DCN 1112

376

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVHOSP GREAT LAKES

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	~~22,920~~ 12 723	11 939	N/A	~~26,491~~ 11409	16592	NA
FAMILY OF AD	~~16,274~~ 15 952	13 285		~~22,570~~ 14263	20963	
SUBTOTAL	~~39,194~~ 28675	25 224		~~49,061~~ 25672	37 555	
RETIRED AND FAMILY MEMBERS UNDER 65	~~22,625~~ 15057	15 057		~~21,422~~ 14695	14695	
RETIRED AND FAMILY MEMBERS OVER 65[4]	~~5,910~~ 5790	5790		~~7,445~~ 7373	7373	
OTHER	~~858~~ 8430	7001		~~1,259~~ 8306	6877	
TOTAL	~~68,587~~ 57 952	53 072		~~79,187~~	66 500	

BUMED MED 825 GSA 6/14/94

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.

RAPS FY 92 BASELINE V5.12

[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.

The above RAPS numbers do not include student and recruit populations.

00211

Revised pg

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]:	136
Set Up Beds[1]:	~~244~~ 92 VR BUMEDSTAT 10/3/94 R
Expanded Bed Capacity[2]:	718

STEW BUMED SS2 R 9/23/94

[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 bed. Beds are spaced on 6 foot centers and include imbedded electrical and gas (oxygen and vacuum) utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electric utilities is not considered in this definition.**

ENCLOSURE (1)

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]:	136
Set Up Beds[1]:	~~887~~ 92
Expanded Bed Capacity[2]:	887

BUMED MED B25 GSA 6/14/94

[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.

DC #26

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	107,360	72,668	31,710	215,992
ADMISSIONS	2,186	969	668	3,822
LABORATORY TESTS (WEIGHTED)[1]				3,521,551
RADIOLOGY PROCEDURES (WEIGHTED)[1]				147,541
PHARMACY UNITS (WEIGHTED)[1]				552,087
OTHER (SPECIFY)				0

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

The source for the above data is the Worldwide Outpatient Reporting System (WORS) and Statistical Assignment Sets 002 and 003 of the DOD Medical Expense and Performance Reporting System (MEPRS) neither of which collects ancillary data by beneficiary status.

REPRODUCED AT GOVERNMENT EXPENSE DEPARTMENT OF THE NAVY COPIER 9662

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	107,360	72,668	31,710	211,738
ADMISSIONS	2,186	969	668	3,822
LABORATORY TESTS (WEIGHTED)[1]				2,257,886
RADIOLOGY PROCEDURES (WEIGHTED)[1]				147,541
PHARMACY UNITS (WEIGHTED)[1]				552,087
OTHER (SPECIFY)				0

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

The source for the above data is the Worldwide Outpatient Reporting System (WORS) and Statistical Assignment Sets 002 and 003 of the DOD Medical Expense and Performance Reporting System (MEPRS) neither of which collects ancillary data by beneficiary status.

DC#26

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				215,992 (FY93)
ADMISSIONS				4,067 (FY91)
LABORATORY TESTS (WEIGHTED)[1]				3,521,551 (FY93)
RADIOLOGY PROCEDURES (WEIGHTED)[1]				265,095 (FY91)
PHARMACY UNITS (WEIGHTED)[1]				553,486 (FY92)
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 AND PERFORMANCE DATA CONTAINED IN THE MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM AND THE WORLDWIDE OUTPATIENT REPORTING SYSTEM DOES NOT IDENTIFY PATIENT CATEGORIES FOR THE ABOVE ANCILLARY DATA

MAXIMUM CAPACITY BASED ON AVG HIGH VOLUME FY91 - FY93

DEPARTMENT OF THE NAVY COPIER 29662 REPRODUCED AT GOVERNMENT EXPENSE

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				215,992
ADMISSIONS				4,067
LABORATORY TESTS (WEIGHTED)[1]				3,521,551
RADIOLOGY PROCEDURES (WEIGHTED)[1]				265,095
PHARMACY UNITS (WEIGHTED)[1]				553,486
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 AND PERFORMANCE DATA CONTAINED IN THE MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM AND THE WORLDWIDE OUTPATIENT REPORTING SYSTEM DOES NOT IDENTIFY PATIENT CATEGORIES FOR THE ABOVE ANCILLARY DATA

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				264,672
ADMISSIONS				7,305
LABORATORY TESTS (WEIGHTED)[1]				1,610,096
RADIOLOGY PROCEDURES (WEIGHTED)[1]				32,102
PHARMACY UNITS (WEIGHTED)[1]				654,311
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.

Radiology and Laboratory procedures are unfactored vice factored values since the source of the CHAMPUS data (MCQA) does not provide factored CHAMPUS values. The Pharmacy unit number reflect ONLY the FY93 direct care weighted value since CHAMPUS data is not available.

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]		30	30	30	30	30	30	30
SPECIALTY CARE[2]		38	38	38	38	38	38	38
PHYSICIAN EXTENDERS[3]		7	7	7	7	7	7	7
INDEPENDENT DUTY CORPSMEN		15	15	15	15	15	15	15
TOTAL		90	90	90	90	90	90	90

[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.

The above provider staffing is based on the Standard Personnel Management System (SPMS).

REPRODUCED BY DEPARTMENT OF THE NAVY COPIER 29662 GOVERNMENT EXPENSE

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]	28	28	28	28	28	28	28	28
SPECIALTY CARE[2]	36	36	36	36	36	36	36	36
PHYSICIAN EXTENDERS[3]	7	7	7	7	7	7	7	7
INDEPENDENT DUTY CORPSMEN	15	15	15	15	15	15	15	15
TOTAL	86	86	86	86	86	86	86	86

[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.

The above provider staffing is based on the most recent Authorized Manning Document (AMD).

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]	10,881
SPECIALTY CARE[2]	12,882
PHYSICIAN EXTENDER[3]	114
TOTAL	23,847

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

The source of this data is the Managed Care Query Application (MCQA).

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

Region Population: 5,106,784,000

Kenosha County	128,000
Racine County	175,000
Dupage County	782,000
Cook County	5,105,000,000
Lake County	516,000
McHenry County	183,000

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	DRIVING TIME	RELATIONSHIP[2]
Northwest Community Hospital	Other	18		
EHS Good Shepherd Hospital	Church	18		MOU/Health Direct
MacNeal Hospital	Other	34		MOU/Health Direct
Bethany Hospital	Other	30		MOU/Health Direct
Chicago Osteopathic Hospital and Medical Centers	Other	9		
Chicago-Read Mental Health Ctr	State	25		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Children's Memorial Hospital	Children's	28		
Columbus Hospital	Church	28		
Cook County Hospital	County	31		
Doctor's Hospital of Hyde Park	Other	38		
Edgewater Medical Center	Corporation	23		
Grant Hospital of Chicago	Other	28		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
HCA Chicago Lakeshore Hospital	Corporation	25		
Holy Cross Hospital	Other	37		MOU/Health Direct
Illinois Masonic Medical Center	Other	27		
Illinois State Psychiatric Institute	State	31		
Loretto Hospital	Church	29		
Louis A Weiss Memorial Hospital	Other	25		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Mercy Hospital & Medical Center	Church	34		
Methodist Hospital of Chicago	Other	25		
Mount Sinai Hospital and Medical Center of Chicago	Other	33		
Northwestern Memorial Hospital	Other	30		MOU/Health Direct
Norwegian-American Hospital	Other	29		
Our Lady of Resurrection Medical Center	Church	25		
Ravenswood Hospital Medical Ctr	Other	25		
Rehabilitation Institute of Chicago	Other	30		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Resurrection Medical Center	Church	22		
Rush-Presbyterian St. Lukes Medical Center	Other	22		
Saint Cabrini Hospital	Church	31		
Saint Mary of Nazareth Hospital Center	CHurch	29		
Schwab Rehabilitation Hospital and Care Network	Other	33		
Shriners Hopsitals for Crippled Children	Children's	27		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
St. Elizabeth's Hospital	Church	29		
St. Joseph Hospital and Health Care Center	Church	27		MOU/Health Direct
Swedish Covenant Hospital	Church	24		MOU/Health Direct
Thorek Hopsital and Medical Center	Other	26		
University of Chicago Hospitals	Other	38		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
University of Illinois Hospital and Clinics	State	31		
Veterans Administration West Side Medical Center	VA	31		
Veterans Affiars Lakeside Medical Center	VA	30		
Forest Hospital	Individual	34		MOU/Health Direct
Hospital Family Hospital	Other	34		
EHS Good Samaritan Hospital	Church	35		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Elgin Mental Health Center	State	32		
Saint Joseph Hospital	Church	32		MOU/Health Direct
Sherman Hospital	Other	26		
Alexian Brothers Medical Center	Church	22		MOU/Health Direct
Elmhurst Memorial Hospital	Other	29		
Evanston Hospital	Other	16		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
St. Francis Hospital	Church	21		MOU/Health Direct
HCA Riveredge Hospital	Corporation	30		
Delnor-Community Hospital	Other	38		
Glenoaks Medical Center	Church	29		
Highland Park Hospital	Other	9		Partnership/MOU-Health Direct
Veterans Affairs Edward Hines Jr., Hospital	VA	31		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Hinsdale Hospital	Church	34		
Surburban Hospital and Sanitarium of Cook County	Hospital District	34		
HCA Woodland Hospital	Corporation	22		
Hoffman Estates Medical Center	Corporation	22		
LaGrange Memorial Health Systems	Other	36		
Lake Forest Hospital	Other	5		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Condell Medical Center	Other	5		MOU/Health Direct
Foster G. McGraw Hospital Loyola Univ or Chicago	Other	30		
Northern Illinois Medical Center	Other	22		MOU/Health Direct
Gottleib Memorial Hospital	Other	28		MOU/Health Direct
Westlake Community Hospital	Other	28		MOU/Health Direct
VA Medical Center North Chicago	VA	0		Contract/MOU

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Oak Park Hospital	Church	30		
West Suburban Hospital Medical Center	Other	29		
Lutheran General Health System	Church	21		
Rush North Shore Medical Center	Other	19		
CPC Streamwood Hospital	Corporation	26		
St. Therese Medical Center	Church	2		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Victory Memorial Hospital	Other	2		MOU/Health Direct
Marianjoy Rehabilitation Hospital and Clinics	Church	33		
Central Dupage Hospital	Other	34		MOU/Health Direct
Woodstock Memorial Hospital	Other	31		
Midwestern Regional Medical Center	Corporation	9		
Memorial Hospital	Other	30		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Kenosha Hopsital and Medical Center	Other	18		
St. Catherine's Hospital	Church	20		
St. Mary's Medical Center	Church	27		
St. Luke's Hospital	Other	27		

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]
Northwest Community Hospital	390	Y	76.5	Med/Surg
EHS Good Sheperd Hospital	162	Y	54.9	Med/Surg
MacNeal Hospital	427	Y	50.1	Med/Surg
Bethany Hospital	146	Y	70.5	Med/Surg
Chicago Osteopathic Hospital	262	N.	46.9	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Chicago-Read Mental Health Center	594	N	90.1	Med/Surg
Children's Memorial Hospital	240	Y	80.4	General
Columbus Hospital	302	Y	66.6	Med/Surg
Cook County Hospital	932	Y	72.1	Med/Surg
Doctors Hospital of Hyde Park	141	Y	57.2	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Edgewater Medical Center	173	Y	71.1	Med/Surg
Grant Hospital of Chicago	337	Y	63.1	Med/Surg
HCA Chicago Lakeshore Hospital	102	Y	65.7	Psychiatric
Holy Cross Hospital	319	Y	75.9	Med/Surg
Illinois Masonic Medical Center	703	Y	81.2	Med/Surg

[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.

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]
Illinois State Psychiatric Institute	182	Y	79.1	Psychiatric
Loretto Hospital	185	Y	54.7	Med/Surg
Luois A. Weiss Memorial Hospital	288	Y	70.0	Med/Surg
Mercy Hospital & Medical Center	488	Y	68.2	Med/Surg
Methodist Hospital of Chicago	189	Y	48.3	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Mount Sinai Hospital & Med Center of Chicago	357	Y	77.6	Med/Surg
Northwestern Memorial Hospital	674	Y	64.0	Med/Surg
Norwegian-American Hospital	206	Y	53.9	Med/Surg
Our Lady of Resurrection Med Ctr	273	Y	73.6	Med/Surg
Ravenswood Hospital Med Ctr	333	Y	76.6	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Rehabilitation Institute of Chicago	176	Y	86.9	Rehabilitation
Resurrection Medical Center	691	Y	83.6	Med/Surg
Rush-Presbyterian, St. Luke's Medical Center	823	Y	80.0	Med/Surg
Saint Cabrini Hospital	190	N	57.5	Med/Surg
Saint Mary of Nazareth Hospital Center	285	Y	79.3	Med/Surg

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]
Schwab Rehabilitation Hospital and Care Network	77	Y	85.7	Rehabilitation
Shriner's Hospitals for Crippled Children	60	Y	48.3	Orthopaedic
St. Elizabeth's Hospital	226	Y	72.9	Med/Surg
St. Hoseph Hospital & Health Care Center	493	Y	60.2	Med/Surg
Swedish Covenant Hospital	285	Y	82.5	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Thorek Hospital and Medical Center	136	Y	53.6	Med/Surg
University of Chicago Hospital	610	Y	81.8	Med/Surg
University of Illinois Hospital and Clinics	415	Y	75.3	Med/Surg
Veterans Administration West Side Medical Center	385	Y	78.2	Med/Surg
Veterans Affairs Lakeside Medical Center	262	Y	74.8	Med/SUrg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Forest Hospital	170	Y	45.3	Psychiatric
Holy Family Hospital	252	Y	41.0	Med/Surg
EHS Good Samaritan Hospital	316	Y	66.8	Med/Surg
Elgin Mental Health Center	784	Y	96.8	Psychiatric
Saint Joseph Hospital	280	Y	41.1	Med/Surg

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]
Sherman Hospital	341	Y	55.1	Med/Surg
Alexian Brothers Medical Center	381	Y	59.8	Med/Surg
Elmhurst Memorial Hospital	388	Y	66.8	Med/Surg
Evanston Hospital	557	Y	80.9	Med/Surg
St. Francis Hospital	560	Y	70.0	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
HCA Riveredge Hospital	210	Y	64.8	TB/Respiratory Diseases
Delnor-Community Hospital	118	Y	67.8	Med/Surg
Glenoaks Medical Center	122	Y	53.3	Med/Surg
Highland Park Hospital	293	Y	52.6	Med/Surg
Veterans Affairs Edward Hines Jr. Hospital	1022	Y	78.4	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Hinsdale Hospital	436	Y	57.1	Med/Surg
Surburban Hospital and Sanitarium of Cook County	70	Y	67.1	Psychiatric
HCA Woodland Hospital	100	Y	33.0	Psychiatric
Hoffman Estates Medical Center	185	Y	66.5	Med/Surg
LaGrange Memorial Health Systems	246	Y	68.8	Med/Surg

[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.

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]
Lake Forest Hospital	249	Y	75.9	Med/Surg
Condell Medical Center	175	Y	62.3	Med/Surg
Foster G. McGraw Hospital Loyola Univ of Chicago	561	Y	86.8	Med/Surg
Northern Illinois Medical Center	158	Y	65.2	Med/Surg
Gottleib Memorial Hospital	252	Y	60.3	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Westlake Community Hospital	230	Y	72.0	Med/Surg
VA Medical Center North Chicago	1000	Y	82.2	Med/Surg
Oak Park Hospital	190	Y	62.1	Med/Surg
West Suburban Hospital Medical Center	370	Y	40.5	Med/Surg
Lutheran General Health System	643	Y	79.7	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Rush North Shore Medical Center	240	Y	70	Med/Surg
CPC Streamwood Hospital	100	Y	35	Psychiatric
St. Therese Medical Center	254	Y	63.4	Med/Surg
Victory Memorial Hospital	279	Y	58.1	Med/Surg
Marianjoy Rehabilitation Hospital and Clinic	106	Y	87.7	Rehabilitation

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.
[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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]
Central Dupage Hospital	338	Y	60.9	Med/Surg
Woodstock Memorial Hospital	137	Y	48.2	Med/Surg
Midwestern Regional Medical Ctr	85	Y	52.9	Other
Memorial Hospital	89	Y	44.9	Med/Surg
Kenosha Hospital and Medical Center	147	Y	44.9	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
St. Catherine's Hospital	184	Y	60.3	Med/Surg
St. Mary's Medical Center	226	Y	66.8	Med/Surg
St. Luke's Hospital	219	Y	66.2	Med/Surg

[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.

UIC: 0620A

	EDUCATIONAL INSTITUTION:	
X	FORMAL SCHOOL:	Navy Hospital Corps School
	CAX	

Type of Training Facility/CCN	School	Type of Training	FY 1994 Requirement			FY 2001[1] Requirement		
			A	B	C	A	B	C
171-20 CL	HM A	IS(E)	3,094	362	1,120,028	2,592	362	938,304
171-20 Lab	HM A	IS(E)	3,094	198[2] [3]	612,612	2,592	198	513,216

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

[1] Based upon extrapolating FY97/8 data.

[2] 12 hours are conducted at the Great Lakes Navy Hospital.

[3] 76 hours are conducted at the North Chicago Veterans Affairs Medical Center.

UIC: 0620A

	EDUCATIONAL INSTITUTION:	
X	FORMAL SCHOOL:	Navy Hospital Corps School
	CAX	

Type Training Facility/CCN	Total Number	Design Capacity (PN)	Capacity [1] (Student HRS/YR)
171-20 CL	14	55	1,540,000
171-20 Lab	5	55	550,000

[1] Based on 8 hours per day, 250 days per year.

TOTAL P.04

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

5/27/94
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

15 JUN 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

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

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

Signature

Commanding Officer
Title

26 Sep 1994
Date

Naval Hospital, Great Lakes, IL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 10 OCT 1994 Date

R

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

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

J Burkhart
Signature

Commanding Officer, Acting
Title

11/21/94
Date

Naval Hospital, Great Lakes, IL
Activity

REPRODUCED AT GOVERNMENT EXPENSE DEPARTMENT OF THE NAVY 9662 COPIER

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 11-29-94

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

12/2/94

Date

6010
16 December 1994

MEMORANDUM

From: Kris Veneski, Market Analysis Division
To: LCDR S. McInnis, MSC, USN

Subj: CLARIFICATION OF STAFFING INFORMATION SUBMITTED FOR ITEM 4 IN SUPPORT OF BRAC 26

Encl: (1) Current SPMS listing of Clinicians (Skill 1P)
(2) Current SPMS listing of Paraprofessionals (Skill 2)
(3) Current SPMS listing of IDC (Skill 4)

1. Since the information originally submitted in support of the subject tasking cannot be reconstructed, I have prepared enclosures (1) through (3) from current staffing files. The numbers have changed since some BRAC staffing changes have already been implemented at this command.

a. Enclosure (1). There are currently 68 clinician providers assigned to UIC 00211. For the purpose of the subject tasking, the following breakout is provided. Included are military and civilian providers.

Type 1	Primary Care		
		General Medical Officers	13
		Flight Surgeons	0
		Diving Medical Officers	0
		Family Practice	9
		Internal Medicine	6
		General Pediatrics	1
		Pediatric Subspecialties	0
		Obstetrics/Gynecology	1
		TOTAL	30
Type 2	Non-Primary Care Providers		
		Anesthesia	4
		Dermatology	2
		Ophthalmology	2
		Head and Neck Surgery	3
		Anatomical/Clinical Pathology	3
		Psychiatry	8
		Diagnostic Radiology	5
		General Surgery	4
		General Orthopedic Surgery	6
		Urology Surgery	1
		TOTAL	38

R

b. Enclosure (2). There are currently 75 direct care para-professional providers assigned to UIC 00211. For the purpose of the subject tasking, the following breakout addresses only those providers whi are physician Assistants and Nurse Practitioners. Included are military and civilian providers.

Type 3	Pediatric Nurse Practitioners	2
	Physician's Assitants	5
	TOTAL	7

c. Enclosure (3). There are currently 75 direct care para-professional providers assigned to UIC 00211. For the purpose of the subject tasking, the following breakout addresses only those providers whi are physician Assistants and Nurse Practitioners. Included are military and civilian providers.

NEC 8425, Independent Duty Corpsmen	15

2. The above information is taken from the SPMS database on this date.

Kristine Veneski

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
1P	C	6A04	ANESTHESIOLOGY	DOSHI	MEGHMALA	Anesthesiology Services	407C000
1P	O	6A04	ANESTHESIOLOGY	BARGER	BRUCE	Anesthesiology Services	4070000
1P	O	6A04	ANESTHESIOLOGY	CLAUSNITZER	ROGER	Anesthesiology Services	4070000
1P	O	6A04	ANESTHESIOLOGY	JACKSON	ROBERT	Anesthesiology Services	4070000
6A04: Count = 4							
1P	O	6A07	DERMATOLOGY	BREER	WAYNE	Dermatology Clinic	3050000
1P	O	6A07	DERMATOLOGY	MACDONALD	MARIAN	Dermatology Clinic	3050000
6A07: Count = 2							
1P	O	6A09	MEDICAL OFFICER	DECKER	MICHAEL	Primary Care Clinic/BRIG 1017	6020110
1P	O	6A09	MEDICAL OFFICER	GAGE	JULIE	Military Sick Call 200H	2030300
1P	O	6A09	MEDICAL OFFICER	OMALLEY	NANCY	Emergency Room	2030100
1P	C	6A09	MEDICAL OFFICER	PAMUKCU	SEYFULLAH	Internal Medicine Clinic	301C100
1P	O	6A09	MEDICAL OFFICER	BAYER	JON	Director for Branch Clinics	6000000
1P	O	6A09	MEDICAL OFFICER	MATSON	JONATHAN	Primary Care Clinic 237	6010110
1P	O	6A09	MEDICAL OFFICER	MACHIELE	ELIZABETH	Primary Care Clinic/BRIG 1017	6020110
1P	O	6A09	MEDICAL OFFICER	BAUSTIAN	LORETTA	Primary Care Clinic/BRIG 1017	6020110
1P	O	6A09	MEDICAL OFFICER	CHOE	LINDA	Primary Care Clinic/BRIG 1017	6020110
1P	O	6A09	MEDICAL OFFICER	MURPHY	SCOTT	Primary Care Clinic/BRIG 1017	6020110
1P	O	6A09	MEDICAL OFFICER	KELLY	EDWARD	Primary Care Clinic/BRIG 1017	6020110
1P	C	6A09	MEDICAL OFFICER	HUANG	HUEI-SU	Primary Care Clinic/BRIG 1017	602C110
1P	O	6A09	MEDICAL OFFICER	GOODFRIEND	DAVID	Primary Care Clinic/BRIG 1017	6020110
6A09: Count = 13							
1P	C	6A11	FAMILY PRAC DEVELOPMENT	GARCIA	TAQUMPAY	Primary Care Clinic/BRIG 1017	602C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	HUANG	TERESITA	Primary Care Clinic/BRIG 1017	602C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	OBEDOZA	FRANCISCO	Primary Care Clinic/BRIG 1017	602C110

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
1P	C	6A11	FAMILY PRAC DEVELOPMENT	PADILLA	EDEN	Primary Care Clinic/BRIG 1017	602C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	STRNAD	RICHARD	Primary Care Clinic 237	601C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	GALEN	DEBORAH	Primary Care Clinic 237	601C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	ISAACMAN	SCOTT	Primary Care Clinic 237	601C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	DACANAY	TERESITA	Primary Care Clinic 237	601C110
1P	C	6A11	FAMILY PRAC DEVELOPMENT	DACUYCUY	WILFREDO	Primary Care Clinic/BRIG 1017	602C110

6A11: Count = 9

1P	O	6A12	GENERAL INTERNAL MEDICINE	MARTONE	MARK	Cardiology Clinic	3020100
1P	O	6A12	GENERAL INTERNAL MEDICINE	OTA	JENNIFER	Internal Medicine Clinic	3010100
1P	O	6A12	GENERAL INTERNAL MEDICINE	BRATTEN	KENT	Internal Medicine Clinic	3010100
1P	O	6A12	GENERAL INTERNAL MEDICINE	CARROLL, JR	ROBERT	Director for Medical Services	3000000
1P	O	6A12	GENERAL INTERNAL MEDICINE	MAXWELL	DANIEL	Pulmonary Medicine Clinic	3030000
1P	C	6A12	GENERAL INTERNAL MEDICINE	CHADHA	GURBACHAN	Internal Medicine Clinic	301C100

6A12: Count = 6

1P	O	6A15	GENERAL OBSTRETICS/GYNECOLOGY	FELDMAN	HERBERT	Female Screening Clinic Annex 1400	6040110

6A15: Count = 1

1P	O	6A17	OPHTHALMOLOGY	CHEESEMAN	EDWARD	Ophthalmology Clinic	4030000
1P	O	6A17	OPHTHALMOLOGY	KLINK	DAVID	Ophthalmology Clinic	4030000

6A17: Count = 2

1P	O	6A19	HEAD AND NECK SURGERY	MCCOID	GERALD	Otolaryngology Clinic	4060000
1P	O	6A19	HEAD AND NECK SURGERY	OCONNELL	KEVIN	Otolaryngology Clinic	4060000
1P	O	6A19	HEAD AND NECK SURGERY	WEISS	DENTON	Otolaryngology Clinic	4060000

6A19: Count = 3

1P	C	6A20	ANATOMIC/CLINICAL PATH	ZEBELL	LOURDES	Occupational Health Clinic 237	606C200

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
1P	O	6A20	ANATOMIC/CLINICAL PATH	ANDERSON	CRIS	Laboratory Department	5010000
1P	O	6A20	ANATOMIC/CLINICAL PATH	KOENIG	CHRISTOPHER	Anatomical Pathology 200H	5010500

6A20: Count = 3

1P	O	6A21	GENERAL PEDIATRICS	LANE	PENNY	Pediatric Department	3060000

6A21: Count = 1

1P	O	6A25	PSYCHIATRY	HOYLE	KENNETH	Director for Psychosocial Services	9000000
1P	C	6A25	PSYCHIATRY	LUDMER	CHARLES	Psychiatry Clinic 6-East 200H	901C110
1P	O	6A25	PSYCHIATRY	OLSON	ROBERT	Psychiatry Clinic 5-North 200H	9010100
1P	C	6A25	PSYCHIATRY	UTLEY	JOHN	Psychiatry Clinic 5-North 200H	901C100
1P	C	6A25	PSYCHIATRY	AFROZ	SYED	Psychiatry Ward Services 5-North	901C200
1P	C	6A25	PSYCHIATRY	KAMM	PATRICK	Psychiatry Clinic 5-North 200H	901C100
1P	O	6A25	PSYCHIATRY	KING	SUSAN	Psychiatry Clinic 5-North 200H	9010100
1P	O	6A25	PSYCHIATRY	MANOS	GAIL	Psychiatry Clinic 6-East 200H	9010110

6A25: Count = 8

1P	O	6A27	DIAGNOTIC RADIOLOGY	ST.VILLE	EDWARD	Diagnostic Radiology Services 200H	5040100
1P	O	6A27	DIAGNOTIC RADIOLOGY	WILLGRESS	EDWIN	Radiology Department	5040000
1P	C	6A27	DIAGNOTIC RADIOLOGY	CASIS	WINSTON	Diagnostic Radiology Services 200H	504C100
1P	C	6A27	DIAGNOTIC RADIOLOGY	ATIENZA	RANUIFO	Diagnostic Radiology Services 200H	504C100
1P	O	6A27	DIAGNOTIC RADIOLOGY	WIN	MAUNG	Diagnostic Radiology Services 200H	5040100

6A27: Count = 5

1P	O	6A30	GENERAL SURGERY	FELIX	MICHAEL	General Surgery Clinic	4010000
1P	O	6A30	GENERAL SURGERY	MAHON	DAVID	General Surgery Clinic	4010000
1P	O	6A30	GENERAL SURGERY	KADOWAKI	MARK	General Surgery Clinic	4010000

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
1P	O	6A30	GENERAL SURGERY	GOMBEH	SITTA	Administrative Services Br Cl 1017	6020300
6A30: Count = 4							
1P	O	6A32	GENERAL ORTHOPEDIC SURGERY	GROSSMAN	THOMAS	Orthopaedic Surgery Clinic	4020000
1P	O	6A32	GENERAL ORTHOPEDIC SURGERY	OBRIEN	TIMOTHY	Orthopaedic Surgery Clinic	4020000
1P	C	6A32	GENERAL ORTHOPEDIC SURGERY	FRAERMAN	SAMUEL	Orthopaedic Surgery Clinic	402C000
1P	C	6A32	GENERAL ORTHOPEDIC SURGERY	PETTY	DAVID	Orthopaedic Surgery Clinic	402C000
1P	O	6A32	GENERAL ORTHOPEDIC SURGERY	HART	TIMOTHY	Orthopaedic Surgery Clinic	4020000
1P	O	6A32	GENERAL ORTHOPEDIC SURGERY	ZOELLICK	DAVID	Orthopaedic Surgery Clinic	4020000
6A32: Count = 6							
1P	O	6A36	UROLOGY	HAWKINS	SHERMAN JR	Urology Clinic	4050000
6A36: Count = 1							

Total records printed: 68

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
2	O	6E02	ANETHESIA	LINDSEY	SUSANNA	Anesthesiology Services	4070000
2	O	6E02	ANETHESIA	YOUNG	STAN	Anesthesiology Services	4070000
2	O	6E02	ANETHESIA	LAROSE	JOEL	Anesthesiology Services	4070000
6E02: Count = 3							
2	C	6E04	PEDIATRIC NURSE PRACTITIONER	KENT	DOROTHY	Pediatric Clinic (Day)	306C100
2	C	6E04	PEDIATRIC NURSE PRACTITIONER	RYSSMANN	LOUISE	Pediatric Clinic (Day)	306C100
6E04: Count = 2							
2	C	6H01	SPEECH PATH/AUDIOLOGY	SZYNISKI	MICHAEL	Audiology Clinic 237	606C400
2	C	6H01	SPEECH PATH/AUDIOLOGY	ZENZ	MICHAEL	Audiology Clinic 200H	406C200
2	C	6H01	SPEECH PATH/AUDIOLOGY	HOWE	LORI	Audiology Clinic 1523	606C410
6H01: Count = 3							
2	C	6H02	TOXICOLOGY	BLOCK	LARAINE	Clinical Pathology 200H	501C100
2	C	6H02	TOXICOLOGY	BRUNET	FERDINAND	Clinical Pathology 200H	501C100
2	O	6H02	TOXICOLOGY	HAYDEN	RICHARD	Laboratory Department	5010000
2	C	6H02	TOXICOLOGY	LINDBERG	JOHN	Blood Bank Services 200H	501C600
2	C	6H02	TOXICOLOGY	DARDEN	TRUDY	Clinical Pathology 200H	501C100
2	C	6H02	TOXICOLOGY	AGIN	CATHERINE	Clinical Pathology 200H	501C100
2	O	6H02	TOXICOLOGY	EDWARDS	VERONICA	Clinical Pathology 200H	5010100
6H02: Count = 7							
2	C	6H03	PUBLIC HEALTH SPECIALIST	GACKLE	TIMOTHY	Industrial Hygiene Services 237	606C300
2	C	6H03	PUBLIC HEALTH SPECIALIST	LESKO	MARK	Industrial Hygiene Services 237	606C300
2	C	6H03	PUBLIC HEALTH SPECIALIST	MINER	JEFFREY	Industrial Hygiene Services 237	606C300
2	C	6H03	PUBLIC HEALTH SPECIALIST	WALKER	JAMES	Industrial Hygiene Services 237	606C300

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
2	C	6H03	PUBLIC HEALTH SPECIALIST	VOGELSBURG	WAYNE	Industrial Hygiene Services 237	606C300
2	C	6H03	PUBLIC HEALTH SPECIALIST	MILZ	SHERYL	Industrial Hygiene Services 237	606C300
2	C	6H03	PUBLIC HEALTH SPECIALIST	CRUZ	JULIANNA	Industrial Hygiene Services 237	606C300
2	O	6H03	PUBLIC HEALTH SPECIALIST	MEWSHAW	MARK	Preventive Medicine/Occ Hlth 237	6060000
2	O	6H03	PUBLIC HEALTH SPECIALIST	DEVORE	RICHARD	Radiation Health Services 200H	5040500
6H03: Count = 9							
2	O	6H04	OPTOMETRIST	BARRETTE	DALE	Branch Med Clinic Inprocessing 1523	6030000
2	O	6H04	OPTOMETRIST	TOYAMA	RICKY	Optometry Department	6090000
2	O	6H04	OPTOMETRIST	POTTS	ANTHONY	Optometry Clinic 237	6090100
2	O	6H04	OPTOMETRIST	ARNOLD	SCOTT	Optometry Clinic 1523	6090200
2	O	6H04	OPTOMETRIST	LOHR	GREGORY	Optometry Clinic 1523	6090200
6H04: Count = 5							
2	C	6H05	PHARMACOLOGY	SOUTH	DELL	Pharmacy Outpatient Ops 200H	502C100
2	C	6H05	PHARMACOLOGY	STEWART	BETTY	Pharmacy Outpatient Ops 200H	502C100
2	C	6H05	PHARMACOLOGY	GLUZINSKI	KATHY	Pharmacy Outpatient Ops 200H	502C100
2	C	6H05	PHARMACOLOGY	HERMAN	JACK	Pharmacy Outpatient Ops 200H	502C100
2	C	6H05	PHARMACOLOGY	MARTIN	CAROL	Pharmacy Outpatient Ops 200H	502C100
2	O	6H05	PHARMACOLOGY	BERNEKING	FREDERICK	Pharmacy Department	5020000
2	C	6H05	PHARMACOLOGY	RIVERA	NANCY	Pharmacy Outpatient Ops 200H	502C100
2	O	6H05	PHARMACOLOGY	HIRSH	ROGER	Pharmacy Department	5020000
6H05: Count = 8							
2	O	6H06	PHYSICAL THERAPIST	BRADWAY	LEON	Musculo-Skeletal Screening Cl 200H	5030400
2	O	6H06	PHYSICAL THERAPIST	PETERS	MARY	Physical Therapy Department	5030000
6H06: Count = 2							
2	C	6H07	PSYCHOLOGY	HANSEN	MARILYN	Social Work Services	903C000

2

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
2	C	6H07	PSYCHOLOGY	LOISEL	CATHERINE	Family Advocacy Services	903C200
2	C	6H07	PSYCHOLOGY	STOLZMAN	MARYLIN	Social Work Services	903C000
2	C	6H07	PSYCHOLOGY	FRYE	EDWARD	Soc Work Services (ALT USE/CHAMPUS)	903C100
2	C	6H07	PSYCHOLOGY	DANIELS	CHARLES	Family Advocacy Services	903C200
2	C	6H07	PSYCHOLOGY	TERRY	BRENDA	Social Work Services	903C000
2	C	6H07	PSYCHOLOGY	WEINREP	ANNE	Psychiatry Clinic 6-East 200H	901C110
2	C	6H07	PSYCHOLOGY	SUSMAN	PAUL	Psychiatry Clinic 6-East 200H	901C110
2	C	6H07	PSYCHOLOGY	MITROVIC	MILAN	Psychiatry Clinic 6-East 200H	901C110
2	C	6H07	PSYCHOLOGY	MCFARLAND	ROBERT	Psychiatry Clinic 1017	901C120
2	C	6H07	PSYCHOLOGY	MARTINELLI	MICHELE	Psychiatry Clinic 6-East 200H	901C110
2	C	6H07	PSYCHOLOGY	LANGLEY	JOANNE	Psychiatry Clinic 5-North 200H	901C100
2	C	6H07	PSYCHOLOGY	CHEVALEAU	MELINDA	Psychiatry Clinic 5-North 200H	901C100
2	C	6H07	PSYCHOLOGY	BROWN	KEVIN	Psychiatry Clinic 6-East 200H	901C110
2	C	6H07	PSYCHOLOGY	COLBERT	VINCENT	Psychiatry Clinic 5-North 200H	901C100
2	C	6H07	PSYCHOLOGY	ARAMINI	JAN MARIE	Psychiatry Clinic 1017	901C120
2	C	6H07	PSYCHOLOGY	GOBY	MARSHALL	Psychiatry Clinic 1017	901C120
2	C	6H07	PSYCHOLOGY	KNOLL	KAREN	Psychiatry Ward Services 5-North	901C200
2	O	6H07	PSYCHOLOGY	MUSSON	ROBERT	Psychiatry N-AFMET Screening Unit	9010130
2	C	6H07	PSYCHOLOGY	CHRISTENSEN	TONI	Psychiatry Ward Services 5-North	901C200
2	C	6H07	PSYCHOLOGY	COOPER	BARBARA	Psychiatry Clinic 5-North 200H	901C100
2	O	6H07	PSYCHOLOGY	MARTIN	CYNTHIA	Alcohol Rehabilitation OP Services	9020000
2	C	6H07	PSYCHOLOGY	ANDREWS	CAROLYN	Psychiatry Clinic 1017	901C120
2	C	6H07	PSYCHOLOGY	SLEEPER	RICHARD	Social Work Services	903C000
2	O	6H07	PSYCHOLOGY	ROUSSEAU	PAUL	Alcohol Rehabilitation OP Services	9020000

6H07: Count = 25

2	O	6H09	PODIATRIST	SAAFELD	HAROLD	Podiatry Clinic	4020200
2	O	6H09	PODIATRIST	WHITMORE	RICHARD	Podiatry Clinic	4020200
2	O	6H09	PODIATRIST	WARD	ARTHUR	Podiatry Clinic 1017	6020140

6H09: Count = 3

2	O	6H10	DIETICIAN/NUTRITIONIST	WHITLEY	ALICE	Food Management Department	1070000

DUTYPE	PER_TYPE	OCCUP_CODE	OCC_DESC	LNAME	FNAME	LNAME	DEPARTMENT
2	O	6H10	DIETICIAN/NUTRITIONIST	URBAN	JOHN	Nutrition Clinic	1070300
2	O	6H10	DIETICIAN/NUTRITIONIST	ZUZELSKI	KIMBERLY	Nutrition Clinic	1070300

6H10: Count = 3

2	C	6H11	PHYSICIAN'S ASSISTANT	KLITZKIE	WILLIAM	Occupational Health Clinic 237	606C200
2	O	6H11	PHYSICIAN'S ASSISTANT	CAST	RAYMOND	Military Sick Call 200H	2030300
2	O	6H11	PHYSICIAN'S ASSISTANT	COLE	SPENCER	Primary Care Clinic 237	6010110
2	O	6H11	PHYSICIAN'S ASSISTANT	LASH	DAVID	Gynecology Clinic 1017	6020150
2	O	6H11	PHYSICIAN'S ASSISTANT	CARROLL	FRANCES	Primary Care Clinic/BRIG 1017	6020110

6H11: Count = 5

Total records printed: 75

DUTYPE	PER_TYPE	PRI_NOBC	LNAME	FNAME	DEPARTMENT	LNAME
4	E	8425	LEIGHLITER	CLARENCE	6010120	Medical Exam Clinic 237
4	E	8425	PEDERSON	STEVEN	2030300	Military Sick Call 200H
4	E	8425	CAREY	DANIEL	1090220	Augmentation of FMF Elements
4	E	8425	HYNEMAN	WILLIAM	6020110	Primary Care Clinic/BRIG 1017
4	E	8425	FRANCIS	TIMOTHY	6020110	Primary Care Clinic/BRIG 1017
4	E	8425	KROCKE	JEROON	6050300	Administrative Services-Glenview
4	E	8425	SOUDERS	STUART	6020110	Primary Care Clinic/BRIG 1017
4	E	8425	GERMAIN	RONALD	6010120	Medical Exam Clinic 237
4	E	8425	PLUNKETT	STEPHEN	6030300	Admin Services Inprocessing 1523
4	E	8425	ADIAN	CHARLOTTE	6030300	Admin Services Inprocessing 1523
4	E	8425	TEETER	BRIAN	6020110	Primary Care Clinic/BRIG 1017
4	E	8425	MITCHELL	STEPHEN	6020110	Primary Care Clinic/BRIG 1017
4	E	8425	HERMAN	SCOTT	6010110	Primary Care Clinic 237
4	E	8425	SWANSON	GREGORY	6020110	Primary Care Clinic/BRIG 1017
4	E	8425	RHODES	MARC	6020110	Primary Care Clinic/BRIG 1017

8425: Count = 15

Total records printed: 15

R

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
NAME (Please type or print)

Signature

Commanding Officer
Title

12/19/94
Date

Naval Hospital, Great Lakes, IL
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 Jan 5, '95

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 1/9/95

Document Separator

3-16

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	Naval Hospital, Great Lakes, IL 60088
UIC:	00211
Major Claimant:	Bureau of Medicine and Surgery (BUMED)

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-

DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.
General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term "**activity**" is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the "**area defined in response to question 1.b., (page 3)**". Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to "**civilians**" in this data call should reflect **federal civil service appropriated fund employees**.

