<i>N/A</i> (14) SURGICAL SUITE					
<i>N/A</i> (15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC	<i>100%</i>				
(C) PLUMBING	<i>100%</i>				
(D) ELECTRICAL SVCS.	<i>100%</i>				
(E) ELECTRICAL DISTRIBUTION	<i>100%</i>				
(F) EMERGENCY POWER	<i>100%</i>				

(Info rec'd. "hand-written") FORM INSTRUCTIONS

*BUMED -822
MWS, 14 Jan 99*



1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

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

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

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

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

% INADEQUATE - Percent Inadequate is the capacity of a facility or portion thereof, in percentage form, that is in inadequate condition and associated



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

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

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: 8/91

FULL ACCREDITATION: Yes

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? *Recruiters spread out 60-80 miles. Location is relative to where our clients work.*

b. What are the nearest air, rail, sea and ground transportation nodes? *40 miles*

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

Distance (in miles): *250 military 40 miles Civ.*

d. What is the importance of your location given your mobilization requirements? *located in the inner city congestion*

e. On the average, how long does it take your current clients/customers to reach your facility? *up to 1 1/2 hr. The Avg. is 40-50 min.*

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?

Not a very large facility. The 2 civ. currently employed have all that's reqd.

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BUMED-822
MJA, 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.

Impact would be minimal
The bulk of AD in this area are
Recruiters.

Info for
quest. 10-13
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BUMED-822
MSS, 14 Jun 94



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.

Lutheran Medical Center has taken care
of AD personnel before.

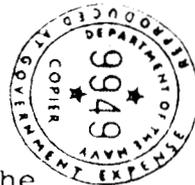
In Addition Brecksville and WADE PARK
VA are currently used as a referral
source frequently without a
large increase in travel distance.



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

yes.

Recruiters normally do not have access to a military facility so the absence of our clinic means they would use MED DEN AFFAIRS as "gate keepers"



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

No Inpt. Facilities here.



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
2ND MARDIV		02
McGuire AFB	ASWBPL I	01
USS Guam		01
FLT HOSP #5		01

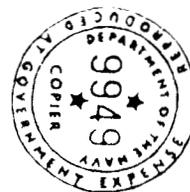
NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

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

N/A c. Please provide the total number of your expanded beds¹ that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds¹:

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



N/A

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

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

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

BUMED
822
m/d, 14 Jun 8

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	300	26,000	300	28,000	300	30,000
AD FAMILY	N/A	0	0	0	0	0
OTHER	N/A	0	0	0	0	0
TOTAL	300	26,000	300	28,000	300	30,000

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).

All workload from Branch Clinic Cleveland is rolled-up to the Naval Hospital Great Lakes (UIC 00211) and is reported within that monthly MEPRS. Please see the cost documentation submitted within that package.



N/A
Quest. 149 is
for BRCLINIC

BUMED-822
MSA, 14 Jun 94

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

Table A:

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

Table B:

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>n/A</i>		
I. CONTINUING HEALTH PROGRAM (FAL)	<i>n/A</i>		
J. DECEDENT AFFAIRS (FDD)	<i>n/A</i>		
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)	<i>n/A</i>		
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)			



(Quest. 15 rec'd "handwritten")



BUMED 822
MVA, 14 Jun 99

15. Quality of Life.

a. Military Housing

None Available

(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					

None Available

(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?



N/A

(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+		

¹As of 31 March 1994.

N/A



(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?



W/A

(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?

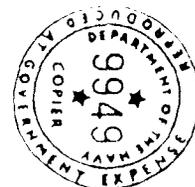
(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

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

(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?



N/A

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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?

None Available



b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ DISTANCE _____

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

Most are leased Economy

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



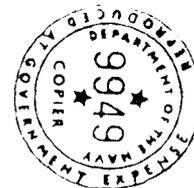
W/A

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		

No Military Facilities Available

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

No BASE a/A



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:

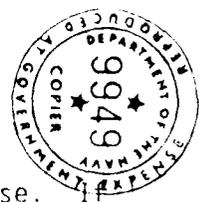
- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted 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).

No BASE W 1A



(6). Complete the following table for services available on your base. 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:

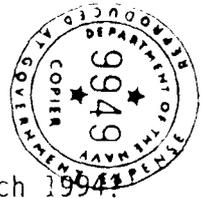
Paygrade	With Dependents.	Without Dependents.
E1	87 55	49 98
E2	87 55	55 06
E3	75 01	55 37
E4	94 75	66 13
E5	87 84	61 34
E6	89 81	61 14
E7	121 20	91 21
E8	136 15	102 93
E9	151 88	115 29
W1	209 64	159 21
W2	188 08	147 46
W3	154 25	125 39
W4	201 09	178 30
O1E	161 94	120 12
O2E	135 07	107 09
O3E	188 12	159 15
O1	124 66	91 06
O2	136 48	106 68
O3	157 35	132 52
O4	167 83	145 95
O5	212 68	175 88
O6	188 37	153 92
O7	117 68	95 62



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)	700 ⁰⁰	500 ⁰⁰	100 ⁰⁰
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)	800-	900	140 ⁰⁰
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

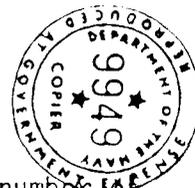


(2) What was the rental occupancy rate in the community as of 31 March 1994?

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)	75 - 80,000
Single Family Home (4+ Bedroom)	80 - 100,000
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

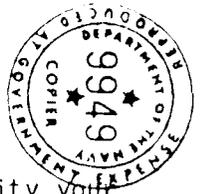


(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

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

INFO UNAVAILABLE

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



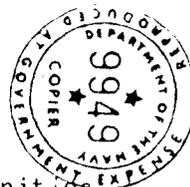
U/A

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

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

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

Location	% Employees	Distance (mi)	Time(min)
<i>Parma</i>	<i>30</i>	<i>12</i>	<i>30</i>
<i>Eastlake</i>	<i>20</i>	<i>25</i>	<i>60</i>
<i>Medina</i>	<i>50</i>	<i>40</i>	<i>60-70</i>
<i>Akron</i>			

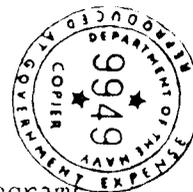


j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(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

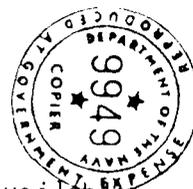
→ (1) too numerous to list.
All are over at local economy prices



(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					

No Base, all education is done using Tuition Assistance

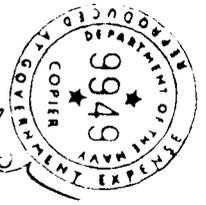


(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

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

No BASE

No Family Service Center



k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. *VA agreement in effect. only problem is distance traveled.*

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. *No.*

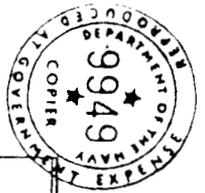
use Changus or MCP at Lutheran Hosp.



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 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			

INFO UNAVAILABLE



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)			

~~NO BASE INFO UNAVAILABLE~~

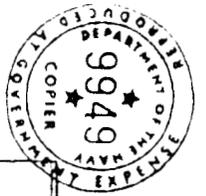


Base Personnel - military			
Base Personnel - civilian	N/A		
Off Base Personnel - military			
Off Base Personnel - civilian			

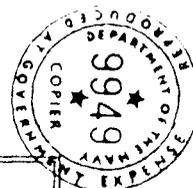


Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny.- Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel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

DATA UNAVAILABLE
 NO BASE



Off Base Personnel - civilian	PIA		
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Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
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			

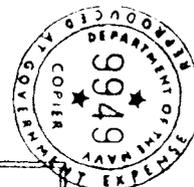
INFO UNAVAILABLE

NO BASE



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			

~~INFO UNAVAILABLE
NO CASE~~



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			

~~INFO AVAILABLE
NO BASE~~

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 the 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

C. R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

6/6/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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



Signature

11.5 JUN 1994

ACTING CHIEF BUMED
Title

Date

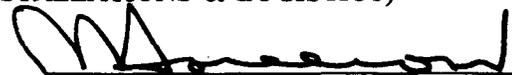
BUREAU OF MEDICINE AND SURGERY
Activity

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

29 JUN 1994

ACTING
Title

Date

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC CLEVELAND
UIC:	46487
Host Activity Name (if response is for a tenant activity):	DEFENSE FINANCE & ACCOUNTING SERVICE CLEVELAND OHIO
Host Activity UIC:	62380

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 CLEVELAND		UIC: 46487	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total

**DATA CALL 66
INSTALLATION RESOURCES**

1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	0	0	0
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	5	30	35
2j. Other (Specify) Engineering Support, Supply, Chaplain, Communication, Hazardous Waste, Security	0	0	0
2k. Sub-total 2a. through 2j:	5	30	35
3. Grand Total (sum of 1c. and 2k.):	5	30	35

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>	
O&M		\$ 35
MPN		\$ 0
GRAND TOTAL 1A 3		\$ 35

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: NOT APPLICABLE			UIC:
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH MEDICAL CLINIC CLEVELAND	UIC: 46487
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	2
Material and Supplies (including equipment):	30
Industrial Fund Purchases (other DBOF purchases):	5
Transportation:	0
Other Purchases (Contract support, etc.):	4
Total:	41

**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 CLEVELAND	UIC: 46487
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

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

C. R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

14 JULY 1994
Date

NAVAL HOSPITAL GREAT LAKES ILLINOIS
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-27-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

06 AUG 1994

Date

BRAC-95 CERTIFICATION

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

J. B. DILLARD, CDR, MSC, USN
NAME (Please type or print)



Signature

COMPTROLLER
Title

14 JULY 1994
Date

Division

FISCAL DEPARTMENT
Department

NAVAL HOSPITAL GREAT LAKES ILLINOIS
Activity

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- **Name**

Official name	<i>Branch Medical Clinic, Puget Sound WA</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>Branch Clinic PSNS, PSNS Clinic</i>

- **Complete Mailing Address**

Officer in Charge
 Puget Sound Naval Shipyard
 Branch Medical Clinic
 1400 Farragut Avenue
 Bremerton, WA 98314-5000

- **PLAD**

BRMEDCLINIC PUGET SOUND WA

- **PRIMARY UIC:** 32587 (Plant Account UIC for Plant Account Holders)

- **ALTERNATE UIC(s):** N/A **PURPOSE:** _____

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

Plant Account Holder is Naval Hospital Bremerton (68095)

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

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

• Yes No (check one)

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

• Yes No (check one)

- Primary Host (current) UIC: 00251
- Primary Host (as of 01 Oct 1995) UIC: 00251
- Primary Host (as of 01 Oct 2001) UIC: 00251

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

N/A

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

Current Missions

- Occupational Health/Preventive Medicine to civilian and military assigned to PSNS and tenant commands.
- Military sick call.
- Acute care/injury.
- Physical Therapy.
- Pharmacy, Laboratory and Radiology Services.

Projected Missions for FY 2001

- Same as above.

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

Current Unique Missions

- Radiation Health Program for Nuclear Shipyard.
- Recycling evolution for PSNS requires medical evaluation of workers with exposures to multiple hazards.

Projected Unique Missions for FY 2001

- Same as above.

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

- | | |
|--|--------------|
| ● Operational name | UIC |
| <u>Commanding Officer, Naval Hospital, Bremerton</u> | <u>68095</u> |

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>2</u> ^{2/9/94}	<u>23</u> ⁷ _{2/9/94}	<u>36</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>2</u>	<u>7</u>	<u>37</u> ^{2/9/94}
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

* Based on current Manpower Authorization (MPA) for 1994

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
LT John McQuade	478-9609	478-9688	476-2840

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
Not Applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

- 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
Not Applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>COMNAVSURFPAC</i> <i>Puget Sound Naval Shipyard</i>	<i>Bremerton, WA</i>	<ul style="list-style-type: none"> - <i>Provide clinic time, support and credentialling for SMDR's</i> - <i>Provide coverage when COMNAVSURFPAC SMDR is TAD or on leave</i> - <i>Occupational Health, Preventive Medicine, Industrial Hygiene, acute and general medical care</i>

● While not specifically covered by a formal ISSA or MOU, medical services/coverage are provided to the below listed tenant commands located at Puget Sound Naval Shipyard, Bremerton, WA:

- Naval Dental Center
- Fleet Industrial Supply Center
- Naval Legal Services Office
- USS NIMITZ
- USS CAMDEN
- USS CALIFORNIA
- USS TRUXTUN
- Naval Reserve 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:** Map enclosed in host command's (00251) submission.

- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Map enclosed in host command's (00251) submission.

- **Aerial photo(s).** Map enclosed in host command's (00251) submission.

- **Air Installations Compatible Use Zones (AICUZ) Map.** Map enclosed in host command's (00251) submission.

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. A. MAYO, CAPT, MC, USN
NAME (Please type or print)

R. A. Mayo
Signature

Commanding Officer
Title

7 Feb 95
Date

Naval Hospital, Bremerton, WA
Activity

Enclosure (8)

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

NEXT ECHELON LEVEL (if applicable)

_____ NAME (Please type or print)	_____ Signature
_____ Title	_____ Date
_____ Activity	

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

NEXT ECHELON LEVEL (if applicable)

_____ NAME (Please type or print)	_____ Signature
_____ Title	_____ Date
_____ Activity	

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour NAME (Please type or print)	_____ Signature
ACTING CHIEF BUMED 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)

<u>J. B. GREENE, JOL</u> NAME (Please type or print)	_____ Signature
<u>ACTING</u> Title	_____ Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCLINIC PUGET SOUND WA (32587)

299

OFFICER IN CHARGE
BRANCH MEDICAL CLINIC, PUGET SOUND
PUGET SOUND NAVAL SHIPYARD
1400 FARRAGUT AVENUE
BREMERTON, WA 98314-5000

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. Population3
2. Bed Capacity4
3. Workload5,6,7
4. Staffing8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals11,12

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	N/A	800	N/A	not avail.		
FAMILY OF AD	N/A	N/A				
SUBTOTAL	N/A	800				
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A				
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	N/A	N/A				
OTHER	N/A	15K (C/S)				
TOTAL	N/A	15,800	✓			

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

BUMED-822
 msl, 7 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 :	<u>0</u>
Set Up Beds ¹ :	<u>0</u>
Expanded Bed Capacity ² :	<u>0</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

32587

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	7,911	N/A	N/A	7,911
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	66,439	N/A	N/A	66,439
RADIOLOGY PROCEDURES (WEIGHTED) ¹	3,973	N/A	N/A	3,973
PHARMACY UNITS (WEIGHTED) ¹	3,748	N/A	N/A	3,748
OTHER (SPECIFY)	N/A	N/A	N/A	0

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

NOTE: FIGURES FOR RADIOLOGY ARE NOT WEIGHTED FIGURES.

32587

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	9,000	N/A	N/A	9,000
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	75,000	N/A	N/A	75,000
RADIOLOGY PROCEDURES (WEIGHTED) ¹	5,000	N/A	N/A	5,000
PHARMACY UNITS (WEIGHTED) ¹	5,000	N/A	N/A	5,000
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

NOTE: OCCUPATIONAL HEALTH VISITS = 49,448 WHICH INCLUDES MEDICAL SURVEILLANCE AND ACUTE CARE.

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.

32587

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	9,000	N/A	N/A	9,000
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	75,000	N/A	N/A	75,000
RADIOLOGY PROCEDURES (WEIGHTED) ¹	5,000	N/A	N/A	5,000
PHARMACY UNITS (WEIGHTED) ¹	5,000	N/A	N/A	5,000
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.