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Average Appropriated Fund Civilian Salary Rate:	$36,410

Source of Data (1.a. Salary Rate): DCPDS as of 1 JUL 94. 2.6% increase 1995, 2.8 increase 1996 (election yr)

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
Lake	IL	1231	200	86.7	15	30
Cook	IL	39	31	4.2	26	45
McHenry	IL	1	6	.4	40	60
Kenosha	WI	74	44	7.2	24	43
Racine	WI	9	5	.8	32	55
Other	IL	7	3	.6	N/A	N/A
Other	WI	0	1	.06	N/A	N/A
Other	U.S.				N/A	N/A
				= 100%		

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those

counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located: Lake and Cook counties in Illinois.

Source of Data (1.b. 1) & 2) Residence Data): 1) DCPDS as of 1 JUL 94 (civilians)., SDS for Military Data. 2) Naval Public Works Center, Housing Office.

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Chicago, IL	Cook	35

Source of Data (1.c. Metro Areas): Rand McNally Map, 1994

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's **civil service** workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	2	.7
20 - 24 Years	4	1.4
25 - 34 Years	42	14.5
35 - 44 Years	94	32.5
45 - 54 Years	97	33.6
55 - 64 Years	42	14.5
65 or Older	8	2.8
TOTAL	289	100 %

Source of Data (1.d.) Age Data): DCPDS as of 1 JUL 94.

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	4	1.4
9th through 11th Grade	10	3.5
12th Grade or High School Equivalency	156	53.9
1-3 Years of College	33	11.4
4 Years of College (Bachelors Degree)	36	12.5
5 or More Years of College (Graduate Work)	50	17.3
TOTAL	289	100 %

2) Degrees Achieved. Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	3
Associate Degree	11
Bachelor Degree	35
Masters Degree	20
Doctorate	29

Source of Data (1.e.1) and 2) Education Level Data): DCPDS as of 1 JUL 94.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by **civil service** employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Industry	SIC Codes	No. of Civilians	% of Civilian s
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	2	.6
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	1	.3

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	8	.7
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	7	2.4
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47		
4f. Communications	48		
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	7	2.4
5. Services	70-89		
5a. Lodging Services	70	19	17
5b. Personal Services (includes laundry and funeral services)	72	39	13.5

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	8	2.8
5d. Automotive Repair and Services	75	2	.2
5e. Other Misc. Repair Services	76	0	0
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	10	.9
5h. Health Services	80	140	48.5
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83	21	7.3
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	10	3.5
5n. Other Misc. Services	89	60	20.8
Sub-Total 5a. through 5n.:	70-89	178	61.6
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	0	0

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilian s
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92		
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	1	.3
Sub-Total 6a. through 6d.		93	8.3
TOTAL		289	100 %

Source of Data (1.f.) Classification By Industry Data): DCPDS as of 1 JUL 94.

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by **civil service** employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	21	7.3
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research		
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners	1	.3
2h. Social & Recreation Workers	7	2.4
2i. Religious Workers	0	0

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2j. Teachers, Librarians & Counselors	20	7.0
2k. Health Diagnosing Practitioners (Doctors)	59	20.4
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)		
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:	109	37.7
3. Technicians and Related Support		
3a. Health Technologists and Technicians	35	12.1
3b. Other Technologists	9	3.1
Sub-Total 3a. and 3b.:	44	15.2
4. Administrative Support & Clerical	91	31.5
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service	39	13.5
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.	39	13.5
6. Agricultural, Forestry & Fishing		

Occupation	Number of Civilian Employees	Percent of Civilian Employees
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)		
TOTAL	289	100 %

Source of Data (1.g.) Classification By Occupation Data): DCPDS as of 1 JUL 94.

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering

technicians; library technicians; paralegals; science technicians; numerical control tool programmers.

4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	
2. Percentage of Military Spouses Who Work Outside of the Home:	****
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	****
3b. Employed "On-Base" - Non-Appropriated Fund:	318
3c. Employed "Off-Base" - Federal Employment:	****
3d. Employed "Off-Base" - Other Than Federal Employment	****

**** Data unobtainable - not maitained in any database.

Source of Data (1.h.) Spouse Employment Data):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	B	B	B
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply *[1]	A	C	C
Water Distribution *	A	B	B
Energy Supply * [2]	A	A	B
Energy Distribution * [3]	A	A	B
Wastewater Collection *	A	A	A

[1]PWC produces water at Great Lakes. Fort Sheridan water is purchased from Highland Park.

[2]Steam and electric co-generation at Great Lakes.

[3]Steam and electric distribution at Great Lakes, electric and natural gas distribution at Fort Sheridan.

Category	20% Increase	50% Increase	100% Increase
Wastewater Treatment (See 3.f.)	N/A	N/A	N/A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal[4]	N/A	N/A	N/A
Hazardous/Toxic Waste Disposal[5]	A	A	A
Recreational Activities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Operating records indicate that PWC will be able to supply water to a 20% increase in population. A 1992 engineering study shows that a 50% or 100% increase in population would result in a shortfall of raw water intake capacity. A 1989 study indicates that at those increased demands, the raw water settling may be inadequate. Increased raw water intake capacity improvements is estimated at $15.0 million. If improvements are needed for the raw water settling, they are estimated at $6.0 million. The basis for

[4] There are no solid waste disposal sites in the local community.

[5] All hazardous/toxic waste generated at NTC are collected by PWC, Great Lakes and DRMO; 90% of the waste stream is disposed of via hazardous waste disposal contractors. Currently NTC generates approximately 30 tons per year. If a 1200% increase in mission occurred which resulted in 100% increase in hazardous waste generations, this quantity in comparison to the total waste generated in the State of Illinois (6.2 million tons) represents a small fraction of waste generated int he region. Illinois is a net importer of hazardous waste. This means that 152 treatment, storage and disposal sites within the state have a capacity that exceeds the quantity of waste generated in Illinois. The PWC Hazardous Waste management Plan proposes efforts to reduce future hazardous waste generations rates through material substitutions, recycling, and revised operational procedures.

50%/100% increase considered end of BRAC-93 base loading (which with current infrastructure) is supported.

Source of Data (2.a. 1) & 2) - Local Community Table):

1. Environmental Impact Statement, March 1994.
2. Feasibility Study for Expansion to Basewide Recycling, Great Lakes Naval Training Center, 6 June 1990.
3. Lake County Solid Waste Management Plan, February 1991.
4. IEPA Summary of Annual Reports on Hazardous Waste, 1990 of February 1992.
5. Mark Schultz Navy Public Works Center, Code 900, Environmental Officer.
6. Engineering Study of Basewide Water Systems 1989, Evaluation of Raw Water Intake 1992, D. Caddell, B. Baley, G. Pye, B. Kane, P. Behrens

b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	A
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply * [6]	A	A	A
Water Distribution *	N/A	N/A	N/A
Energy Supply [7]	A	A	A
Energy Distribution [8]	A	A	A

[6] PWC produces water at Great Lakes. Fort Sheridan water is purchased from Highland Park.

[7] North Shore Gas Company natural gas supply and Commonwealth Edison electric supply at Great Lakes and Fort Sheridan.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Increase	50% Increase	100% Increase
Wastewater Collection *	N/A	N/A	N/A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	N/A	N/A	N/A
Hazardous/Toxic Waste Disposal (see footnote 5)	A	A	A
Recreation Facilities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

[8] North Shore Gas Company distribution at Great Lakes.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (2.b. 1) & 2) - Regional Table):

1. Environmental Impact Statement, March 1994.
2. Feasibility Study for Expansion to Basewide Recycling, Great Lakes Naval Training Center, 6 June 1990.
3. Lake County Solid Waste Management Plan, February 1991.
4. IEPA Summary of Annual Reports on Hazardous Waste, 1990 of February 1992.
5. Mark Schultz Navy Public Works Center, Code 900, Environmental Officer.
6. Naval Training Center Great Lakes previous response to BRAC 93 Data Call #5.
7. Navy Public Works Center Great Lakes Information in BRAC 93 Data Calls 18 and 27
8. Naval Training Center Great Lakes Master Plan dated September 1986.
9. North Shore Gas Company - Al Barrett; Commonwealth Edison - Bob Albertini; North Shore Sanitary District Contracts; Perry Walcott, Highland Park Water Contract; D. Caddell, G. Pye, B. Baley, B. Kane.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3. Public Facilities Data:

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: 5.71% (Lake County)*

Units for Sale: 1.47% (Lake County)*

*1990 Census data is the only active information currently on file.

Source of Data (3.a. Off-Base Housing): Mr. Don Roos - Lake County Economic Development and Planning Commission, Phone (708) 360-6350

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
#1	LAKE	1	1	0	844	N/A	21:1		NO
#3	LAKE	4	1	0	1663	N/A	20:1		NO
#6	LAKE	5	1	0	2831	N/A	19:1		NO
#24	LAKE	1	0	0	395	N/A	17:1		NO
#33	LAKE	1	0	0	260	N/A	20:1		NO
#34	LAKE	3	1	0	1843	N/A	21:1		NO
#36	LAKE	1	0	0	276	N/A	19:1		NO
#37	LAKE	1	2	0	1000	N/A	21:1		NO
#38	LAKE	1	1	0	449	N/A	18:1		NO
#41	LAKE	1	1	0	1936	N/A	19:1		NO
#46	LAKE	2	2	0	1626	N/A	20:1		NO
#50	LAKE	2	2	0	3202	N/A	20:1		NO
#56	LAKE	2	2	0	1570	N/A	18:1		NO
#60	LAKE	5	4	1	12185	N/A	20:1		NO
#65	LAKE	2	1	0	856	N/A	16:1		NO
#67	LAKE	4	2	0	1864	N/A	14:1		NO
#68	LAKE	1	0	0	570	N/A	15:1		NO
#70	LAKE	3	2	0	2376	N/A	17:1		NO
#72	LAKE	1	0	0	87	N/A	20:1		NO
#73	LAKE	2	3	0	3171	N/A	17:1		NO
#75	LAKE	2	1	0	1568	N/A	23:1		NO

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
#76	LAKE	2	1	0	861	N/A	17:1		NO
#79	LAKE	1	0	0	769	N/A	18:1		NO
#95	LAKE	5	2	1	4482	N/A	19:1		NO
#96	LAKE	3	2	0	2907	N/A	20:1		NO
#102	LAKE	2	2	0	2141	N/A	19:1		NO
#103	LAKE	2	2	0	1196	N/A	17:1		NO
#106	LAKE	2	0	0	1971	N/A	18:1		NO
#109	LAKE	4	2	0	2133	N/A	16:1		NO
#112	LAKE	9	2	0	N/A	N/A	N/A		YES
#113	LAKE	0	0	2	2703	N/A	N/A		NO
#114	LAKE	1	1	0	805	N/A	20:1		NO
#115	LAKE	0	0	1	1093	N/A	14:1		NO
#116	LAKE	6	1	1	5197	N/A	20:1		NO
#117	LAKE	0	1	1	1803	N/A	21:1		NO
#118	LAKE	3	1	1	2631	N/A	20:1		NO
#120	LAKE	0	0	1	1133	N/A	15:1		NO
#121	LAKE	0	0	1	1774	N/A	19:1		NO
#124	LAKE	0	0	1	863	N/A	22:1		NO
#125	LAKE	0	0	1	2425	N/A	18:1		NO
#126	LAKE	0	0	1	1934	N/A	19:1		NO
#127	LAKE	0	0	1	841	N/A	16:1		NO
#128	LAKE	0	0	1	2182	N/A	18:1		NO
#187	LAKE	7	1	1	4408	N/A	22:1		YES
#220		8	2	1	6796	N/A			

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
144 Districts	**COOK**	**1,216 Schools**			**744071 Students**	**N/A**	**19:1**		**NO**
#134*	COOK	6	1	0	3412	N/A	18:1		YES
#225*	COOK	0	0	3	3763	N/A	20:1		YES
* Serve children at NAS Glenview									
#3	McHENRY	1	1	0	577	N/A	19:1		NO
#11	McHENRY	1	0	0	338	N/A	18:1		NO
#12	McHENRY	2	2	1	2300	N/A	19:1		NO
#13	McHENRY	1	0	0	597	N/A	20:1		NO
#15	McHENRY	5	2	0	4037	N/A	24:1		NO
#18	McHENRY	1	1	0	252	N/A	21:1		NO
#19	McHENRY	1	1	1	485	N/A	21:1		NO
#26	McHENRY	3	1	0	2650	N/A	21:1		NO
#36	McHENRY	1	0	0	335	N/A	20:1		NO
#46	McHENRY	1	0	0	758	N/A	20:1		NO
#47	McHENRY	7	2	0	6248	N/A	22:1		NO
#50	McHENRY	3	1	1	2070	N/A	18:1		NO
#154	McHENRY	0	0	1	496	N/A	16:1		NO
#155	McHENRY	0	0	3	3814	N/A	18:1		NO
#156	McHENRY	0	0	2	1630	N/A	19:1		NO
#157	McHENRY	0	0	1	345	N/A	15:1		NO
#158	McHENRY	1	0	1	867	N/A	18:1		NO
#165	McHENRY	2	0	0	911	N/A	24:1		NO

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
#200	McHENRY	5	2	1	4544	N/A	22:1		NO
#1 KENOSHA UNIFIED	KENOSHA	23	5	3	18000	N/A	23.5		NO

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

Source of Data (3.b.1) Education Table): Illinois Bd. of Ed., Planning, research & Evaluation Div. and Kenosha WI Unified School Dist #1. Data Not Avail. for Racine Co. None of the public schools will provide a Max. enrollment # or Max. ratio.

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

NO

Source of Data (3.b.2) On-Base Schools): GAO Report- GAO/HRD 87-16 DOD DEPENDENT SCHOOLS

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

Name of College/University
Aero-Space Institute, Chicago IL
Alfred Adler Institute of Chicago, Chicago IL
American Academy of Art, Chicago IL
American Conservatory of Music, Chicago IL
Barat College, Lake Forest, IL
Chicago-Kent College of Law of Illinois Institute of Technology, Chicago IL
Chicago State University, Chicago IL
Chicago City-Wide College, Chicago IL
Daley College, Chicago IL
Harold Washington College, Chicago IL
Kennedy-King College, Chicago IL
Malcolm X College, Chicago IL
Olive-Harvey College, Chicago IL
Truman College, Chicago IL
Wright College, Chicago IL
College of Lake County, Grayslake, IL
Columbia College, Chicago, IL
Concordia University, River Forest, IL
Depaul University, Chicago IL
Devry Institute of Chicago IL
Dr. William M. Scholl College of Podiatric Medicine, Chicago IL

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Name of College/University
East-West University, Chicago IL
Governors State University, University Park, IL
Illinois College of Optometry, Chicago, IL
Illinois Institute of Technology, Chicago IL
Illinois School of Professional Psychology, Chicago, IL
John Marshall Law School, Chicago IL
Kendall College, Evanston, IL
Lake Forest College, Lake Forest IL
Loyola University of Chicago, Chicago IL
Maccormac Junior College, Chicago IL
McHenry County College, Crystal Lake IL
Montay College, Chicago IL
Moody Bible Institute of Chicago, Chicago IL
Moraine Valley Community College, Palos Hills, IL
Morton College, Cicero, IL
Mundelein College, Chicago IL
National-Louis University, Evanston, IL
Northeastern Illinois University, Chicago IL
North Park College, Chicago IL
Northwestern University, Evanston, IL
Roosevelt University, Chicago IL
Rosary College, River Forest, IL
Rush University, Chicago IL

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Name of College/University
Saint Xavier College, Chicago IL
School of the Art Institute of Chicago, Chicago IL
Shimer College, Waukegan IL
Spertus College of Judaica, Chicago IL
Trinity College, Deerfield, IL
Trinity Evangelical Divinity School, Deerfield IL
Triton College, River Grove IL
University of Chicago, Chicago IL
University of Health Sciences/Chicago Medical School, North Chicago IL
University of Illinois-Chicago, Chicago IL
Vandercook College of Music, Chicago IL
William Rainey Harper College, Palatine, IL
Carthage College, Kenosha WI
University of Wisconsin-Parkside, Kenosha WI

Source of Data (3.b.3) Colleges): The College Blue Book, 23rd Edition

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Vocational/Technical Training Schools	Curriculums
Arlington Academy, Arlington Heights, IL	Cosmetology
Northwest Community Hospital, Arlington Heights, IL	Radiologic Technology
Mr. T.'s School of Beauty Culture, Berwyn, IL	Cosmetology, skin care
Environmental Technical Institute, Blue Island, IL	Air conditioning, heating & refrigeration
Blue Island School of Cosmetology, Blue Island, IL	Cosmetology
Advance Screen Printing Institute, Chicago	Screen Process Printing
Advertising Center, Chicago	Lettering and Layout/writing
Aero-Space Institute, Chicago	Aeronautics/Aviation Management
Airco Technical Institute, Chicago	Welding
American Academy of Art, Chicago	Photography/communications/art/graphic design
American Diesel Institute, Chicago	Auto Mechanics/diesel mechanics
American Floral Art School, Chicago	Floristry, horticulture
American Medical Record Association, Chicago	Medical Record Technology
American Motorcycle Mechanics School, Chicago	Motorcycle Repair
American School of Correspondence, Chicago	Correspondence

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
Apollo College of Medical & Dental Careers, Chicago	Dental/medical assistant; medical secretarial
Cannella School of Hair Design, Chicago	Cosmetology, manicure
Capri School of Beauty Culture, Chicago	Cosmetology
Capri-Garfield Ridge School of Beauty Culture, Chicago	Cosmetology
Career Development Institute (CDI), Chicago	Career development/computer technology/office technology
Charles D. Murdock Business Institute, Chicago	Word Processing
Chicago City Colleges: Kennedy-King; Malcolm X; Olive-Harvey; Wright College;	Accounting; business education; drafting technology; electronics technology; home economics; industrial design; insurance, general; journalism; library technology; mechanical technology; merchandising; music; nursing; vocational; recreation leadership; aeronautics; architectural technology; art; advertising, commercial; chemical technology; medical technology; police science; nursing; pharmacy technician; renal technology; secretarial, and more.
Chicago College of Commerce, Chicago	Court reporting; medical transcriber; secretarial
Chicago Lying-in Hospital, Chicago	Cytotechnology

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
Chicago Paralegal School, Chicago	Accounting, automated; hotel and restaurant management; paralegal; restaurant management; real estate law
Chicago Professional College, Chicago	Business Education; business occupations
Chicago Public Schools-Practical Nursing Program, Chicago	Nursing, practical
The Chicago School of Massage Therapy, Chicago	Massage
Chicago School of Violin Making, Chicago	Musical Instrument repair
Chicago Truck Driving School, Chicago	Truck driving
City Colleges of Chicago, Richard J. Dale College	Accounting; architectural technology; art; aviation maintenance technology; business administration; communications technology; criminal justice; data processing; drafting technology; drama-theatre; electronics technology; more
The College of Office Technology, Chicago	Accounting; microcomputers; secretarial; word processing
Compu-Learn Skills Institute, Chicago	Cobol, Basic, word processing
Computer Learning Center of Chicago	Computer operator; computer programming
Consumer Electronics Training Center, Chicago	Electronics Technology; Radio and TV servicing

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
Coyne American Institute, Chicago	Air conditioning; heating and refrigeration; auto body repair
Echols International Travel and Hotel Schools, Inc., Chicago	Airline & travel careers; hotel & motel management
ELS Language Center, Chicago	English as a Second Language
Felician College, Chicago	Art; business administration; data processing; health technology; human services
Freeman Fashion Academy, Chicago	Apparel arts; dressmaking and design
Harrington Institute of Interior Design, Chicago	Interior Design
Health Occupation Careers, Practical Nursing Program, Chicago	Health Aide; nurse assistant; nursing practical
Holy Cross Hospital, Chicago	Histologic Technology
Howell Technical Institute, Chicago	Accounting; clerical; computer literacy; secretarial
Illinois Medical Training Center, Chicago	EKG Technician; Medical Assistant; Nurse assistant
Illinois Technical College, Chicago	Computer programming; computer technology; drafting technology
Industrial Engineering College of Chicago and Walton Division, Chicago	Accounting, general; business administration; industrial engineering technology
Institute of Lettering and Design. Chicago	Layout; lettering

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
International Academy of Merchandising & Design, Ltd. Chicago	Fashion Design & Merchandising; interior design; modeling
International Travel Training Course, Inc., Chicago	Airline and Travel careers
Investigations Institute, Chicago	Criminology; identification technology
Ippolito School of Cosmetology, Inc., Chicago	Cosmetology
ITT Technical Institute, Chicago	Automotive technology; drafting, industrial; electronics
John Casablancas Modeling and Career Center, Chicago	Acting; makeup facial treatment; modeling
John Robert Powers School, Chicago	Makeup facial treatment; acting; modeling
Le Nail-Nails Beauty Vocational School, Chicago	Manicurist
Lena's Artistic Beauty College, Chicago	Cosmetology
Lexington Institute of Hospitality Careers, Chicago	Dietetic Technology; food service management; hotel/motel management
Louis A. Weiss Memorial Hospital, Chicago	Radiologic Technician
Loyola University of Chicago	Dental Hygiene
MSTA Business School, Chicago	Clerk; typist; legal transcriber; Stenography
MacDaniel's Beauty School, Chicago	Cosmetology

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
MacCormac College Downtown Center, Chicago	Accounting; business management; commercial art; court reporting data processing; interior design; secretarial; more
McCoy Barber College, Chicago	Barbering; hair styling
Medical Aid Training Schools, Inc., Chicago	Electro-encephalograph; medical office management; medical technology
Metropolitan Business College, Chicago	Accounting; data processing; clerical; medical assistant
Mid-America Beauty School, Chicago	Cosmetology
Midwest School of Dog Grooming, Chicago	Dog grooming/training
Moody Bible Institute, Chicago	Applied music; aviation technology; Bible study
Morriss Academy of Beauty Culture, Chicago	Cosmetology
National Education Center, Bryman Campus, Chicago	Medical assistant; optical technology
National Technical Schools, Chicago	Building renovation & preservation; computer aided drafting
Northwest Business College, Chicago	Accounting; administrative assistant; advertising; airline & travel careers; more
Northwestern U. Medical School, Chicago	Inhalation therapy technology; marketing; nursing; real estate
Olive-Harvey College, Chicago	Accounting; architectural technology; criminal justice; more

Vocational/Technical Training Schools	Curriculums
Onyx Vocational School, Chicago	Manicurist
Pathfinder Sch. Security Training Law Enforcement, Chicago	Security Training
Professional Bartenders School, Chicago	Bartending
PTC Career Institute, Chicago	Data entry; nurse, assistant; office, general
Ravenswood Hospital Medical Center, Chicago	Radiologic Technician
Ray College of Design, Chicago	Advertising; fashion design & illustration; photography
Real Estate Education Company, Chicago	Real Estate appraisal; real estate, basic; real estate salesman license
Realtors Real Estate Sch. of the Chicago Board of Realtors, Chicago	Real estate, basic; real estate broker/financing
Riviera School of Beauty Culture, Chicago	Cosmetology
Robert Morris College, Chicago	Accounting; allied health occupation; business management; more
Roma School of Beauty Culture, Chicago	Cosmetology; hair styling
Roosevelt University, Chicago	Accounting, general management; personnel management
Safety Training Institute, National Safety Council, Chicago	Safety technology
Sawyer College, Chicago	Secretarial, administrative; stenography; word processing

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
South Chicago Community Hospital, Chicago	Radiologic Technology; respiratory therapy
Technical Institute, Chicago	Sheet Metal
Tyler School of Secretarial Sciences, Chicago	Secretarial, executive; secretarial, legal/medical
VIP School, Inc., Chicago	Computer Technology; hotel/motel management; travel agent
Vogue Academy of Beauty Culture, Chicago	Cosmetology; hair styling; manicurist
Washington Business Institute, Chicago	Accounting, automated; clerk, typist; data entry; microcomputers; secretarial
Wilfred Academy of Hair & Beauty Culture, Chicago	Cosmetology; hair styling
Morton College, Cicero IL	Accounting, general; air conditioning; automotive technology; business management; drafting technology; more
Becker CPA Review, Des Plaines IL	Accounting, certified public review
Kobelt Travel School & Systems, Inc., Des Plaines, 'IL	Travel agents; travel & tourism
Oakton Community College, Des Plaines, IL	Accounting; administrative assistant; automotive technology; bank management; biomedical electronics; more

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
St. Francis Hospital School of Nursing, Evanston IL	Nursing, R.N.
Stuart Rodgers Studio, Evanston, IL	Photography/ photo equipment
Little Company of Mary Hospital, Evergreen Park, IL	Radiologic Technician
Metropolitan Business College, Evergreen Park, IL	Accounting, advanced; data processing; medical assistant
College of Lake County, Grayslake, IL	Accounting; air conditioning; auto painting; collision repair; building construction technology; business education; computer programming, more
Naval Regional Medical Center, Great Lakes IL	Medical Technology
University of Health Sciences, Chicago Medical School, North Chicago IL	Medical technology; nursing; physical therapy aide; respiratory therapy
Coldwell Banker School of Real Estate, Oak Brook IL	Real estate broker/salesman/financing
Cameo Beauty Academy, Oak Lawn IL	Cosmetology
Fox College, Oak Lawn IL	Career development; clerical, receptionist; secretarial, executive
Lincoln Technical Institute, Oak Lawn, IL	Auto mechanics-diesel
William Rainey Harper College, Palatine, IL	Accounting; computer operator; medical technology; much more
ELS Language Center, River Forest IL	English as a second language

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Curriculums
Selan's System of Beauty Culture, River Forest, IL	Cosmetology
Triton College, River Grove, IL	Accounting; air conditioning & refrigeration; chemical technology; drafting, architectural; much more
Suburban Dental Assisting School, Skokie, IL	Dental Assisting
Travel Academy, Ltd., Wauconda IL	Travel agents
H&R Block Inc., Tuition Tax School, Waukegan IL	Income tax preparation
Trans-Air Corp., Waukegan IL	Aircraft flight instruction, basic ground/advanced ground/commercial
Waukegan School of Cosmetology, Waukegan, IL	Cosmetology
George J. Priester Aviation Service, Inc., Wheeling IL	Aircraft flight instruction, advanced ground/basic ground/commercial flying/flight instructor, etc.
Mallinckrodt College of the North Shore, Wilmette IL	Legal Assistant

Source of Data (3.b.4) Vo-tech Training): College Blue Book, 24th edition, 1993

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	XXXXX	___
Rail:	XXXXX	___
Subway:	___	XXXXX
Ferry:	___	XXXXX

Source of Data (3.c.1) Transportation): Ken Endress, NTC Great Lakes, FAC2A, (708) 688-3482

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station. In the City of Chicago, Illinois, Union Station on Canal Street between Adams and Jackson Avenues for AMTRAC, nationwide rail passenger service. Appropriately 33 miles. Navy personnel can use the Regional Transportation Authority's METRA commuter service from the Great Lakes Train Station which is adjacent to the NTC Great Lakes property.

Source of Data (3.c.2) Transportation):METRA Passenger Service, L. Thomas, (312)322-6777

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport. Chicago, Illinois' O'Hare International Airport; Approximately 35 miles.

Source of Data (3.c.3) Transportation): Chicago Department of Aviation, Cher Mruczek, (312) 686-3705

4) How many carriers are available at this airport? The are 40 passenger airline carriers, 14 U.S. carriers and 26 foreign carriers. (as of June 30, 1994)

Source of Data (3.c.4) Transportation): Chicago Department of Aviation, Cher Mruczek, (312) 686-3705

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway? Interstate 94, appropriately 4 miles.

Source of Data (3.c.5) Transportation): Ken Endress, NTC Great Lakes, FAC2A, (708) 688-3482

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.) The quality of the access roadways servicing NTC Great Lakes are classified as good to very good. The roads are Buckley Road (IL 137), Green Bay Road (IL 131), Lewis Ave, Sheridan Road (IL 137 and 42), Skokie Highway (US 41) and secondary streets of Marquette and Foss Park Avenues. Most of these road surfaces were repaired or improved in the last five years. The highest average daily vehicle count in the area was the intersection of Green Bay and Buckley Roads with a value of 21,700 vehicles per day. Much of the roadways are four lanes. Most of the Buckley Road is six lanes with turning lanes. Additionally, Illinois Department of Transportation (IDOT) is planning the expansion to six thru traffic lanes for Buckley Road's total length except the area near the RTC Great Lakes entrance and the railroad bridge at Buckley Road east terminus. This area will be serviced by four thru lanes and one turning lane. There are 18 major gates or base entry/exit openings. Nine openings primarily serve housing areas. the other nine serve as openings to training, production, and medical service areas. Because of physical and geometric location of Camp Barry, this area has restricted access due

to the 1911 Barry Road Bridge 10 ton load capacity. The bridge needs to be replaced. Traffic congestion does occur mainly at the NTC Main Gate and the RTC Camp Porter Gate. This happens at the end of the work day, at the lunch time and when there is a large quantity of visitors on the base.

b) Do access roads transit residential neighborhoods? No.

c) Are there any easements that preclude expansion of the access road system? Illinois Department of Transportation (IDOT) and the City of North Chicago roadways' right-of-ways (ROWs) are near their maximum capacity. To increase the road widths for more thru and turning lanes, more U.S. Navy property would be required.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)? There is one location in which traffic flow is inhibited. It is the at-grade railroad crossing adjacent to the base property in the City of North Chicago at the intersection of 2nd/Nimitz Avenue and Sheridan Road. because of the distance between the Sheridan roadway and the railroad tracks is too short, semi-trailers and busses can not safely wait for a clean entry on to Sheridan Road in the westerly direction. It would be desirable to have a full signalized intersection installed.

Source of Data (3.c.6) Transportation): Ken Endress, NTC Great Lakes, FAC2A, (708) 688-3482. Illinois Department of Transportation, district 1, Ed Wilson, (708) 705-4081

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

Yes, if incidents arise where Navy cannot handle the response local Fire Departments will come and assist (all fire departments in Lake County). When hazardous materials are involved, Lake County HAZMAT Team can be called in (and the responsible party will be billed for all response costs.

Source of Data (3.d. Fire/Hazmat): ENS Jim West, (708) 688-4198, Assistant Environmental Officer, PWC, Great Lakes.

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation? Concurrent Jurisdication.

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection. N/A

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection? There are no specific written agreements.

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered. N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received. There is no routine augmentation by other federal agencies.

Source of Data (3.e. 1) - 5) - Police): JAG NTC Great Lakes, IL

Concurrent jurisdiction: retrocession accepted by Governor of State of Illinois on 15 April 1993 by signature on Secretary of the Navy letter dated 13 January 1993.

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

GREAT LAKES: PWC provides wastewater collection. It is sent through Navy lines to North Shore Sanitary District (NSSD) lines for treatment at the NSSD Gurnee treatment plant. The Navy originally funded a portion of the NSSD facilities.

PWC owns the electrical distribution system and co-generates some power. The remaining power is provided by Commonwealth Edison.

PWC provides water from their water treatment plant and distribution system. Reciprocal agreements are in place with the Cities of Waukegan and North Chicago to provide emergency potable water and fire protection on a reimbursable basis.

PWC provides natural gas through the North Shore Gas Co. (NSGCO) owned system.

PWC provides steam from its central steam plant and satellite plants. Heat is also provided from a central high temperature hot water plant. The distribution system is PWC owned. The primary fuel is natural gas from NSGCO.

FORT SHERIDAN: PWC Provides wastewater collection. It is sent through Navy lines to the North Shore Sanitary District (NSSD) lines for treatment at the NSSD Clavey Road Plant. The Army originally funded a portion of the NSSD facilities.

PWC owns the electrical distribution system. Power is provided by Commonwealth Edison.

Highland Park provides water to the PWC distribution system.

PWC currently owns the gas distribution system. An agreement has been made with the North Shore Gas Company for them to fund and install a completely new system. This is scheduled for FY 94.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact. NO

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact. NO

Source of Data (3.f. 1) - 3) Utilities): G. Pye and B. Baley, Head and Engineering Head, PWC Utilities Division (708) 688-2124.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. Sears Roebuck and Co. Cook County	Retailer	17,000 plus
2. NTC Great Lakes	Training	15,000 plus
3. Abbott Labs Lake County	Pharmaceuticals	13,000 plus
4. Baxter Health Care (Lake County)	Pharmaceuticals	9,000
5. Kemper Insurance Group Lake County	Insurance	3,900
6. Hewitt Inc. Lake Cty	Employee Benefit Consultants	1,800
7. C.F. Industries Lake County	Fertilizer Co-Op	1,900
8. Outboard Marine Corp. Kenosha Cty	Marine Engines	1,500
9. International Minerals Lake County	Mineral Products	1,300
10. Snap On Tools Kenosha County	Tools	1,100

Source of Data (4. Business Profile): Lake County/NE Illinois Chamber of Commerce

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers: None

b. Introduction of New Businesses/Technologies: Abbott Labs building research facility which will bring additional 2,500 jobs by 2004

c. Natural Disasters: None

d. Overall Economic Trends: Upward and generally robust. Lake county has lowest unemployment rate in state (less than 5%) There is little growth in manufacturing but employment in financial and real estate businesses grew 66% in past 10 years and professional services (law, engineering for example) grew 130%

Source of Data (5. Other Socio/Econ): Lake Cty Dept of Planning, Zoning & Environmental Quality, 1993.