32587

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	3	3	3	3	3	3	3	3
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	2	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	3	2	2	2	2	2	2	2
TOTAL	8	7	7	7	7	7	7	7

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

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

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

NOTE: See Naval Hospital Bremerton (68095)

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: _____

NOTE: See Naval Hospital Bremerton (68095)

32587

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

NOTE: See Naval Hospital Bremerton (68095)

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

32587

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

NOTE: See Naval Hospital Bremerton (68095)

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

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

c. Training Facilities:

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

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

A = STUDENTS PER YEAR

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

C = A x B

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

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

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

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

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

BRAC-95 CERTIFICATION

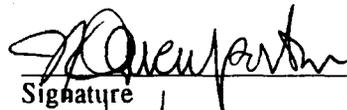
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

N. A. DAVENPORT, CAPT, MC, USN

NAME (Please type or print)

DIRECTOR, OPERATIONAL MEDICINE

Title



Signature

5/25/94

Date

CODE 06

Division

BRMEDCLINIC PSNS (32587)

Department

NAVAL HOSPITAL BREMERTON WA

Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. MAYO

NAME (Please type or print)

Commanding Officer

Title

Naval Hospital Bremerton

Activity

R. A. Mayo
Signature

26 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

D. F. Hagen
Signature

6-8 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

J. B. Greene Jr.
Signature

10 JUN 1994

Title

Date

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCLINIC PUGET SOUND WA
ACTIVITY UIC: 32587**

**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	6
4. Projected Workload	7
5. Medical Support	8
6. Graduate Medical Education	9

Facilities

7. Facilities Description	11,12,13,14,15,17
---------------------------------	-------------------

Location

8. Geographic Location	18
9. Manpower and Recruiting Issues	18

Features and Capabilities

10. Capabilities	19
11. Mobilization	23
12. Non Availability Statements	24
13. Supplemental Care	24
14. Costs	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 mission of the PSNS Clinic is to provide medical support to PSNS and all tenant commands. Support includes occupational health/medical surveillance services for all civilian (DON) and military personnel assigned. Support also includes primary and emergency care for all military and 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)
PSNS (NON-NIF)	47620	PSNS	143
PSNS STAFF	00251	PSNS	127
SIMA	68856	PSNS	118
1ST LT DIV	31999	PSNS	72
DENTAL CLINIC	68443	PSNS	68
PSNS OTHER	43646	PSNS	50
NLSO	35969	PSNS	48
PMO PAC	00441	PSNS	45
NAVRESMAINACT	68707	PSNS	43
PSD BREM	43137	PSNS	32
FISC	00406	PSNS	28
STU EEAP OC	44121	PSNS	21
DOE NAVACTOFF	44619	PSNS	16
RESERVE CENTER	63533	PSNS	14

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FLT ILO PS	68106	PSNS	12
COMSUBPAC PSNS	33057	PSNS	10
CNSP REP PSNS	35944	PSNS	9
FAMSERVCEN	48622	PSNS	5
COMMISSARY	48877	PSNS	5
NACO PS	39025	PSNS	2
NAVINVSEVRRA	47911	PSNS	1
NAVSEADETNISMF	45406	PSNS	1
NAVMARTRIJUD	43540	PSNS	1
NEX	63342	PSNS	1

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

32587

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	3,253	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	12	↓	N/A
TOTAL ACTIVE DUTY	N/A	3,265		N/A
FAMILY OF AD	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	↓	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	↓	N/A
OTHER	N/A	20,597	↓	N/A
TOTAL	N/A	23,862		N/A

What is your occupancy rate for FY 1994 to date?

N/A

BUMED-822
 mss, 14 Jun 99

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	24,577	25,314	26, 073	26,855	27,660	28,489	29,343
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

- 3% growth rate utilized.
- No inpatient capability at PSNS Clinic.
- Expect to receive one new A0 class ship with 600 AD crew in FY96 at PSNS.
- Expect to receive one CVN with 4,500 AD crew in FY97 at PSNS.

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
USS Roanoke - HIV Sweep	24	2
Marine FAST Co. Range	24	1
USS Roanoke - Weapons Quals	8	1
PSNS CPR Qualification	65	1
PSNS First Aid Qualification	65	1

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

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
NONE			

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	BUILDING 940 BRANCH MEDICAL CLINIC	26,345	7 YEARS	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

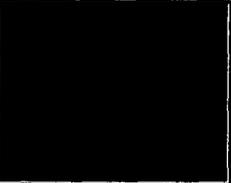
PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME BRMEDCLINIC PUGET SOUND WA					
2. UIC 32587	3. CATEGORY CODE	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 26,000	B. NORMAL BEDS 0	C.DTRS		
6. LOCATION	A. CITY BREMERTON	B.STATE WA			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	75%		25%	B17	
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100%				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	70%		30%	B17	
(C) PLUMBING	100%				

(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER	100%				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

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

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

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

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

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

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

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

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

DATE OF SURVEY: 10/91

FULL ACCREDITATION: Yes/No

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

LOCATION:

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

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

Crucial location at present.

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

**Tacoma - 26 miles
Seattle - 40 miles**

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

Distance (in miles): 35 miles

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

N/A

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

Minutes from ship or shop.

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

N/A

FEATURES AND CAPABILITIES

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

The tenant military units supported in PSNS would have to be cared for at the Naval Hospital Bremerton. Core facility is 13 miles away.

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

No, it would be overwhelmed. Only one hospital in town (Harrison Memorial) that is not geared for the current civilian population and is currently under expansion plans to meet the general need.

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.

Not known.

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

No inpatient capability.

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

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

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

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

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

N/A

c. Please provide the total number of your expanded beds¹ that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds¹: ~~0~~ N/A

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

BUMED 822
MSS, 14 Jun 94

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

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

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	2,311,911	2,434,170	577,040
TOTAL OUTPATIENT VISITS	76,259	57,366	10,797
AVERAGE COST PER VISIT	\$30.32	\$42.43	\$53.44

NOTE: THE FY92 TOTAL OUTPATIENT VISITS REPORTED EXCEED THE FY93 AND FY94 (INCOMPLETE) NUMBERS DUE TO A CHANGE IN STATISTICS REPORTING.

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.

Table A: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
A. TOTAL MEPRS-A EXPENSE (All Accounts)			

Table B: Not Applicable

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

* 1st Quarter

¹ Record as a decimal

Table C: Not Applicable

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

Table D: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*

T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU) ²			
V. PERCENT INPATIENT (IWU/AWU)			
W. FINAL OTHER F EXPENSES (SxV)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPERS DISPOSITIONS			
BB. ADJUSTED DISPOSITIONS (Z/AA)			
CC. ADJUSTED MEPERS EXPENSES (YxBB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC/DD)			

FF. TOTAL CATEGORY II RWPs ³			
GG. TOTAL CATEGORY II COST (EExFF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH/II)			

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 Diagnosis Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS)

Table E: BURDENING FOR ADD-ONS AND INFLATION Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK/LL)			
NN. AVERAGE DAYS/RWP (MM/II)			
OO. ADD ON PER RWP (NNx77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PPx15)			
RR. MILITARY PAY COST (PPx.56)			
SS. OTHER COSTS (PPx.29)			
TT. CIVILIAN PAY RAISES (RRx1.037x1.0297)			
UU. MILITARY PAY RAISES (RRx1.037x1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)			
WW. CIVILIAN ASSET USE CHARGE (UUx1.04)			
XX. MILITARY ASSET USE CHARGE (UUx1.04)			
YY. OTHER ASSET USE CHARGE (SSx1.04)			
ZZ. OTHER COST DEFLATOR FACTOR (YYx1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

15. Quality of Life. See Naval Hospital Bremerton (68095) Submission

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+		

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

NOTE: SEE PUGET SOUND NAVAL SHIPYARD (00251) SUBMISSION.

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			

Off Base Personnel - civilian			
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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			

32587

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

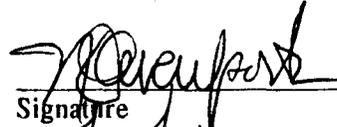
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

N. A. DAVENPORT, CAPT, MC, USN

NAME (Please type or print)

DIRECTOR, OPERATIONAL MEDICINE

Title


Signature
5/25/94
Date

CODE 06

Division

BRMEDCLINIC PUGET SOUND (32587)

Department

NAVAL HOSPITAL BREMERTON WA

Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. MAYO
NAME (Please type or print)

R. Mayo
Signature

Commanding Officer
Title

26 May 94
Date

Naval Hospital Bremerton
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)

X *R. Ridenour*
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)

R. R. Sareeram
Signature

32587

ACTING
Title

25 JUN 1994
Date

**DATA CALL 66
INSTALLATION RESOURCES**

32587

Activity Information:

Activity Name:	Branch Medical Clinic Puget Sound Naval Shipyard, Bremerton, WA
UIC:	32587
Host Activity Name (if response is for a tenant activity):	Puget Sound Naval Shipyard, Bremerton, WA
Host Activity UIC:	00251

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 line 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

DATA CALL 66
INSTALLATION RESOURCES

32587

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 Puget Sound Naval Shipyard			UIC: 32587
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2		2
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	2		2
2. Other Base Operating Support Costs:			
2a. Utilities	39		39
2b. Transportation	12		12
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) *	14		14
2k. Sub-total 2a. through 2j:	65		65
3. Grand Total (sum of 1c. and 2k.):	67		67

DATA CALL 66
INSTALLATION RESOURCES

32587

*

	<u>Non-Lab</u>	<u>Lab</u>
FN	3	
FD	<u>11</u>	
	14	

DATA CALL 66
INSTALLATION RESOURCES

32587

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
DHP	67
MPN	
Total	<u>67</u>