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Source of Data (6. Other):

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

7/15/94
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

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date July 19, 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 8/11/94

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVY DRUG SCREENING LABORATORY, GREAT LAKES
UIC:	68849
Host Activity Name (if response is for a tenant activity):	NAVAL HOSPITAL, GREAT LAKES
Host Activity UIC:	00211

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVY DRUG SCREENING LABORATORY, G.L.		**UIC:** 68849	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	10	30	40
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	10	30	40
2. Other Base Operating Support Costs:			
2a. Utilities	40		40
2b. Transportation	4		4
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	5	370	375
2j. Other (Specify) COMMUNICATIONS	40		40
2k. Sub-total 2a. through 2j:	89	370	459
3. Grand Total (sum of 1c. and 2k.):	99	400	499

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&MN	379
MPN	120
	499

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: NAVY DRUG SCREENING LABORATORY		**UIC:** 68849	
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)			
1e. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			
4. Grand Total (sum of 1e., 2m., and 3.) :			N/A

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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: NAVY DRUG SCREENING LABORATORY	**UIC:** 68849
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	22
Material and Supplies (including equipment):	1,256
Industrial Fund Purchases (other DBOF purchases):	120
Transportation:	4
Other Purchases (Contract support, etc.):	187
Total:	1,589

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: NAVY DRUG SCREENING LABORATORY	**UIC:** 68849
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	.5
Procurement:	
Other:*	
Total Workyears:	.5

* **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)):

.5

2) Estimated number of workyears which would be eliminated:

-0-

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.)
-0-	

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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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

L. L. THOMAS, CDR MSC USN
NAME (Please type or print)

Leann Thomas
Signature

COMMANDING OFFICER
Title

14 July 94
Date

NAVY DRUG SCREENING LABORATORY
GREAT LAKES, ILL 60088
Activity

12

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

NEXT ECHELON LEVEL (if applicable)

M. R. MUNSON
NAME (Please type or print)

Mark Munson
Signature

COMPTROLLER
Title

15 July 1994
Date

NAVY ENVIRONMENTAL HEALTH CENTER
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

8-2-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

W A Earner
Signature

Title

8/30/94
Date

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

376

Information on Family Housing is required for use in BRAC-95 return on investment calculaitons.

Installation Name:	NAVHOSP Great Lakes
Unit Identification Code (UIC):	N00211
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	68.9
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$2372
Total Number of Officer Housing Units:	66
Total Number of Enlisted Housing Units:	216

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

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

YVONNE O. SPRING
NAME (Please type or print)

Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENCON
Activity

Enclosure (1)

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Hospital Corps School, Great Lakes, IL
UIC:	0620A
Host Activity Name (if response is for a tenant activity):	Naval Hospital, Great Lakes, IL
Host Activity UIC:	00211

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: Naval Hospital Corps School, Great Lakes, IL		**UIC:** 0620A	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	$115.0	$ 0.0	$115.0
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	$115.0	$ 0.0	$115.0
2. Other Base Operating Support Costs:			
2a. Utilities	$572.0	$ 0.0	$572.0
2b. Transportation	17.0	0.0	17.0
2c. Environmental	0.0	0.0	0.0
2d. Facility Leases	0.0	0.0	0.0
2e. Morale, Welfare & Recreation	0.0	0.0	0.0
2f. Bachelor Quarters	82.0	460.0	542.0
2g. Child Care Centers	0.0	0.0	0.0
2h. Family Service Centers	0.0	0.0	0.0
2i. Administration	113.0	1563.0	1676.0
2j. Other (Specify) *See Page 2A	*	*	*
2k. Sub-total 2a. through 2j:	$1,157.0	$2,586.0	$3,743.0
3. Grand Total (sum of 1c. and 2k.):	$1,272.0	$2,586.0	$3,858.0

2j.	Audio-Visual Support	$216.0	$563.0	$779.0
	Grounds Maintenance	130.0	0.0	130.0
	Communications	27.0	0.0	27.0

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:

Appropriation	Amount ($000)
O&M,DHP	$1,497.0
MPN	2,361.0

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: Naval Hospital Corps School, Great Lakes, IL		**UIC:** 0620A	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: Naval Hospital Corps School, GreatLakes, IL	**UIC:** 0620A
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	$ 90.0
Material and Supplies (including equipment):	517.0
Industrial Fund Purchases (other DBOF purchases):	0.0
Transportation:	17.0
Other Purchases (Contract support, etc.):	1,179.0 ~~0.0~~
Total:	$1,803.0 ~~$ 624.0~~

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: Naval Hospital Corps School, Great Lakes, IL	**UIC:** 0620A
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

Naval Hospital Corps School, Great Lakes, IL 0620A

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)**:

Naval Hospital Corps School, Great Lakes, IL 0620A

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

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

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

HAROLD M. KOENIG, RADM,MC,USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

Date 8/5/94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/30/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

James F. Bates, Capt., MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 19 July 94

Naval Health Sciences Education and Training Command
Activity

ENCLOSURE (1)

Document Separator

376

DATA CALL 66 UIC: 43101

INSTALLATION RESOURCES

Activity Information:

Activity Name:	PERSUPPDET NAVHOSP Great Lakes
UIC:	43101
Host Activity Name (if response is for a tenant activity):	NAVHOSP Great Lakes
Host Activity UIC:	00211

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: PERSUPPDET NAVHOSP Great Lakes		UIC: 43101	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	23	329	352
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	23	329	352
3. Grand Total (sum of 1c. and 2k.):	23	329	352

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

Appropriation	Amount ($000)
O&MN	23
MPN	329

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 UIC: 43101
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A; not a DBOF Activity		UIC: 43101	
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.) :			

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: PERSUPPDET NAVHOSP Great Lakes	UIC: 43101
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	1
Material and Supplies (including equipment):	18
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	4
Total:	23

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: PERSUPPDET NAVHOSP Great Lakes	**UIC: 43101**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

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

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

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

N/A; no contract workyears

2) Estimated number of workyears which would be eliminated:

N/A; no contract workyears

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; no contract workyears

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.

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
None	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
None	

PSA GREAT LAKES UIC N68598
DATA CALL SIXTY-SIX

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 H. W. GEHMAN, JR.
NAME (Please type or print)

H.W. Gehman Jr
Signature

Acting
Title Commander in Chief
U.S. Atlantic Fleet
Activity

15 AUG 1994
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)

WEarner
Signature

Title

8/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

N/A: DATA GENERATED AT THE CLAIMANT LEVEL

NAME (Please type of print) _____ Signature _____

Title _____ Date _____

Activity _____

Document Separator

00211

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

Name

Official name	*NAVAL HOSPITAL, GREAT LAKES, ILLINOIS*
Acronym(s) used in correspondence	*NAVHOSP GREAT LAKES*
Commonly accepted short title(s)	*NAVHOSP GREAT LAKES* *NH GLAKES*

- Complete Mailing Address

  COMMANDING OFFICER
  NAVAL HOSPITAL
  BLDG 200-H
  GREAT LAKES, IL 60088

- PLAD **NAVHOSP GREAT LAKES IL**

- PRIMARY UIC: 00211 (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:
32579	BRMEDCL NTC GLAKES IL
45009	BRMEDCL NRTC GLAKES IL
45943	BRMEDCL NRTC-IN GLAKES IL
47522	BRMEDCL MCSA KANS CITY MO
48453	ORAL-MAXILLOFACIAL TRNG NAVHOSP GLAKES IL
46487	BRMEDCL NAVFINCEN CLEVELAND OH

2. PLANT ACCOUNT HOLDER:

• Yes XXX 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 XXX 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 XXX (check one)
- Primary Host (current) UIC: _____
- Primary Host (as of 01 Oct 1995) UIC: _____
- Primary Host (as of 01 Oct 2001) UIC: _____

• 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 XXX (check one)

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

Name	Location	UIC
N/A	N/A	N/A

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

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

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

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 forcasted. 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).
Branch Clinics located at NAS Glenview, IL and NAF Detroit, MI will be closed as a result of BRAC-93.

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 comprehensive inpatient and ambulatory health care services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized beneficiaries.

•Naval Hospital Great Lakes is part of the DOD Region Five Lead Agent Program for Managed Care. It is the only Naval Hospital in the midwest region, as such it also receives military members located outside of Region Five, with home of records inside of the region, for treatment and convalescence.

•Provides services for its Catchment Area which covers the Greater Chicago Area and extends north to Racine, Wisconsin. The Defense Medical Information System indicates that the average number of eligible beneficiaries living in the Catchment area is approximately 73,000. This number is projected to increase to approximately 98,000 as a result of BRAC-93.

•Develops and maintains designated personnel and material assets in an operationally ready status in support of the Medical Personnel Unit Augmentation System (MPUAS) and other contingency platforms.

•Directs and coordinates the operation of Branch Medical Clinics at: NAS Glenview, IL
NTC Great Lakes, IL
NAF Detroit, MI
RTC Great Lakes, IL (Medical Clinic and In-processing Clinic)
NAVFINCEN Cleveland, OH
MARFINCEN Kansas City, MO

Projected Missions for FY 2001

•Continue with current mission.

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

Current Unique Missions

•CURRENT UNIQUE MISSION IS CLASSIFIED.

Projected Unique Missions for FY 2001

•PROJECTED UNIQUE MISSION IS CLASSIFIED.

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

• Operational name	UIC
Commander, Naval Training Center Great Lakes, IL	**00210**

• Funding Source	UIC
Chief, Bureau of Medicine and Surgery 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	178	675	284
• Tenants (total)	45	139	71
Contracted		4*	

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	MDD ~~224~~ 193	MDD ~~931~~ 553	MDD ~~295~~ 286
MDD ~~(Projected Auth Positions-BRAC-93)~~			
• Tenants (total)	45	141	79

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

Title/Name	Office	Fax	Home
• CO/OIC			
CAPT C.R. DEKREY,MSC,USN	**(708)6882492**	**(708)6882402**	**(708)4731046**
	DSN:792		
• Duty Officer	**(708)6884560**	**(708)6882402**	[N/A]
• **LTJG M.W. ARMES,CEC,USNR**	**(708)6884731**	**(708)6882402**	**(708)7859610**
• **LCDR S.R. McINNIS,MSC,USN**	**(708)6885685**	**(708)6882856**	**(708)4732247**

00211

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
HOSPITAL CORPS SCHOOL	**0620A**	**34**	**122**	**9**
NAVAL DENTAL RESEARCH INSTITUTE	**65786**	**8**	**14**	**10**
NAVAL DRUG SCREENING LABORATORY	**68849**	**3**	**3**	**52**

• 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					

00211

• 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).)

00211

- 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.)

00211

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. DeKREY, CAPT, MSC, USN
COMMANDING OFFICER

SIGNATURE

NAVAL HOSPITAL GREAT LAKES, IL

DATE: 2/9/96

00211

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

23 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

S F Loftus
Signature

Title

3-12-94
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	MEDDEN AFFAIRS
UIC:	68903
Host Activity Name (if response is for a tenant activity):	NAVAL HOSPITAL GREAT LAKES
Host Activity UIC:	00211

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: MEDDEN AFFAIRS		**UIC:**68903	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	7	8	15
1b. Minor Construction	1	2	3
1c. Sub-total 1a. and 1b.	8	10	18
2. Other Base Operating Support Costs:			
2a. Utilities	70		70
2b. Transportation	8		8
2c. Environmental	1		1
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) Support Services (Janitoral,ESA's, Communications)	312		312
2k. Sub-total 2a. through 2j:	391		391
3. Grand Total (sum of 1c. and 2k.):	399	10	409

DATA CALL 66
INSTALLATION RESOURCES

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BUMED-822
mss, 15 Jul 94

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

Appropriation	Amount ($000)
9760130	60,653

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..

N/A

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MJS, 15 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66
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: MEDDEN AFFAIRS	**UIC:** 68903

Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	88
Material and Supplies (including equipment):	2375
Industrial Fund Purchases (other DBOF purchases):	Ø
Transportation: Mission/Healthcare transportation	3016
Other Purchases (Contract support, etc.):Mission/Healthcare Billings	52182
Total:	57661

BUMED-82 mdl, 15 Jul

DATA CALL 66
INSTALLATION RESOURCES

N/A BUMED-822 mb, 15 Jul 96

3. Contractor Workyears.

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

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

* **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:

BUMED82c
mk, 15 Jul 94

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	

BUMED-822
MA, 15 Jul 94

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

J. E. Shepherd
NAME (Please type or print)

J E Shepherd
Signature

Captain, Medical Service Corps
Title United States Navy

13 July 1994
Date

OIC
MEDDEN Affairs
Activity

BUMED
MED-825
GSA
7/25/94

Encl. (2)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 7-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 7/27/94 Date

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**GREAT LAKES IL NH**
Unit Identification Code (UIC):	**N00211** #376
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	584T	MEDICAL CLINIC ADDITION	BRAC	6,090
1996	590T	MEDICAL CLINIC ADD'N	BRAC	3,218
		Sub-Total - 1996		**9,308**
2001	303	PARKING STRUCTURE	MCON	4,300
		Sub-Total - 2001		**4,300**
		Grand Total		**13,608**

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,

2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,

3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than $15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

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DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Great Lakes
Unit Identification Code (UIC):	N0763A
Major Claimant:	BRAC

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	586T	Medical Clinic Addition	MCON	4,047
		Sub - Total 1996		**4,047**
		Grand Total		**4,047**

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Great Lakes
Unit Identification Code (UIC):	N00211
Major Claimant:	BRAC

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	584T	Medical Clinic Addition	MCON	6,090
	590T	Medical Clinic Addition	MCON	3,218
		Sub-Total 1996		**9,308**
		Grand Total		**9,308**

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DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	GREAT LAKES NH
Unit Identification Code (UIC):	00211
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998		Hospital Addition/Alteration	MCON	15,000
		Sub Total 1998		**15,000**
		Grand Total		**15,000**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

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

Document Separator

3-16

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL HOSPITAL GREAT LAKES ILLINOIS
UIC:	00211
Host Activity Name (if response is for a tenant activity):	
Host Activity UIC:	00211

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL HOSPITAL GREAT LAKES		**UIC: 00211**	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**

DATA CALL 66
INSTALLATION RESOURCES

1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1369	475	1844
1b. Minor Construction	28	20	48
1c. Sub-total 1a. and 1b.	1397	495	1892
2. Other Base Operating Support Costs:			
2a. Utilities	2963	0	2963
2b. Transportation	76	130	206
2c. Environmental	2	47	49
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	177	177
2f. Bachelor Quarters	90	546	636
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	114	3227	3341
2j. Other (Specify) Engineering Support, Supply, Chaplain, Communication, Hazardous Waste, Security	1457	2480	3937
2k. Sub-total 2a. through 2j:	4702	6607	11309
3. Grand Total (sum of 1c. and 2k.):	6099	7102	13201

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

Appropriation	Amount ($000)
O&M	$ 8,695
MPN	$ 4,506
GRAND TOTAL 1A 3	$13,201

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: 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: NAVAL HOSPITAL GREAT LAKES	UIC: 00211
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	82
Material and Supplies (including equipment):	10822
Industrial Fund Purchases (other DBOF purchases):	6931
Transportation:	261
Other Purchases (Contract support, etc.):	688
Total:	18784

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name: NAVAL HOSPITAL GREAT LAKES	**UIC: 00211**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	14.5
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	14.5

* **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)):

14.5

2) Estimated number of workyears which would be eliminated:

14.5

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):

0.0

See page 7R VR Burnett 824 7/28/94

DATA CALL 66
INSTALLATION RESOURCES

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

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

~~14.5~~ Ø.Ø NSA 7/27/94 B.W.

2) Estimated number of workyears which would be eliminated:

14.5

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):

0.0

7R VR Bumed 824 7/28/94

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

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-28-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NH GREAT LAKES
ACTIVITY UIC: 00211

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

Naval Hospital Great Lakes provides continuously improving, high quality health care to satisfy customer needs and meet the mission of the Uniformed 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)
Service Schools Command	43906	Great Lakes, IL	1281
Naval Hospital	00211	Great Lakes, IL	
Recruit Training Command	0763A	Great Lakes, IL	459
Naval Training Center	00210	Great Lakes, IL	389
Naval Dental Clinic	68326	Great Lakes, IL	228
MEPCOM	PCW37NAA	Great Lakes, IL	116
Transient Personnel Unit	32458	Great Lakes, IL	39
Navy Brig	45822	Great Lakes, IL	31
Office of Medical/Dental Affairs	68092	Great Lakes, IL	
Naval Dental Research Institute	65786	Great Lakes, IL	20
Naval Hospital Corps School	0620A	Great Lakes, IL	151
Naval Drug Screening Lab	68849	Great Lakes, IL	8
Naval Air Station Glenview	00275	Glenview, IL	
Construction Battalion Unit 401	66446	Great Lakes, IL	70
DRMO	SX1335		

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Personnel Support Activity	68598	Great Lakes, IL	
REDCOM-13	68330		
U.S.A. Medical Department (Veterinary Corps)	W58CFB	Great Lakes, IL	
Navy Public Works Center	65113	Great Lakes, IL	
Coast Guard Air Station	Z70099	Chicago, IL	
NAVDAF	68579	Great Lakes, IL	
MEPCOM Chicago	PCS1VBAA	Chicago, IL	38
MEPCOM Milwaukee	PCW191AA	Milwaukee, WI	23
Navy Legal Services	68369	Great Lakes, IL	22

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

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DEPARTMENT OF THE NAVY
9949
COPIER

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	2151	114006	8.00	35.13
ACTIVE DUTY NON N/MC	206	8742	3.20	2.08
TOTAL ACTIVE DUTY	2357	122748		37.21
FAMILY OF AD	952	69078	1.84	4.42
RETIRED AND FAMILY MEMBERS UNDER 65	334	17664	3.30	5.39
RETIRED AND FAMILY MEMBERS OVER 65	266	15296	3.30	5.39
OTHER	0	0	0	0
TOTAL	3909	224786		47.02

What is your occupancy rate for FY 1994 to date? 35.3%

Revised

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	2151	114006	8.00	35.13
ACTIVE DUTY NON N/MC	206	8742	3.20	2.08
TOTAL ACTIVE DUTY	2357	122748		37.21
FAMILY OF AD	952	69078	1.84	4.42
RETIRED AND FAMILY MEMBERS UNDER 65	600	32960	3.30	5.39
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	0	0	0
TOTAL	3909	224786		47.02

What is your occupancy rate for FY 1994 to date? 35.3%

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	259,451	307,519	331,932	333,317	333,848	333,848	333,848
ADMISS.	4,512	5,348	5,772	5,796	5,806	5,806	5,806

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
Food Service	not known	not known
Physical Fitness		
MWR		
BEQ		
Gate Guard/Security		
TOTAL =	56.32	

BUMED-822
MAS, 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
ORAL AND MAXILLOFACIAL SURGERY/RESIDENCY	2	1	1	1	1	1	1	1
DENTAL GENERAL PRACTICE RESIDENCY	4	5	5	5	5	5	5	5

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]
ORAL AND MAXILLOFACIAL SURGERY	F	80%	ACCREDITED BY AMERICAN DENTAL ASSOCIATION **NOT** ACGME
GENERAL PRACTICE RESIDENCY	F	NA	ACCREDITED BY AMERICAN DENTAL ASSOCIATION **NOT** ACGME

[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):

NOTE: The following table summarizes the buildings maintained on inventory record under UIC 00211. BRMEDCL NRTC GLAKES, UIC 45009, and BRMEDCL NTC GLAKES, UIC 32579, are included in this summary since these facilities are Class II real property assets recorded under UIC 00211. BRMEDCL NRTC-IN GLAKES, UIC 45009, is a Class II real property asset recorded under UIC 00210. BRMEDCL MCSA KANS CITY, UIC 47522, and BRMEDCL CLEVELAND, UIC 46387, utilize GSA leased space; therefore, there is no real property record maintained.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
61010	1H, ADMIN, HRO	13,413	85	ADEQ
31013	LABORATORY	4,075		ADEQ
31013	LABORATORY	1,478		SBST
31029	ANIMAL LAB	1,761		ADEQ
31029	ANIMAL LAB	549		SBST
61010	INSTRUCTION	3,568		SBST
31031	MED LABORATORY	4,489		ADEQ
31031	MED LABORATORY	3,892		SBST
14160	PHOTO LAB	650		ADEQ
14160	PHOTO LAB	35		SBST
31915	COLD STORAGE	1,010		ADEQ
31915	COLD STORAGE	88		SBST
31025	BIOLOGICAL LAB	3,585		ADEQ
31025	BIOLOGICAL LAB	971		SBST
17110	INSTRUCTION	1,677		ADEQ
17110	INSTRUCTION	1,002		SBST
61010	ADMIN, NDRI	3,188		ADEQ
61010	ADMIN, NDRI	1,005		SBST
72112	14H, BEQ E5-E6	28,084	52	SBST
72113	BEQ E7-E9	2,250		SBST
72112	14B-H, BEQ MC E5	1,168 12,440	51	SBST
72111	BEQ E1-E4			SBST
51010	38H, HOSP SAFETY	1,800	48	ADEQ
51010	FAC MGMT	5,919		ADEQ
53020	DRUG LAB	16,936		ADEQ
61010	OMDA	18,395		ADEQ
31029	43H, ANIMAL LAB	4,489	85	ADEQ
31029	ANIMAL LAB	1,398		SBST
32110	TECH SVCS LAB	590		ADEQ
61010	ADMIN	582		ADEQ
61010	ADMIN	184		SBST
17125	COLD STORAGE	528		ADEQ
17125	COLD STORAGE	1,125		SBST
31031	MED LAB	2,726		ADEQ
31031	MED LAB	2,205		SBST
61077	ADMIN STORAGE	385		ADEQ
61077	ADMIN STORAGE	568		SBST
21910	68H, PEST CONTROL	6,210	52	ADEQ
14310	GARAGE	6,030		ADEQ
54010	73, DENTAL ADMIN	13,602	51	ADEQ
74037	79H, GARAGE	1,600	49	ADEQ
74043	80H, GYM	11,000	48	ADEQ
74053	INDOOR POOL	9,988		ADEQ
51077	81H, MED STORAGE	51,244	52	ADEQ
61010	ADMIN	3,680		ADEQ
51077	STORAGE	2,700		ADEQ
73075	89H, PUBLIC TOILET	210	25	ADEQ
73010	108H, FIRE STATION	3,680	51	ADEQ
73025	109A, SENTRY BLDG	80	4	ADEQ
51077	111H, STORAGE	3,224	42	ADEQ
72114	128H, BEQ A SCHOOL	28,100	24	ADEQ
72114	129H, BEQ A SCHOOL	81,172	25	ADEQ
17120	130H, HOS CORPS SCHL	83,420	20	ADEQ
72111	131H, BEQ A SCHOOL	126,572	1	ADEQ

54010	152, LABORATORY	3,744	50	ADEQ
74001 51010 21870 73081 74009 74004	200H, NEX HOSPITAL MED REPAIR SUBSTANCE ABUSE NEX MISC. NEX CAFETERIA	3,781 467,649 2,000 13,975 1,103 2,786	34	ADEQ ADEQ ADEQ ADEQ ADEQ ADEQ
89009	211H, KITCHEN EXHAUST	1,105	34	ADEQ
51077	212H, OXYGEN STORAGE	600	34	ADEQ
51077	218H, STORAGE	280	32	ADEQ
72111	219H, BEQ	41,381	29	ADEQ
55010 14310 54010	237, MED CLINIC GARAGE DENTAL CLINIC	30,969 1,520 20,000	18	ADEQ ADEQ ADEQ
54010 55010	1017, DENTAL CLINIC MED CLINIC	27,304 48,307	30	ADEQ ADEQ

[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
P-301	Bachelor Enlisted Quarters (E1-E4) Construction (Building 131H)	1990	$9.8M

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-500	Naval Hospital Modernization (Building 200H)	1997	$14.7M

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
P-569	Collocate Army/Navy Dental Research Institutes (Various Buildings)	1995	$5.2M

P-584	NTC Branch Medical Clinic Expansion (Building 237)	1995	$5.9M
P-586	RTC Inprocessing Clinic Expansion (Building 1523)	1995	$3.9M
P-590	RTC Branch Medical Clinic Expansion (Building 1017)	1995	$3.1M
P-604	RTC Branch Dental Clinic Expansion (Building 1017)	1995	$9.3M

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 56
1. FACILITY NAME NDRI Building 1H					
2. UIC N68509	3. CATEGORY CODE 61010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 46,436		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY GREAT LAKES			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	90	10		B12	
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	90	10		B12	
(8) LOGISTICS	95	5		B12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	90	10		A01,E01	
(C) PLUMBING	90	10		A02	
(D) ELECTRICAL SVCS.	95	5		A06	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 14H					
2. UIC N00211	3. CATEGORY CODE 72112		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 30,334		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				

(2) ADMINISTRATION	100			
(3) CENTRAL STERILE SVCS.	N/A			
(4) DENTAL	N/A			
(5) EMERGENCY SVCS.	N/A			
(6) FOOD SERVICES	N/A			
(7) LABORATORIES	N/A			
(8) LOGISTICS	95	5		B12
(9) INPATIENT NURSING UNITS	N/A			
(10) LABOR-DEL-NURSERY	N/A			
(11) OUTPATIENT CLINICS	N/A			
(12) PHARMACY	N/A			
(13) RADIOLOGY	N/A			
(14) SURGICAL SUITE	N/A			
(15) BUILDING				
(A) STRUCTURAL/SEISMIC	100			
(B) HVAC	100			
(C) PLUMBING	95	5		A02
(D) ELECTRICAL SVCS.	95	5		A05
(E) ELECTRICAL DISTRIBUTION	100			
(F) EMERGENCY POWER	N/A			

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 14BH				
2. UIC N00211	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 13,608	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	5	95		B12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	95	5		A02	
(D) ELECTRICAL SVCS.	95	5		A05,B03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME NDSL Building 38H				
2. UIC N00211	3. CATEGORY CODE 61010		4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 43,050		B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME NDRI Building 43H					
2. UIC N68509	3. CATEGORY CODE 31029		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 14,780		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY GREAT LAKES			B.STATE IL	
7. **FACILITY ASSESSMENT**					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	95	5		A12	
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	95	5		A12	
(8) LOGISTICS	95	5		A12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01	
(C) PLUMBING	95	5		A02	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	95	5		A06	
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME PEST CONTROL (PWC) GARAGE (NAVHOSP) Building 68H				
2. UIC N00211	3. CATEGORY CODE 21910	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 12,240	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME NAVAL DENTAL CENTER Building 73				
2. UIC N00211	3. CATEGORY CODE 54010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 13,602	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	95	5		E01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		E03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME GARAGE Building 79H				
2. UIC N00211	3. CATEGORY CODE 74037	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 1,600	B. NORMAL BEDS N/A		C.DTRS N\A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME GYM/POOL Building 80H				
2. UIC N00211	3. CATEGORY CODE 74043	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 20,988	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5	A12		
(B) HVAC	95	5	A01		
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5	E03		
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME MEDICAL STORAGE Building 81H					
2. UIC N00211	3. CATEGORY CODE 51077		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 57,624		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	95	5		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		A05	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME PUBLIC TOILET Building 89H				
2. UIC N00211	3. CATEGORY CODE 73075	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 210	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME FIRE STATION Building 108H					
2. UIC N00211	3. CATEGORY CODE 73010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3,680		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10		F09	
(B) HVAC	90	10		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME SENTRY BLDG 109AH			
2. UIC N00211	3. CATEGORY CODE 73025	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 80	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME VETRINARIAN CLINIC Building 111H				
2. UIC N00211	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3,224	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 128H					
2. UIC N00211	3. CATEGORY CODE 72114		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 28,100		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 129H					
2. UIC N00211	3. CATEGORY CODE 72114		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 81,172		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME HOSPITAL CORPS SCHOOL Building 130H					
2. UIC N00211	3. CATEGORY CODE 17120		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 83,420		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 131H					
2. UIC N00211	3. CATEGORY CODE 72111		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 126,572		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME DENTAL LABORATORY Building 152				
2. UIC N00211	3. CATEGORY CODE 54010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3,744	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	95	5		B12	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		E03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME NAVAL HOSPITAL Building 200H				
2. UIC N00211	3. CATEGRY CODE 51010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 491,294	B. NORMAL BEDS 244		C.DTRS 13
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	95	5		A12	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		B12	
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	95	5		A02,C02	
(C) PLUMBING	95	5		A03	
(D) ELECTRICAL SVCS.	95	5		C03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME KITCHEN EXHAUST Building 211H				
2. UIC N00211	3. CATEGRY CODE 89009	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 1,105	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME OXYGEN STORAGE Building 212H				
2. UIC N00211	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 600	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	N/A				
(C) PLUMBING	N/A				
(D) ELECTRICAL SVCS.	95	5		B15	
(E) ELECTRICAL DISTRIBUTION	N/A				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME Storage Building 218H				
2. UIC N00211	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 280	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100			C09	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		E03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 219H				
2. UIC N00211	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 41,381	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100			E13	
(B) HVAC	100				
(C) PLUMBING	95	5		C02	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BRANCH CLINIC Building 237				
2. UIC N00211	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 52,489	B. NORMAL BEDS N/A		C.DTRS 35
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(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	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BRANCH CLINIC, RTC Building 1017				
2. UIC N00211	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 52,489	B. NORMAL BEDS N/A		C.DTRS 45
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	90	10		A12	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01,C01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME MEDICAL/DENTAL INPROCESSING CLINICS Building 1523				
2. UIC N00210	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 31,460	B. NORMAL BEDS N/A		C.DTRS 16
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

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

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: August 1991
FULL ACCREDITATION: YES
LIFE SAFETY MANAGEMENT SCORE: 4/2 (Record as 1,2,3,4,or 5)

Original score received during the JCAHO Survey in August 1991 was 4. After reviewing a written progress report submitted by Naval Hospital in January 1993, JCAHO changed the score to 2 in June 1993.

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? **Response: The Naval Hospital is located less than 1/2 mile from the Recruit Training Command (AOB 59,000 projected) and Service School Command (AOB 8000 projected). Additionally, over 60% of total beneficiary population served reside within 20 miles.**

b. What are the nearest air, rail, sea and ground transportation nodes?
Response: Milwaukee Int'l Airport
Ohare Int'l Airport (Chicago)
AMTRAK (Chicago)
Greyhound Bus (Chicago/Milwaukee)
Local Bus and Taxi readily available
Commuter Trains to/from Milwaukee & Chicago
Waukegan Regional Airport, Waukegan, IL

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

Distance (in miles): **10 Waukegan Airport**
25 Ohare Int'l Airport
35 Milwaukee Int'l Airport

d. What is the importance of your location given your mobilization requirements?
Response: Naval Hospital Great Lakes is located between Milwaukee and Chicago with easy access to both airports. The area is rich in providers of all specialties with over 100 hospitals (5 teaching) with an average occupancy rate of less than 70%.

e. On the average, how long does it take your current clients/customers to reach your facility?
Response: Active Duty patients - less than 15 minutes.
Patients living within 20 miles - 30-45 minutes.
Patients living greater than 20 miles - 1 hour or more.

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

NONE

FEATURES AND CAPABILITIES

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

Response: The Naval Hospital supports Branch Clinics located at the Recruit Training Center and Naval Training Center. These Branch Clinics provide primary health care for all recruits, Service School Command students, and staff. If the facility were closed, the local community could readily absorb the additional patient load in the form of dependents, retirees and dependents of retirees. However, health care issues specific to the active duty personnel would be difficult to manage, especially in terms of returning the service members to duty, medical boards, etc.

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.

Response: Yes. However, if no change to the beneficiary population includes the active duty personnel. Problems identified in the preceding response would exist. Bottom line - there are enough civilian providers and hospitals in the area to handle any additional patient load. There are no provisions to manage active duty patients from an administrative aspect.

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.

Response: Yes. Naval Hospital Great Lakes is located in a corridor between Chicago and Milwaukee. This area has an extraordinary abundance of providers and treatments facilities. As other documentation demonstrates, there are over 25,000 providers of all medical specialties located within the catchment area. Additionally there are over 100 hospitals (5 teaching) in the catchment area.

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

Response: Yes. There are over 100 hospitals (approximately 20K beds) in the catchment area, with an average occupancy rate of less than 70%. Enclosed documentation provides specific facility data.

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
USS GUADALCANAL (LPH-7)	07352	6
2D MARINE DIVISION CAMP LEJ	08321	41
USS INCHON (LPH-12)	20009	1
USS SAIPAN (LHA-2)	20632	2
USS BELLEAU WOOD (LHA-3)	20633	1
DET A, 1ST MARINE AIR WING	41975	2
FLEET HOSPITAL #15 (500-CBTZ)	45399	3
USNS COMFORT (T-AH 20)	46246	15
FLEET HOSPITAL #20 (500-CBTZ)	46977	85
2D MARINE AIR WING	57080	5
U.S. NAVHOSP GUANTANAMO BAY	61564	11
ASWBPL I, MACGUIRE AFB	65388	3
U.S. NAVAL HOSPITAL NAPLES	66096	23
2D FORCE SERVICE SUPPORT GROUP	68408	13
FLEET HOSPITAL #1 (250-CBTZ)	68681	2
FLEET HOSPITAL #2 (250-CBTZ)	68682	1
FLEET HOSPITAL #2 (500-CBTZ)	68683	183
FLEET HOSPITAL #4 (500-CBTZ)	68684	5
FLEET HOSPITAL #5 (500-CBTZ)	68685	34
2D MARDIV (ADV. ELEMENT)	MPS2D	2
2D FSSG (ADV. ELEMENT)	MPS2F	9

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

Revised PG 0211

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.

	Hours spend in operational training	FTE	Mobilization Staff FTE
Physicians	607	.30	
Dentists	444	.22	
DirCare Prof	145	.07	
Nurse	1070	.53	
DirCare Para	3778	1.87	
Admin/Log	2075	1.03	4.00

Since there are not enough FTEs by direct health care providers in operational training, measurable patient workload would not have been generated or recaptured. However, it can be assumed that without operational requirements or training and staff to monitor it, that the 6.90 FTE's of Direct Care Para-professional and Admin/Logistic could have been reassigned within the command instead of requiring additional billets under BRAC.

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

GW Barnes - 823
9/20/94

Number of "stubbed" expanded beds[1]: 718 - R

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

ENCLOSURE (2)

revised pg

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.

	Hours spend in operational training	FTE	Mobilization Staff FTE
Physicians	607	.30	
Dentists	444	.22	
DirCare Prof	145	.07	
Nurse	1070	.53	
DirCare Para	3778	1.87	
Admin/Log	2075	1.03	4.00

Since there are not enough FTEs by direct health care providers in operational training, measurable patient workload would not have been generated or recaptured. However, it can be assumed that without operational requirements or training and staff to monitor it, that the 6.90 FTE's of Direct Care Para-professional and Admin/Logistic could have been reassigned within the command instead of requiring additional billets under BRAC.

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

Number of "stubbed" expanded beds[1]: ~~807~~ 718 VR BUMED 824 9/22/94 R

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

ENCLOSURE (1)

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.

	Hours spend in operational training	FTE	Mobilization Staff FTE
Physicians	607	.30	
Dentists	444	.22	
DirCare Prof	145	.07	
Nurse	1070	.53	
DirCare Para	3778	1.87	
Admin/Log	2075	1.03	4.00

Since there are not enough FTEs by direct health care providers in operational training, measurable patient workload would not have been generated or recaptured. However, it can be assumed that without operational requirements or training and staff to monitor it, that the 6.90 FTE's of Direct Care Para-professional and Admin/Logistic could have been reassigned within the command instead of requiring additional billets under BRAC.

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

Number of "stubbed" expanded beds[1]: 718

[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	2253	1856	876
OUTPATIENT	473	301	111

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

DATA UNAVAILABLE

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.

R

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

CATEGORY	FY 1992 R	FY 1993 R	FY 1994 *
TOTAL COSTS	20,597,191 ~~32,629,815~~	23,052,335 ~~34,792,984~~	6,497,269
TOTAL OUTPATIENT VISITS	~~343,499~~ 154,059	~~405,247~~ 215,492	111,165
AVERAGE COST PER VISIT	~~94.17~~ 133.70	~~84.96~~ 106.73	58.09

*FY1994 data not available at BUMED on EIS Numbers not changed. CFCU

51R CFCU BUMED-823
11/1/94

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	32,629,815	34,792,984	6,497,269
TOTAL OUTPATIENT VISITS	343,499	405,247	111,165
AVERAGE COST PER VISIT	94.17	84.96	58.09

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)	18,076,949	18,124,228	2,859,597

TABLE B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	40,757	120,382	25,707
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	589,433	611,536	135,953
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	630,190	731,918	161,660
E. TOTAL E EXPENSES (ALL ACCOUNTS)	33,569,364	27,469,820	4,458,074
F. % SELECTED E EXPENSES (D/E)*	0.018772	0.026644	0.036262

* Record as a decimal to 6 digits.