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

32587

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic Puget Sound Naval Shipyard		UIC: 32587	
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
1b. Real Property Maintenance (< \$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A
2j. Supply and Storage Operations			N/A
2k. Major Range Test Facility Base Costs			N/A
2l. Other (Specify)			N/A
2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			N/A

DATA CALL 66
INSTALLATION RESOURCES

32587

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

DATA CALL 66
INSTALLATION RESOURCES

32587

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 Puget Sound Naval Shipyard	UIC: 32587
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	109
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	42
Total:	151

DATA CALL 66
INSTALLATION RESOURCES

32587

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 Puget Sound Naval Shipyard	UIC: 32587
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

DATA CALL 66
INSTALLATION RESOURCES

32587

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

32587

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.)
1	Standing Orders

DATA CALL 66
INSTALLATION RESOURCES

32587

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

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

7/14/94
Date

Naval Hospital, Hamerton
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

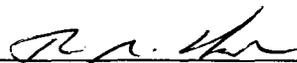
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity


Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity


Signature

7-19-94

Date

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

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

W. A. EARNER

NAME (Please type or print)

Title


Signature

04 AUG 1994

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Medical Clinic, Courthouse Bay</i>
Acronym(s) used in correspondence	<i>BRMEDCL Courthouse Bay</i>
Commonly accepted short title(s)	<i>Courthouse Bay</i>

- Complete Mailing Address
 Naval Hospital
 Branch Medical Clinic
 Courthouse Bay
 P. O. Box 10100
 Marine Corps Base
 Camp Lejeune, NC 28547-0100

- PLAD - NAVHOSP CAMP LEJEUNE NC

● PRIMARY UIC: 46098 (Plant Account UIC for Plant Account Holders) Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No X (check one)

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

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

- Yes _____ No X (check one)

ACTIVITY ID 46098

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

- Yes No (check one)
- Primary Host (current) UIC: M67001
- Primary Host (as of 01 Oct 1995) UIC: M67001
- Primary Host (as of 01 Oct 2001) UIC: M67001

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

- Yes No (check one)

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

Name	Location	UIC
NA		

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

Name	UIC	Location	Host name	Host UIC
NA				

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

ACTIVITY ID 46098

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

- Same as UIC 68093

Projected Missions for FY 2001

- Same as UIC 68093

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

- Same as UIC 68093

Projected Unique Missions for FY 2001

- Same as UIC 68093

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

- | | |
|---|--------------|
| ● Operational name | UIC |
| <u>NAVAL HOSPITAL, CAMP LEJEUNE, NC</u> | <u>68093</u> |
| ● Funding Source | UIC |
-

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant

ACTIVITY ID 46098

listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u> 2 </u>	<u> 11 </u>	<u> 0 </u>
● Tenants (total)	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>

Authorized Positions as of 30 September 1994

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

* AUTHORIZATIONS ARE REPORTED THROUGH 68093

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
● Duty Officer	Same as UIC 68093		

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.)

ACTIVITY ID 46098

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

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.)
NA		

ACTIVITY ID 46098

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.)

NA - Host command is responding to this item via their line of command (Headquarters Marine Corps, Washington, DC)

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

Michael L. Cowan, CAPT, MC, USN
NAME (Please type or print)



Signature

Commanding Officer
Title

27 894

Date

Naval Hospital Camp Lejeune, NC
Activity

ACTIVITY ID 46098

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED

Title

Date

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

Title

Date

ACTING

16 FEB 1994

Document Separator

00

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NH CAMP LEJEUNE 46098 BRMEDCL, MCB CRTHSE
BAY NC

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. Population3
2. Bed Capacity4
3. Workload5,6,7
4. Staffing8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals11,12

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	39904	39904	N/A	39904	39904	N/A
FAMILY OF AD	39818	39818	N/A	39818	39818	N/A
SUBTOTAL	79722	79722	N/A	79722	79722	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	11916	11916	N/A	17579	17579	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	1617	1617	N/A	2297	2297	N/A
OTHER	1336	1336	N/A	1336	1336	N/A
TOTAL	94591	94591	N/A	100934	100934	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.

NOTE: FY93 RAPS UNAVAILABLE - INFO BASED ON FY92 RAPS AND METHODOLOGY

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

Operating Beds ¹ :	<u>0</u>
Set Up Beds ¹ :	<u>0</u>
Expanded Bed Capacity ² :	<u>0</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

NOTE: IN PROCESS OF REVISING BED COUNT USING "ZERO" BASE REVIEW REQUIREMENT. RESPONSE DUE TO BUMED BY MID-JULY.

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	11215	N/A	N/A	11215
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	↓	↓	↓	29872
RADIOLOGY PROCEDURES (WEIGHTED) ¹	↓	↓	↓	N/A
PHARMACY UNITS (WEIGHTED) ¹	↓	↓	↓	8715
OTHER (SPECIFY)	↓	↓	↓	N/A

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

NOTE: INCLUDES WORKLOAD FOR UIC 46099

BUMED 822, msl
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	11215	N/A	N/A	11215
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹				29872
RADIOLOGY PROCEDURES (WEIGHTED) ¹				2500
PHARMACY UNITS (WEIGHTED) ¹				8715
OTHER (SPECIFY)				N/A

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

NOTE: INCLUDES WORKLOAD FOR UIC 46099 COURTHOUSE BAY STARTED RADIOLOGY PROCEDURES JAN 94

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	11215	N/A	N/A	11215
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	↓	↓	↓	29872
RADIOLOGY PROCEDURES (WEIGHTED) ¹				2500
PHARMACY UNITS (WEIGHTED) ¹				8715
OTHER (SPECIFY)	↓	↓	↓	N/A

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

NOTE: REFER TO ITEM 3 INCLUDES WORKLOAD FOR UIC 46099 COURTHOUSE BAY STARTED RADIOLOGY PROCEDURES JAN 94

BUMED 822

ML, 3 Jun 94

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

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

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

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	522
SPECIALTY CARE ²	537
PHYSICIAN EXTENDER ³	697
TOTAL	1756

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 640,000

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
Cherry Point	DHP	48 miles	1 hour	MOU MCAS MED SUPPORT
Onslow Memor	Hospital Auth	7 miles	15 minutes	OB(MOU), INTERHOSP TRAN
Craven	Hospital Auth	44 miles	1 hour	
Carteret Gen	County	38 miles	45 minutes	
New Hanover	Other	56 miles	75 minutes	

¹ Distance in driving miles from your facility

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

Cape Fear Other 56 miles 75 minutes

Pender County 45 miles 1 hour

Pitt Memorial 75 miles 90 minutes MOU Family Practice,
Interhospital Transfers, Social
Work Residency, Graduate Nursing
Baccalaureat Nursing Pgm, Physical
Therapy Students

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
Cherry Point	43	Yes	30.2	Unknown
Onslow Memorial	133	Yes	61.7	Unknown
Craven Regional	276	Yes	72.5	Unknown
Carteret General	117	Yes	71.8	Unknown
New Hanover	473	Yes	77.8	Unknown

Cape Fear	81	Yes	64.2	Unknown
Pender	66	No	N/A	Unknown
Pitt Memorial	609	Yes	84.2	Trauma Center, Graduate Medical School, Cardiology, Neonatal, Genetic

¹ Use definitions as noted in the American Hospital Association publication Hospital Counseling 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 (i.e.: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

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

A = STUDENTS PER YEAR

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

C = A x B

NEGATIVE RESPONSE

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

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

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

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

NEGATIVE RESPONSE

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

NAME F. G. BARINA, JR., CAPT, MSC, USN



Signature

Title Commanding Officer (Acting)

Date

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

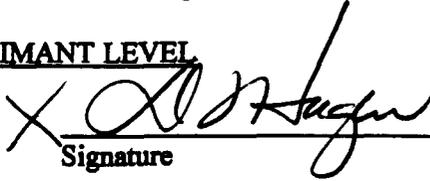
Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 
Signature

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

6-3-94

Title

Date

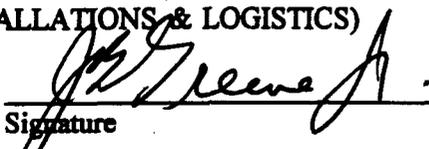
BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE J.R.