(See p. 56R)

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TABLE C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	5,399,706	5,772,393	816,633
H. E EXPENSES TO REMOVE FROM MEPRS A (F*G)	101,363	153,799	29,612
I AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	609,252	563,993	136,508
M. DECEDENT AFFAIRS (FDD)	42,314	45,592	5,809
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	651,566	609,585	142,317
Q. E EXPENSES INCLUDED IN ROW P	34,965	51,623	6,388
R. E EXPENSES TO REMOVE FROM ROW P (F*Q)	656	1,375	231
S. OTHER F'S LESS E (P-R)	650,910	608,210	142,086

TABLE D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	3530.4412	3623.6200	812.2556
U. TOTAL WORK UNITS (MWUS)	12,734.6431	13,111.1549	3334.2252
V. PERCENT INPATIENT (IWU/MWU)	0.277231	0.276376	0.243611
W. FINAL OTHER F EXPENSES (S*V)	180,452	168,094	34,613
X. FINAL F EXPENSES (K+W)	180,452	168,094	34,613
Y. TOTAL CETEGORY III EXPENSES (A-H+X)	18,156,038	18,138,523	2,864,598

(See p. SCR)

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TABLE D:

CATEGORY	FY 1992	FY 1993	FY 1994
Z. NUMBER OF BIOMETRICS DISPOSITIONS	3751	3850	863
AA. TOTAL MEPRS DISPOSITIONS	3751	3850	863
BB. ADJUSTED DISOSITIONS (Z/AA)	1	1	1
CC. ADJUSTED MEPRS EXPENSES (Y*BB)	18,156,038	18,138,523	2,864,598
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	3516.234	2082.1995	763.7364
EE. COST PER RWP (CC/DD)	5,164	8,711	3,751
FF. TOTAL CATEGORY II RWPS	1130.4843	1809.2490	172.4905
GG. TOTAL CATEGORY II COST (EE*FF)	5,837,821	15,760,368	647,012
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	12,318,217	2,378,155	2,217,586
II. TOTAL CATEGORY III RWPS (DD-FF)	2385.7497	272.9505	591.2459
JJ. COST PER CATEGORY III RWP (HH/II)	5,163	8,173	3,751

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

3. Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Exceeding Length of Stay (ADELS). **Due to system problems with the RCMAS system at NAVHOSP Great Lakes, we are unable to verify accuracy of the RWP and OBD category data. For example, when we retreive admission numbers for FY93, the RCMAS system provider admission statistics for 18 months, vice 12 months. This problem has been reported. Due to this discrepancy, the validity of the data used for this enclosure is questionable.**

	FY92 RWPs	FY92 OBD	FY93 RWPs	FY93 OBD	FY94 RWPs	FY94 OBD
Period Totals	**3516.234**	**26733**	**2082.1995**	**22359**	**763.7364**	**4337**
Potential Outpt Proc.	**856.8160**	**3081**	**538.1690**	**1833**	**172.4905**	**143**
DXNNH	**5.8843**	**54**	**3.7995**	**17**	**0**	**0**
Outlier LOS Active	**267.7840**	**3847**	**1267.2805**	**16499**	**0**	**0**

(See p. 56R)

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ABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDS (OCCUPIED BED DAYS)	26,733	22,359	4,337
LL. CATEGORY II (AS DEFINED IN FF) OBDs	6,982	18,349	143
MM. CATEGORY III OBDs (KK-LL)	19,751	4,010	4194
NN. AVERAGE DAYS/RWP (MM/II)	8.278	14.691	7.093
OO. ADD ON PER RWP (NN*77)	637.406	1131.207	546.161
PP. TOTAL COST PER RWP (JJ+OO)	5,800	9,844	4,297
QQ. CIVILIAN PAY COST (PP*.15)	870	1,477	645
RR. MILITARY PAY COST (PP*.56)	3,248	5,513	2,406
SS. OTHER COSTS (PP*.29)	1,682	2,855	1,246
TT. CIVILIAN PAY RAISES (QQ*1.037*1.0297)	928.98	1,577	689
UU. MILITARY PAY RAISES (RR*1.037*1.0165)	3,424	5,811	2,536
VV. UNFUNDED CIVILIAN RETIREMENT (TT*1.147)	1,066	1,809	790
WW. CIVILIAN ASSET USE CHARGE (VV*1.04)	1,109	1,881	822
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3,561	6,043	2,637
YY. OTHER ASSET USE CHARGES (SS*1.04)	1,749	2,969	1,296
ZZ. OTHER COSTS DEFLATOR FACTOR (YY*1.083)	1,894	3,215	1,404
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	6,564	11,139	4,863

(See p. 56R)

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TABLE A: NH GREAT LAKES

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	18315583	18344190	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	40771	133461	
C. EDUCATION AND TRAINING (EBF)	593243	1134947	
D. TOTAL EXP EBE AND EBF	634014	1268408	0
E. TOTAL E EXPENSES	30177282	31941854	
F. % SELECTED E EXPENSES (D/E)	0.021010	0.039710	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	4651228	5440781	
H. E EXPENSES TO REMOVE FROM A (FxG)	97720.65	216052.9	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	502781	584197	
M. DECEDENT AFFAIRS (FDD)	42525	48713	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	545306	632910	0
E EXPENSE (FAL)	27271	62887	
E EXPENSE (FDD)	8058	12061	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	35329	74948	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	742.2498	2976.178	ERR
S. OTHER F'S LESS E (P-R)	544563.8	629933.8	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	3530.37	4503.27	
U MWU	7856.84	9422.65	
V PERCENT INPATIENT	0.449337	0.47792	ERR
W. FINAL OTHER F EXP (SxV)	244692.7	301057.8	ERR
X FINAL F EXP (K+W)	244692.7	301057.8	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	18462555	18429195	ERR
Z NUMBER BIOMETRICS DISPOS	3638	3707	
AA. TOTAL MEPRS DISP	3751	3852	
BB. ADJ DISPOS (Z/AA)	0.969875	0.962357	ERR
CC ADJ MERPS EXP (YxBB)	17906365	17735469	ERR
DD. TOTAL RWP	3561.244	3743.454	
EE COST PER RWP (CC/DD)	5028.121	4737.728	ERR
CATEGORY II RWPS			
(DXNNH)	4.1785	5.9597	
(PAS)	738.7573	979.0628	
(ADELS)	145.183	177.7676	
FF. TOTAL CAT II RWPS	888.1188	1162.79	0
GG. TOTAL CAT II COST (EExFF)	4465569	5508984	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	13440796	12226485	ERR
II. TOTAL CAT III RWPS (DD-FF)	2673.125	2580.664	0
JJ. COST PER CAT III RWP (HH/II)	5028.121	4737.728	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	23488	[illegible]	
CAT II OBDS			
(DXNNH)	50	[illegible]	
(PAS)	2433	[illegible]	
(ADELS)	2627	[illegible]	
LL TOTAL CAT II OBD	5110	[illegible]	0
MM CAT III OBDS (KK-LL)	18378	[illegible]	0
NN. AVG DAYS/RWP (MM/II)	6.875099	[illegible]	ERR
OO. ADD ON PER RWP (NNx77)	529.3826	[illegible]	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5557.503	[illegible]	ERR
QQ. CIVILIAN PAY COST (PPx.15)	833.6255	[illegible]	ERR
RR. MILITARY PAY COST (PPx.56)	3112.202	[illegible]	ERR
SS. OTHER COSTS (PPx.29)	1611.676	[illegible]	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	890.1444	[illegible]	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3280.605	[illegible]	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1308.512	[illegible]	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1360.853	[illegible]	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3411.829	[illegible]	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1676.143	[illegible]	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1815.263	[illegible]	ERR
ADJ CAT III COST/RWP	6587.945	[illegible]	ERR

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15. Quality of Life.

NOTE: Data pertaining to this question was forwarded by Naval Training Center (NTC), Great Lakes, UIC 00210, in responding to Data Call #23 through CNET. Please reference part "D" of the "Features and Capabilities" section of data call #23 as submitted by NTC Great Lakes to obtain the requested data.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			

Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

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

Personnel fig

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-02, 03 and above.

Facility Type, Bldg. #, & CCN	Total No of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ 14B/72111	40	37	40	34@135-179 3@180-249				
BEQ 14H/72112	62	57			62	54@135-179 2@180-269 1@360-449		
BEQ 128H/72111	128	64	64	64@180-249				
BEQ 129H/72114	612	204	612	204@216-287				

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

(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?

Revised pg

15. Quality of Life

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Facility Type, Bldg. #, & CCN	Total No of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ 131H/72114	416	208	416	208@144-215				
BEQ 219H/72111	202	74	202	16@180-249 6@250-269 50@270-359				

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

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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

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

Signature

COMMANDING OFFICER
Title

5/27/94
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

15 JUN 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

29 JUN 1994
Date

DEPARTMENT OF THE NAVY 9949 COPIER REPRODUCED AT GOVERNMENT EXPENSE

Revised pg 5

BRAC-95 CERTIFICATION

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C. R. DE KREY, CAPT, MSC, USN
NAME

Signature

COMMANDING OFFICER
Title

15 Aug 94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

Revised pg 5

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 _____

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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 — 8-29-94

Title — Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature

9/6/94

Title — Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

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

J Burkhart
Signature

Commanding Officer, Acting
Title

9/9/94
Date

Naval Hospital, Great Lakes, IL
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 _____

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NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 9-22-96

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 10/5/94

BRAC-95 CERTIFICATION

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ACTIVITY COMMANDER

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

J Burkhart
Signature

Commanding Officer, Acting
Title

9/13/94
Date

Naval Hospital, Great Lakes, IL
Activity

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NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9/16/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

10/5/94
Date

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ACTIVITY COMMANDER

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

Signature

Commanding Officer
Title

26 Sep 1994
Date

Naval Hospital, Great Lakes, IL
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 _____

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NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: X D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: X 10/3/94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) — Signature: J B Greene Jr

ACTING

Title — Date: 11 OCT 1994

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 _____

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NEXT ECHELON LEVEL (if applicable)

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Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Nov 2, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 11/3/94 Date

Document Separator

NAVHOSP GREAT LAKES

376

ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

20 APRIL 1994

BRAC 1995 ENVIRONMENTAL DATA CALL:

All Navy/Marine Corps Host Activities

INDEX

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ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Amended page @ 2R

BUMED-822, mlt
7 Jun 94

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

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- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
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Provide a list of tenant activities with UIC's that are covered in this response.

Naval Dental Center, Great Lakes	N68326
Navy Hospital Corps School, Great Lakes	N0620A
Navy Drug Screening Laboratory, Great Lakes	N68849
Office of Medical Dental Affairs, Great Lakes	N68903
Naval Dental Research Institute, Great Lakes	N65786
Branch Medical Clinic, RTC, Great Lakes	N45009
Branch Medical Clinic, NTC, Great Lakes	N32579
Branch Medical Clinic, Kansas City, KN *	N47522
Branch Medical Clinic, Cleveland, OH*	N46487

*Both clinics are in GSA leased buildings.

2R BUMED-822, mk
7 Jun 94

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
None				

Source Citation: U.S. Dept of the Interior letter FWS\AES-CIFO of 5 October 1993.

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	NO
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	NO

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map. N/A

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	NO

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	NO

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES*
Has a wetlands survey in accordance with established standards been conducted for your base?	YES*
When was the survey conducted or when will it be conducted? 5/13/94	See Below
What percent of the base has been surveyed?	100%
What is the total acreage of jurisdictional wetlands present on your base?	19.93

Source Citation: *Naval Training Center, Great Lakes has jurisdictional wetlands, per Geonex North American Operations, Inc., survey of 13 Nov 92. The Naval Hospital has no wetlands on its property, all wetlands are on NTC or PWC land. A follow-up survey was completed 13 May 94 by the Environmental Engineering Unit, Naval Facilities Command.

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map. N/A

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? NO If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES

NAVDENRESHINST (Old Hospital)	Bldg 1H
NAVDENRESHINST (Old Laundry)	Bldg 43H
Three Surgeon Qtrs	Bldgs 201H, 202H, 203H
Hospital Qtrs Garage	Bldg 10H
Apartment for four Officers	Bldg 204H

3b.

Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	NO

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	NO

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					NO
ID/Location of Landfill	Permitted Capacity (CYD)		Maximum Capacity (CYD)	Contents[1]	Permit Status
	TOTAL	Remaining			

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements. N/A

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES*
Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments
Incinerator*					

List any permit violations and projects to correct deficiencies or improve the facility. *The Incinerator is located on land owned by the Naval Hospital, but the building and the incinerator are owned, operated and permitted by the Public Works Center, Great Lakes, who will respond to this question through the NAVFAC claimancy.

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					NO
ID/Location of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built

List permit violations and discuss any projects to correct deficiencies. N/A

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations. The sanitary plant and system is the responsibility of the Public Works Center, Great Lakes, and will be reported through the NAVFAC Claimancy.

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status

List any permit violations and projects to correct deficiencies or improve the facility. N/A

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system. No

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					YES*
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity	Permit Status
	Permitted Capacity	Daily Rate			

List permit violations and projects/actions to correct deficiencies or improve the facility. The drinking water treatment plant is the responsibility of the Public Works Center and will be reported through the NAVFAC claimancy.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable. N\A

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	NO

N/A

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES*
If NO, why not and provide explanation of plan to achieve permitted status.	

*Public Works Center, Great Lakes, holds three NPDES permits, one storm water and two sanitary discharge permits for the Naval Hospital, Naval Training Center, and the Public Works Center.

4l.

Does your base have bilge water discharge problem?	NO
Do you have a bilge water treatment facility?	NO

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	NO

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. All environmental facilities discussed in section 4 are the responsibility of the Public Works Center, who will respond through the NAVFAC Claimancy.

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. All facilities discussed in section 4 are the responsibility of the Public Works Center, who will respond through the NAVFAC Claimancy.

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? Metropolitan Chicago Interstate (IL/IN)
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? ___No_____ . List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with an "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: Naval Training Center, Great Lakes* AQCA: Metropolitan Chicago Interstate

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO	X				
Ozone		Severe		2007	
PM-10	X				
SO_2	X				
NO_2	X				
Pb	X				

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.
[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

*Includes Naval Hospital, Great Lakes

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	0	39.07	0	0	39.07
NOx	0	3.6	0	0	3.6
VOC	.09	2.93	0	0	3.02
PM10	0	0	0	0	0

Source Document: For the UST, the 1993 Illinois Environmental Protection Agency (IEPA) Annual Emissions Report. Data is based on one 5000 gallon Underground Storage Tank containing Number 2 Diesel. Tank is operated 24 hrs a day/ 365 days a year. Through put is 3000 gallons per year. The only pollutant emitted is VOC. IEPA emission rate is .0000103 lbs/hr x 8760 hrs/yr = .09 lbs/yr. For the personal automobiles , the measurements are based on The April Draft Environmental Impact Statement for the Realignment of Naval Training Center, Great Lakes. The assumptions used in this study are that all civilians, officers, enlisted staff and 10% of the total student population drives their own car to work an average of 10 miles round trip per day. I used 260 working days per year (52 weeks x 5 = 260). The emission rate was obtained from the Illinois EPA. For CO, the calculations are: 10 miles per day per person x 1280 persons x 260 days x 10.65 grams per mile divided by 453.6 grams per pound divided by 2000 pounds per ton = 39.07 tons per year CO. The calculations for NOX and VOC are identical, using .98 grams per day for NOX and .8 grams per day for VOC. The results are 3.60 tons per year for NOX and 2.93 tons per year for VOC. No calculations were made in 1990, however, conditions in 1990 approximate those in 1993, upon which the above calculations are based.

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	0	39.07	0	0	39.07
NOx	0	3.6	0	0	3.6
VOC	.09	2.93	0	0	3.02
PM10	0	0	0	0	0

Source Document: Same sources and calculations as 5c.

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain. No major equipment installation is expected in the next 6 years. The staff will increase by 350 by the year 2000. Using the same assumptions and calculations as in 5c. above, and using a population of 1630, the total CO, NOX and VOC produced at Naval Hospital will be 49.75, 4.58 and 3.83 respectively.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base? Yes, Milwaukee, WI; Walworth Co, WI; Sheboygan, WI; South Bend, IN; and Grand Rapids, MI.

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct. None

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs? No

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	No	0	5	0	0	0	0
Hazardous Waste	Yes	0	0	0	0	0	0
Safe Drinking Water Act	No	.9	10	10	0	0	0
PCBs	Yes						
Other (non-PCB) Toxic Substance Control Act	N/A	0	0	0	0	0	0
Lead Based Paint	No	0	0	0	0	0	0
Radon	Yes	0	0	0	0	0	0
Clean Water Act	No	0	22	0	89	0	0
Solid Waste	Note 1						
Oil Pollution Act (Note 3)	No	0	0	0	0	0	0
USTs	Yes	1	0	200	0	0	0
Other (PWC PA)		20	0	0	0	0	0
Total		21.9	37	210	89	0	0

Note 1: Responsibility of PWC, GLAKES.

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date. See attached spreadsheet. Projects are based on the 1993 Environmental Compliance Evaluation of the Naval Hospital held on 1-2 Nov 93, by Naval Facilities Engineering Command, Southern Division.

Project List

PCR Number	Media	Project	Est cost ($k)	Est start	Est complete
Note 1	Water	Test Silver Rec. Drains	0.9	5/94	7/94
Note 1	Solid Waste	Tightness test UST 31-t-1	1.0	5/94	7/94
S327A	Solid Waste	Remove UST 31-t-2	20.0	10/94	6/95
Note 1	Air	Air Em Inventory	5.0	10/94	10/95
Note 1	Water	Priority Tap Sampling	10.0	11/94	1/95
Note 1	Water	Water cooler Lead samples	10.0	11/94	6/95
Note 1	Water	Outfall Study	12.0	11/94	6/95
Note 1	Water	Water samples	10.0	11/95	1/96
Note 1	Solid Waste	Rpl UST 31-t1	200.0	11/96	8/97
Note 1	Water	Rpr cooling Tower, Hosp	89.0	11/97	9/98

Note 1: Pollution Control Reports submitted, no assigned number as yet.

6b.

Does your base have structures containing asbestos? Yes What % of your base has been surveyed for asbestos? 100 Are additional surveys planned? No What is the estimated cost to remediate asbestos ($K) 1083.5. Are asbestos survey costs based on encapsulation, removal or a combination of both? Both Source is the 1992 Asbestos Survey comducted by Cape Environmental Group for Naval Facilities Engineering Command, Northern Division. Cost estimates based on Special Projects R1-93, R2-93 and R3-93.

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source. Funding in $K.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN	10	10	57	65	70	70	75	75
HA	0	0	0	0	0	0	0	0
PA	0	0		0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0	0
TOTAL	10	10	57	65	70	70	75	75

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. No

7. INSTALLATION RESTORATION

Items 7a, 7b, and 7c are not applicable to the Naval Hospital. All Installation Restoration sites are on Naval Training Center or Public Works Center land, and will be reported through their respective claimancies..

Source: Confirmation Site Recommendations for Naval Training Center Complex, Great Lakes, by Rogers, Golden and Halpern, 8 Nov 85.

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO
Is your base an NPL site or proposed NPL site?	YES/NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.

7d.

Is there a groundwater treatment system in place?	NO
Is there a groundwater treatment system planned?	NO

State scope and expected length of pump and treat operation.

7e.

Has a RCRA Facilities Assessment been performed for your base?	NO

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.
No

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions. No

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.
N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	NO

7j & 7k are "N/A".

BUMED-822, MSS
7 Jun 94

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
Naval Hospital, Great Lakes	85.29	Great Lakes, IL

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		85.29
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: None
		All Others: None
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		None
Total Undeveloped land considered to be without development constraints		None
Total Off-base lands held for easements/lease for specific purposes		None
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	None
	HERF	None
	HERP	None
	HERO	None
	AICUZ	None
	Airfield Safety Criteria	None
	Other	None

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. None

8d. What is the date of your last AICUZ update? ____/_NA__/____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

8e. List the off-base land use *types*(e.g. residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use. N/A

Acreage/Location/ID	Zones 2 or 3	Land Use	Compatible/ Incompatible

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement. N/A

Navigational Channels/ Berthing Areas	Location / Description	Maintenance Dredging Requirement			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)

8g. Summarize planned projects through FY 1997 requiring new channel or berthing area dredged depths, include location, volume and depth. N/A

8h. N/A

Are there available designated dredge disposal areas for maintenance dredging material? List location, remaining capacity, and future limitations.	
Are there available designated dredge disposal areas for new dredge material? List location, remaining capacity, and future limitations.	
Are the dredged materials considered contaminated? List known contaminants.	

8.i. List any requirements or constraints resulting from consistency with State Coastal Zone Management Plans. N/A

8j. Describe any non-point source pollution problems affecting water quality ,e.g.: coastal erosion. N/A

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	NO

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. N/A

9. WRAPUP

9a. Are there existing or potential environmental showstoppers that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? None

9b. Are there any other environmental permits required for base operations, include any relating to industrial operations. None

9c. Describe any other environmental or encroachment restrictions on base property not covered in the previous 8 sections. None

9d. List any future/proposed laws/regulations or any proposed laws/regulations which will constrain base operations or development plans in any way. Explain. None

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. DeKrey
NAME (Please type or print)

Signature

Commanding Officer
Title

5/19/94
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

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL 6-7-94

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)

P.W. DRENNON

NAME (Please type or print) Signature

ACTING 6/24/94

Title Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

377

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

Installation Name:	Groton NH
Unit Identification Code (UIC):	N61726
Major Claimant:	BRAC

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	307T	Medical/Dental Clinic Rpmt	MCON	6,000
		Sub-Total 1996		**6,000**
		Grand Total		**6,000**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

ACTIVITY COMMANDER

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

Document Separator

R 377

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**GROTON NH**
Unit Identification Code (UIC):	**N61726**
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	307T	MEDICAL/DENTAL CLINIC	BRAC	6,000
		Sub-Total - 1996		6,000
		Grand Total		6,000

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

CDR, CEC, USN
Title

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

MDThornton
Signature

9 Dec 94
Date

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

12/9/94
Date

Document Separator

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	GROTON CT NAVHOSP
Unit Identification Code (UIC):	N61726 #377
Major Claimant:	NAVMED

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	307T	MEDICAL/DENTAL CLINIC REPLACEMENT	BRAC	6,000
		Sub-Total - 1996		**6,000**
1999	013	PARKING STRUCTURE	MCON	3,600
		Sub-Total - 1999		**3,600**
		Grand Total		**9,600**

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

2/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,

2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,

3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than $15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

Document Separator

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital Groton
ACTIVITY UIC: 61726

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

Provide a comprehensive range of emergency, outpatient and inpatient health care service 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 are properly trained for the performance of their assigned contingency and wartime duties. Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive health care 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 health care standards of conduct and performance are achieved and maintained. Participate as an integral element of the Navy and Tri-Service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters and other emergencies. Maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Additionally, Naval Hospital Groton provides the following unique services:

*Contact lens program for submarine personnel.
*Only facility in northeast equipped with nuclear decontamination abilities.
*Hyperbaric medicine and chamber (used in civilian emergencies).
*Psychiatric support to submarine community.
*Industrial hygiene surveys for all of Connecticut, western Massachusetts, and New York.
*Radiation health surveys for all of the northeast coast, from Argentia Newfoundland to Philadelphia to Great Lakes.

*Audiological services for all of Connecticut, wetsren Massachusetts, and New York.
*Occupational health for all of Connecticut, western Massachusetts, and New York.
*Consulting Occupational Medicine Services to all DoD activities in NY, NJ, CT, MA, and RI.
*Military medicine services to fleet and Sub School, area recruiting commands, and reserve centers.
*Support Coast Guard Academy for Emergency Room, Occupational Medicine, Orthopedic, and other specialties.
*Federal disaster preparedness coordinators. Mass casualty, decompression, radiologiocal, and underseas medical expertise.
*Blood bank.
*COG 9L medical supplies to all fleet units.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SUBMARINE SUPPORT FAC	68316	GROTON	1374
SUBMARINE SCHOOL: STU	30565	GROTON	1022
SUBMARINE SCHOOL: INSTRUCTORS	42135	GROTON	743
NAVAL HOSPITAL	61726	GROTON	481
SUBASE NEW LONDON	00129	GROTON	256
USS PITTSBURGH	21030	GROTON	169
USS ARCHERFISH	20041	GROTON	152

USS CITY OF CORPUS CHRISTI	20832	GROTON	151
USS SAN JUAN	21312	GROTON	151
USS ANNAPOLIS	21690	GROTON	150
USS BOSTON	20830	GROTON	150
USS PARGO	05137	GROTON	150
USS WHALE	05131	GROTON	150
USS GATO	05126	GROTON	148
USS GROTON	20785	GROTON	148
USS ALEXANDRIA	21465	GROTON	147
USS SPRINGFIELD	21691	GROTON	146
USS GREENLING	05122	GROTON	144
USS ALBUQUERQUE	21001	GROTON	143
USS DALLAS	20811	GROTON	143
USS COLUMBUS	21692	GROTON	136
USS NEBRASKA	21461	GROTON	121
SECURITY	47010	GROTON	118
USS SANTA FE	21693	GROTON	101
SUBMARINE GROUP TWO	55429	GROTON	80
SSBN 740 BLUE	48579	GROTON	64
PERSUPDET	43339	GROTON	60
SUB SCOL: SUPPORT	00750	GROTON	56
NAVAL DENTAL CLINIC	35760	GROTON	42
CB UNIT 414	66922	GROTON	41
SUB SCOL: SSEP	42914	GROTON	37

NUMI	35877	GROTON	34
COMMUNICATION	33250	GROTON	31
FLEET TECH SUP OFFICE	0034A	GROTON	30
NAVSUBMEDRES	66596	GROTON	28
NAUTILUS	00591	GROTON	26
NUWC	70024	GROTON	25
NR1	20165	GROTON	23
SUB SCOL: SSEP	42915	GROTON	19
NLSO	35493	GROTON	18
BRIG	67590	GROTON	17
NAVAL SECURITY GROUP	47685	GROTON	16
NAVAL SECURITY GROUP	35459	GROTON	14
PERSUPACT	68628	GROTON	12
SSBN 740 GOLD	48580	GROTON	10
NAVAL SECURITY GROUP	65991	GROTON	8
CAAC	68136	GROTON	7
CAAC	68493	GROTON	4
NAVAL SECURITY GROUP	33389	GROTON	4
PUBLIC AFFAIRS	66761	GROTON	3
NAVY CHAMPUS	49306	GROTON	1
NAVY EXCHANGE	61115	GROTON	1

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

DMIS through March. Actual/Projected

BENEFICIARY TYPE	ADMISSIONS (To Date/Projected)	OUTPATIENT VISITS (To Date/Projected)	AVERAGE LENGTH OF STAY
ACTIVE DUTY N/MC	370/740	51407/102814	2.1
ACTIVE DUTY NON N/MC	85/170	2105/4210	2.0
TOTAL ACTIVE DUTY	455/910	53512/107024	
FAMILY OF AD	679/1358	33724/67448	1.9
RETIRED AND FAMILY MEMBERS UNDER 65	391/782	9740/19480	2.0
RETIRED AND FAMILY MEMBERS OVER 65	68/136	5941/11883 ***See Note 1*** R 8/16/94 KSBUMED824 9/20/94	6.2
OTHER	283/566	7138/14276	3.4
TOTAL	1876/3752	104114/208228	

Note 1: Outpatient visits are not reported by age of Retired and Family Members. These figures were estimated by reviewing a random sample of 100 outpatient records of retired/retiired dependents. This sample was found to contain 39% age 65 or older. Using our current and projected outpatient totals we calculated for visists in this category.

What is your occupancy rate for FY 1994 to date? 75%

'1R 16 AUG 94 VR BUMED824 9/20/94

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).

DMIS through March. Actual/Projected

BENEFICIARY TYPE	ADMISSIONS (To Date/Projected)	OUTPATIENT VISITS (To Date/Projected)	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	370/740	51407/102814	2.1	2.6
ACTIVE DUTY NON N/MC	85/170	2105/4210	2.0	0.4
TOTAL ACTIVE DUTY	455/910	53512/107024		3.0
FAMILY OF AD	679/1358	33724/67448	1.9	4.8
RETIRED AND FAMILY MEMBERS UNDER 65	391/782	9740/19480	2.0	2.6
RETIRED AND FAMILY MEMBERS OVER 65	68/136	Note 1	6.2	2.1
OTHER	283/566	7138/14276	3.4	3.7
TOTAL	1876/3752	104114/208228		16.2

Note 1: Outpatient visits are not reported by age of Retired and Family Members.

What is your occupancy rate for FY 1994 to date? 75%

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	210000	210000	210000	210000	210000	210000	210000
ADMISS.	4500	4500	4500	4500	4500	4500	4500

Please show all assumptions and calculations in the space below:

Current projections for FY 1994 are for 210,000 outpatient visits and 4,500 admissions. Currently, Groton is scheduled to receive the Naval Nuclear Power School in the FY 1995 to FY 1997 time frame. Additionally, five SSN's will be moving to Groton as a result of BRAC actions in FY 1995. To date, we have not received information regarding an increase in provider or support billets. We are not currently providing healthcare for our entire population, and without an increase in funding, and staffing, can only assume that our workload will remain constant.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Rifle range for Marines	10	50
Standby ambulance support	30	40
Support to shipboard commands	100	10
Food service inspections	30	3
Water inspections	10	2
Barracks inspections	30	3
Reporting of Communicable disease	100	1
Medical standby for MEDEVAC	3	6
Dietary	5	1
CHAMPUS lectures	5	1
Industrial hygiene support	100	10
Medical standby for PFT	10	6

*percent of time based on a work day, i.e. Rifle Range: an average of 50 taskings per year, each tasking would take 100% of that person's work day.

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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.

No Graduate Medical Education provided at Naval Hospital Groton.

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):

No Graduate Medical Education performed at Naval Hospital Groton.

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]
51010	Naval Hospital Groton	161873	21	3 Substandard
51010	Military Medicine	10482	50	Inadequate

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

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

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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.

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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):

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FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	Naval Hospital Groton	161873	21	3
51010	Military Medicine	10482	50	

[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: 51010
2. What makes it inadequate? Cannot maintain humidity control in the Operating Suite, C-3.
3. What use is being made of the facility? Hospital
4. What is the cost to upgrade the facility to substandard? N/A
5. What other use could be made of the facility and at what cost? None
6. Current improvement plans and programmed funding: Special Project RA1-89(2)HVAC Repairs B449; 1.8 M FY96
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? Yes, see #2 above.

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
72006	Repair to OR floors	88	52K
R1-91(1)	Repairs to Medical gass system	92	99K
R1-91(2)	Repairs to Fire Alarm system	93	147K
RA1-89(1)	Repairs to A/C	94	878K
RC1-85	Elevator repairs	89	259K
82017	Repairs to Galley floor	90	62K

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
RA1-89(2)	Repairs to A/C	96	1.8M
RC1-91	Retrofit special care unit	96	115K
P-130	Utilities Modernization	Unprgmd	1.7M
N/A	"DDC" A/C control system	95	Unkwn
N/A	Fuel cell installation	95	Unkwn

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
P-307	Medical/Dental Clinic	95	6M

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 GROTON			
2. UIC N61726	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 161,873	B. NORMAL BEDS 124	C.DTRS
6. LOCATION	A. CITY GROTON	B.STATE CT	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	95	5%		C17	
(4)DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	90	10%		A12	
(9) INPATIENT NURSING UNITS	80	20%		AC12, 17	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS	90	10%		A-B-C 12,7	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	85		15%	AC 01,16,17	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	75		25%	AC 01, 17	
(C) PLUMBING	90	10%		A 02	
(D) ELECTRICAL SVCS.	85	15%		C D 06	
(E) ELECTRICAL DISTRIBUTION	85	15%		C D 06	

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL GROTON					
2. UIC N61726	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 161,873		B. NORMAL BEDS 124		C.DTRS
6. LOCATION	A. CITY GROTON			B.STATE CT	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	95			C17	
(4)DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	90			A12	
(9) INPATIENT NURSING UNITS	80			AC12, 17	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS	90			A-B-C 12,7	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	85			AC 01,16,17	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	75			AC 01, 17	
(C) PLUMBING	90			A 02	
(D) ELECTRICAL SVCS.	85			C D 06	
(E) ELECTRICAL DISTRIBUTION	85			C D 06	

(F) EMERGENCY POWER	100				

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Military Medicine				
2. UIC N61726	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 10,482	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY GROTON		B.STATE CT	

7. **FACILITY ASSESSMENT**

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	5%		95	DE-18	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	90	10%		BC-12, 17	
(4) DENTAL				N/A	
(5) EMERGENCY SVCS.				N/A	
(6) FOOD SERVICES				N/A	
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS				N/A	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS	50%		.50	BC 09	
(12) PHARMACY	100				
(13) RADIOLOGY	90		10%	A-01, 05	
(14) SURGICAL SUITE				N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10%		AD 9-12. 17	
(B) HVAC	40%		60%	A01, 17	
(C) PLUMBING	80	20%		A 02	
(D) ELECTRICAL SVCS.	90	10%		A-05	
(E) ELECTRICAL DISTRIBUTION	100				

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Military Medicine				
2. UIC N61726	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 10,482	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY GROTON		B.STATE CT	
7. FACILITY ASSESSMENT				

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING			95	DE-18	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	90			BC-12, 17	
(4)DENTAL				N/A	
(5) EMERGENCY SVCS.				N/A	
(6) FOOD SERVICES				N/A	
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS				N/A	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS			50	BC 09	
(12) PHARMACY	100				
(13) RADIOLOGY	90			A-01, 05	
(14) SURGICAL SUITE				N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90			AD 9-12. 17	
(B) HVAC				A01, 17	
(C) PLUMBING	80			A 02	
(D) ELECTRICAL SVCS.	90			A-05	
(E) ELECTRICAL DISTRIBUTION	100				

(F) EMERGENCY POWER				N/A	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

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

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

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

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

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

DATE OF SURVEY: _12/91__

FULL ACCREDITATION: Yes/No

LIFE SAFETY MANAGEMENT SCORE: __3__ (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?

We are the only DoD hospital in New England. We are centrally located to our beneficiary population. 90% of our beneficiaries live within 20 miles of the main hospital. All afloat units are stationed on the base where the hospital is located.

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

Groton/ New London Airport - 5 miles
New London Amtrak Station - 3 miles
New London Ferry terminal - 3 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): 45 miles. T.F. Green Airport, Providence, Rhode Island.

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

No distinct advantages or disadvantages.

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

10 minutes for dependents. 5 minutes for active duty at their place of duty.

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?

Cost of living in New England, when compared to the rest of the United States is somewhat higher. Other than this factor, there is really no distinct advantages or disadvantages.

FEATURES AND CAPABILITIES

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.

All care needed would have to be delivered by the private sector or our patients would have to be medically evacuated to the closest MTF.

Our dependent and retired population would suffer an increased financial burden by securing care from local providers.

Active duty members would experience greater lost time from work as they would have to seek care away from the facility, experiencing greater expense to the parent command. The loss of our diving medical officers would adversely impact the operational capabilities of our fleet as would the absence of our occupational health and preventive medicine staff.

Sophisticated diagnostic equipment purchased by this command at considerable expense would go unused (at least here).

All dependents and retirees would lose valuable services including the pharmacy, lab and radiology, all of which perform work at lower cost to the patient than CHAMPUS or other alternatives.

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.

The answer is a qualified yes.

There are 11 inpatient medical/surgical and 12 specialty institutions within the Groton catchment area. On average, there are:

- 422 med/surg inpatient beds available per day
- 195 specialty beds available per day

There are 2,150 physicians in the Groton Catchment Area serving a total population of 1,088,2798. This gives a 1:506 ratio of physician/# of people. The national average is 1:613.

There are three well-established community hospitals within 20 miles of Naval Hospital Groton. All currently have excess inpatient capacity. Two nationally recognized centers of excellence (Harvard and Yale) are within two hours of the MTF.

There currently exists a shortage of family practice

providers within the community. Also, most pediatricians in the catchment area are not accepting new patients and those that are, do not usually accept CHAMPUS. These could be problem areas for our beneficiaries.

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

If one is to assume that the remaining population is made up of the retirees and their family members, then the answer is yes.

As stated in question 10a, the local community healthcare system could probably absorb the additional workload if all the beneficiaries remained (and the MTF closed). It would follow then, that if only the retirees and their family members remained, the local healthcare system could accommodate them.