Signature

NAME (Please type or print)

Signature

ACTING

8 JUNE 1994

Title

Date

300

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL MCB CRTHSE
BAY NC
ACTIVITY UIC: 46098**

**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
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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 Naval Hospital, Camp Lejeune, NC, is as follows:

- Provide a comprehensive range of emergency, outpatient, and inpatient healthcare services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.
- Ensure that all assigned military personnel are both aware of and properly trained for performance of their assigned contingency and wartime duties.
- Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
- Provide as directed, healthcare services in support of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive healthcare services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicable directives.
- Conduct appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained.
- Participate as an integral element of the Navy and Tri-Service Regional Healthcare System.
- Cooperative with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.
- The Total Quality "Lejeune" Mission Statement states: Beneficiaries are our focus; Our staff is our most important asset; and Healthcare is our business. We will use our clinical, educational, and management skills to provide appropriate and cost effective healthcare 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)
2d MARDIV		Camp Lejeune	17,591
2d FSSG		Camp Lejeune	7,541
Students		Camp Johnson	5,680
MCAS NR		MCAS	4,525
MCB		Camp Lejeune	3,629
II MEF		Camp Lejeune	3,303
Base Unit (Reservists)		Camp Lejeune	640
Veterinary USA		Camp Lejeune	18
PERSSUPACTDET		Camp Lejeune	14
2 MEB		Camp Lejeune	10

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	10,716	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	0	N/A	N/A
TOTAL ACTIVE DUTY	N/A	10,716		N/A
FAMILY OF AD	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0	N/A	N/A
OTHER	N/A	0	N/A	N/A
TOTAL	N/A	10,716		N/A

NOTE: Visits include Rifle Range UIC 46099.

What is your occupancy rate for FY 1994 to date? NOT APPLICABLE.

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	435,000	435,000	435,000	435,000	435,000	435,000	435,000
ADMISS.	8,500	8,500	8,500	8,500	8,500	8,500	8,500

Please show all assumptions and calculations in the space below:
 Projected outpatient visits are based upon gaining an additional Marine Corps unit due to Base Realignment during FY95.

*Disregard 0910 - See pg 10R
 2700 BUNTS-023
 3 Jun 04*

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	13,000	13,000	13,000	13,000	13,000	13,000	13,000
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:
 Projected outpatient visits are based upon gaining an additional Marine Corps unit due to Base Realignment during FY95.

Replaces Data Call 27 UIC 46098

6R SGA BUMED-823
 3 June 94

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Services (EIA) (EIB) (EIC)	24,735	49
Patient Admin (EJA)	21,439	43
Patient Admin (EKA)	31,746	63
MID (EBC)	4,536	9
Directors (EBD)	18,750	37
Training & Education (EBF)	6,305	13
Material Management (EEA)	19,928	40
Custodial (EFB)		
Medical Repair (EGA)	5,306	11
Special (EBB)	16,055	32
Laundry (In house) (EGA)	2,173	4
Housekeeping (Contract) (EFB)	18,285	36
CHCS (EBC)	5,040	10

NOTE: (1) Time Spent/Qtr reflected in hours.
 (2) Staff needed reflects on board.

*Total for NH Camp Lejeune
 SPA BAWED-823
 6 Jun 94*

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
Not Applicable								

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
Not Applicable			

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.

Disregard pg 10 - see pg 10R
 STEW BUMER-823
 3 Jun 94

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
510-10	Hospital	441,902	12	Adequate
710-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Adequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Treatment Plant	432	12	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:

DATA CALL 27

Page 10 for the following UIC's should be blank since Marine Corps Base, Camp Lejeune, NC maintains inventory records:

- 32580
- 32581
- 46097
- 46098
- 46099
- 46100
- 46101
- 46102
- 46104
- 46105

10R SPA BUWED-823
3 June 94

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
P-721	Bachelor Enlisted Quarters	FY 87	2.1 MIL
C3-84	Indoor Playing Court	FY 88	190 K

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
P-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

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

capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

copy FCAD-823

6 Jun 94

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)		DD-H(A)1707		DMIS ID NO	
1. FACILITY NAME: NAVAL HOSPITAL, CAMP LEJEUNE, NC					
2. UIC N60893		3. CATEGORY CODE 51010		4. NO. OF BUILDINGS: 11	
5. SIZE 238 Bed		A. GSF 494,828		B. NORMAL BEDS 166 Beds	
6. LOCATION U. S.		A. CITY 0735		B. STATE 37	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
(2) ADMINISTRATION	27	13		B12	
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B09	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	80	20		C01 B01 B09	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				

(13) RADIOLOGY	100			
(14) SURGICAL SUITE	100			
(15) BUILDING				
(A) STRUCTURAL/SEISMIC	90	10		B12
(B) HVAC	80	20		C01
(C) PLUMBING	100			
(D) ELECTRICAL SVCS.	100			
(E) ELECTRICAL DISTRIBUTION	100			
(F) EMERGENCY POWER	100			

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: June 1991

FULL ACCREDITATION: Yes

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

5)

SCORE OF 93 AS OF JUNE 1991

NOTE: Most recent survey was 13, 16 & 17 May 1994;
score not yet received.

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?

Excellent location for Active Duty and civilian beneficiaries because we are within close proximity to our clients served.

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

Included in the Marine Corps Base Data Call Package.

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.

Included in the Marine Corps Base Data Call Package.
Distance (in miles): _____

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

CRITICAL. We are the major supplier of manpower to the Marine Expeditionary Force.

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

Average time is within 25 minutes.

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

Our facility's location hinders the hiring of qualified professional personnel. We are isolated, we have low-salaries and substandard career progression.

FEATURES AND CAPABILITIES

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

The impact would be as follows:

- a) The Branch Clinics support the Active Duty population; this includes operational support of unique military functions and elements of the Operational Forces.
- b) The inpatient care requirements would exceed local capabilities.

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

No. Due to the rural location of our facility the primary and tertiary care available is extremely limited.

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.

The local community would not be in a position to absorb the residual population; however, the regional community could handle the residual population.

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

Yes, assuming that the local community consists of distribution to local hospital including: Cherry Point, Onslow Memorial, Craven Regional Medical Center, Carteret General, New Hanover Memorial and Cape Fear hospitals.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
Fleet Hospital 20		33
USS Guam		1
USS Guadalcanal		3
2d MAR DIV		25
USS Inchon		5
USS Belleauwood		1
USS Wasp		1
Fleet Hospital 15		2
USNS Comfort		43
MAG 29		3
2d MAW		1
NAVHOSP GTMO		4
ASWBPL (MacGuire)		2
NAVHOSP NAPLES		22
HQ FMLANT		1
2d FSSG		17
Fleet Hospital #1		1
Fleet Hospital #2		3
Fleet Hospital #3		46
Fleet Hospital #4		14
Fleet Hospital #5		38
ASWBPL (Lackland)		1
7th MEB (CMD)		1
1st MARDIV (ADV)		1
1st FSSG (ADV)		11

Total for NH Cap Lejeune
SPO Bureau-823
10 Jun 94

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

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

c. Please provide the total number of your expanded beds¹ that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds¹: 238.

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	2,806	2,405	1,472
OUTPATIENT	1,334	1,235	563