Our current retired and retired family member population (including survivors) is estimated at 15,276. It should be noted that approximately 1/3 of this population (5,092) is not eligible for CHAMPUS (they are Medicare eligible).

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:

Again, as reported in question 10a, the answer is a qualified yes. All three local community hospitals have excess inpatient bed capacity. Our admissions for FY93 were 2,429 (data from SEARS reports), well within the excess capacity at local civilian hospitals noted in question 10a.

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
USS Guadalcanal	7352	2
2nd MARDIV	8321	17
MAG-31	9131	1
USS Saipan	20632	4
USS Belleau Wood	20623	4
USS Wasp	21560	2
Flt Hosp #1	68681	1
USNS Comfort	46246	42
DEPMED	46873	13
Flt Hosp #20	46977	42
USNH Guantanomo	61564	1
USNH Naples	66096	4
3rd FSSG	67436	1
2nd FSSG	68408	4
Flt Hosp #2	68682	5
Flt Hosp #3	68683	34
Flt Hosp #4	68684	5
Flt Hosp #5	68685	5
2nd MAW	MPS2W	3

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

Revised pg

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.

The average annual training requirement for these members is one week.

Based on this assumption, 7.3 man years annually are expended for training these members. Annual workload (outpatient visits and occupied bed days) divided by the total number of staff man years equals an average amount of workload per man year. (See formula below):

$$\frac{\text{Total Workload (OBD or OPV)}}{\text{Total Staff}} = \text{Workload per man year}$$

Potential workload lost to readiness training requirements:

(Workload per man year) x 7.3 man years = 63.29 OBD
2,893.36 OPV

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

Number of "stubbed" expanded beds[1]: 96 R

[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	1511	1349	1218 proj.
OUTPATIENT	242	150	126 proj.

23 R (10-3-94) VRBUMED824
10/3/94

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.

The average annual training requirement for these members is one week.

Based on this assumption, 7.3 man years annually are expended for training these members. Annual workload (outpatient visits and occupied bed days) divided by the total number of staff man years equals an average amount of workload per man year. (See formula below):

$$\frac{\text{Total Workload (OBD or OPV)}}{\text{Total Staff}} = \text{Workload per man year}$$

Potential workload lost to readiness training requirements:

(Workload per man year) x 7.3 man years = 63.29 OBD
2,893.36 OPV

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

Number of "stubbed" expanded beds[1]: 96

[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	1511	1349	1218 proj.
OUTPATIENT	242	150	126 proj.

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			1302	1346	466	735
AD FAMILY			206	129	51	33
OTHER			305	223	197	141
TOTAL		1559	1813	1698	714	909

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

[2] The total cost in thousands of dollars.

Note: 1. FY94 is year to date through March 1994.
2. FY92 data was not collected in the manner requested. Only total costs are available.

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	15,120,147.00	21,218,942.00	Not Available
TOTAL OUTPATIENT VISITS	188,589	238,957	
AVERAGE COST PER VISIT	80.18	88.80	

SPW BUMED-823
1 Jun 94

All data for section 14 was extracted from the Executive Information System (EIS). The data was compared to the MEPR for the years stated and it reconciles. Data values were compared with similar sized facilities and found to be comensurate. Per LT Schaffer MED-08, FY 94 data is unavailable and sections Z and AA through ZZ will be completed at BUMED.

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)	6602937	7336910	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	N/A	N/A	
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	678079	864600	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	678079	864600	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	10173174	15403543	
F. % SELECTED E EXPENSES (D÷E)	0.066654	0.056129	.

Refer to pg 26R

BUMED-823 1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	898021	1280923	
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	59857	71897	
I. AREA REFERENCE LABORATORIES (FAA)	N/A	N/A	
J. CLINICAL INVESTIGATION PROGRAM (FAH)	8535	1381	
K. TOTAL SELECTED F (I+J)	8535	1381	
L. CONTINUING HEALTH EDUCATION (FAL)	110095	110626	
M. DECEDENT AFFAIRS (FDD)	0	66	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	
P. TOTAL (L+M+N+O)	110095	110692	
Q. E EXPENSES INCLUDED IN ROW P	8535	1381	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	569	77	
S. OTHER F'S LESS E (P-R)	109526	110615	

Refer to pg 26R

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15 Jan 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	2059.19	8178.96	
U. TOTAL WORK UNITS (MWU)[2]	7008.36	2353.42	
V. PERCENT INPATIENT (IWU÷AWU)	0.29382	0.287741	
W. FINAL OTHER F EXPENSES (S×V)	32181	31828	
X. FINAL F EXPENSES (K+W)	40716	33209	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	6583796	729822	
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS	2339	2426	
BB. ADJUSTED DISPOSITIONS (Z÷AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
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 Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

Refer to pg 26R
Copy BUMED-823
1 Jun 94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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 (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

Return to JJY 2KR after BUMED-823 / Tuncay

TABLE A: GROTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	6602937	7336910	

FY 94 INFORMATION NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	678079	864600	
D. TOTAL EXP EBE AND EBF	678079	864600	0
E. TOTAL E EXPENSES	10173174	15403543	
F. % SELECTED E EXPENSES (D/E)	0.066654	0.056130	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	898021	1280923	
H. E EXPENSES TO REMOVE FROM A (FxG)	59856.36	71898.14	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	8535	1381	
K. TOTAL SELECTED F (I+J)	8535	1381	0
L. CONTINUING HEALTH ED (FAL)	110095	110626	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	110095	110626	0
E EXPENSE (FAL)	0	0	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	0	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	0	0	ERR
S. OTHER F'S LESS E (P-R)	110095	110626	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	2059.19	2352.42	
U MWU	7008.36	8178.96	
V PERCENT INPATIENT	0.293819	0.287618	ERR
W. FINAL OTHER F EXP (SxV)	32348.01	31818.08	ERR
X FINAL F EXP (K+W)	40883.01	33199.08	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	6583964	7298211	ERR
Z NUMBER BIOMETRICS DISPOS	2328	2416	
AA. TOTAL MEPRS DISP	2339	2425	
BB. ADJ DISPOS (Z/AA)	0.995297	0.996289	ERR
CC ADJ MERPS EXP (YxBB)	6553000	7271125	ERR
DD. TOTAL RWP	1836.756	1922.918	
EE COST PER RWP (CC/DD)	3567.703	3781.297	ERR
CATEGORY II RWPS			
(DXNNH)	9.4014	1.0514	
(PAS)	651.0499	673.0875	
(ADELS)	8.5512	1.5091	
FF. TOTAL CAT II RWPS	669.0025	675.648	0
GG. TOTAL CAT II COST (EExFF)	2386802	2554826	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4166198	4716299	ERR
II. TOTAL CAT III RWPS (DD-FF)	1167.754	1247.27	0
JJ. COST PER CAT III RWP (HH/II)	3567.703	3781.297	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	5367	5206	
CAT II OBDS			
(DXNNH)	59	10	
(PAS)	1378	1359	
(ADELS)	79	42	
LL TOTAL CAT II OBD	1516	1411	0
MM CAT III OBDS (KK-LL)	3851	3797	0
NN. AVG DAYS/RWP (MM/II)	3.297785	3.044240	ERR
OO. ADD ON PER RWP (NNx77)	253.9294	234.4071	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3821.633	4015.705	ERR
QQ. CIVILIAN PAY COST (PPx.15)	573.2449	602.3557	ERR
RR. MILITARY PAY COST (PPx.56)	2140.114	2248.795	ERR
SS. OTHER COSTS (PPx.29)	1108.273	1164.554	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	612.1103	643.1947	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2255.917	2370.475	ERR
VV. UNFUNDED CIV RET (TTx1.47)	899.8021	945.4903	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	935.7942	983.3181	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2346.154	2465.297	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1152.604	1211.136	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1248.271	1311.601	ERR
ADJ CAT III COST/RWP	4530.218	4760.274	ERR

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EDCU BUMED-823
1 Jun 94

15. Quality of Life.

Naval Hospital Groton is a tenant of the Naval Submarine Base New London. As such, the answers to the quality of life section has been provided by Naval Submarine Base New London, UIC 00129, under a separate BRAC data call.

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
* **BOQ, BLDG D, CCN72412**	19	19	19	21,822				
* **BOQ, BLDG M, CCN77411**	57	57	57	50,832				
* **BOQ, BLDG 379, CCN-72411**	32	32	32	27,708		71,874		
* **BEQ-455, CCN-72211 & 12**	230	140			230	62,239		
BEQ-429, CCN-72114	405	134			405	62,239		
BEQ-430, CCN-72114	581	OPEN BAY			581	66,363		
BEQ-434, CCN-72111 & 12	207	134			207	66,363		
BEQ-435, CCN-72111 & 12	198	132			198			
BEQ-442, CCN-72111 & 12	110	67			110	35,068		
BEQ-447, CCN-72113 & 12	60	114			60	53,625		
BEQ-462, CCN 72140 DISCIPLINARY	19	5	19	9,968				
BEQ-488, CCN-72111 & 12	339	220			339	118,344		
BEQ-492, CCN-72111 & 12	437	275			437	152,477		

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ-534, CCN-72111	407	232	407	91,375				
TOTAL	3,101	1,561	534	201,705	2,567	688,592		

Note: This table lists all berthing facilities at Naval Submarine Base New London. The facilities utilized by Naval Hospital Groton personnel are highlighted in **bold characters** and denoted by an asterik (*).

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

(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?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J. W. Brickeen
Signature

COMMANDING OFFICER (Acting)
Title

12 September 1994
Date

NAVAL HOSPITAL GROTON
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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

X Signature

ACTING CHIEF BUMED
Title

X 9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

9/21/94
Date

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

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

R D Handy
Signature

COMMANDING OFFICER
Title

25 MAY 1994
Date

NAVAL HOSPITAL GROTON
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

6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GROSSE JR

NAME (Please type or print) | Signature

ACTING

6/9/94

Title | Date

Revision
pg 10, 13, 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."

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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

R. D. HANDY, CAPT, MC, USN NAME (Please type or print)	R D Handy Signature
COMMANDING OFFICER Title	16 JUNE 1994 Date
NAVAL HOSPITAL GROTON Activity	

Revision
pg 10, 13, 15

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title July 6, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 11 JUL 1994 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."

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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

R. B. HALL, II, CAPT, MC, USN	R B Hall
NAME (Please type or print)	Signature
COMMANDING OFFICER	16 Aug 94
Title	Date
NAVAL HOSPITAL GROTON	
Activity	

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — x D F Hagen — Signature

CHIEF BUMED/SURGEON GENERAL

Title — x 9-22-94 — 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 — 10/5/94 — 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

307

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL GROTON (UIC 61726)

CATEGORY.....Personnel Support
SUB-CATEGORY.....Medical
TYPES.....Clinics, Hospitals, and Medical Centers

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Groton

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.

2001 Projected (straight line)

TYPE	ACTUAL FY 1993 *			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	16,072	11,321		13,777	9009	
FAMILY OF AD	19,593	13,992		17,511	11,142	
SUBTOTAL	35,665	25,313		31,288	20,151	
RETIRED AND FAMILY MEMBERS UNDER 65	13,793	10,103		13,367	9780	
RETIRED AND FAMILY MEMBERS OVER 65[4]	5,447	3,730		7,230	4929	
OTHER	4,393	2,470		2,519	2660	
TOTAL	59,298	41,616		54,404	37,520	

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.

*93 Projected based on 92 baseline (per Code 08 instructions)

**Straight line projections based on FY93-FY94 data.

Revised pg

Encl (1)

TOTAL P.02

Revised pg

NAVAL HOSPITAL GROTON (UIC 61726)

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 FY93	PROJ FY99
AD	9,191	7,224
FAMILY OF AD	14,032	11,123
SUBTOTAL	23,223	18,347
RETIRED AND FAMILY MEMBERS UNDER 65	10,668	9,949
RETIRED AND FAMILY MEMBERS OVER 65 (1)	3,886	4,790
OTHER	1,691	1,913
TOTAL	39,468	34,999

Note: THE FOLLOWING APPLIES TO ALL FACILITIES. THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES. IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT REGION POPULATION (SEE TRICARE POLICY GUIDELINES) IN ADDITION TO YOUR 40 MILE CATCHMENT AREA POPULATION. EXPLAIN ANY UNIQUE FEATURES OF YOUR CATCHMENT AREA.(1) THIS SECTION MUST BE COMPLETED.

2. **BED CAPACITY.** Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds (1) : 25
Set Up Beds (1) : 75
Expanded Bed Capacity (2) : ~~139~~ 96 R, NHGROTON, CODE N1111 CP 9/23/94

(1) Use the definitions in BUMEDINST 6320.69 AND 6321.3 .
(2) The number of beds that can be used in wards or rooms

3 R (9/23/94)

NAVAL HOSPITAL GROTON (UIC 61726)

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 FY93	PROJ FY99
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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) : 25
Set Up Beds (1) : 75
Expanded Bed Capacity (2) : ~~139~~ 133 BUMED-822, MSS 1 Jun 94

(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.
NAVAL HOSPITAL GROTON (UIC 61726)

Following questions are designed to designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (ie, your maximum capacity given requirements of the community you support.

3. Workload. Complete the following table FY 93: NAVAL HOSPITAL GROTON (no branch clinic info)

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	121,505	81,521	41,916	244,942
ADMISSIONS	897	840	692	2429*
LABORATORY TESTS (WEIGHTED)				1,290,766
RADIOLOGY PROCEDURES (WEIGHTED				130,248
PHARMACY UNITS (WEIGHTED)				293,157
OTHER (SPECIFY)	N/A	→		

BUMED-822, MSS
1 Jun 94

*Does not include Same Day Surgery: total with Same Day Surgery is 3397.

Ancillary Services workload is not collected by beneficiary category.

NAVAL HOSPITAL GROTON (UIC 61726)

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 AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	121,505	81,521	41,916	244,942
ADMISSIONS	897	840	692	2429*
LABORATORY TESTS (WEIGHTED)				1,290,766
RADIOLOGY PROCEDURES (WEIGHTED				130,248
PHARMACY UNITS (WEIGHTED)				293,157
OTHER (SPECIFY)	N/A	→		

BUMED-822, MSS
1 Jun 94

* Does not include Same Day Surgery: total with Same Day Surgery is 3397.

Ancillary Services workload is not collected by beneficiary category.

NAVAL HOSPITAL GROTON (UCI 61726)

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 you catchment area. Show all calculations and assumptions in the space below.

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS				303,501
ADMISSIONS				4,151
LABORATORY TESTS (WEIGHTED)				1,613,186
RADIOLOGY PROCEDURES (WEIGHTED				162,569
PHARMACY UNITS (WEIGHTED)				365,780
OTHER (SPECIFY)	N/A	→		

BUMED 822, MMS 1 Jun 9[illegible]

Total inpatient and outpatient (visits and admissions) assumes champus recapture. Champus workload data from Champus management reports. Direct care data from Executive Information System (EIS). Ancillary workload determined by using average weighted work unit per (visit + occupied bed day) x (visits + occupied bed days).

Data is not collected in all categories requested. data for supported population is shown as total numbers.

Total reflects the anticipated recapture of all CHAMPUS and direct healthcare in the catchment area. The "demand effect," i.e. the disproportionate increase in MTFworkload when CHAMPUS workload is recaptured ("ghost population" and absence of cost), has not been calculated in these numbers.

GROTON, #26

Revised pg

NAVAL HOSPITAL GROTON (UIC 61726)

4. **MILITARY STAFFING.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE (1)	12	12	~~N/A~~ 12	~~N/A~~ 12	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6
SPECIALTY CARE (2)	14	12	~~N/A~~ 12	~~N/A~~ 12	~~N/A~~ 9	~~N/A~~ 9	~~N/A~~ 9	~~N/A~~ 9
PHYSICIAN EXTENDER (3)	~~2~~ 4	~~2~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4
INDEPENDENT DUTY CORPSMAN	~~5~~ 10	~~5~~ 10	~~N/A~~ 10	~~N/A~~ 10	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6
TOTAL	33	~~33~~ 31	~~N/A~~ 31	~~N/A~~ 31	~~N/A~~ 25	~~N/A~~ 25	~~N/A~~ 25	~~N/A~~ 25

(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 Practioners.

BUMED (MED-312)

NAVAL HOSPITAL GROTON (UIC 61726)

4. **MILITARY STAFFING.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE (1)	12	12	N/A	N/A	N/A	N/A	N/A	N/A
SPECIALTY CARE (2)	14	12	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDER (3)	2	2	N/A	N/A	N/A	N/A	N/A	N/A
INDEPENDENT DUTY CORPSMAN	5	5	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	33	33	N/A	N/A	N/A	N/A	N/A	N/A

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

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

(3) This includes Physician Assistants and Nurse Practioners.

NAVAL HOSPITAL GROTON-UIC 61726

5. **COMMUNITY PROVIDERS:** Complete the following table for civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles. If you are required to use another boundry please define the geographical region and the reason for its use.

PROVIDER TYPE	**CURRENT**
PRIMARY CARE (1)	894
SPECIALTY CARE (2)	1256
PHYSICIAN EXTENDER (3)	N/A
TOTAL	2150

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

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

(3) This includes Physician Assistants and Nurse Practioners.

*DATA FROM DONELY MARKETING

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

Region Population: 1,088,279*

*1992 Population based on 1990 U.S. Census Data

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)
L&M	NFP **	8	20	
BACKUS	NFP	15	30	
WESTERLY	NFP	22	30	MRI, Radiology (MOU)

(1) Distance in driving miles from your facility

(2) List any partnerships, MOU's, contracts etc with this facility

**NFP- NOT FOR PROFIT

NAVAL HOSPITAL GROTON (UIC 61726)

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

FACILITY NAME	BEDS (1)	JCAHO APPROVED	OCCUPANCY (1)	UNIQUE FEATURES (2)
L & M	309	Y	73%	TRAUMA CENTER 3 OCC. HEALTH, NICU, ONCOLOGY
BACKUS	211	Y	77%	AIDS
WESTERLY	141	Y	55%	AIDS

(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.

NAVAL HOSPITAL GROTON (UIC 61726)

8. Training Facilities:

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

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

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
N/A FOR THIS COMMAND

(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)
TRAINING CLASSROOM/171	3	54	108864

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. D. HANDY, CAPT, MC, USN NAME (Please type or print)	R D Handy Signature
COMMANDING OFFICER Title	25 MAY 1994 Date
NAVAL HOSPITAL GROTON Activity	

9570

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

6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR.

NAME (Please type or print) | Signature

ACTING

8 JUNE 1994

Title | Date

Revision
pg 3

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

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

R D Handy
Signature

COMMANDING OFFICER
Title

16 JUNE 1994
Date

NAVAL HOSPITAL GROTON
Activity

Revision
pg 3

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title July 6, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR. J B Greene Jr

NAME (Please type or print) Signature 11 JUL 1994

ACTING

Title Date

Cert for Revised pg 7

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: 8-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) — Signature: J B Greene Jr

ACTING

Title — Date: 16 AUG 1994

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

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

J. W. Brickeen
Signature

COMMANDING OFFICER (Acting)
Title

23 September 1994
Date

NAVAL HOSPITAL GROTON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 10/4/94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

J B Greene Jr

Signature

ACTING

Title

10 OCT 1994

Date

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

377

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	**NAVHOSP Groton CT**
Unit Identification Code (UIC):	**61726**
Major Claimant:	**BUMED**

Percentage of Military Families Living On-Base:	**52%**
Number of Vacant Officer Housing Units:	**0**
Number of Vacant Enlisted Housing Units:	**0**
FY 1996 Family Housing Budget ($000):	**521.0**
Total Number of Officer Housing Units:	**33**
Total Number of Enlisted Housing Units:	**73**

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

W.A. Waters, CAPT, CEC, USN
NAME (Please type of print)

Commanding Officer
Title

NORTHNAVFACENGCOM
Activity

Signature

7/7/99
Date

BRAC-95 CERTIFICATION

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

Sandra B. Culbertson
NAME (Please type or print)

Sandra B. Culbertson
Signature

Housing Management Specialist
Title

7/6/94
Date

Division

Housing/Real Estate
Department

NORTHNAVFACENGCOM
Activity

Enclosure (1)

Document Separator

UIC 61726

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Hospital, Groton, Connecticut*
Acronym(s) used in correspondence	*NAVHOSP Groton*
Commonly accepted short title(s)	*NHGRTN*

- Complete Mailing Address
  Commanding Officer
  Naval Hospital
  Box 600
  Groton, CT 06349-5600

- PLAD
  NAVHOSP GROTON, CT

- PRIMARY UIC: N61726 (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): 46873 PURPOSE: DEPMEDS
  33164 BRMEDCL Ballston Spa, NY
  32621 BRMEDCL Windsor, CT
  68429 BRMEDCL Staten Island, NY
  32996 Patients - NAVHOSP

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

UIC 61726

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: N00129

• Primary Host (as of 01 Oct 1995) UIC: N00129

• Primary Host (as of 01 Oct 2001) UIC: N00129

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
Operational Health	N/A	BLDGS 154, 86, 83	Subase NLON	N00129
Submarine School Sickcall	N/A	BLDG 499	Subase NLON	N00129
Branch Medical Clinic Ballston Spa, NY	33164	Ballston Spa, NY	NAVHOSP Groton	61726
Branch Medical Clinic Staten Island, NY	68429	Staten Island, NY	NAVSTA NY	61174
Branch Medical Clinic Windsor, CT	32621	Windsor, CT	NPTU Windsor	32621

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.

- Closure of the Branch Medical Clinic Staten Island, NY in June 1994

- The Relocation of the Nuclear Power School and the Nuclear Field A School to NLON Submarine Base, Groton, CT from Orlando, FL, with over 3500 increase in Active Duty staff and students. This figure does not include nonactive duty beneficiaries. The timeline for this move has not been established

- The Relocation of five submarines to NLON Submarine Base, Groton, CT from Charleston, SC, with over 600 increase in Active Duty personnel. This figure does not include nonactive duty beneficiaries. The timeline for this move has not been established

- All Operational Health Departments plus NUMI Dental Clinic (Branch NDC Newport) are being relocated as a result of BRAC-93. A MILCON (P307) is planned to consolidate the above services.

- Additional staffing requirements have been indentified to support the increase in patient population by BRAC-93 decisions.

UIC 61726

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 care for 13,863 Active Duty members, 23,588 dependents and 6,680 Retirees.

- Provide a 24 hour, Level III Emergency Room

- Maintain the Authorized Medical Allowance List (AMAL) for the homeported submarines

- Maintain operational readiness of hospital staff to support contingency requirements

Projected Missions for FY 2001

- Increase in Health Services provided to women (resulting from BRAC 93)

- Full implementation of a Managed Care system

- Increased services for Occupational Health and Industrial Hygiene programs (resulting from BRAC 93)

- Expansion of Mental Health services to support Nuclear Power schools and the increase in homeported submarines (resulting from BRAC 93)

UIC 61726

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

Current Unique Missions

- Provide physical and psychological screening for all submarine school students

- Provide clinical training for Naval Undersea Medical Institute Medical officers and Independent Duty Corpsmen students

- Provide Occupational Health, Radiation health, Environmental Health, and Industrial Hygiene services in support of line commands from New Jersey and Pennsylvania to Newfoundland.

- Regional Support Center for Hyperbaric Medicine in the Northeast Region

- Only facility in the area equipped with nuclear decontamination abilities

- Provide the Contact lens program for submarine personnel

- Audiological Services for all areas of CT, half of MA, and NY including SUPSHIPS Groton and Sikorski Aircraft

- Support Coast Guard Academy for Emergency Room, Occupational Medicine and other specialists

Projected Unique Missions for FY 2001

- Increase in Occupational Health services for the newly arriving Nuclear Power schools and submarines (resulting from BRAC 93)

- Expansion in Health services for the expected increase in active duty women reporting to NLON Submarine Base (resulting from BRAC 93)

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

• Operational name	UIC
Commander, Submarine Group Two,	55429

• Funding Source	UIC
Healthcare Support Office, Norfolk, VA	68908
BUMED	90015 USA

UIC 61726

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 (includes branch clinics)	113	357	141
• Tenants (total)	0	0	0
• Contracted			22 *

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~124~~ 114 GSA	~~357~~ 286 GSA	~~141~~ 126 GSA
• Tenants (total)	0	0	0
• Contracted			22 *

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

Title/Name	Office	Fax	Home
• CO/OIC Richard D. Handy	203-449-3261	203-449-4226	203-464-0345
• Duty Officer Command Duty Officer	203-449-4123/4878		[N/A]
• XO Jerry W. Brickeen	203-449-4911	203-449-4226	203-445-7627

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Naval Hospital Newport	*Newport, RI*	*Emergent ADP backup system support, back-up surgery support, provide inpatient care for active duty infectious disease patients*
Naval Submarine School Groton	*Groton, CT*	*Clinical and Administrative support of SUBSCHOOL students*
Naval Submarine Medical Research Lab New London	*Groton, CT*	*Allergy testing, Medical Equip Repair, Family Advocacy Training*
Naval Submarine Support Facility	*Groton, CT*	*Occupational and Industrial Health Services*
Naval Undersea Warfare Center	*New London, CT*	*Occupational and Industrial Health Services*
NRNH Bethesda Unit 1402	*Staten Island, NY*	*Reserve Unit's use of Staten Island Clinic*
Naval Submarine Medical Research Lab New London	*Groton, CT*	*Process serum samples*
USUHS	*Bethesda, MD*	*Medical Student clinical learning experiences*
NPTU Ballston Spa	*Ballston Spa, NY*	*Pastoral Services*

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.) PROVIDED BY HOST COMMAND

- 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).) PROVIDED BY HOST COMMAND

- 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".) PROVIDED BY HOST COMMAND

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.) PROVIDED BY HOST COMMAND

UIC 61726

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

Richard D. Handy	R D Handy
NAME (Please type or print)	Signature
Commanding Officer	02 FEB 94
Title	Date
Naval Hospital Groton	
Activity	

61726
GSA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	Naval Hospital Groton
UIC:	61726
Major Claimant:	BUMED

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates. Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

[redacted]

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$28,829.44

Source of Data (1.a. Salary Rate): (Same)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
New London	CT	7857	829	93.59	1-25	5-40
Windham	CT	-	32	0.34	28-46	40-60
Middlesex	CT	-	15	0.16		
Washington	RI	186	77	2.83	18-40	20-45
Kent	RI	-	15	0.16		
Other	CT	63	31	1.01	40	60
Other	RI	53	14	0.72	40	60
Other	MA	22	11	0.36	100	90
Other		76	-	0.82		
				= 100%		

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

New London County

CA	SANDIEGO	1
CT	BOZRAH	2
CT	CENTRAL	1
CT	DAYVILLE	1
CT	EAST LYME	2
CT	GALES FERRY	14
CT	GROTON	32
CT	HIGGANUM	1
CT	JEWETT CITY	2
CT	LEBANON	1
CT	LEDYARD	10
CT	LISBON	2
CT	MOOSUP	1
CT	MYSTIC	7
CT	NEW LONDON	11
CT	NIANTIC	4
CT	NORTH BRANFORD	1
CT	NORTH STONINGTON	4
CT	NORWICH	6
CT	OAKDALE	2
CT	OLD MYSTIC	1
CT	PAWCATUCK	4
CT	QUAKER HILL	1
CT	SOUTH WOODSTOCK	1
CT	STONGTON	4
CT	UNCASVILLE	2
CT	VOLUNTOWN	1
CT	WATERFORD	5
CT	WESTBROOK	2
MA	FISKDALE	1
MI	DETROIT	1
MN	NEW LONDON	1
MY	BALLSTON SPA	3
NY	GANESVOORT	1
NY	SARATOGA SPRI	2
RI	BRADFORD	1
RI	SAUNDERSTOWN	1
RI	WESTERLY	6
RI	WOOD RIVER JUNCTION	1
TX	SAN ANTONIO	1

GRAND TOTAL 147

Addendum to PG 3, hospital personnel residency by city and state. Source Data HRO, New London.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b.1) & 2) Residence Data): Rand McNally & Co. Map

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Hartford, CT	Hartford	45
New Haven, CT	New Haven	42
Providence, RI	Providence	46
Warwick	Kent	45

Source of Data (1.c. Metro Areas): Rand McNally & Co. Map

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's civil service workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0.00
20 - 24 Years	9	6.12
25 - 34 Years	36	24.49
35 - 44 Years	35	23.81
45 - 54 Years	49	33.33
55 - 64 Years	17	11.56
65 or Older	1	0.68
TOTAL	147	100%

Source of Data (1.d.) Age Data): DCPDS

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's civil service workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0
9th through 11th Grade	0	0
12th Grade or High School Equivalency	75	51.02
1-3 Years of College	39	26.53
4 Years of College (Bachelors Degree)	18	12.24
5 or More Years of College (Graduate Work)	15	10.20
TOTAL	147	100 %

2) Degrees Achieved. Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	10
Associate Degree	18
Bachelor Degree	18
Masters Degree	10
Doctorate	1

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data): DCPDS

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09		
2. Construction (includes facility maintenance and repair)	15-17	1	0.68
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	various		
3e. Other Manufacturing not included in 3a. through 3d.	various		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 3a. through 3e.	20-39		
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	3	2.04
4c. Water Transportation (includes organizational level maintenance)	44		
4d. Air Transportation (includes organizational level maintenance)	45		
4e. Other Transportation Services (Includes organizational level maintenance)	47		
4f. Communications	48	3	2.04
4g. Utilities	49		
Sub-Total 4a. through 4g.	40-49		
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	32	21.77
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		
5h. Health Services	80	77	52.38

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5i. Legal Services	81	7	4.76
5j. Educational Services	82		
5k. Social Services	83	5	3.40
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	5	3.40
5n. Other Misc. Services	89	10	6.80
Sub-Total 5a. through 5n.:	70-89		
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91		
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	1	0.68
6c. Public Finance	93	3	2.04
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL		147	100 %

Total includes Summer Hires and COOP Students

Source of Data (1.f.) Classification By Industry Data): DCPDS

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by civil service employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	11	7.48
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research		
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners	5	3.40
2h. Social & Recreation Workers		
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)	1	0.68
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	34	23.13

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:		
3. Technicians and Related Support		
3a. Health Technologists and Technicians	20	13.61
3b. Other Technologists	16	10.88
Sub-Total 3a. and 3b.:		
4. Administrative Support & Clerical	55	37.41
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/Medical Assistants/Aides	3	2.04
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.		
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades	1	0.68
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	1	0.68
TOTAL	147	100 %

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Source of Data (1.g.) Classification By Occupation Data): DCPDS

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.

7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	51%
2. Percentage of Military Spouses Who Work Outside of the Home:	** Unknown
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	**Unknown
3b. Employed "On-Base" - Non-Appropriated Fund:	**Unknown
3c. Employed "Off-Base" - Federal Employment:	**Unknown
3d. Employed "Off-Base" - Other Than Federal Employment	** Unknown

Source of Data is HRO and PSD New London CT.

*** Any installation that gives a numerical response to these two questions is giving a guestimate without any data to back it up. This information will be available Navy-wide when Caliber Associates provides BUPERS - 661 with the results of the "Community Needs Assessment Survey." Our base surveys were sent for tabulation on 24 June 1994.*

Source of Data (1.h.) Spouse Employment Data): DCPDS

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2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

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a. Table A: Ability of the local community to meet the expanded needs of the base.
All increases have been responded to with a "A" except 100% increase for base housing; health care facilities and wastewater collection treatment.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing[1]	A	A	B
Schools - Public			
Schools - Private			
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities[2]	A	A	B
Utilities:			
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection[3]	A	A	B
Wastewater Treatment[3]	A	A	B
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreational Activities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

[1] *100% increase may require an increase in both military and/or private off base housing.*

During the mid-to-late 1980's a surplus of residential rental units and available homes for purchase were built throughout Southeastern Connecticut. Over the last few years this surplus has been utilized to meet current needs. It is anticipated that this surplus will service the region for the next 3 to 4 years. Therefore with a 100% increase it is felt that some expansion or improvements of the existing housing infrastructure will need to take place. Source information is the Groton Housing Partnership Plan, 1991; Town of Groton, Plan of Development 8/90; and the Family Housing Market Analysis for Naval Submarine Base Groton, Connecticut dated December 1992.

[2] *The Region is presently served by three distinguished health care facilities including Lawrence and Memorial Hospital, New London; Backus Hospital, Norwich; and Westerly Hospital, Westerly , RI. All three of these hospitals either have recently completed or are in the process of undergoing major planning expansions which will take place with or without increases at the SUBASE. The area suffers from a lack of primary health care physicians. Expanding Navy personnel will make the area more attractive to new physicians wanting to locate here.*

[3] *The Navy contracts with the Town of Groton for Wastewater Collection and Treatment. At the present time this contract reserves 2.1 million gallons per day of a 5 million gallon rated treatment facility. At the present time, the Navy is using approximately 1.8 million gallons of this allocation. The treatment plant is presently operating at 60% rated capacity and if the SUBASE was to expand 100% improvements would need to be made to the treatment facility and possibly one or more of the associated pump stations which service the Navy community.*

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Source of Data (2.a. 1) & 2) - Local Community Table): Information provided by Town of Groton, Office of Planning and Development Services. Information is based on a variety of sources including studies and investigations that have been undertaken by the Town and/or others, conversations with service providers, and first hand knowledge of the various subject matter identified.

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b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			
Wastewater Treatment			
Storm Water Collection			
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreation Facilities			

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Remember to mark with an asterisk any categories which are wholly supported on-base.

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Source of Data (2.b. 1) & 2) - Regional Table):

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3. Public Facilities Data:

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units:

Units for Sale:

Source of Data (3.a. Off-Base Housing):

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b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Groton	New London	9	3	1	6000	7200	20-1	29-1	Yes
Grasso Regional Vocational High School	New London	0	0	1	615	798	24-1 *T* 19-1 *A*	30-1 *T* 25-1 *A*	Yes[1]
Ledyard	New London	4	1	1	3104	3810	18.4-1	no limit	Yes
New London	New London	8	1	1	2817	3400	27-1	28-1	No
Norwich	New London	10	2	1 Alt	4294	6794	19-1	26-1	No[2]
Norwich Free Academy	New London	0	0	1	1875	2450	15-1	22-1[2]	No[3]
Montville	New London	3	1	1	2691	3906	21-1	25-1	No

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

[1] *Grasso Regional Vocational High School differentiates pupil-teacher ratio by trade (T) courses and academic (A) courses.*
[2] *Norwich Free Academy, Norwich, and Ledyard schools have no contractual pupil-teacher maximum ratio.*
[3] *Norwich Free Academy is the private high school that serves as the Norwich Regional Public High School.*

Source of Data (3.b.1) Education Table): N/A

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

No

Source of Data (3.b.2) On-Base Schools):

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3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

Source of Data (3.b.3) Colleges):

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Source of Data (3.b.4) Vo-tech Training):

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c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	_
Rail:	_	X
Subway:	_	X
Ferry:	_	X

Source of Data (3.c.1) Transportation):

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

City of New London has AMTRAK services for passengers which is located approximately six miles by road from SUBASE New London.

Source of Data (3.c.2) Transportation):

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

Groton-New London Airport is located approximately 5.5 miles by road from SUBASE New London and T. F. Green Airport is located in Warwick, RI approximately 46 miles from SUBASE New London.

Source of Data (3.c.3) Transportation):

4) How many carriers are available at this airport?

Groton-New London Airport has U. S. Air passenger services while T. F. Green has U. S. Air, American, TWA, United, Delta, and Continental services for passengers.

Source of Data (3.c.4) Transportation):

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5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate Route 95 is located approximately 3 miles from SUBASE New London.

Source of Data (3.c.5) Transportation):

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

- *State Highway Route 12 is a four lane highway with an ADT of 30,000 from Interstate 95 to the SUBASE. Route 12 continues past the SUBASE as a two lane highway with an ADT of 14,100 and connects into Interstate 395 via Route 2A.*

- *Military Highway, a two lane road is also an access road from Interstate 95 to the main gate of the SUBASE and continues on from the north gate to Route 12.*

- *There are four entry gates to the SUBASE. The main gate, Crystal Lake Road entrance, east gate and north gate.*

- *The main gate is located four miles west of Route 12 at the end of Crystal Lake Road, a four lane access road. Crystal Lake Road empties directly onto the SUBASE while Military Highway must pass through a stop light before entering the main gate. The main gate has a three lane entry access with sentry booth and a three lane exist from the base. The pass and ID office is also located at this gate with it's own parking lot. The main gate is open 24 hours, seven days a week, with little to no congestion at peak periods.*

- *Crystal Lake Road gate, with sentry booth, is a one lane entrance only open at 0600 for vehicles and truck traffic until 0800 when it is used for truck traffic only until 1800 hours.*

- *East gate, with sentry booth, has a one lane entrance and one lane exit with stop light, located at Route 12. This gate is also open 24 hours and seven days a week. There are very few residential homes on Route 12 and Crystal Lake Road making them ideal access roads.*

- *North gate, with sentry booth, has a one lane entrance and one lane exist from the SUBASE onto Military Highway. This gate is open from 0600 to 1000 hours seven days a week. Military Highway is a two lane road with moderate level of residential homes on it. At peak hours there is a little congestion for approximately 1/2 hour, there might be a 40 second delay in in getting onto the base.*

b) Do access roads transit residential neighborhoods?

Both Military Highway and Route 12 have access roads that transit residential neighborhoods form side roads.

c) Are there any easements that preclude expansion of the access road system?

There are no known easements that preclude expansion of existing access roads.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

No

Source of Data (3.c.6) Transportation):

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

Submarine Base fire department has Mutual Aid agreements with all surrounding communities (13) which encompass both fire protection and hazardous materials incidents. Surrounding communities have volunteer forces and are incapable of providing adequate levels of primary fire protection support or hazardous materials support to the Submarine Base. These local deficiencies are identified in the last NAVFACENGCOM evaluation of local community fire protection (OCT 93).

Source of Data (3.d. Fire/Hazmat): NAVFAC P-1021, February 1989, Chapter 11, "MUTUAL AID"

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

Exclusive and proprietary.

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

See attached base map.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

No

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

N/A

Source of Data (3.e. 1) - 5) - Police):

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Reference Data Call 6 question 28 table 28.1 (see below)

	Location	Contract#	Disposal	Provider
Refuse Disposal	*on base*	*92-D-3650*	*3936 ton yr*	*F. E. Crandall*
(1 yr with 4-1 yr options)	*on base*	*90-D-3438*	*3468 ton yr*	*F. E. Crandall*
Town agreement to dispose refuse at disposal site		*80-C-8684*	*see above*	*Town of Groton*

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

No, none on record.

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3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Yes: We sometimes experience "Brown Out" during summer hours due to high demand electricity use, and during hurricane season. Only non-essential areas would be effected. The recurrence of "Brown Outs" would be approximately once a year.

Source of Data (3.f. 1) - 3) Utilities):

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4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. General Dynamics Corp Electric Boat Division	Submarine (construction and overhaul)	12,000
2. Foxwoods Casino and High Stakes Bingo	Bingo and Gambling	8,296
3. Pfizer Inc.	Pharmaceutical Manufacturer and Supply Company	3,600
4. Lawrence and Memorial Hospital	Hospital	2,280
5. Naval Undersea Warfare Center (NUWC)	Naval Sonar and Electromagnetic System	1,500
6. Northeast Nuclear Energy Company	Power Company	1,200
7. Bureau of Business Practices	Industrial Office Secretarial and Sales Training Publications	700
8. Sonalysts, Inc.	Sonar Technology	480
9. Southern New England Telephone	Telephone Service and Telecommunications	350
10. The Day Publishing Co.	Newspaper	350

Source of Data (4. Business Profile):

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5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

   a. Loss of Major Employers:

   Southeastern Connecticut is the most defense dependent Region in the country. Significant reductions in the workforce have taken place as a result of decreases in defense spending at Electric Boat/General Dynamics, Naval Underwater Warfare Center (NUWC) and to a lesser degree U. S. Submarine Base (as a result of decommissioning of submarines). As a result of these reductions, secondary impacts have taken place at numerous businesses, suppliers, and contractors associated with EB, NUWC and the Submarine Base.

   b. Introduction of New Businesses/Technologies:

   In February, 1993 the Mashantucket Pequot Indians/Ledyard opened the Foxwoods Casino on their reservation land in the Town of Ledyard. At the present time, this casino employs over 9,000 individuals, many of whom were previous defense workers. According to the Mashantucket Pequot Indians, employment at the casino and associated facilities should reach 11,000 by spring, 1995.

   Recently, the Mohegan Indians whose reservation is located in Montville, CT, announced plans for a casino/resort development. Based on the success of the Mashantucket Pequot Foxwoods Casino, it is anticipated that the proposed casino/resort complex will provide significant employment opportunities for the region. It is not anticipated that the Mohegan Casino/Resort Complex will be fully operational until sometime in 1996.

   Pfizer Pharmaceutical, Groton, has been engaged over the last few years in a major expansion of their research and development facilities and undertaken major renovations of their production facilities. It is anticipated that employment at Pfizer will increase in the vicinity of 100 to 150 jobs per year over the next 3 to 5 years. At the present time, Pfizer employs approximately 3,300 employees.

Because of over dependence on the defense sector, the region beginning in 1991, established three business development organizations. C.RED, Corporation for Regional Economic Development is responsible for marketing the region; TECHCONN, Technology for Connecticut is a technology transfer development organization; and SEATECH, Southeastern Area Technology, is a business incubator. These three organizations have been guided by the 1992 Regional Development Plan done by A. D. Little. This plan is in the process of being updated at the present time.

c. Natural Disasters:

Southeastern Connecticut is not exposed to many natural disasters, such as earthquakes, tidal waves, forest fires, etc. Occasionally coastal flooding occurs as a result of coastal storms or hurricanes. The last hurricane, Bob, occurred in September 1992 and inflicted significant property damage.

d. Overall Economic Trends:

Currently Connecticut is recovering from the greatest economic downturn since the Great Depression. During the last few years, Connecticut has experienced:

- *The loss of 180,000 jobs*
- *A decline in the Gross State Product (GSP) for four years in a row*
- *1 of 4 manufacturing jobs have been eliminated*
- *Only state with a population decline in 1992*
- *Defense contracts down by 50%*
- *The highest projected defense losses for the period 1991-1997*

The preparation for the BRAC 93 hearings, the State of Connecticut, Department of Economic Development in conjunction with the University of Connecticut, undertook a Regional Economic Models, Inc. (REMI) Study, in an effort to forecast the impact associated with the proposed realignment of SUBASE Groton, i.e. elimination of homeporting. A number of scenarios were analyzed including a "best case" scenario in which submarines continued to be homeported and a portion of the Orlando Training Facility relocated to SUBASE Groton. In this best case scenario, the county will only "lose 20,000 jobs or 14% of its projected 1997 employment."

The model showed that under this scenario the population would have declined by more than 21,000 by the year 2000; a 9% reduction over what would otherwise been expected.

Real disposable income will be reduced 11% by the end of the decade. This reduction has tremendous implications for the well being of the local trade and service economy.

After tax income will drop by almost $700 (1987) for every man, women and child in the county which leads to a reduction in the overall standard of living.

The Gross Regional Product or output will be reduced by over 1 billion dollars over the next four years. This represents an 18% reduction off the control forecast.

The "best case" scenario presents a very bleak picture for the economic future of New London County. While the success of the Mashantucket Pequot Casino and anticipated success of the Mohegan Indian Casino/Resort will help soften the economic impact associated with the reduction in defense spending, the types of jobs that are being created are service oriented and will not replace the manufacturing and high-tech engineering jobs which had and will continue to be lost by the region. Electric Boat alone has lost over 6,000 jobs in the last three years and it is anticipated that an additional 5,000 will be eliminated by 1997. In the early to mid-1980's Electric Boat of Groton employed approximately 21,000 people. It is anticipated that Electric Boat Groton will employ between 6,000 - 7,000 individuals by 1997-98.

Source of Data (5. Other Socio/Econ):

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Source of Data (6. Other):

b:

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

JERRY W. BRICKEEN, CAPT, MSC, USN
NAME (Please type or print)

Jerry W. Brickeen
Signature

COMMANDING OFFICER (ACTING)
Title

15 July 1994
Date

NAVAL HOSPITAL GROTON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title July 19, 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)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 8/11/94 Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Hospital Groton, CT
UIC:	61726
Host Activity Name (if response is for a tenant activity):	Naval Submarine Base New London, CT
Host Activity UIC:	00129

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: Naval Hospital Groton, CT		UIC: 61726	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	460	75	535
1b. Minor Construction	36	0	36
1c. Sub-total 1a. and 1b.	496	75	571
2. Other Base Operating Support Costs:			
2a. Utilities	1012	0	1012
2b. Transportation	95	0	95
2c. Environmental	50	0	50
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	42	42
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	390	2959	3349
2j. Supply Operations	122	883	1005
2k. Communications	202	0	202
2l. Physical Security	1	45	46
2m. Chaplain	4	87	91
2k. Sub-total 2a. through 2j:	1876	4016	5892
3. Grand Total (sum of 1c. and 2k.):	2372	4091	6463

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

Appropriation	Amount ($000)
O&M	$3,360
MPN	$3,103

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: Naval Hospital Groton, CT		UIC: 61726	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Naval Hospital Groton, CT	UIC: 61726
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	196
Material and Supplies (including equipment):	3563
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	95
Other Purchases (Contract support, etc.):	7813
Total:	11667

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: Naval Hospital Groton, CT	**UIC:** 61726
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:* Centrally managed Healthcare Contracts	20
Total Workyears:	20

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

Contract	Workyears
Internal Medicine	2
Pharmacy	1
Radiology	2
Emergency Room	15

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)):

All twenty (20) contract workyears are required to provide healthcare services to current population and beneficiaries.

2) Estimated number of workyears which would be eliminated:

None.

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):

None.

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. W. Brickeen, MSC, USN	J. W. Brickeen
NAME (Please type or print)	Signature
Commanding Officer (Acting)	13 July 1994
Title	Date
Naval Hospital Groton, CT	
Activity	

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-27-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/6/94

Document Separator

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Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	U.S.Naval Hospital, Guam
UIC:	68096
Major Claimant:	Bureau of Medicine and Surgery, (Claimancy 18)

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	N/A[1]

[1] N/A - However FY94 - $29,657.36/yr

Source of Data (1.a. Salary Rate): Director, Navy Human Resources Office Guam; Director for Resources, USNH, Guam

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	St	%Emp/Cty		%EMP	DIST TO BASE	DUR IN MIN
		Mil	Civ			
Guam[1]	GU	100	100	100	8	20

[1] There are no counties on the island of Guam.

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

- Refer to question 1.b.1 (above); All government housing is on base on the island of Guam.

Source of Data (1.b. 1) & 2) Residence Data): COMNAVMARIANAS

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
N/A[1]		

N/A[1] - No major Metropolitan Area on Guam, however, the island of Guam has a population of 133,152. The closest population center with over 100,000 residents off the island of Guam is Tokyo, Japan, or Manila, Philippines, approximately 1500 miles away.

Source of Data (1.c. Metro Areas): COMNAVMARIANAS

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's civil service workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0
20 - 24 Years	5	4.4
25 - 34 Years	22	19.5
35 - 44 Years	35	31
45 - 54 Years	38	33.6
55 - 64 Years	11	9.7
65 or Older	2	1.8
TOTAL	113	100 %

Source of Data (1.d.) Age Data): Defense Civilian Personnel Data System (DCPDS)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's civil service workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	1	.9
9th through 11th Grade	5	4.4
12th Grade or High School Equivalency	89	78.8
1-3 Years of College	11	9.7
4 Years of College (Bachelors Degree)	4	3.5
5 or More Years of College (Graduate Work)	3	2.7
TOTAL	113	100 %

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) Degrees Achieved. Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma a or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	
Associate Degree	3
Bachelor Degree	4
Masters Degree	2
Doctorate	0

Source of Data (1.e.1) and 2) Education Level Data): DCPDS

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by **civil service** employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC	#Civ	%Civ
1. Agriculture, Forestry & Fishing	01-09	0	
2. Construction	15-17	0	
3. Manufacturing	20-39		
3a. Fabricated Metal Prod	4	0	
3b. Aircraft	3721	0	
3c. Ships	3731	0	
3d. Other Transportation	var	0	
3e. Other Manufacturing	var	0	
Sub-Total 3a. through 3e.	20-39	0	
4.Tran/Comm/Utilities	40-49		
4a. Railroad Transportation	40	0	
4b. Motor Freight	42	13	11.5
4c. Water Transportation		0	
4d. Air Transportation	45	0	
4e. Other Transportation	47	0	
4f. Communications	48	0	
4g. Utilities	49	0	
Sub-Total 4a. through 4g.	40-49	13	11.5
5. Services	70-89		
5a. Lodging Services	70	0	
5b. Personal Services	72	0	
5c. Business Services	73	0	
5d. Automotive Repair	75	0	
5e. Other Misc. Repair	76	0	
5f. Motion Pictures	78	0	
5g. Amusement and Recreation	79	0	
5h. Health Services	80	17	15

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC	#Civ	%Civ
5i. Legal Services	81	0	
5j. Educational Services	82	1	
5k. Social Services	83	2	
5l. Museums	84	0	
5m. Engineering, Accounting		7	6.2
5n. Other Misc. Services	89	73	64.6
Sub-Total 5a. through 5n.:	70-89	100	88.5
6. Public Administration	91-97		
6a. Executive and General	91	0	
6b. Justice, Public Order	92	0	
6c. Public Finance	93	0	
6d. Environmental Quality	95	0	
Sub-Total 6a. through 6d.		0	
TOTAL		113	100 %

Source of Data (1.f.) Class By Industry Data): DCPDS

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by **civil service** employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank**.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

OCCUPATION	#Civ/Emp	%CivEmp
1. Executive, Administrative and Management	8	7
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research	1	.9
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners		
2h. Social & Recreation Workers	3	2.7
2i. Religious Workers		
2j. Teachers, Librarians & Counselors	1	.9
2k. Health Diagnosing Practitioners (Doctors)	1	.9
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	13	11.5
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:	19	16.9
3. Technicians and Related Support		
3a. Health Technologists and Technicians	4	3.5
3b. Other Technologists	3	2.7
Sub-Total 3a. and 3b.:	7	6.2
4. Administrative Support & Clerical	56	49.5
5. Services		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

OCCUPATION	#Civ/Emp	%CivEmp
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service	16	14.2
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	7	6.2
Sub-Total 5a. through 5d.	23	20.4
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)		
TOTAL	113	100 %

Source of Data (1.g.) Class By Occupation Data): DCPDS

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air

traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.

4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	52.8
2. Percentage of Military Spouses Who Work Outside of the Home:	114
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	59
3b. Employed "On-Base" - Non-Appropriated Fund:	11
3c. Employed "Off-Base" - Federal Employment:	2
3d. Employed "Off-Base" - Other Than Federal Employment	42

Source of Data (1.h.) Spouse Employment Data): Commander, U.S. Naval Forces Marianas; Command survey by Manpower Mgt. Dept, USNHG.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

a. Table A: Ability of the <u>local community</u> to meet the expanded needs of the base.

1) Using the **A - B - C** rating system described above, complete the table below.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Increase	50% Increas	100% Increase
Off-Base Housing	A	B	B
Schools - Public	C	C	C
Schools - Private	C	C	C
Public Transportation - Roadways	A	B	B
Public Transportation - Buses/Subways	B	C	C
Public Transportation - Rail	C	C	C
* Fire Protection	A	A	A
Police	A	B	B
* Health Care Facilities	C	C	C
Utilities:			
Water Supply	B	C	C
Water Distribution	B	C	C
Energy Supply	B	C	C
Energy Distribution	B	B	C
Wastewater Collection	B	C	C
Wastewater Treatment	B	C	C
Storm Water Collection	A	B	B
Solid Waste Collection and Disposal	C	C	C
* Hazardous/Toxic Waste Disposal	A	B	B
Recreational Activities	A	B	B

Remember to mark with an asterisk any categories which are wholly supported on-base.

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

SCHOOLS:

Currently, schools are at or above capacity. Schools expect a continuing enrollment increase which includes a growing number of students from the Federated States of Micronesia. To meet a projected 64% enrollment increase (projections include current military) over the next twenty years, the public school system estimates the need for construction of 33 new schools. Any major increase in the number of military personnel would impact the number, size and/or location of schools being considered for construction. The majority of private schools have waiting lists. An increase in the number of military personnel could encourage expansion of private school facilities and perhaps new private schools. Potential barriers to the construction of ne schools or additional facilities could be availability of land and funding.

PUBLIC TRANSPORTATION:

There are no subways or rail systems on Guam. The public bus system is currently capable of providing minimum acceptable support. Substantial investment in equipment, personnel and operating infrastructure would be required to accommodate moderate to large increases on demand.

HEALTH CARE FACILITIES:

Existing military health care is superior. Physical facility is at or near capacity. Building physical structures meet minimum acceptable standards. Substantial investments in facilities, equipment, supplies and personnel would be required to adequately accommodate any increase in demand. U.S. Naval Hospital, Guam is the only Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited inpatient medical treatment facility, military or civilian, within a 1500 mile radius.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Utilities:

GOVGUAM Utilities Water Supply/Distribution Conditions for 1994:

The island water supply and distribution system is already operating at peak capacity. Limited funding is available for additional water wells and water distribution expansion. If funding becomes available now, it will be three (3) to five (5) years before the water system can exceed island population consumption demand.

Energy Supply and Distribution:

There is currently not enough base line generation units to handle the base line loads on Guam. Emergency and peak load generation units are continually on line to help alleviate the power shortages. Even with these units, load shedding is often required as standard practice. The energy supply infrastructure on Guam requires major improvements now to meet current base line demands. Any increase on the demand would exacerbate the shortages.

GOVGUAM Utilities Wastewater Collection/Treatment Conditions for 1994:

The island wide wastewater collection and treatment systems are already operating at peak capacity. Limited funding is available for additional sewage treatment plant expansion. If funding becomes available now, it will be three (3) to five (5) years before wastewater collection and treatment systems can exceed island wide demand.

Solid Waste collection and Disposal:

The current community sanitary landfill is nearing capacity, in noncompliance with EPA standards and is not fully permitted. Substantial investment is currently required to alleviate the situation. Additional demand would exacerbate the problem.

Source of Data (2.a. 1) & 2) - Local Community Table):
Commander, U.S. Naval Forces Marianas; Guam Department of Education; Public Utility Agency of Guam, GOVGUAM Department of Commerce.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increas	100% Increase
Off-Base Housing	A	B	B
Schools - Public	C	C	C
Schools - Private	C	C	C
Public Transportation - Roadways	A	B	B
Public Transportation - Buses/Subways	B	C	C
Public Transportation - Rail	C	C	C
* Fire Protection	A	A	A
Police	A	B	B
* Health Care Facilities	C	C	C
Utilities:			
Water Supply	B	C	C
Water Distribution	B	C	C
Energy Supply	B	C	C
Energy Distribution	B	B	C
Wastewater Collection	B	C	C
Wastewater Treatment	B	C	C
Storm Water Collection	A	B	B
Solid Waste Collection and Disposal	C	C	C
* Hazardous/Toxic Waste Disposal	A	B	B
Recreation Facilities	A	B	B

Remember to mark with an asterisk any categories which are wholly supported on-base.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

SCHOOLS:

Currently, schools are at or above capacity. Schools expect a continuing enrollment increase which includes a growing number of students from the Federated States of Micronesia. To meet a projected 64% enrollment increase (projections include current military) over the next twenty years, the public school system estimates the need for construction of 33 new schools. Any major increase in the number of military personnel would impact the number, size and/or location of schools being considered for construction. The majority of private schools have waiting lists. An increase in the number of military personnel could encourage expansion of private school facilities and perhaps new private schools. Potential barriers to the construction of new schools or additional facilities could be availability of land and funding.

PUBLIC TRANSPORTATION:

There are no subways or rail systems on Guam. The public bus system is currently capable of providing minimum acceptable support. Substantial investment in equipment, personnel and operating infrastructure would be required to accommodate moderate to large increases on demand.

HEALTH CARE FACILITIES:

Existing military health care is superior. Physical facility is at or near capacity. Building physical structures meet minimum acceptable standards. Substantial investments in facilities, equipment, supplies and personnel would be required to adequately accommodate any increase in demand. U.S. Naval Hospital, Guam is the only Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited inpatient medical treatment facility, military or civilian, within a 1500 mile radius.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Utilities:

GOVGUAM Utilities Water Supply/Distribution Conditions for 1994:

The island water supply and distribution system is already operating at peak capacity. Limited funding is available for additional water wells and water distribution expansion. If funding becomes available now, it will be three (3) to five (5) years before the water system can exceed island population consumption demand.

Energy Supply and Distribution:

There is currently not enough base line generation units to handle the base line loads on Guam. Emergency and peak load generation units are continually on line to help alleviate the power shortages. Even with these units, load shedding is often required as standard practice. The energy supply infrastructure on Guam requires major improvements now to meet current base line demands. Any increase on the demand would exacerbate the shortages.

GOVGUAM Utilities Wastewater Collection/Treatment Conditions for 1994:

The island wide wastewater collection and treatment systems are already operating at peak capacity. Limited funding is available for additional sewage treatment plant expansion. If funding becomes available now, it will be three (3) to five (5) years before wastewater collection and treatment systems can exceed island wide demand.

Solid Waste collection and Disposal:

The current community sanitary landfill is nearing capacity, in noncompliance with EPA standards and is not fully permitted. Substantial investment is currently required to alleviate the situation. Additional demand would exacerbate the problem.

Source of Data (2.b. 1) & 2) - Regional Table): Commander, U.S. Naval Forces Marianas; Guam Department of Education; Public Utility Agency of Guam, GOVGUAM Department of Commerce.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3. **Public Facilities Data:**

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: 56 Units

Units for Sale: 20 Units

Source of Data (3.a. Off-Base Housing): Market Analysis by Westco Pac. Int'l LTD.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	#Schools			Enroll		Pup/Tch Ratio		SER GOV HSN G
	El	MI	Hi	Curr	Max. Cap	Curr	MaxRAT	
Guam Private /Parochial	20	1	3	6524	At or above	varies	Varies from 15 to 28:1	Yes
Guam Public Schools	23	6	5	30417	At or Above	varies	18:1 for Kinder garten	Yes
							24:1 for grades 1,2,3	Yes
							25:1 for grades 4,5	Yes
							28:1 for grades 6-12	Yes

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

Source of Data (3.b.1) Education Table): Guam Dept. of Education and Various Private Schools

(2) Are there Any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

There are no on-base Section 6 schools.

Source of Data (3.b.2) On-Base Schools): COMNAVMARIANAS Education Specialist

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

<u>Undergraduate</u>
Guam Community College
University of Guam (Associates and Certificates)
University of Maryland

<u>Graduate</u>
University of Guam
University of Oklahoma (Master in Education only)
University of Portland

Source of Data (3.b.3) Colleges): Navy Campus and Andersen AFB Base Education Center

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4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Guam Community College major Vocational/technical curriculums:
Accounting
Accounting Clerk
Architectural Engineering Technology
Automotive technology
Basic Surveying Technology
Carpentry
Civil Engineering Tech.
Computer Science
Construction Drafting
Construction Electricity
Criminal Justice
Early Childhood Education
Electronic Engineering
Fire Science Tech
Food and Beverage Operations
Hotel Operations
Information Systems
Masonry
Office Administration
Plumbing
Refrigeration & Air Conditioning
Retailing and Marketing
Supervision & Management
Welding

Source of Data (3.b.4) Vo-tech Training): Guam Community College & Navy Campus

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c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	
Rail:		X
Subway:		X
Ferry:		X

Very limited Bus shuttle service - Guam Metro Transit Authority

Source of Data (3.c.1) Transportation): PAO USNHG

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

None on the island

Source of Data (3.c.2) Transportation): COMNAVMARIANAS

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

A.B. Won Pat International Airport
(Guam International Airport)
5.1 miles

Source of Data (3.c.3) Transportation): COMNAVMARIANAS

4) How many carriers are available at this airport?

Six (6)

Source of Data (3.c.4) Transportation): Guam Airport Authority

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Route 7 and About 3 miles to Route 1 (Marine Drive) which is the major public highway.

Source of Data (3.c.5) Transportation): Facilities Mgt. Dept., USNHG.

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

U.S. Naval Hospital, Guam is a small compact installation that does not have a major intra-station circulation requirement or major circulation problems. The existing road system serves most developable areas and should be adequate to support planned development. The majority of traffic is between the main gate and the main hospital Bldg the NEX and the Chapel. There are two gates. However, the other gate is only used for emergency due to situation on the road traffic.

b) Do access roads transit residential neighborhoods?

Yes

c) Are there any easements that preclude expansion of the access road system?

None

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

None

Source of Data (3.c.6) Transportation): Facilities Mgt. Dept., USNHG.

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

No. Federal Fire Dept. provides fire protection.

Source of Data (3.d. Fire/Hazmat): Facilities Mgt. Dept., USNHG

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

CONCURRENT

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

N/A

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

Yes

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

N/A

Source of Data (3.e. 1) - 5) - Police): Force Judge Advocate; COMNAVMARIANAS

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Yes, for water and power. the Navy is selling Approximately 50% of daily water production to GovGuam. The Navy/GovGuam shared power pool agreement costs approximately 30% Navy, 70% GovGuam.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

Yes, in the summer of 1991, and in July, August, and September of 1993. Restrictions: no watering lawns, no car washing, etc. Water operations people opened and closed distribution systems during peak hours to ration water consumption.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Yes. During the earthquake of 8 August 1993, water and sewer systems experienced disruptions. Rehabilitation projects for water and sewer are in-progress, but major repairs have already been completed since June 1994. The island wide power black-out of June 1994, caused possibly by relay coordination, stability of power generation, and snakes, also resulted in a major blackout during that time frame.
Typhoon OMAR - 28 August 1992 - Power Outages.

Source of Data (3.f. 1) - 3) Utilities): 1994 DOD Kwh sale report, and PUAG, GovGuam department of Commerce

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. Government of Guam	Various Government Services	13,000
2. Federal Government (Active Duty)	Various Government Services	10,639
3. Federal Government (Civilian)	Various Government Services	8,971
4. Continental Micronesia	International Air Carrier	1,700
5. Calvo Enterprises, Inc.	Wholesale/Retail/ Insurance/Travel/ Real Estate/Construction	1,400
6. Black Construction	Construction	1,290
7. Duty Free Shoppers Guam	Retailing,Financial Services, Auto Sales, Wholesaling	700
8. Pacific Int'l Co., Inc.	Hotel/Restaurant/ Duty Free Shop	600
9. TNN Guam Inc.	Banking	600
10. Bank of Guam	Banking	582

Source of Data (4. Business Profile): Guam Business News (Local Publication) August 1994 Issue

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

There was an increase in military spending in 1993 resulting from the relocation of military personnel and dependents from the closure of Subic Bay in the Philippines, but a decrease is expected during 1994 due to the closure of NAS Agana. In FY93, the military contributed about $748 million to Guam's economy, above 1992's $620 million figure. However, military expenditures ties with tourism for the No. 1 position in the economic input to Guam in 1993. Military expenditures are expected to decrease over the next several years. (SOURCE: COMNAVMAR)

b. Introduction of New Businesses/Technologies: N/A

c. Natural Disasters:

Typhoon Russ- 1991
Typhoon Omar-1992, $19.8 million in facilities and equipment funding.

8.2 Earthquake-1993, $259,000 actual damage.

These natural disasters resulted in slow economic growth for the island, because of its effect on tourism, but overall in 1992 and 1993, there was a 71% occupancy rate for hotels on island.

d. Overall Economic Trends:

Through 1992 Guam's economy had been, growing for at least five years. It's economic boom was due to three drivers: the visitor industry, the construction industry, and military expenditures. Despite five typhoons and months of rolling power outages, Guam's economy managed to show continued economic growth in 1992 and 1993, although slowed.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (5. Other Socio/Econ): COMNAVMARIANAS; Comptroller, USNHG; Facilities Mgt. Dept., USNHG.

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Medical Support, Training for Nurses and Computer Science Students by Memorandum of Understanding(MOU); assisting Sister Village, Agana Heights, Guam; Volunteers for Education Partners in Excellence Program.

Source of Data (6. Other): Fiscal, USNHG; PAO, USNHG.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J M Ricciardi
Signature

COMMANDING OFFICER
Title

21 July 94
Date

U.S. NAVAL HOSPITAL, GUAM
Activity

BRAC 95, DATA CALL 65

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 7-24-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 8/6/94

Document Separator

3118

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	U. S. Naval Hospital, Guam
UIC:	68096
Host Activity Name (if response is for a tenant activity):	N/A
Host Activity UIC:	N/A

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: U. S. Naval Hospital, Guam		**UIC:** 68096	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3,232	0	3,232
1b. Minor Construction	188	0	188
1c. Sub-total 1a. and 1b.	3,420	0	3,420
2. Other Base Operating Support Costs:			
2a. Utilities	1,975	0	1,975
2b. Transportation	63	0	63
2c. Environmental	0	43	43
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	2	68	70
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	128	2,497	2,625
2j. Other (Specify)			
Supply Ops	28	775	803
Engineering Support	446	294	740
Hazardous Materials	30	28	58
Other Personnel Support	28	121	149
Security	4	132	136
Communications	649	0	649
2k. Sub-total 2a. through 2j:	3,353	3,958	7,311
3. Grand Total (sum of 1c. and 2k.):	6,773	3,958	10,731

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
DHP, O&M	8,238
MPN	2,493

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: U. S. Naval Hospital, Guam		**UIC:** 68096	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

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: U. S. Naval Hospital, Guam	**UIC:** 68096
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	391
Material and Supplies (including equipment):	2,006
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	63
Other Purchases (Contract support, etc.):	7,304
Total:	9,764

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name: U. S. Naval Hospital, Guam	**UIC:** 68096
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	2
Facilities Support:	28
Mission Support:	13
Procurement:	0
Other:* **Chaplain Svcs, Pest Control, Trash Collection**	3
Total Workyears:	46

* **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)):

13 Housekeeping
1 Chaplain Services
14 Total

2) Estimated number of workyears which would be eliminated:

2 Construction
28 Facilities Maintenance
2 Pest Control/Trash Collection
32 Total

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.)
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	Transcription Services

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/25/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J M Ricciardi
Signature

COMMANDING OFFICER
Title

21 July 94
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

Document Separator

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MISSION REQUIREMENTS

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

	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	10,639	10,639	N/A	10,320	10,320	N/A
FAMILY OF AD	11,447	11,447	N/A	11,103	11,103	N/A
SUBTOTAL	22,086	22,086	N/A	21,423	21,423	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	3,452	3,452	N/A	3,348	3,348	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	90	90	N/A	87	87	N/A
OTHER	229	229	N/A	222	222	N/A
TOTAL	25,857	25,857	N/A	25,080	25,080	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.

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[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.

ASSIGNED POPULATION INCLUDES AIR FORCE PERSONNEL SERVICED BY THE 633 MED GRP CLINIC ANDERSEN AFB, GUAM. THE CLINIC PROVIDES LIMITED OUTPATIENT SERVICES AND NO INPATIENT SERVICES. AIR FORCE ACTIVE DUTY = 2,550 DEPENDENTS= 4131 (SEE ENCLOSURE 1)

SOURCE: COMMANDER U.S. NAVAL FORCES, MARIANAS PATIENT ADMIN OFFICER.

1. PROJECTIONS MADE USING DMIS POPULATION PROJECTIONS FROM FY93 TO FY99

2. INFORMATION ON RETIREES TAKEN FROM DEFENSE MEDICAL INFORMATION SYSTEM (DMIS) DATA.

3. DOES NOT INCLUDE:

DOD STATESIDE HIRES -----150
DOD STATESIDE HIRE DEPENDENTS------277
WHO ARE ELIGIBLE FOR CARE ON A PAY BASIS ONLY.

SOURCE:

NAVY HUMAN RESOURCES OFFICE (HRO) GUAM, ADP SERVICES.

ENCLOSURE (1)

R

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**: 55 (See Note below)

Expanded Bed Capacity**2** 27 (See Note below) R 9/26/94 VR BUMED 824 9/28/94

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: This figure does not represent the number of expanded beds per the definition from the DOD Glossary of Healthcare Terminology. It was generated using the definition provided by BUMED Fax of 23 SEP 94.

ENCLOSURE (3)

4 R(9/26/94) VR BUMED 824 9/28/94

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]:	55
Set Up Beds[1]:	151
Expanded Bed Capacity[2]:	~~382~~ 246

BUMED 822
MAA, 6 Jul 94

[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	OTHERS	TOTAL OF EACH ROW
OUTPATIENT VISITS	66,262	58,476	24,719	7,860	157,317
ADMISSIONS	1,418	2,013	733	150	4,314
LABORATORY TESTS (WEIGHTED)[1]	1,103,794	972,390	420,493	131,404	2,628,081
RADIOLOGY PROCEDURES (WEIGHTED)[1]	51,030	44,955	19,440	6,075	121,500
PHARMACY UNITS (WEIGHTED)[1]	159,949	140,907	60,933	19,042	380,831
OTHER (SPECIFY)	N/A				

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

BUMED-822
MSS, 6 Jul 94

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

1. THIS ALSO INCLUDE CIVILIAN/HUMANITARIAN, COAST GUARD, VA, DOD, NOAA, PHS AND FEDERAL AGENCIES.
2. THERE IS A DIFFERENCE BETWEEN SEARS REPORT DATA AND DATA AS LOCALLY REPORTED FOR OUTPATIENT VISITS.
3. U.S. NAVAL HOSPITAL, GUAM DATA INCLUDES NAS, AGANA BRANCH MEDICAL CLINIC SCHEDULED TO CLOSE IN FY 94/95. EXLUDES NAVSTA BMC AND NCTAMS WESTPAC BMC.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	66,262	58,476	24,719	7,860	157,317
ADMISSIONS	1,773	2,516	916	188	5,393
LABORATORY TESTS (WEIGHTED)[1]	1,114,832	982,114	424,698	132,718	2,654,362
RADIOLOGY PROCEDURES (WEIGHTED)[1]	51,540	45,404	19,634	6,137	122,715
PHARMACY UNITS (WEIGHTED)[1]	161,548	142,316	61,542	19,233	384,639
OTHER (SPECIFY)	N/A				

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

BUMED-822
MLS, 6 Jul 99

ALL OUTPATIENT ACTIVITIES ARE AT FULL CAPACITY. ADMISSIONS' CAPACITY INCREASED TO REFLECT INCREASE FROM CURRENT AVERAGE DAILY PATIENT LOAD (ADPL) OF 40 BEDS TO OPERATING CAPACITY OF 55 BEDS AND A 1% INCREASE IN ANCILLARY SERVICES FOR WORKLOAD ASSOCIATED WITH MAINTAINING INPATIENTS.

SOURCE: ADPL AND BED CAPACITY FROM FY93 SEARS REPORT; OPERATING CAPACITIES DISCUSSED WITH USNHG DIRECTOR NURSING SERVICES.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	98,199	88,216	27,274	8,411	230,511
ADMISSIONS	1,418	2,013	733	150	4,314
LABORATORY TESTS (WEIGHTED)[1]	1,323,162	1,062,153	428,115	132,399	2,945,829
RADIOLOGY PROCEDURES (WEIGHTED)[1]	59,752	50,297	19,895	6,119	136,063
PHARMACY UNITS (WEIGHTED)[1]	203,601	193,698	65,474	19,126	481,899
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.

INCLUDES: WORKLOAD FOR NAVSTA GUAM BMC, NCTAMS WESTPAC GUAM BMC, 633 MED GRP CLINIC, ANDERSEN AFB, GUAM.

BUMED-822 MSS, 6 Jul 94

TO PROVIDE THIS LEVEL OF SERVICE WOULD REQUIRE CORRESPONDING STAFFING INCREASES.

SOURCE:
NAVY WORKLOAD-SEARS, MICRO-WORS, AQCESS.
AIR FORCE WORKLOAD-CHCS SITE PREP REPORT AND 633 MG QUARTERLY MGMT SUMMARY, FY93.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~33~~ 28	~~35~~ 28	~~37~~ 28	~~39~~ 28	~~41~~ 28	~~43~~ 28	~~45~~ 28	~~47~~ 28
SPECIALTY CARE[2]	20	~~21~~ 20	~~22~~ 20	~~23~~ 20	~~24~~ 20	~~25~~ 20	~~26~~ 20	~~27~~ 20
PHYSICIAN EXTENDERS[3]	~~8~~ 2	~~10~~ 2	~~11~~ 2	~~12~~ 2	~~13~~ 2	~~14~~ 2	~~15~~ 2	~~16~~ 2
INDEPENDENT DUTY CORPSMEN	~~5~~ 3	~~5~~ 3	~~6~~ 3	~~6~~ 3	~~7~~ 3	~~7~~ 3	~~8~~ 3	~~8~~ 3
TOTAL	~~67~~ 53	~~71~~ 53	~~76~~ 53	~~80~~ 53	~~85~~ 53	~~89~~ 53	~~94~~ 53	~~98~~ 53

BUMED-822
MMA, C Jul 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.