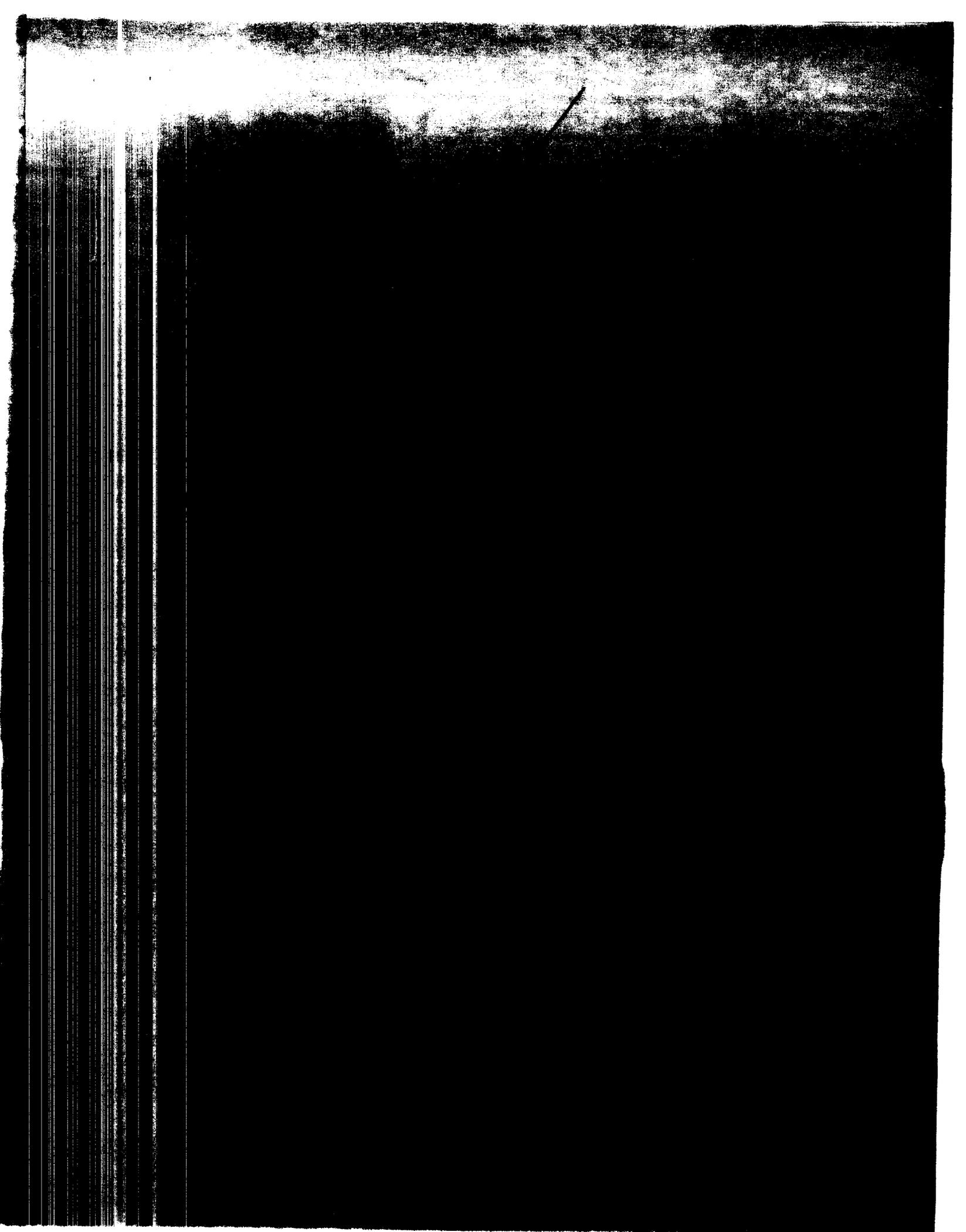
13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	794	794,868	557	266,698	236	163,324
AD FAMILY	189	144,715	226	134,651	162	293,892
OTHER	299	391,579	218	298,432	145	293,772
TOTAL	1,282	1,331,162	1,001	699,781	543	750,988

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

² The total cost in thousands of dollars.

*Tables represent Total FF's from NA Corp Lejeune
SJC BUMED-823
6 Jun 94*



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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	\$ 658,292	\$ 792,340	\$ 898,560
TOTAL OUTPATIENT VISITS	9,926	11,215	12,000
AVERAGE COST PER VISIT	\$66.32	\$70.65	\$74.88

Replaces Data Call 27 UIC 46098

24R SFCU TRUMED-823
3 Jan 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). 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)	21,800,559	23,652,704	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	880,115	683,911	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	880,115	683,911	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	21,844,483	22,981,391	
F. % SELECTED E EXPENSES (D/E) ¹			

¹ Record as a decimal to 6 digits.

NOTE: FY 94 1ST Quarter Data is not available.

N/A
CJG BUMED-823
6 Jun 94

Table C:

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

Table D:

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

N/A
 STU BEMED-823
 6 Jun 94

*MCB Compliance will report
 6 Jun 94
 TSUMED-823*

15. Quality of Life. NOT APPLICABLE

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. NOT APPLICABLE

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+		

¹As 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. **NOT APPLICABLE**

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)?

NOT APPLICABLE

(g) Provide the utilization rate for family housing for FY 1993. **NOT APPLICABLE**

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? **NOT APPLICABLE**

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	100%
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:

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

$$.54 = \frac{2(\text{GB}) \times 100}{365}$$

(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.)	2		Separated from spouse.
Spouse Employment (non-military)			
Other			
TOTAL	2	100	

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

(3) **BOQ: NOT APPLICABLE**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

365

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

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

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

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION NAVAL HOSPITAL, CL Bldg NH 100 DISTANCE Five miles from main base (HADNOT POINT AREA)

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		N/A
	Outdoor Bays		N/A
Arts/Crafts	SF		N/A
Wood Hobby	SF		N/A
Bowling	Lanes		N/A
Enlisted Club	SF		N/A
Officer's Club	SF		N/A
Library	SF	2,296	N/A
Library	Books	7,300	N/A
Theater	Seats		N/A
ITT	SF		N/A
Museum/Memorial	SF		N/A
Pool (indoor)	Lanes		N/A
Pool (outdoor)	Lanes		N/A
Beach	LF		N/A
Swimming Ponds	Each		N/A
Tennis CT	Each		N/A

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	N/A	N/A
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	N/A	N/A
Fitness Center	SF		N
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	N/A	N/A
Football Fld	Each	N/A	N/A
Soccer Fld	Each	N/A	N/A
Youth Center	SF	N/A	N/A

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

d. Base Family Support Facilities and Programs NOT APPLICABLE

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

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

City	Distance (Miles)
Raliegh, NC	100 miles
Charlotte, NC	200 miles

f. Standard Rate VHA Data for Cost of Living:

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

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

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

(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? INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL.

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? NOT APPLICABLE.

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.

INFORMATION PROVIDED BY MARINE CORPS BASE DATA CALL

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.

NOT APPLICABLE.

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			
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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

NAME F. G. BARINA, JR., CAPT, MSC, USN


Signature

Title Commanding Officer (Acting)

Date

27 MAY 1994

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X *D. F. Hagen*
Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

6 - 6 - 94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

J.B. Greene
Signature

Acting
Title

10 Jun 1994
Date

3

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRMEDCL, Courthouse Bay, MCB, CamLej, NC
UIC:	46098
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE CAMP LE JEUNE, NC
Host Activity UIC:	M 67001

H50
7/18/94
B.W.

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

**DATA CALL 66
INSTALLATION RESOURCES**

lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRMEDCL, Courthouse Bay, MCB			UIC: 46098
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	1		1
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	1		1
3. Grand Total (sum of 1c. and 2k.):	1		1

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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: BRMEDCL, Courthouse Bay, MCB			UIC: 46098
Category NA	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRMEDCL, Courthouse Bay, MCB	UIC: 46098
Cost Category Included with UIC 46097	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	53
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	1
Total:	54

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRMEDCL, Courthouse Bay, MCB	UIC: 46098
Contract Type	NA
FY 1996 Estimated Number of Workyears On-Base	
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

2) Estimated number of workyears which would be eliminated:

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

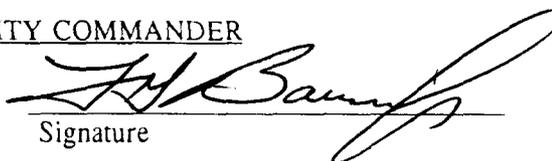
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

F. G. BARINA, JR., CAPT MSC USN
NAME


Signature

COMMANDING OFFICER, ACTING
Title

7/13/94
Date

NA
Activity

MP LEJEUNE, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-27-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

06 AUG 1994

Date

301

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
CUTLER
ACTIVITY UIC: 32617**

**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.

Branch Medical Clinic Cutler is committed to providing medical support to personnel attached to NAVCOMTELSTA Cutler. In addition, the clinic provides health care benefits for eligible beneficiaries within the Branch Medical Clinic catchment area. The catchment area is defined in general by the immediate facility boundaries and a 40 mile circle around the clinic. The beneficiary population consist of approximately 150 active duty personnel and their dependents, 62 Civil Service employees, and 1500 retirees, retired dependents and survivors.

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	430	N/A	1.79
ACTIVE DUTY NON N/MC	↓	17	↓	.07
TOTAL ACTIVE DUTY		447		1.88
FAMILY OF AD		524	N/A	2.18
RETIRED AND FAMILY MEMBERS UNDER 65		497		2.0
RETIRED AND FAMILY MEMBERS OVER 65	↓	55		.22
OTHER		180	↓	.75
TOTAL	N/A	1703		*8.89

*Average Daily Patient Load based on 240 work days.

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

BUME-822, mvl
3 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	1532	1379	1379	1379	1379	1379	1379
ADMISS.	N/A	—————	—————	—————	—————	—————	—————

BUMED-822
MHA, 3 Jun 94

Please show all assumptions and calculations in the space below:

In FY 1993 there was a 12% decrease in outpatient visits. Current figures as of May 94 indicate FY 1994 will see another decrease of an additional 23%. Indications are that with the closure of Loring Air Force Base, reduction of base civilian and active duty personnel, and fewer retirees moving into this area, outpatient visits will decrease an average of 10% over the next two fiscal years and stabilize in 1996.