STAFFING PROJECTION: FY94 USED AS BASE TO CALCULATE SIMPLE GROWTH OF 5.5% ANNUALLY. (ONBOARD STAFFING)
GROWTH OF 5.5% BASED ON CNO 1/94 FY96 FINAL BASE LOADING SYSTEM REPORTS

SOURCE: FY94 STAFFING-USNHG MANPOWER MGMT DEPT.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	82
SPECIALTY CARE[2]	61
PHYSICIAN EXTENDER[3]	-----
TOTAL	143

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

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

Region Population: 133,152 (FOR THE ISLAND OF GUAM)

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

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
GUAM MEMORIAL HOSPITAL	GOVERNMENT OF GUAM	7 MILES	15 MINUTES	(SA) COOPERATIVE DISASTER/EMERGENCY SUPPORT
				(MOU) EXCHANGE EMERGENT
				CAT SCAN SERVICES
				(MOU) EXCHANGE OF BLOOD SERVICES

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
GUAM MEMORIAL HOSP.	198	NO	71.9%	ECHOCARDIOGRAPHY
				KIDNEY DIALYSIS
				ARTERIOGRAPHY
				NEONATHAL INTENSIVE CARE
				ADOLESENT PHYSICAL THERAPY

[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.

FACILITY ALSO HAS A LONG-TERM CARE UNIT
SOURCE: GUAM MEMORIAL HOSPITAL AUTHORITY PATIENT CARE STATISTICS, 4/93.

c. Training Facilities: U.S. NAVAL HOSPITAL GUAM

(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
U.S.N.H. GUAM	HSETC	EMT BASIC	80	110	8,800	110	110	12,100
U.S.N.H. GUAM	USUHS/MTN	BLS	240	4	960	331	4	1,324
U.S.N.H. GUAM	USUHS/MTN	ACLS	30	24	720	41	24	984
U.S.N.H. GUAM	USUHS/MTN	PALS	30	16	480	41	16	656

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

SOURCE: USNHG STAFF EDUCATION AND TRAINING DEPARTMENT.

FY2001 PROJECTION: CORRELATED TO USNHG FY2001 STAFFING PROJECTIONS. (USNHG BRAC COORDINATOR)

(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)
U.S.N.H./EMT-B	1/24	240	72,000

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J M Ricciardi
Signature

COMMANDING OFFICER
Title

24 Jun 94
Date

U.S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

K. P. CUMMINGS

NAME (Please type or print) Signature

CAPTAIN, U.S. NAVY

Title Date 28 June 1994

COMNAVMARIANAS GUAM (ACTING)

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 July 6, 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) Signature

Title Date 7/30/94

BRAC-95 CERTIFICATION (DATA CALL 26)

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT D. L. WHEELER, MSC, USN
Name (Please type or print) **Signature**

COMMANDING OFFICER (ACTING)
Title **Date** 940926

U. S. NAVAL HOSPITAL, GUAM
Activity (UIC: 68096)

ENCLOSURE (1)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-29-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 13 OCT 1994 Date

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Guam NH
Unit Identification Code (UIC):	68096
Major Claimant:	Defense Agnecies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
2001		Hospital Replacement	MCON	98,000
		Sub -Total 2001		**98,000**
		Grand Total		**98,000**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

ACTIVITY COMMANDER

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

68096

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	*U.S. Naval Hospital, Guam, Mariana Islands*
Acronym(s) used in correspondence	**NAVHOSP GU**
Commonly accepted short title(s)	*NAVHOSP Guam, NH Guam*

- Complete Mailing Address: Commanding Officer
  U.S. Naval Hospital, Guam, MI
  FPO AP 96538-1600

- PLAD: NAVHOSP GU

- Primary UIC: 68096 (Plant Account UIC for Plant Account Holders)

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

68096

- ALL OTHER UIC(s): 31047

  PURPOSE: (Miscellaneous HM Training, Guam (U.S.)

  N/A

2. PLANT ACCOUNT HOLDER:

- Yes X 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 X 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 X (check one)
  - Primary Host (current) UIC: N/A
  - Primary Host (as of 01 Oct 1995) UIC: N/A
  - Primary Host (as of 01 Oct 2001) UIC: N/A

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

  - Yes _____ No X (check one)

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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
Naval Cemetery	Agana, Guam	N/A
Naval Cemetery	Piti, Guam	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
BRMEDCL NAS GU	32589	NAS AGANA	NAS GU	61577
BRMEDCL NAVSTA GU	32591	NAVSTA GU	NAVSTA GU	61755
BRMEDCL NCTAMS GU	32592	NCTAMS GU	NCTAMS GU	70243

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

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

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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 a comprehensive range of emergency, outpatient, and inpatient health care services to active duty personnel of the uniformed services.

- Ensure that all assigned military personnel are both aware of and properly trained for the performance of assigned contingency and wartime duties.

- Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provide, as directed, health care services in support of the operation of Navy and Marine Corps shore activities and units of the operating forces to ensure the highest possible degree of operational readiness of theses forces and activities.

- Subject to the availability of space and resources, provide the maximum range and amount of comprehensive health care services possible for other authorized beneficiaries as prescribed by Title 10, United States Code (USC) and other applicable directives.

- Conduct appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained.

- Participate as an integral element of the Navy and Tri-Service Regional Health Care System.

- Cooperate with Military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

- Maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, including the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

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Projected Missions for FY 2001

- N/A

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

Current Unique Missions

- N/A

Projected Unique Missions for FY 2001

- N/A

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

- Operational name UIC

  Commander, U.S. Naval Forces Marianas, Guam 57043

- Funding Source

  Chief, Bureau of Medicine and Surgery 00018

68096

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	153	449	105
• Tenants (total)	0	0	107

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	MAA ~~153~~ 164	MAA ~~482~~ 338	MAA ~~117~~ 118
• Tenants (total)	0	0	107

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

Title/Name	Office	Fax	Home
• CO/OIC			
• CAPT J.M. Ricciardi, MC, USN	344-9234		
• XO			
• CAPT J.W. Moran, NC, USN	344-9235		
• Duty Officer			
As assigned	344-9340		
• Director for Administration			
• CDR C.A. Jimerfield, MSC, USN	344-9703		
• Director for Resources (Comptroller)			
• LT J. Nalewaiski, MSC, USNR	344-9720		
• Head, Manpower Management Department			
• LT G. Kiplinger, MSC, USN	344-9614		
• Head, Management Information Department			
• LT V. Lindsey, MSC, USN	344-9791		

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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
Veterans Administration	N/A	0	0	6
Navy Exchange	N/A	0	0	35
Navy Marine Corps Relief	N/A	0	0	3
Family Service Center	N/A	0	0	25
Child Development Center	N/A	0	0	20
American Red Cross	N/A	0	0	6
Fire Department (Federal)	N/A	0	0	12

- Tenants residing on main complex (homeported units.)

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

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

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

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- Tenants (Other than those identified previously)

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

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

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Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
		Provide full-service health care support in accordance with current mission requirements.
U.S. Army Medical Center (Tripler)	*Guam*	*ISSA*
U.S. Army Reserve Unit Marianas/ROTC		*ISSA*
U.S. Coast Guard		*ISSA*
COMCBPAC DET Civic Action Team		*ISSA*
Defense Reutilization & Marketing Office		*ISSA*
Family Services Center		*ISSA*
Guam Army National Guard		*ISSA*
Guam DeCA Commissary		*ISSA*
U.S. Naval Dental Clinic		*ISSA*
U.S. Naval Reserve		*ISSA*
U.S. Navy Public Works Center		*ISSA*
Navy Exchange, Guam		*ISSA*
U.S. Navy Ship Repair facility		*ISSA*

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Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
	Guam	*Provide full-service health care support in accordance with current mission requirements.*
FAIRECONRON ONE (VQ-1)		
FAIRECONRON FIVE (VQ-5)		
Federal Bureau of Inverstigation		
Peace Corps, Micronesia		
BUMED & JCAHO		*Multi Institutional Priveleging (MOU).*
Guam Fire Dept.		*Exchange emergent services (MOU).*
Guam Memorial Hospital		*Exchange emergent CAT Scan Services (MOU).*
Guam Memorial Hospital		*Exchange of blood services (MOU).*
Federated States of Micronesia		*Train Pharmacy Students (MOU).*

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Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Seventh-Day Adventist Clinic	*Guam*	*Train Ultrasonographer Students (MOU).*
Univ. of Guam		*Train Nursing Students (MOU).*
Washington State University.		*Nursing Graduate Studies (MOU).*
American Fed. of Govt. Employees		*Local 1689, Inc. AFL-CIO (SA).*
COMNAVMAR/GOVGUAM /USAF/NAVHOSP		*Mutual aid in fire protection (SA).*
Guam Memorial Hospital/63rd Medical Gp/NAVHOSP Guam		*Cooperative support in event of disaster or emergency situation (SA).*
Submarine Group Seven		*Radiation and radioactive casualties (SA).*

68096

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
MAYO Clinic (Proposal) *U.S. Navy Ship Repair Facility* *Guam DeCA Commissary* *Guam Army National Guard* *Family Services Center* *Defense Reutilization & Marketing Office* *COMCBPAC DET Civic Action Team* *U.S. Coast Guard* *U.S. Army Reserve Unit Marianas/ROTC* *U.S. Army Medical Center (Tripler)*	*Guam*	*Provide full-service health care support in accordance with current mission requirements.*

68096

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

68096

Commander, Logistics Gp Western Pacific Rep, Guam Commander, Military Sealift Command, Western Pacific Construction Battalion Maintenance Unit 302 Defense Printing Service Det Beanch Office Explosive Ordance Disposal Mobile Unit Five Explosive Ordance Disposal Unit Mobile Unit Five Det, Guan Fleet & Industrial Supply Center Fleet Aviation Specialized Operational Training Group Pacific Det, Guam Fleet Imaging Center Helicopter Combat Support Squadron Five (HC5) Human Resource Office Mobile Mine Assembly Group	Guam	Provide full-service health care support in accordance with current mission requirements.

68096

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

68096

Naval Air Pacific Repair Activity Detachment Naval Airborne Weapons Maintenence One Naval Aviation Engineering Service Unit Det Naval Brig Naval Command, Control & Ocean Surveillance Center Naval Criminal Investigative Service Naval Legal Service Naval Magazine Naval Oceanography Command Naval Oceanography Command Detachment Naval Special Warfare Unit One Navy Fleet Logistics Support Squadron Navy MAnagement Systems Support Office Det.		Provide full-service health care support in accordance with current mission requirements.

68096

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
OICC Marinas *Personnel Support Activity* *Resident Naval Mobile Construction Battalion* *Third NCB Det. Cat* *Third NCB Det.* *Afloat Training Group* *Naval Facilities Engineering Command Contracts* *USS Holland* *USS Niagara Falls* *USS White Plains*	*Guam*	*Provide full-service health care support in accordance with current mission requirements.*

68096

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
13th Air Force *633 Air Base Wg* *633 Log. Gp.* *633 Operation GP.* *644 Combat Communication Gp.* *633 Support Gp.* *254 Air Base Gp.* *Det 1, 93 Weather Wg.* *Det 1, 909 Air Refueling Sq.* *Det 5, Satellite Tracking Gp.* *Det QD7th Area Defense Council* *Det 4608 Office of Special Investigations* *Defense courier Station* *Fed. Av. Admin.* *44 APS* *605 Airlift Support Sq.* *750 Space Group*	*Guam*	*Provide full-service health care support in accordance with current mission requirements.*

68096

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.)

68096

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

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

J M Ricciardi
Signature

COMMANDING OFFICER
Title

01 Feb 94
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

68096

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

Rear Admiral, U.S. Navy
Title

February 8, 1994
Date

COMNAVMARIANAS GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

Name (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

23 FEB 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

Name (Please type or print)

Signature

Vice Admiral, U.S. Navy
Title

Deputy Chief of Naval Operations (Logistics)

3-11-94
Date

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DATA CALL 63
FAMILY HOUSING DATA

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	NAVHOSP GUAM
Unit Identification Code (UIC):	N68096
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	86%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	$2562
Total Number of Officer Housing Units:	80
Total Number of Enlisted Housing Units:	120

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

Enclosure (1)

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/25/94
Date

DATA CALL 63
BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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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

L. R. PYLANT, CAPT, CEC, USN
NAME

Signature

Acting Commander
Title

15 July 1994
Date

Pacific Division
Naval Facilities Engineering Command
Activity

3-18 NAVHOSP GUAM

ENVIRONMENTAL DATA CALL: 33
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

20 APRIL 1994

BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Ativities
INDEX

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ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a source citation (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is defined as land (acreage owned, withdrawn, leased, and controlled through easements); air (space controlled through agreements with the FAA, e.g., MOAs); and water (navigation channels and waters along a base shoreline) under the control of the Navy.

Provide a list of the tenant activities with UICs that are covered in this response.

TENANT:UIC:

NAVY EXCHANGE N65869

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened / Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	threatened	Federal	25	0
NOT APPLICABLE	NONE	NONE	NONE	NONE

Source Citation: DEPARTMENT OF AGRICULTURE, DIV. OF AQUATIC & WILDLIFE RESOURCES

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	NO
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	NO

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	NO

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	NO

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	NO
Has a wetlands survey in accordance with established standards been conducted for your base?	NO
When was the survey conducted or when will it be conducted?_____/_____/_____	N/A
What percent of the base has been surveyed?	N/A
What is the total acreage of jurisdictional wetlands present on your base?	N/A

Source Citation: NO WETLANDS LOCATED ON HOSPITAL COMPOUND

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.

NOT APPLICABLE

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? **NO**

If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES

CO'S QUARTERS PER SHPO MR. RICHARD DAVIS
0011-(671)477-7391

3b.

Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	NO

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	NO

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					**YES / NO**
ID/Location of Landfill	**Permitted Capacity (CYD)**		**Maximum Capacity (CYD)**	**Contents[1]**	**Permit Status**
	TOTAL	**Remaining**			
NOT APPLICABLE					

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

NOT APPLICABLE

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES
Facility/Type of Operation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**
PATHOLOGICAL WASTE INCINERATOR	60 LB PER HOUR	40 LBS DAILY	60 LB PER HOUR	PERMIT NO. 1096	PROCESSING PERMIT
SAME AS ABOVE	SAME	SAME	SAME	NHI-103	OPERATING PERMIT

List any permit violations and projects to correct deficiencies or improve the facility.

NONE

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					NO
ID/Location of WWTP	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**	**Level of Treatment/Year Built**

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

114,000 GL PER DAY OF SANITARY SEWAGE TO THE MUNICIPAL WASTE WATER TREATMENT PLANT, PER U.S. PWC GUAM, CODE 660

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					NO
ID/Location of IWTP	**Type of Treatment**	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

NOT APPLICABLE

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					NO
ID/Location of WTP	**Operating (GPD)**		**Method of Treatment**	**Maximum Capacity**	**Permit Status**
	Permitted Capacity	**Daily Rate**			

List permit violations and projects/actions to correct deficiencies or improve the facility.

NOT APPLICABLE

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

U. S. NAVY PUBLIC WORKS CENTER, GUAM, MARIANAS ISLANDS
MEMORANDUM OF UNDERSTANDING, 18 MARCH 1993

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	NO

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES
If NO, why not and provide explanation of plan to achieve permitted status.	N/A

THE U. S. NAVY WAS ISSUED A GROUP PERMIT FOR CONSTRUCTION AND INDUSTRIAL AREAS. ANY REPORTABLE DISCHARGE WILL BE REPORTED ON A NOTIFICATION REPORT OR POLLUTION PREVENTION PLAN.

4l.

Does your base have bilge water discharge problem?	N/A
Do you have a bilge water treatment facility?	N/A

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	N/A

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.

NOT APPLICABLE

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain.

NOT APPLICABLE

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? GUAM ENVIRONMENTAL PROTECTION AGENCY, (GEPA)
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? NO List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: USNH GUAM, MARIANAS ISLANDS
AQCA: GEPA

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO	X				MILCON
Ozone	X				MILCON
PM-10	X				MILCON
SO_2	X				MILCON
NO_2	X				MILCON
Pb	X				MILCON

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	N/A				
NOx	N/A				
VOC	N/A				
PM10	N/A				

N/A: Insufficient Emission Data at this time. A comprehensive source emission inventory will be conducted for all Naval Activities in August 1994 by USNPWC.

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	N/A				
NOx	N/A				
VOC	N/A				
PM10	N/A				

N/A: Insufficient Emission Data at this time. A comprehensive source emmission inventory will be conducted for all Naval Activities in August 1994 by USNPWC.

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

N/A (DUE TO TIME CONSTRAINTS)

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

NO

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.

NO

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?

NO

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Completed ?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	N/A						
Hazardous Waste	N/A						
Safe Drinking Water Act	N/A						
PCBs	N/A						
Other (non-PCB) Toxic Substance Control Act	N/A						
Lead Based Paint	N/A						
Radon	N/A						
Clean Water Act	N/A						
Solid Waste	N/A						
Oil Pollution Act	N/A						
USTs	N/A						
Other	N/A						
Total	N/A						

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos? YES
What % of your base has been surveyed for asbestos? 100%
Are additional surveys planned? NO
What is the estimated cost to remediate asbestos ($ 100 K). Are asbestos survey costs based on encapsulation, removal or a combination of both? (REMOVAL AND DISPOSAL)

6c. Provide detailed cost of operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98 -99	FY00 -01
O&MN	$20k	$25k	$30k	$45k	$45k	$45k	$45k	$45k
HA								
PA								
Other (specify)								
TOTAL								

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

NO

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	NO
Is your base an NPL site or proposed NPL site?	NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments
N/A						

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.

NONE

7d.

Is there a groundwater treatment system in place?	NO
Is there a groundwater treatment system planned?	NO

State scope and expected length of pump and treat operation.

7e.

Has a RCRA Facilities Assessment been performed for your base?	NO

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

YES, FLAMMABLE MATERIALS IN FLAMMABLE LOCKERS, CORROSIVE MATERIALS IN CORROSIVE LOCKERS, OXYGEN CYLINDERS IN ITS OWN LOCKER.

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

YES, BUILDING 4, 90 DAY STORAGE LOCKER, 20 DRUM CAPACITY

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

NAVY EXCHANGE AUTOMOTIVE SERVICE STATION, NO CLEAN UP NECESSARY

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	NO

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
BUILDING 1	306,775 SQ FT	OUTLYING FIELD
NAVY EXCHANGE	2.5 ACRES	WEST FIELD
PWC HOUSING	39 ACRES	NORTH/SOUTH
MAIN BASE	87 ACRES	OUTLYING FIELD
VETERANS ADMINISTRATION	2500 SQ FT	SOUTHWEST FIELD
FAMILY SERVICE CENTER	4894 SQ FT	WEST FIELD

Revised question

BRAC Data Call 33

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes.

0 (NONE)

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		BUILDING 1; 306,775 SQ FT
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: NONE
		All Others: NONE
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		N/A
Total Undeveloped land considered to be without development constraints		N/A
Total Off-base lands held for easements/lease for specific purposes		N/A
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	N/A
	HERF	N/A
	HERP	N/A
	HERO	N/A
	AICUZ	N/A
	Airfield Safety Criteria	N/A
	Other	N/A

~~**8c.** How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes.~~ [redacted]

8d. What is the date of your last AICUZ update? _____/_____/_____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

NOT APPLICABLE

8e. List the off-base land use types (e.g, residential, industrial, agricultural) and acreage within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

Acreage/Location/ID	**Zones 2 or 3**	**Land Use**	**Compatible / Incompatible**
NOT APPLICABLE			

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

Navigational Channels/ Berthing Areas	**Location / Description**	**Maintenance Dredging Requirement**			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)
NOT APPLICABLE					

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

NOT APPLICABLE

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.**

NOT APPLICABLE

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion.

NOT APPLICABLE

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	NO

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved.

NONE

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions?

NO

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations.

YES, PSD PERMIT FOR CO-GENERATION PLANT, MILCON PROJECT P-806

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections.

NOT APPLICABLE AT THIS TIME

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

NOT APPLICABLE AT THIS TIME

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

JWMoran
Signature

COMMANDING OFFICER, ACTING
Title

24 June 94
Date

U.S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

E. K. KRISTENSEN

NAME (Please type or print) Signature

REAR ADMIRAL, U.S. NAVY

Title Date 7/1/94

COMNAVMARIANAS GUAM

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL

Title Date July 7, 1994

BUMED

Activity

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) Signature

Title Date 8/4/94

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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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

Question 8C

CAPT JOSEPH M. HAGAN, MC, USN — Joseph M. Hagan
NAME (Please type or print) — Signature

COMMANDING OFFICER — 940809
Title — Date

U. S. NAVAL HOSPITAL, GUAM
Activity

question 8C

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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

24 August 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

9/1/94
Date

378

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR: Brac 95 Data Call 27
MEDICAL FACILITY: U.S. Naval Hospital Guam
ACTIVITY UIC: 68096

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

SOURCE: SORM, USNHGUAMINST 5450.4F
NAVAL HOSPITAL GUAM

(1) General outpatient and first aid/acute care to authorized personnel.

(2) Custody and maintenance of military medical records.

(3) Provide a comprehensive range of emergency, outpatient, and inpatient health care services to active duty personnel of the uniformed services.

(4) Ensure that all assigned military personnel are both aware of and properly trained for the performance of assigned contingency and wartime duties.

(5) Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

(6) Provide as directed, health care services in support of the operation of 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.

(7) Subject to the available of space and resources, provide the maximum range and amount of comprehensive health care services possible for other authorized beneficiaries as prescribed by Title 10, United States Code (USC) and other applicable directives.

(8) Conduct appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained.

(9) Participate as an integral element of the Navy and Tri-Service Regional Health Care Systems.

(10) Cooperate with Military and Civilian authorities in matters pertaining to public health, local disaster, and other emergencies.

(11) Maintained requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, including the Joint Commission on Accreditation of healthcare Organizations (JCAHO).

(12) Change in mission - BRAC 93 Closure of Naval Air Station, Agana, BRMEDCL will require re-aligning support activities to provide Aviation Medicine Support.

(13) Change in mission - conversion of active duty USS Ships to Military Sealift command USNS Ships over next five (5) years.

Revised pg

BRAC Data Call 27

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/RUC/ AF STA #	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVAL STATION	61755	AGAT, GU	198
CO. C, MARINE SUPPORT	54034 (RUC)	AGAT, GU	51
USS HOLLAND	04696	AGAT, GU	1,340
USNS MARS	46172	AGAT,GU	45
USS WHITE PLAINS	05835	AGAT, GU	459
USNS SPICA	21084	AGAT,GU	49
USS NIAGRA FALLS	05834	AGAT, GU	355
CBMU	55101	AGAT, GU	46
NAVAL MAGAZINE	60872	AGAT,GU	195
ANDERSEN AFB AND TENANT COMMANDS	663600 (AF STA #)	ANDERSEN AFB, GU	2,468
SRF	62586	AGAT,GU	141
US ARMY RESERVES	W7XPAA	RADIO BARRIGADA, GU	450
MOBILE MINE GROUP 8	53849	AGAT,GU	62
GUAM ARMY NATIONAL GUARD	W7TTAA	TAMUNING,GU	108
FASO DET	66652	DEDEDO, GU	7
NLSO	68377	DEDEDO, GU	18

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)
NAVAL STATION	61755	AGAT, GU	
CAMP COVINGTON		AGAT, GU	
USS HOLLAND	04696	AGAT, GU	
USS HALEAKALA	08301	AGAT,GU	
USS WHITE PLAINS	05835	AGAT, GU	
USS SAN JOSE	20118	AGAT,GU	
USS NIAGRA FALLS	05834	AGAT, GU	
USNS SPICA	21084	AGAT, GU	
NAVAL MAGAZINE	60872	AGAT,GU	
ANDERSON AFB AND TENANT COMMANDS		YIGO, GU	
NISE WEST		DEDEDO,GU	
US ARMY RESERVES		SANTA RITA,GU	
GUAM AIR NATIONAL GUARD		YIGO,GU	
GUAM ARMY NATIONAL GUARD		HARMON,GU	
U S AIR FORCE RESERVES		YIGO,GU	
ARMY ROTC		MAGNILAO,GU	
U S NAVAL HOSPITAL GU	68096	AGANA HEIGHTS,GU	
NCTAMS	70243	DEDEDO,GU	
NAVY VRC-50	09612	YIGO,GU	
NAVAL AIR STATION	61577	AGANA,GU	
NAVY VQ-1	09930	AGANA,GU	
NAVY VQ-5	55566	AGANA,GU	
NAVY HC-5	09823	AGANA,GU	
NAVY AIMD	44310	AGANA,GU	

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FLEET IMAGING CENTER	44997	AGANA,GU	
SECURITY	46182	AGANA,GU	
PAT TEAM	43464	AGANA,GU	
NOCC	66454	AGANA,GU	
COMNAVMAR	57043	AGANA,GU	
TOTAL ACTIVE DUTY			10,639

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

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE
U S NAVAL HOSPITAL GUAM	68096	AGANA HEIGHTS, GU	502
NCTAMS	70243	DEDEDO, GU	1024
VRC-50	09612	YIGO, GU	439
NAVAL AIR STATION	61577	AGANA, GU	652
VQ-1	09930	AGANA, GU	437
VQ-5	55566	AGANA, GU	267
HC-5	09823	AGANA, GU	323
DECA	49189	AGAT, GU	17
FLEET IMAGING CENTER	44997	AGANA, GU	22
MSC WESTPAC	62524	AGAT, GU	17
PSD GUAM	68756	AGAT, GU	108
NAVPACMETOC	66454	AGANA,GU	11
COMNAVMAR	57043	AGANA,GU	53
PWC GUAM	62395	AGAT, GU	27
NAVDENCEN	62328	AGAT, GU	48
COMSUBGRU 7	43709	AGAT, GU	9
NAVPRA	66979	AGANA, GU	7
DISA PAC	48607	DEDEDO, GU	7
THIRDNCB DET	55520	AGAT, GU	17
NAVMASSO DET	46697	AGAT, GU	5
NAVSPECWARUNIT ONE	55481	AGAT, GU	51
FISC	61119	AGAT, GU	74
ATG	49367	AGANA, GU	5
NOAC	61685	AGANA, GU	111
EODMU FIVE	30208	AGAT, GU	78
TOTAL	TOTAL	TOTAL	10,303

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	1,025	56,634	2.1 days	8
ACTIVE DUTY NON N/MC	276	8,990	2.0 days	2
TOTAL ACTIVE DUTY	1,301	65,624		10
FAMILY OF AD	1,853	57,811	2.5 days	14
RETIRED AND FAMILY MEMBERS UNDER 65	485	18,100	3.1 days	2
RETIRED AND FAMILY MEMBERS OVER 65	185	6,900	5.0 days	2
OTHER	118	7,812	2.1 days	1
TOTAL	3,942	156,247		29

What is your occupancy rate for FY 1994 to date? 50.9

- Source: USNHG Sears, AQCESS and Micro-Wors Reports. (All calculations by BRAC Coordinator (Head MID) USNH Guam).

- Retired and family members over 65 - admissions and outpatient visits prorated based on MEPRS Stepdown Assignment Statistics (SAS) Report Workload Count to May 94.

- Average Length of Stay (ALOS) - Based on Nursing Reports, from Head, Inpatient Nursing.

- Average Daily Patient Load (ADPL) - Overall ADPL from Sears Report prorated based on admissions category/total admissions, except for retirees, which is based on interview with Head, Inpatient Nursing, USNHG.

Enclosure (1)

Received

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	1025	56634	2.7	INA
ACTIVE DUTY NON N/MC	276	8990	INA	INA
TOTAL ACTIVE DUTY	1301	65624		29
FAMILY OF AD	1853	57811	INA	INA
RETIRED AND FAMILY MEMBERS UNDER 65	670	25000	INA	INA
RETIRED AND FAMILY MEMBERS OVER 65	Ø	Ø	N/A	N/A
OTHER	118	7812	INA	INA
TOTAL	3942	156247		29

What is your occupancy rate for FY 1994 to date? _50.9_

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** INA - INFORMATION NOT AVAILABLE
** SOURCE: USNHG SEARS REPORT, AQCESS AND MICRO-WORS REPORTS

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	162544	165136	167728	170320	172912	175504	178096
ADMISS.	4312	4314	4317	4320	4322	4324	4327

Please show all assumptions and calculations in the space below:

BRAC 93 DECISION TO CLOSE NAVAL AIR STATION (NAS) AGANA, GUAM. THE SUPPORT MISSION OF NAS BRMEDCL, AGANA, GUAM HAS BEEN EXCLUDED FROM THESE PROJECTIONS. HOWEVER, A MEDICAL SUPPORT MISSION WILL CONTINUE AFTER THE CLOSING, UNTIL APPROXIMATELY FY 96, WHEN ALL NAS AVIATION/ ADMINISTRATIVE UNITS ARE EXPECTED TO VACATE.

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 SANITATION INSPECTIONS		
WATER QUALITY ANALYSIS		
ENTYMOLOGY		
INSECT TRAP COLLECT & ANALYSIS		
TOTAL OF ABOVE SUPPORT	1124	3
SAR AIRCREW PHYSICAL TRAINING	168	6
SAR BRIEF & PREFLIGHT	120	1
SAR FLIGHTS	252	1
SAR A/C TRAINING	168	6
DISASTER DRILL	70	15
BLOOD DRIVE	10	2
DNA TESTING	24	3
PHYSICAL FITNESS TESTS	5	2
FIELD UNIT TRAINING	70	6

*** Composite Health Care System (CHCS) Island-Wide Hospital Information System will be implemented in FY 94/95.

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

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

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

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

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

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Facilities

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:

Bldg 1 Hospital 51010

2. What makes it inadequate?

A. Bldg 1 was built in 1954 and renovation is necessary in order to provide "STATE OF THE ART" services to Armed Forces Personnel.

B. Deficiency in Life Safety Code requirements.

C. Typhoon Omar damages and earthquake damages.

3. What use is being made of the facility?

At present, facility requirements are for 57 acute care beds with an expandable capacity to 350 beds. Because of the NAS base closure, some of the wings are being converted to clinics, plus additional medical equipment is being acquired that will require additional space.

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

MILCON project P-010 $ 84 MILLION.

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

Administrative, Office, Training Facilities, etc.

6. Current improvement plans and programmed funding:

Facility Management Dept. - $20 Million worth of Special Projects funded by BUMED.

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

YES

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]
51010	NAVAL HOSPITAL	306775	40	SBST
73010	FIRE STATION	3734	49	ADEQ
51077	MEDICAL STORAGE	5312	40	ADEQ
********* ****	CONTINUATION ENCLOSURE (1)	********* ****	*****	*********

[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
95748	RELOCATION OUTPATIENT RECORDS	88	24997
95855	RENOVATION E204A/B/C	89/91	48210
*********	CONTINUATION ENCLOSURE (2)	*******	*****

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
95104	PROVIDE MONORAIL AT F/J/K WINGS	95	45000
95135	CONSTRUCT CLINIC HEAD, NAVSTA	97	50000
*********	CONTINUATION ENCLOSURE (3)	*******	*****

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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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 U.S. Naval Hospital Guam					
2. UIC N68096	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS 1		
5. SIZE 306775 SF	A. GSF		B. NORMAL BEDS 66		C.DTRS
6. LOCATION GUAM	A. CITY AGANA			B.STATE GU	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	70	30		C03	
(2) ADMINISTRATION		100		C03	
(3) CENTRAL STERILE SVCS.		100		C03	
(4) DENTAL		100		C03	
(5) EMERGENCY SVCS.		100		C03	
(6) FOOD SERVICES		100		C03	
(7) LABORATORIES		100		C03	
(8) LOGISTICS		100		C03	
(9) INPATIENT NURSING UNITS		100		C03	
(10) LABOR-DEL-NURSERY		100		C03	
(11) OUTPATIENT CLINICS		100		C03	
(12) PHARMACY		100		C03	
(13) RADIOLOGY		100		C03	
(14) SURGICAL SUITE		100		C03	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100	C03	
(B) HVAC	95	5		C03	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	25	75		C04	

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

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

(1) Deficient Status of Condition Types - first character

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

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

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

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

LIFE OF SURVEY: NOV 92
FULL ACCREDITATION: Yes, CONDITIONAL, TYPE I LIFE SAFETY SCORE
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

LOCATION:

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

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

Our military medical treatment facility (MTF) is the only inpatient facility with capacity to handle the beneficiary population within a 1500 mile radius. The nearest inpatient MTF is NH Okinawa at 1500 miles or Tripler Army Medical Center (TAMC) is approximately 4000 miles away.

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

The nearest air transportation node is approximately 7 miles away, adjacent to Naval Air Station, Agana, Guam.

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

Distance (in miles): 7 miles

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

Since U.S. Naval Hospital, Guam, is forward deployed in a strategic location, the facility is key to military medical support for international defense. We would support mobilized units from other locations who come to augment the USNH Guam. The Territory of Guam is the last American-owned location with significant American military presence in the Western Pacific, before reaching Asian Theater. We would also provide assistance to the Fleet Hospitals that deploy to Guam.

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

It takes approximately 20 to 30 minutes to commute from most locations on the island of Guam, which is approximately 30 miles in length by 4 miles wide. The USNH Guam is currently located in the central part of the island.

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

Due to isolation of island and limited local labor market, difficulty is experienced in hiring in certain technical areas. Specifically certain skills such as Medical Records Technologists and Computer Programmers are generally not available on island.

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.

- No inpatient care would be available to Navy and Marine Corps in support of operational activities of the fleet.

- Loss of a 55-bed military hospital with expanded bed capability and a proven contingency facility.

- Loss of regional undersea medicine support.

- Loss of a major military outpatient facility which handles a majority of the active duty and beneficiary population on Guam.

- Loss of (peacetime and wartime) regional medical support for the Western Pacific.

- Loss of Industrial Hygiene, Environmental Health and Occupational Health support for the fleet.

- Loss of DOD Regional Blood Bank.

- Loss of ability to handle increasing workload for the <u>military beneficiary population on Guam of over 25,000</u> with the following workload for Fiscal Year 1993:

-	157,317	Outpatient Visits
-	4,314	Admissions
-	2,628,081	Weighted Laboratory Test
-	121,500	Weighted Radiology Procedures
-	380,831	Weighted Pharmacy Units.

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, the local health care infrastructure would not be able to absorb the additional workload. The local health care infrastructure is overloaded and sometimes has difficulty supporting itself.

- It is not advisable to rely on the local health care infrastructure, since there is only one (1) civilian hospital, Guam Memorial Hospital (GMH), with inpatient capabilities. GMH is a 198-bed facility, with a Long Term Care unit. GMH is not JCAHO accredited and has not been accredited by JCAHO for approximately 10 years.

- There are private civilian outpatient health care facilities that may be able to provide quality outpatient care for military beneficiaries.

- GMH has experienced ongoing financial and administrative difficulties.

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 answer to this question depends on the quality of care that the military would expect for the residual eligible population, which currently numbers approximately 3,223 beneficiaries. In absolute numbers, GMH and other providers could support the residual beneficiary population, while the quality of care may be questionable.

- Refer to question 10a. above regarding the standard of care and the health care infrastructure.

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:

- In absolute numbers, GMH may be able to absorb our inpatient workload of 4314 annual admissions, but the standard of care for beneficiaries may be questionable. (Refer to question 10a. above)

- GMH is a 198-bed facility serving an island population of 133,000 people, with a disproportionate rate of motor vehicle accidents.

R

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

* U.S. Naval Hospital (USNH), Guam, being a forward deployed Medical Treatment Facility (MTF), is tasked to receive augmentation personnel to support the expansion of its bed capacity which would increase from its bed capacity from 55 operating beds to 382 mobilization/contingency beds.

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: 27 (See Note below) R 9/26/94 VR Bumed 824 9/29/94

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

Note: This figure does not represent the number of expanded beds per the definition from the DOD Glossary of Healthcare Terminology. It was generated using the definition provided by BUMED Fax of 23 SEP 94.

ENCLOSURE (4)

20 R(9/26/94) VR Bumed 824 9/29/94

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

* U.S. Naval Hospital (USNH), Guam, being a forward deployed Medical Treatment Facility (MTF), is tasked to receive augmentation personnel to support the expansion of its bed capacity which would increase from its bed capacity from 55 operating beds to 382 mobilization/contingency beds.

* During contingency operations USNH, Guam's Laboratory Officer assumes the position of the Area Joint Blood Program Officer (AJBPO).

* With the above exception there are no U.S. Naval Hospital Guam personnel assigned to a specific deployable or operational platform. Understandably, USNH Guam personnel ill be deployed to support contingency operations as directed by higher authority.

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
Area Joint Blood Program Officer (AJBPO)	N/A	One (1)

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

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

* The magnitude of work involved in fulfilling the AJBPO position requires this person's full attention. The Laboratory Officer responsibilities require at least 40 Man-hours per week, therefore making it imperative for the Laboratory Officer augmentee billet to be filled in advance of the contingency operation's mobilization Phase.