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
Sanitation Inspections	5%	1
Physical Readiness Test Standby	<1%	1
Medical Standby during fuel onload	<1%	1
Medical Training	5%	1

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

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³

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

FACILITIES

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

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

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

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

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

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

BUMED-822
 mms, 3 Jun 99

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
	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	VALU E
	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	VALU E
	N/A		

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

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

N/A

BUMED 822

msl, 3 Jun 94

(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

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

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

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE).

Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE).

Substandard is defined as having deficiencies which prohibit or severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration, the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility or portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE).

Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further

defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function. DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: n/a

FULL ACCREDITATION: Yes/No

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

LOCATION:

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

a. What is the importance of your location relative to the clients supported? **The clinic is located on base and readily available to NAVCOMTELSTA personnel. The Coast Guard Detachment is approximately 40 miles away on a rural, two lane secondary road. The Branch Medical Clinic is the only federal medical facility available to over 1500 other beneficiaries in the area.**

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

1) **The nearest municipal airport is Bangor International Airport, Bangor, ME, 110 mi.**

2) **The nearest passenger railroad station is Amtrak, Boston, MA, 339 mi.**

3) **The nearest bus service is Greyhound Bus lines, Bangor, ME, 110 mi.**

4) **The nearest sea transportation point is the Port Authority, Boston, MA, 339 mi.**

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. **Bangor International Airport, Bangor, ME,**

Distance (in miles): 110

d. What is the importance of your location given your mobilization requirements? **The facility is located in a remote and isolated area in Maine and is not readily accessible to commercial transportation.**

e. **On the average, how long does it take your current clients/customers to reach your facility? 30 minutes.**

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? **The remote location of the clinic and the relatively austere nature of the surrounding community is not conducive to finding quality 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. **NAVCOMTELSTA, the Coast Guard Detachment, and 1500 other beneficiaries are dependent on the Branch Medical Clinic for their medical care.**

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer. **Yes. However, the financial burden placed on the active duty members and their dependents both by using CHAMPUS and the commute involved getting to specialty service would be extraordinarily difficult.**

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer. **Yes. The residual eligible population commute from numerous outlying communities to utilize this clinic and could easily be absorbed by the local physicians.**

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

11. Mobilization. What are your facility's mobilization requirements? **None.**

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: **None.**

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 beds¹ that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition. **N/A**

Number of "stubbed" expanded beds¹:

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	259	42K	330	45K	189	44K
AD FAMILY	185	19K	243	24K	120	13K
OTHER	388	42K	552	61K	178	16K
TOTAL	832	104K	1125	131K	487	74K

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

² The total cost in thousands of dollars.

FY 1994 numbers and cost are through 13 May 1994.

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).

COST DATA ARE INCLUDED IN THE SAME DATA CALL FOR UIC: 00105

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

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: Compiled by Naval Medical Clinic, Portsmouth, N.H.

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

Table B: Compiled by Naval Medical Clinic, Portsmouth, N.H.

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.

*N/A
BUNED#22
MDD 3 Jun 94*

Table C: Compiled by Naval Medical Clinic, Portsmouth, N.H.

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: Compiled by Naval Medical Clinic, Portsmouth N.H.

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)			

*N/A
BUMED #22
MAY 13 Jun 99*

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? **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	7	7	0	0
Officer	1 or 2				
Enlisted	4+	8	8	0	0
Enlisted	3				
Enlisted	1 or 2	8	8	0	0
Mobile Homes					
Mobile Home lots					

Data obtained from Housing Manager.

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

Data obtained from Housing Manager.

¹As 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	Marked absence of available rental properties off base.
2	Inadequate/substandard condition of available off base rental properties.
3	High utility cost.
4	Nearest community is over 10 miles away and serviced by two lane rural road in poor condition.
5	Adverse weather conditions during the winter.

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)? **100%**

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

Type of Quarters	Utilization Rate
Adequate	97.5%
Substandard	0%
Inadequate	0%

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? **Many members are initially reporting unaccompanied resulting in empty units until their families arrive.**

Data provided by Housing Manager.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	N/A
Substandard	69%
Inadequate	N/A

(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? **No.**

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: **2.**

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.)	3	100%	
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base? **1.**

Data obtained from NAVCOMTELSTA Utilization Report dtd 31 March 1994.

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	N/A
Inadequate	N/A

(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? **No.**

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: **N/A.**

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

365

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

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? **N/A.**

Data obtained from NAVCOMTELSTA Utilization Report dtd 31 March 1994.

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION N/A. DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	2	Y
	Outdoor Bays	N/A	
Arts/Crafts	SF	N/A	
Wood Hobby	SF	N/A	
Bowling	Lanes	2	Y
Enlisted Club	SF	N/A	
Officer's Club	SF	N/A	
Library	SF	N/A	
Library	Books	N/A	
Theater	Seats	N/A	
ITT	SF	N/A	
Museum/Memorial	SF	N/A	
Pool (indoor)	Lanes	N/A	
Pool (outdoor)	Lanes	N/A	
Beach	LF	N/A	
Swimming Ponds	Each	N/A	
Tennis CT	Each	N/A	

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	N/A	
Basketball CT (outdoor)	Each	N/A	
Racquetball CT	Each	1	N/A
Golf Course	Holes	N/A	
Driving Range	Tee Boxes	N/A	
Gymnasium	SF	3840	N/A
Fitness Center	SF	1400	N/A
Marina	Berths	N/A	
Stables	Stalls	N/A	
Softball Fld	Each	1	N/A
Football Fld	Each	N/A	
Soccer Fld	Each	N/A	
Youth Center	SF	1800	N
Consolidated Club	SF	2700	N

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

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. **N/A.**

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: **N/A.**

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

(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. **N/A.**

(4). How many "certified home care providers" are registered at your base? **5.**

(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). **No.**

(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	700
Gas Station	SF	N/A
Auto Repair	SF	N/A
Auto Parts Store	SF	N/A
Commissary	SF	2600
Mini-Mart	SF	N/A
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	N/A
Family Service Center	SF	N/A
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	N/A
Chapel	PN	N/A
FSC Classrm/Auditorium	PN	N/A

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

City	Distance (Miles)
Bangor, ME	110
Boston, MA	336
New York City	1300

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	60.68	33.94
E2	60.68	38.14
E3	44.78	32.98
E4	62.92	43.92
E5	72.16	50.38
E6	78.37	53.32
E7	99.15	68.88
E8	97.15	73.76
E9	97.53	71.40
W1	94.06	54.10
W2	81.48	63.91
W3	93.41	75.91
W4	110.49	97.97
O1E	87.98	65.28
O2E	69.15	55.13
O3E	90.21	76.33
O1	56.65	41.74
O2	55.12	43.09
O3	68.78	57.93
O4	78.15	67.95
O5	82.20	67.99
O6	81.34	67.33
O7	69.34	56.40

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	500.00	400.00	Included
Apartment (1-2 Bedroom)	450.00	375.00	130.00
Apartment (3+ Bedroom)	600.00	450.00	180.00
Single Family Home (3 Bedroom)	600.00	500.00	230.00
Single Family Home (4+ Bedroom)	700.00	550.00	280.00
Town House (2 Bedroom)	N/A		
Town House (3+ Bedroom)	N/A		
Condominium (2 Bedroom)	N/A		
Condominium (3+ Bedroom)	N/A		

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

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

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	\$72,500.00
Single Family Home (4+ Bedroom)	\$84,000.00
Town House (2 Bedroom)	N/A
Town House (3+ Bedroom)	N/A
Condominium (2 Bedroom)	N/A
Condominium (3+ Bedroom)	N/A

Data obtained from Housing Manager.

(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	15	20	10
February	"	"	"
March	"	"	"
April	"	"	"
May	"	"	"
June	"	"	"
July	"	"	"
August	"	"	"
September	"	"	"
October	"	"	"
November	"	"	"
December	"	"	"

(5) Describe the principle housing cost drivers in your local area. **The real estate market has been stagnant for several years. Many houses have been on the market for 2-3 years. The only military personnel buying houses are those planning to retire in the 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
Radioman	N/A	34
Electronics Technician	N/A	17
Mess Specialist	N/A	11

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)
Machias, Maine	60%	15	20
East Machias, Maine	20%	11	15
Cutler, Maine	10%	8	10

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
Bayridge	Public	Primary	Speech	N/A			School
Wash Academy	Public	Secondary	Special Education	N/A	894 / 36	67%	School

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

Institution	Type Classes	Program Type(s)					
		Adult High School	Vocational/ Technical	Undergraduate		Graduate	
				Courses only	Degree Program		
University of Maine at Machias	Day	Y	N	N	Y	Y	Y
	Night	Y	N	N	Y	Y	N
	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. N/A.

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. N/A

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. **Yes. The nearest military dentist is 69 miles away. The nearest military hospitals for specialized care are Groton and Newport, both 8 hour drives via automobile.**

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. **Same as above.**

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	4	1	2
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	6	9	8
Base Personnel - civilian			

Off Base Personnel - military	1		
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

DAVID L. WHEELER
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

9/10/94
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X *D. F. Hagen*
Signature

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

June 3, 1994
Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

J. B. Greens Jr.
Signature

ACTING
Title

6/9/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

Official name	<i>Branch Medical Clinic, Cutler, Maine</i>
Acronym(s) used in correspondence	<i>BRMEDCLINIC, CUTLER</i>
Commonly accepted short title(s)	<i>CUTLER</i>

• Complete Mailing Address

Senior Medical Officer
Branch Medical Clinic
Cutler, ME 04630

• PLAD

NAVCOMTELSTA CUTLER ME

• PRIMARY UIC: 32617 (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

BRANCH CLINIC

PLANT ACCOUNT HOLDER:

• Yes _____ No X (check one)

32617

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: 63038

• Primary Host (as of 01 Oct 1995) UIC: 63038

• Primary Host (as of 01 Oct 2001) UIC: 63038

• **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		

32617

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.

BRAC-91 LORING AIR FORCE BASE, ME closure. The hospital was utilized by this facility until its closure in 1993 for both inpatient and outpatient services.

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 care for active duty, dependents, and retirees for the most isolated areas of northern Maine. The summer brings an explosion of military/retirees into the area for summer vacation.
- Medical care for the at the Naval Facilities located in Cutler, Maine.
- Directly supports the staff of the Naval Telecommunications Activity in the areas of Medical Training, sanitation, and other medical functions.

Projected Missions for FY 2001

- No projected changes.

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

None.

32617

Projected Unique Missions for FY 2001

• No projected changes.

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

• Operational name	UIC
<u>NAVAL MEDICAL CLINIC PORTSMOUTH, NH</u>	<u>00105</u>

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

On Board Count as of 01 January 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>01</u>	<u>03</u>	<u>01</u>
• Tenants (total)	<u>00</u>	<u>00</u>	<u>00</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>01</u>	<u>03</u>	<u>01</u>
• Tenants (total)	<u>00</u>	<u>00</u>	<u>00</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
HMCS(SW) R. MYERS	(207)259-8222	(207)259-8342	(207)259-3829

32617

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					

32617

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: Naval Telecommunications Activity, Cutler, Maine, (UIC 63038) will provide all maps of this facility with their BRAC-95 package. They are our primary host command.

32617

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

DAVID L. WHEELER
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

940204
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

32617

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)

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

R. I. Ridenour

Signature

11 FEB 1994

32617

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)

NAME (Please type or print)

Signature

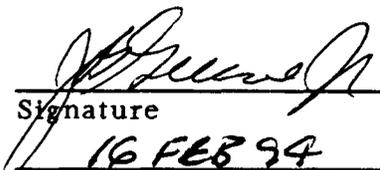
Title

Date

BRAC-95 CERTIFICATION

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

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


Signature

ACTING DCNO (LOGISTICS)
Title

Date

16 FEB 94

Division

Department

Activity

Document Separator

301

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, Cutler**

**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. Population3
- 2. Bed Capacity4
- 3. Workload5,6,7
- 4. Staffing8

LOCATION

- 5. Community Providers.....9
- 6. Regional Population.....10
- 7. Regional Community Hospitals11,12

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	ASSIGNED ²	REGION ³
AD	150	150	N/A	150	150	N/A
FAMILY OF AD	182	182	N/A	182	182	N/A
SUBTOTAL	332	332	N/A	332	332	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	1350	1350	N/A	842	842	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	150	150	N/A	94	94	N/A
OTHER	65	65	N/A	65	65	N/A
TOTAL	2229	2229	N/A	1665	1665	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. **N/A**

Operating Beds¹: _____
Set Up Beds¹: _____
Expanded Bed Capacity²: _____

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	716	854	1187	2757
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹	*	*	*	1620
RADIOLOGY PROCEDURES (WEIGHTED) ¹				N/A
PHARMACY UNITS (WEIGHTED) ¹	*	*	*	8690
OTHER (SPECIFY)	N/A			

*Laboratory and pharmacy weighted values are computed monthly as an aggregate sum with no distinction made between various beneficiary populations.

Note: Branch Medical Clinic Cutler does not have radiology capability.

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.

BUMEDS2
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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	1060	1264	1756	4080
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹				10,250
RADIOLOGY PROCEDURES (WEIGHTED) ¹				N/A
PHARMACY UNITS (WEIGHTED) ¹				1700
OTHER (SPECIFY)	N/A			→

Total of outpatient visits assumes maximum of 17 patients aday are seen multiplied by 240 working days.

Current budget constraints would not support an increase in laboratory/pharmacy output.

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.

BLMED 822
m21,
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	*447	*524	*552	*1703
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹				*1472
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				*10,250
OTHER (SPECIFY)	N/A			→

*Projected through end of FY 1994.

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

BUMED-8.22
MVA
3 Jun 94

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

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

BUMED 822
 msh
 3 Jun 94

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

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	17
SPECIALTY CARE ²	3
PHYSICIAN EXTENDER ³	10
TOTAL	30

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: **23,473**

Source: **Washington County Information Office**

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	TYPE	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Doveast Community	Non-Profit	15 miles	20 minutes	Contract to dispose of Bio-waste

¹ Distance in driving miles from your facility

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

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Downeast Community Hospital	38	YES	70%	None

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

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

c. Training Facilities:

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

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

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

UIC: 32617

18/14

(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.

UIC: 32617

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.

#15

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

DAVID L. WHEELER
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

Date

940524

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

June 3, 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. Groome Sr

NAME (Please type or print)

J. B. Groome Sr

Signature

Acting

Title

June 1994

Date

301

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC CUTLER, E. MACHIAS, ME
UIC:	N32617
Host Activity Name (if response is for a tenant activity):	NAVAL COMPUTER TELECOMMUNICATIONS STATION, CUTLER EAST MACHIAS, ME
Host Activity UIC:	N63038

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC , CUTLER, ME		UIC: N32617	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2.0	0	2.0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	2.0	0	2.0
2. Other Base Operating Support Costs:			
2a. Utilities	9.0	0	9.0
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	5.0	0	5.0
2j. Supply	1.0	0	1.0
2k. Communications	5.0	0	5.0
2l. Equipment Contracts	1.0	0	1.0
2m. Engineering Support/Refuse	1.0	0	1.0
2n. Servmart/host support	2.0	0	2.0
2o. Sub-total 2a. through 2n:	24.0	0	24.0

DATA CALL 66
INSTALLATION RESOURCES

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M	26.0

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, CUTLER, E. MACHAIS, ME		UIC: N32617	
FILE NOT APPLICABLE Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH MEDICAL CLINIC, CUTLER, E. MACHIAS, ME	UIC: N32617
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	5.0
Material and Supplies (including equipment):	85.0
Industrial Fund Purchases (other DBOF purchases):	10.0
Contracts:	15.0
Communications:	5.0
Utilites:	9.0
Gasoline:	0
Printing Service:	1.0
Supplemental care:	121.0
Total:	251.0

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, CUTLER, MACHIAS, ME	UIC: N32617
Contract Type	FY 1996 Estimated Number of Workyears On-Base
FILE NOT APPLICABLE	
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

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

D F Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-28-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W Earner

Signature

Title

8/26/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

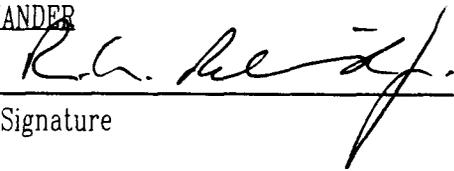
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes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

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

R. G. RELINSKI, JR.

NAME (Please type or print)

ACTIVITY COMMANDER



Signature

COMMANDING OFFICER

Title

13 JULY 94

Date

NAVAL MEDICAL CLINIC PORTSMOUTH, NH

Activity