* The impact which training has on this requirement is minimal.

c. Please provide the total number of your expanded beds[1] that are currently fully "staffed" (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 "staffed" expanded beds[1]: 246

[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	07	13	08
OUTPATIENT	Ø	01	02

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994 TO 24 MAY 94	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	151	24.2	126	22.9	109	24.1
AD FAMILY	177	26.9	82	15.4	63	19.2
OTHER	338	83.4	370	111.8	260	80.5
TOTAL	666	134.5	578	150.1	432	123.8

[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	12,607,411	6,454,864	1,193,177
TOTAL OUTPATIENT VISITS	139,507	157,317	31,902
AVERAGE COST PER VISIT	90.37	41.03	37.40

**** FY 94 Data is YTD through first quarter only, includes workload for NAS Agana for closing in FY95.

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 (ALL ACCOUNTS)	N/A	6,185,914	2,543,815

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EDE)	N/A	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	N/A	89,239	23,695
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	N/A	89,239	23,695
E. TOTAL E EXPENSES (ALL ACCOUNTS)	N/A	10,534,286	2,526,786
F. % SELECTED E EXPENSES (D/E)[1]	N/A	.008471	.009379

[1] Record as a decimal to 6 digits.

REPLACE pp. 23-26 by p. 26R (RCMAS data generated by BUMED) -- NOTE: There is no data available (for whatever reason) on Guam in RCMAS for FY 93 + FY 94.

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Table C:

CATEGORY	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	2,380,376	638,880
H. E EXPENSES TO REMOVE FROM MEPERS A (F*G)	20,165	5,992
I. AREA REFERENCE LABORATORIES (FAA)	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0
K. TOTAL SELECTED F (I+J)	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	317,272	125,799
M. DECEDENT AFFAIRS (FDD)	67,374	28,989
N. INITIAL OUTFITTING (FDE)	0	0
O. URGENT MINOR CONSTRUCTION (FDE)	0	0
P. TOTAL (L+M+N+0)	384,646	154,788
Q. E EXPENSES INCLUDED IN ROW P	49,280	27,770
R. E EXPENSES TO REMOVE FROM ROW P (FXQ)	417	261
S. OTHER F'S LESS E (P-R)	384,229	154,527

Table D:

CATEGORY	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	3637.8610	818.3027
U. TOTAL WORK UNITS (MWU)[2]	7786.9527	1827.9263
V. PERCENT INPATIENT (IWU\AWU)	.467173	.810503
W. FINAL OTHER F EXPENSES (S*V)	179,501	125,244
X. FINAL F EXPENSES (K+W)	179,501	125,244
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	6,345,250	2,663,067
Z. NUMBER OF BIOMETRICS DISPOSITIONS	4,022	852
AA. TOTAL MEPRS DISPOSITIONS	4,210	947
BB. ADJUSTED DISPOSITIONS (Z/AA)	.955344	.899683
CC. ADJUSTED MEPRS EXPENSES (Y*BB)	6,061,897	2,395,916
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	N/A	N/A
EE. COST PER RWP (CC\DD)	N/A	N/A
FF. TOTAL CATEGORY II RWPs[3]	N/A	N/A
GG. TOTAL CATEGORY II COST (EE*FF)	N/A	N/A
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	N/A	N/A
II. TOTAL CATEGORY III RWPs (DD-FF)	N/A	N/A
JJ. COST PER CATEGORY III RWP (HH/II)	N/A	N/A

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

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

Table E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1993	FY 1994
KK. TOTAL OBD's (OCCUPIED BED DAYS)	N/A	N/A
LL. CATEGORY II (AS DEFINED IN FF) OBDs	N/A	N/A
MM. CATEGORY III OBDs (KK-LL)	N/A	N/A
NN. AVERAGE DAYS/RWP (MM/II)	N/A	N/A
OO. ADD ON PER RWP (NN*77)	N/A	N/A
PP. TOTAL COST PER RWP (JJ+OO)	N/A	N/A
QQ. CIVILIAN PAY COST (PP*.15)	N/A	N/A
RR. MILITARY PAY COST (PP*.56)	N/A	N/A
SS. OTHER COSTS (PP*.29)	N/A	N/A
TT. CIVILIAN PAY RAISES (QQ*1.037*.0297)	N/A	N/A
UU. MILITARY PAY RAISES (RR*1.037*1.0165)	N/A	N/A
VV. UNFUNDED CIVILIAN RETIREMENT (TT*1.147)	N/A	N/A
WW. CIVILIAN ASSET USE CHARGE (VV*1.04)	N/A	N/A
XX. MILITARY ASSET USE CHARGE (UU*1.04)	N/A	N/A
YY. OTHER ASSET USE CHARGES (SS*1.04)	N/A	N/A
ZZ. OTHER COSTS DEFIATOR FACTOR (YY*1.083)	N/A	N/A
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	N/A	N/A

** This command does not have Retrospective Case Mix Analysis System (RCMAS) therefore we were unable to fully complete this portion of report.

TABLE A: NH GUAM

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	12649374		

INFORMATION NOT CURRENTLY AVAILABLE FOR FY 93 AND FY 94

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0		
C. EDUCATION AND TRAINING (EBF)	1073205		
D. TOTAL EXP EBE AND EBF	1073205	0	0
E. TOTAL E EXPENSES	15657706		
F. % SELECTED E EXPENSES (D/E)	0.068542	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	12649374		
H. E EXPENSES TO REMOVE FROM A (FxG)	867009	ERR	ERR
I. AREA REF LABS (FAA)	0		
J. CLINICAL INVEST (FAH)	0		
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	313319		
M. DECEDENT AFFAIRS (FDD)	72118		
N. INITIAL OUTFITTING (FDE)	0		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	385437	0	0
E EXPENSE (FAL)	551		
E EXPENSE (FDD)	61685		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	62236	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	4265.758	ERR	ERR
S. OTHER F'S LESS E (P-R)	381171.2	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	3591.26		
U MWU	7082.6		
V PERCENT INPATIENT	0.507054	ERR	ERR
W. FINAL OTHER F EXP (SxV)	193274.4	ERR	ERR
X FINAL F EXP (K+W)	193274.4	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	11975639	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	1312		
AA. TOTAL MEPRS DISP	4328		
BB. ADJ DISPOS (Z/AA)	0.303142	ERR	ERR
CC ADJ MERPS EXP (YxBB)	3630323	ERR	ERR
DD. TOTAL RWP	884.2394		
EE COST PER RWP (CC/DD)	4105.589	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	0		
(PAS)	281.0571		
(ADELS)	1.2387		
FF. TOTAL CAT II RWPS	282.2958	0	0
GG. TOTAL CAT II COST (EExFF)	1158990	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	2471333	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	601.9436	0	0
JJ. COST PER CAT III RWP (HH/II)	4105.589	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	3966		
CAT II OBDS			
(DXNNH)	0		
(PAS)	756		
(ADELS)	19		
LL TOTAL CAT II OBD	775	0	0
MM CAT III OBDS (KK-LL)	3191	0	0
NN. AVG DAYS/RWP (MM/II)	5.301161	ERR	ERR
OO. ADD ON PER RWP (NNx77)	408.1894	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4513.778	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	677.0667	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	2527.716	ERR	ERR
SS. OTHER COSTS (PPx.29)	1308.996	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	722.9711	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2664.492	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1062.767	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1105.278	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2771.071	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1361.355	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1474.348	ERR	ERR
ADJ CAT III COST/RWP	5350.697	ERR	ERR

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	0	0	0	0
Officer	3	10	10	0	0
Officer	1 or 2	17	17	0	0
Enlisted	4+	0	0	0	0
Enlisted	3	10	10	0	0
Enlisted	1 or 2	34	34	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

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

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

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

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

[1]As of 31 March 1994.

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15. Quality of Life.

(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%

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

	Top Five Factors Driving the Demand for Base Housing
1	Cost
2	Convenience
3	Navy housing overall superior to housing in community
4	Utilities included
5	Utilities and maintenance superior to community

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

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

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

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

Occupancy rate of 98% is a must and CO PWC insures that housing authority complies.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	37%
Substandard	0
Inadequate	0

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

***** Low utilization rate was due to BEQ renovations.

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

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

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

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

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

*** PER PARAGRAPH 1105 OF NAVPERS 15606 GUAM DOES NOT MEET THE CRITERIA GOR GEOGRAPHIC BACHELOR STATUS. ACCORDINGLY THE INFORMATION FOR THE PREVIOUS SECTION IS NOT AVAILABLE.

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	84%
Substandard	0
Inadequate	0

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

**** Occupancy is rising. Low rate in FY93 was due to extensive post-typhoon rehabilitation projects.

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

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

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

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

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

*** PER PARAGRAPH 1105 OF NAVPERS 15606 GUAM DOES NOT MEET THE CRITERIA GOR GEOGRAPHIC BACHELOR STATUS. ACCORDINGLY THE INFORMATION FOR THE PREVIOUS SECTION IS NOT AVAILABLE.

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

LOCATION Naval Hospital Guam **DISTANCE ON-BASE**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	0	N/A
Officer's Club	SF	0	N/A
Library	SF	495[3]	N/A
Library	Books	3820	N/A
Theater	Seats	0	N/A
ITT	SF	0	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	NON--	OPERATING
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	2	N/A

[3] The Crews Library (general Library shares 1500 sq ft with the medical library.

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	N/A
Basketball CT (outdoor)	Each	1	N/A
Racquetball CT	Each	1	OUTDOOR
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	0	N/A
Fitness Center	SF	3,600	N
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	1	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A

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

Yes an on-island network with University of Guam, Guam Public Library System, Anderson Air Force Base General Library, TWO(2) other Navy General Libraries on island; Guam Community College Library, Guam Territorial Law Library and the local Department of Education Learning Resources Center. (The computerized libraries are the University of Guam, Anderson Air Force Base and Guam Community College; Naval Hospital Library is in the process of automating its library.)

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15. Quality of Life.

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	4		376 SF	60 SF	6	180+
6-12 Mos	4		376 SF	60 SF	4	180+
12-24 Mos	10		740 SF	150 SF	5	120
24-36 Mos	12		648 SF	180 SF	4	30-60
3-5 Yrs	24		1,128 SF	360 SF	5	60

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 Mo	4				6	180+
6-12 Mo	4				4	180+
12-24 Mo	10				5	120
24-36 Mo	12				4	30-60
3-5 Yrs	24				5	60

(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: Building 1/74074
What makes it inadequate? Violates Life Safety Code And Inadequate Space.
What use is being made of the facility? Child care Facility
What is the cost to upgrade the facility to substandard? $2.5 Million
What other use could be made of the facility and at what cost? Office Space.
Current improvement plans and programmed funding: Milcon; New CDC Funded P004
Has this facility condition resulted in C3 or C4 designation on your BASEREP? NO

(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. **Referral to Family Home Care**

(4). How many "certified home care providers" are registered at your base? **THREE (3)**

(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). **YES, NAS AGANA AND NAVAL STATION, 180 CHILDREN, 0-5 YRS.**

d.1. Base Family Support Facilities and Programs Under Construction

(1). Complete the following table on the availability of child care in a child care center on your base.
New Child Development Center (CDC) is under construction to accomodate 80 Children; 8830 sq.ft.; cost - 2.3 million.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mo					N/A	N/A
6-12 Mo	8	749			N/A	N/A
12-24 Mo	20	1498			N/A	N/A
24-36 Mo	28	1498			N/A	N/A
3-5 Yrs	24	1124			N/A	N/A

** Expected completion date for new CDC ia August 1995.

(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:
** New CDC will be Adequte. NO Further Entries This Page...

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	1078
Auto Repair	SF	1078
Auto Parts Store	SF	1079
Commissary	SF	N/A
Mini-Mart	SF	6508
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	N/A
Family Service Center	SF	4894
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	N/A
Chapel	SF	6468
Navy Relief Thrift Shop	SF	900
Navy Relief Society	SF	2098

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

City	Distance (Miles)
AGANA	1
TAMUNING	7
DEDEDO	20

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	1050	945
E2	1050	945
E3	1050	945
E4	1100	990
E5	1100	990
E6	1100	990
E7	1200	1080
E8	1350	1206
E9	1400	1260
W1	1500	1350
W2	1500	1350
W3	1500	1350
W4	1500	1350
O1E	1500	1350
O2E	1500	1350
O3E	1500	1350
O1	1200	1080
O2	1500	1350
O3	1500	1350
O4	1500	1350
O5	1500	1350
O6	1500	1350
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	1200	830	150-200
Apartment (1-2 Bedroom)	1300	750	175-250
Apartment (3+ Bedroom)	1400	1150	200-250
Single Family Home (3 Bedroom)	1500	1300	250-300
Single Family Home (4+ Bedroom)	2000	1600	300-400
Town House (2 Bedroom)	1300	1100	250-300
Town House (3+ Bedroom)	1600	1200	250-300
Condominium (2 Bedroom)	1300	1100	200-250
Condominium (3+ Bedroom)	2000	1700	250-300

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

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

* NOTE* Table reflects position of military occupants which share these rentals with others in the community or island of Guam.

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

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

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

Month	Number of Bedrooms		
	2	3	4+
January	6	0	0
February	3	0	0
March	2	0	0
April	4	0	0
May	6	0	0
June	5	0	0
July	3	0	0
August	4	0	0
September	5	0	0
October	6	0	0
November	4	0	0
December	2	0	0

* Please Note * Based on CY 93, local MLS listing on median cost for question #3 the 2 bedroom condominium priced at $177,000 is only for paygrades 01E - 06 that can afford limited available sales, with downpayment from $26,000 to as high as $55,000.

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

- Land Cost
- Lack of infrastructure (water, electricity, sewer)
- High cost of material which must be shipped overseas
- High cost of Labor
- Competition with real estate investment speculators(Japanese, Korean, Chinese and Australian)

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

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area
RM	118	39
BT	47	53
SK	140	20
MM	74	45
BM	74	71

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

Location	% Employees	Distance (mi)	Time(min)
AGANA	N/A	1	5
BARRIGADA/MANGILAO	N/A	4	10
TAMUNING/TUMON	N/A	7	20
AGAT/SANTA RITA	N/A	10	25
DEDEDO/YIGO	N/A	20	45

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the Naval Hospital and their dependents:

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

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info
23 Elementary	PUB	K-5	Yes	$5,920			COMNAVMAR
6 Middle	PUB	6-8	Yes	$5,920			"
5 High School	PUB	9-12	Yes	$5,920	913	N/A	"
22 Private	PRI	K-12	N/A	$2,700	N/A	N/A	"

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

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
University of Guam	Day	NO	ON	YES	YES	YES
	Night	NO	NO	YES	YES	YES
Guam Community College	Day	YES	YES	NO	NO	NO
	Night	YES	YES	YES	YES	NO
University of Oklahoma	Day	NO	NO	NO	NO	YES
	Night	NO	NO	NO	NO	YES
	Day					
	Night					

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

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
University of Maryland	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
	Correspondence	NO	NO	NO	NO	NO
	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	N/A	N/A	106	N/A
Manufacturing	N/A	N/A	3	N/A
Clerical	N/A	N/A	228	N/A
Service	N/A	N/A	59	N/A
Other	N/A	N/A	71	N/A

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.
NO

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

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)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)	UNAVAILABLE	UNAVAILABLE	N/A
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)	UNAVAILABLE	UNAVAILABLE	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			1
Off Base Personnel - civilian			
6. Burglary (6N)	UNAVAILABLE	UNAVAILABLE	NONE
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)	UNAVAILABLE	UNAVAILABLE	NONE
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)	UNAVAILABLE	UNAVAILABLE	4
Base Personnel - military			3
Base Personnel - civilian			1
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	UNAVAILABLE	UNAVAILABLE	21
Base Personnel - military			17
Base Personnel - civilian			1
Off Base Personnel - military			1
Off Base Personnel - civilian			2
10. Wrongful Destruction (6U)	UNAVAILABLE	UNAVAILABLE	2
Base Personnel - military			1
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			1
11. Larceny - Vehicle (6V)	UNAVAILABLE	UNAVAILABLE	9
Base Personnel - military			9
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)	UNAVAILABLE	UNAVAILABLE	N/A
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)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)	UNAVAILABLE	UNAVAILABLE	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			1
Off Base Personnel - civilian			
15. Death (7H)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)	UNAVAILABLE	UNAVAILABLE	N/A
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)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)	UNAVAILABLE	UNAVAILABLE	N/A
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)	UNAVAILABLE	UNAVAILABLE	3
Base Personnel - military			2
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			1

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

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15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
CPO Bldg #13 - E7-E9	04	04	04	396				
BOQ Bldg #12 - CWO-02	18	18	18	371				
BOQ Bldg #12 - 03-Above	01	01	01	866				
BEQ Bldg #14-15 E1-E4	64	32	64	265-295				
BEQ Bldg #14-15 E5-E6	22	12	22	270-290				

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

(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?

Source: USNH Guam BQ Manager (Operating Mgmt. Dept.)

ENCLOSURE (1)

7. Facilities Description Continuation.

FACILITY TYPE (CCN)	BUILDING NAME/USE	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE
74034	NAVY RELIEF THRIFT SHOP	2537	40	ADEQ
74030	GARAGE SERVICE STATION	3235	40	ADEQ
74001	NEX RETAIL STORE	15918	40	ADEQ
72412	BOQ	23361	40	ADEQ
72113	BEQ	4902	38	ADEQ
72111	BEQ	12892	40	ADEQ
72111	BEQ	12892	40	ADEQ
73025	GATE HOUSE	269	38	ADEQ
14377	GROUNDS MAINT. STORAGE	514	38	ADEQ
75010	TENNIS/VOLLEYBALL COURTS	2 EA	38	ADEQ
73083	CHAPEL	6468	36	SBST
69010	FLAGPOLE	1 EA	40	ADEQ
75010	TENNIS COURT	1 EA	37	SBST
75020	SOFTBALL FIELD	1 EA	37	ADEQ
87210	SECURITY FENCE	14020 LF	40	SBST
85220	SIDEWALKS	4185 SY	40	ADEQ
85110	ROADS	23499 SY	40	ADEQ
85210	PARKING AREAS	15955 SY	40	ADEQ
87110	STORM SEWER	7315 LF	40	ADEQ
87110	CULVERTS	1243 LF	40	ADEQ
87120	DRAIN DITCH	1825 LF	40	ADEQ
74040	BOWLING ALLEY	4800	29	ADEQ
73025	SENTRY BOOTH	32	28	ADEQ
51077	HAZARDOUS FLAMMABLE STORG	400	16	ADEQ
11120	HELICOPTER LANDING PAD	3000 SY	16	ADEQ
81159	EMERGENCY GENERATOR BLD.	1350	21	SBST
81160	GENERATOR PLANT	1250 KW	21	SBST
75034	WADING POOL	1 EA	18	ADEQ
75030	SWIMMING POOL	1EA/25ME	18	ADEQ
74089	BATH HOUSE	1968	18	ADEQ
75033	SWIMMING POOL FILTER PLT	1 EA	18	ADEQ
74078	SWIMMING POOL PAVILION	1200	18	ADEQ
75033	CHLORINATOR STORAGE	1EA	18	ADEQ
74025	FAMILY SVC/NAVY RELIEF	6992	15	ADEQ
82160	DIESEL FUEL STORAGE	8000 GA	21	ADEQ
75010	BASKET/VOLLEY BALL CRT	1 EA	12	ADEQ
74378	PATHOLOGICAL INCINERATOR	504	10	ADEQ
74078	RECREATION PAVILLION	480	13	ADEQ
74078	RECREATION PAVILLION	800	10	ADEQ
75010	BASKETBALL COURT	4750	27	ADEQ
75010	HANDBALL COURT	4750	21	ADEQ

ENCLOSURE (2)
7B. Capital Improvement Expenditures Continuation.

PROJECT	DESCRIPTION	FUND YR	VALUE
95748	RELOCATE OUTPATIENT RECORDS	88	24997
95855	RENOVATE E204A/B/C	89/91	48210
95890	INSTALL FIRE RATED WALLS	89	27085
95869	CDC ALTERATION	89/90	15400
95687	CONSTRUCT RAMP, E1	89	15098
95633	INSTALL DROP CEILING, L105	89	9957
95894	PROVIDE VENT IN ISOLATION ROOMS	89	24853
95685	HOOKUP DRY CHEMICAL FIRE ALARM	89	2907
95634	INSTALL BACKFLOW VACUUM PREVENTERS	89	8267
95617	ETO STERILIZER INSTALLATION/CONSTRUCTION	89	79407
95830	CAT SCAN SITE PREPARATION	90/91	93420
95024	ALTERATION TO X-RAY ROOM	90	15260
95028	CONSTRUCT EXAM ROOMS, D3	90	18819
M04318	PROVIDE LIGHTING AND OUTLETS	91	8187
M04649	PROVIDE DEDICATED WATERLINE	91	1151
M04801	INSTALL GATE VALVES/CIRCULATING PUMP	91	9040
M03962	CONSTRUCT CONCRETE RAMP, K2	91	5129
M05247	INSTALL EMERGENCY EYE WASH	91	1710
95066	ALTER DELIVERY ROOM, F315	91	35406
95156	PROVIDE EXIT LIGHTS, BLDG. 1	91	35395
95938	EMERGENCY POWER SOURCE, J3/F3	91	92770
M07790	ALTER NURSE STATION	92	5346
M08937	INSTALL ICU MONITOR CABLE TO E.R.	92	2978
M07791	INSTALL SHELVING FOR MONITOR EQUIPMENT	92	2672
M06690	ALTERATION TO E.R.	92	11406
MINOR	ALTERATION TO SEWER LINE, H-WING	92	9671
M08120	ALTERATION TO O.R.	92	12020
M07245	PROVIDE FLOOR DRAIN IN GALLEY	92	5379
M08560	SEAL OPENING WITH CMU BLOCKS	92	30214
M06260	INSTALL DEDICATED LINE FOR NEW REEFER	92	36311
95207	RECONFIGURE OB/GYN EXAM RMS, A-WING	*92	50189
95192	RECONFIGURE ORTHO EXAM RMS, B-WING	*92	42074
95193	RECONFIGURE FAMILY PRACTICE URGENT CARE, D-WING	*92	163000
M08993	INSTALL 2EA BLOOD FREEZER, D3	92	8493
M09019	PROVIDE HOT WATER BYPASS VALVE	92	8485
M09023	ALTER RAMP FOR NEW AMBULANCES	92	11849
M09022	PROVIDE SECTION VALVES, VARIOUS	92	1035
M09237	ALTERATION IN J2 WING	92	10470
M08838	INSTALL GREASE TRAPS TO OUTSIDE OF BLDG	92	11292
M09016	ENLARGE STEAM VALVE PIT, L-WALKWAY	92	2120
95166	INSTALL MONITOR SYS, ICU, E3	92	53829
M11668	INSTALL EQUIPMENT CT UNIT, C3	93	8462
M10827	CONSTRUCT NON-BEARING WALL, C3	93	3087
M12596	PROVIDE 2HR FIRE RATED WALL, J4	93	3592
12423	CONSTRUCT BERM WITH CERAMIC TILES, J4	93	9835
M12453	ALTER LAB/RELOCATE REEFER & EQUIPMT	93	8348

* P.I. ROLLBACK

ENCLOSURE (2)
7B. Capital Improvement Expenditures Continuation.

PROJECT	DESCRIPTION	FUND YR	VALUE
M12199	CONSTRUCT PARTITION WITH SLIDING DOOR, J2	93	8537
M10862	INSTALL SINK & PLUMBING, J408	93	4752
M12781	CONSTRUCT SPILL BERM FOR DIESEL TANK	93	5233
M12350	PLASTER WALLS, E3/H-TUNNEL/F2	93	11301
M11107	RELOCATE POWER SUPPLY/ALARM LIGHT	93	1515
M12349	RELOCATE GREASE TRAPS	93	5243
M11264	CONSTRUCT GYP WALL WITH SLIDE GLASS DR, H/L	93	8983
M11148	INSTALL SINKS IN GALLEY, L2	93	6980
M11232	CONNECT AIR HANDLER UNITS TO FIRE ALARMS	93	6210
M10933	INSTALL EXHAUST FANS WITH DUCTWORK, J2	93	5295
M12200	INSTALL SPRINKLER HEAD, L1	93	10365
M12595	CONSTRUCT NEW WALL, L1	93	13246
M10364	PROVIDE ALARM TO 2EA BLOOD FREEZER	93	2332
M12287/9	PROVIDE DROP CEILING WITH LIGHT FIX, C4	93	1591
M13792	PROVIDE EXIT LIGHT, L2	94	2404
M12118	PROVIDE PARKING LOT, BELL LANE	93/94	32953
M04849	INSTALL DROP CEILING/LIGHT FIX/SINK	91	11099
M08836	INSTALL MANUAL PULL BOX	92	2739
M10577	ALTERATION ON WAREHOUSE 4	93	17445
M04795	INSTALL METAL DOOR	91	622
R4-87	REPLACE UNDERGROUND STORAGE TANKS	88/89	231637
M09173	INSTALL INSECT SCREENS	92	1683
M04798	INSTALL WINDOW SCREENS, INCINERATOR	91	1888
M09021	CONSTRUCT CONCRETE END FENCE	92	3338
M04828	INSTALL ROOF ACCESS/SEAL WINDOWS	91	14494
M09105	UTILITY SLAB ALTERATION	92	2059
M12325	ALTER KITCHEN AREA	93	5740
M11667	ALTER WALKWAY	93	2822
M10680	ENLARGE WASHER/DRYER DRAIN LINES	93	2087
M03996	INSTALL SEWER LINE TO PREVENT PLUG-UP	91	5620
M03714	INSTALL EMERGENCY LIGHTS	91	3364
M11670	PROVIDE 2EA WEATHER PROOF FIXTURES	93	6715
P03111	CONVERT FAMILY SVC CTR/NAVY RELIEF	88	307000
95831	CONSTRUCT PARKING LOT, BOQ 12	89	58052

ENCLOSURE (3)

7C. Planned Capital Improvements Continuation.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
95104	PROVIDE MONORAIL AT F/J/K WINGS	95	45000
95135	CONSTRUCT CLINIC HEAD, NAVSTA	97	50000
95146	INSTALL WATER SOFTENER, BLDG. 1	97	300000
95150	PROVIDE K126 A/C SYS	95	40000
95158	RETURN AIR DUCT, BLDG. 13	95	40000
95196	F2/F3 PROVIDE DROP CEILING	96	30000
95242	RENOVATE A1 LIBRARY	96	75000
95323	CONSTRUCT STORAGE FACILITY, B198	97	95000
95372	CONSTRUCT PWC WORKSHOP	97	350000
95407	CONSTRUCT COVERED WALKWAY	97	85000
95416	EXPAND PARKING, LEACH ROAD	96	60000
95418	EXPAND PARKING, FAHRENHOLT RD.	97	60000
95429	CONSTRUCT STORAGE ROOM, BLDG.6	96	75000
95444	C2 ALTER MID DEPT	95	45000
95457	C2 CONSTRUCT LEAN-TO	95	15000
95466	CONSTRUCT WIRED DOOR OVERHANG	95	15000
95468	E3 CONSTRUCT SHELVING	95	10000
95476	PROVIDE DROP CEILING, C2	95	15000
95479	RENOVATE BOWLING ALLEY, BLDG. 70 (R54-93)	95	500000
95482	EXTEND ROOF LOADING RAMP	96	65000
95487	CONSTRUCT STORAGE O2 SHED, 1E3	96	50000
95491	HANDICAP PARKING SPACE, F1/B1	95	65000
95732	A/C SYSTEM, BLDG. 6	96	275000
95736	INSTALL ROLLUP DOORS, BLDG. 2B	96	65000
95799	PROVIDE WATER LINES TO AIR HANDLING UNITS	96	75000
95822	INSTALL DROP CEILING, F4	96	20000
95851	CONSTRUCT RAILING, JOHNSON ROAD	95	21000
95856	PROVIDE LATERAL WATER VALVE	97	90000
95987	CONSTRUCT RAMP, F2	95	30000

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J M Ricciardi
Signature

COMMANDING OFFICER
Title

21 Jun 94
Date

U.S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

REAR ADMIRAL, U.S. NAVY
Title

Date 6/23/94

COMNAVMARIANAS, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date July 6, 1994

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 7/30/94

Revised pg 6

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

ACTIVITY COMMANDER

CAPT JOSEPH M. HAGAN, MC, USN
NAME (Please type or print)

Joseph M. Hagan
Signature

COMMANDING OFFICER
Title

940825
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

Revised pg 6

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 9/6/94

Revised pages 4, 5

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT JOSEPH M. HAGAN, MC, USN
NAME (Please type or print)

Joseph M. Hagan
Signature

COMMANDING OFFICER
Title

940809
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

24 August 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

9/6/94
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.

ACTIVITY COMMANDER

CAPT D. L. WHEELER, MSC, USN (Acting)
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

940913
Date

U. S. NAVAL HOSPITAL, GUAM
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9/16/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

10/5/94
Date

BRAC-95 CERTIFICATION (DATA CALL 27)

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

CAPT D. L. WHEELER, MSC, USN
Name (Please type or print) **Signature**

COMMANDING OFFICER (ACTING) 940926
Title **Date**

U. S. NAVAL HOSPITAL, GUAM
Activity (UIC: 68096)

ENCLOSURE (2)

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: X D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: X 9-29-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) — Signature: J B Greene Jr.

ACTING

Title — Date: 13 OCT 1994

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

379

Information on Family Housing is required for use in BRAC-95 return on investment calculaitons.

Installation Name:	NAVHOSP JACKSONVILLE
Unit Identification Code (UIC):	N00232
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	6.6
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$225
Total Number of Officer Housing Units:	15
Total Number of Enlisted Housing Units:	20

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

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

YVONNE O. SPRING
NAME (Please type or print)

Yvonne O. Spring
Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENCON
Activity

Enclosure (1)

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	**Naval Hospital, Jacksonville FL**
UIC:	**00232**
Host Activity Name (if response is for a tenant activity):	NAS Jacksonville
Host Activity UIC:	00207

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: Naval Hospital, Jacksonville FL UIC: 00232

Category	FY 1996 BOS Costs ($000)		
1. Real Property Maintenance Costs:	Non Labor	Includes Mil/Civ Labor	Total
1a. Maintenance and Repair	1,055	444	1,499
1b. Minor Construction	30	0	30
1c. Sub-total 1a. and 1b.	1,085	444	1,529
2. Other Base Operating Support Costs:			
2a. Utilities	1,464	0	1,464
2b. Transportation	94	94	188
2c. Environmental	49	0	49
2d. Facility Leases	65	0	65
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	51	0	51
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	1,371	3,747	5,118
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	3,230	3,841	6,935
3. Grand Total (sum of 1c. and 2k.):	4,179	4,285	8,464

Military Labor includes 2.5% increase for each FY95 & FY96.
Per HSO, put NavCare under Mayport.

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&M	**5,933**
MPN	**2,531**

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: Naval Hospital, Jacksonville FL UIC: 00232

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

3. Depreciation

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: Naval Hospital, Jacksonville FL **UIC: 00232**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	529
Material and Supplies (including equipment):	1,410
Industrial Fund Purchases (other DBOF purchases):	221
Transportation:	41
Other Purchases (Contract support, etc.):	30,702
Total:	32,903

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: Naval Hospital, Jacksonville FL **UIC:** 00232

	Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0	0
Facilities Support:	PWC	
Mission Support:	HSC's/Partnerships	73
Procurement:	0	0
Other:*	0	0
Total Workyears:		73

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

Information on HSC's and Partnerships comes from SPMS reports.
Unable to obtain WY's from PWC.

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)):

73

BUMED-822
MMB, 25 Jul 94

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~~ Ø	

BUMED-822
MKJ 19 Jul 94

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D V Hollingsworth
Signature

Commanding Officer
Title

13 Jul 94
Date

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-24-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 04 AUG 1994

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	**Naval Hospital, Jacksonville FL**
UIC:	**00232**
Host Activity Name (if response is for a tenant activity):	NAS Jacksonville
Host Activity UIC:	00207

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: Naval Hospital, Jacksonville FL UIC: 00232

Category	FY 1996 BOS Costs ($000)		
1. Real Property Maintenance Costs:	Non Labor	Includes Mil/Civ Labor	Total
1a. Maintenance and Repair	1,055	444	1,499
1b. Minor Construction	30	0	30
1c. Sub-total 1a. and 1b.	1,085	444	1,529
2. Other Base Operating Support Costs:			
2a. Utilities	1,464	0	1,464
2b. Transportation	94	94	188
2c. Environmental	49	0	49
2d. Facility Leases	65	0	65
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	51	0	51
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	1,371	3,747	5,118
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	3,230	3,841	6,935
3. Grand Total (sum of 1c. and 2k.):	4,179	4,285	8,464

Military Labor includes 2.5% increase for each FY95 & FY96.
Per HSO, put NavCare under Mayport.

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&M	**5,933**
MPN	**2,531**

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: Naval Hospital, Jacksonville FL UIC: 00232

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

3. **Depreciation**

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: Naval Hospital, Jacksonville FL **UIC: 00232**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	529
Material and Supplies (including equipment):	1,410
Industrial Fund Purchases (other DBOF purchases):	221
Transportation:	41
Other Purchases (Contract support, etc.):	30,702
Total:	32,903

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: Naval Hospital, Jacksonville FL **UIC:** 00232

	Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0	0
Facilities Support:	PWC	
Mission Support:	HSC's/Partnerships	73
Procurement:	0	0
Other:*	0	0
Total Workyears:		73

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

Information on HSC's and Partnerships comes from SPMS reports.
Unable to obtain WY's from PWC.

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)):

73

BUMED-822
MMB, 25 Jul 94

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~~ ϕ

BUMED-822
MKJ 19 Jul 94

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D V Hollingsworth
Signature

Commanding Officer
Title

13 Jul 94
Date

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-24-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 04 AUG 1994

Document Separator

377 R

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**JACKSONVILLE FL NH**
Unit Identification Code (UIC):	**N00232**
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1999	185	PUBLIC WORKS SHOP	MCON	850
		Sub-Total - 1999		850
		Grand Total		850

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

9 Dec 94
Date

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

12/9/94
Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	JACKSONVILLE NAS
Unit Identification Code (UIC):	00232
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997	34842	Medical Storage Faciility	MCON	1,750
		Sub Total 1997		**1,750**
		Grand Total		**1,750**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

ACTIVITY COMMANDER

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

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Hospital, Jacksonville, Florida*
Acronym(s) used in correspondence	*NAVHOSP JAX*
Commonly accepted short title(s)	*NAVHOSP JAX*

- Complete Mailing Address

Naval Hospital Jacksonville
2080 Child Street
Jacksonville, FL 32214-5000

- PLAD

NAVHOSP JACKSONVILLE FL

- PRIMARY UIC: 00232 (Plant Account UIC for Plant Account Holders)
- ALL OTHER UIC(s): 39171 ACT: BRMEDCL NAS ATLANTA GA
  32575 BRMEDCLINIC NAVSTA MAYPORT FL
  39169 NAVHOSP BR CL NSCS ATHENS GA
  35298 BRMEDCLINIC ALBANY GA
  46889 DEPMEDS NAVHOSP JACKSONVILLE
  47533 DEPMED FH15 NH JAX
  46893 DEPMEDS NO 2 NH JACKSONVILLE
  47541 DEPMED FH15 NH JACKSONVILLE
  32573 BRMEDCLINIC JACKSONVILLE FL

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

00232

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: 00207
- Primary Host (as of 01 Oct 1995) UIC: 00207
- Primary Host (as of 01 Oct 2001) UIC: 00207

• 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
NA		

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

Name	UIC	Location	Host name	Host UIC
Branch Medical Clinic Mayport	32575	Mayport, Florida	Naval Station Mayport	
Branch Medical Clinic Albany	35298	Albany, GA	Marine Corps Logistics Base	38441
Branch Medical Clinic Cecil Field	00232	Cecil Field, FL	NAS Cecil Field	NA
Branch Medical Clinic Athens	39169	Athens, GA	Naval Supply Corps School	62741
Branch Medical Clinic Atlanta	39171	Marietta, GA	NAS Atlanta	00196
Branch Medical Clinic Jacksonville	32573	Jacksonville, FL	NAS Jacksonville	00207

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

Yes. BRAC-93 closed NAS Cecil Field. The closure resulted in a loss of the Branch Medical Clinic at NAS Cecil Field. Projected loss to the beneficiary population of this catchment area is 7,047 active duty and 12,685 dependents of active duty by the end of FY 97.

BRAC-93 resulted in an additional 13 ships at Naval Station Mayport. This resulted in a gain of 3,517 active duty and 6,331 dependents of active duty by FY 97.

NAS Jacksonville will gain an additional 631 active duty and 1,136 dependents of active duty by the end of FY 97.

00232

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 comprehensive inpatient and ambulatory health care services to Navy and Marine Corps units of operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code. The beneficiary population served is approximately 125,351 of which 29,599 are active duty personnel.

- Develop, operate, and manage administrative and logisitcal plans and programs in compliance with current directives.

- Direct and coordinate the operation of the six subordinate health care activities under the command of NAVHOSPJAX

- Maintain liaison with shore commands and units of the operating forces receiving medical, surgical and related care from the command.

- Conduct a patient education and public relations program to promote consumer awareness and satisfaction.

- Maintain standards of health care for accreditation and recognition as required by governmental and civilian agencies and commissions.

- Operate and effective Quality Improvement and Risk Management Program to assess and improve health care provided in both inpatient and ambulatory settings.

- Provide support to the Naval School of Health Sciences for the practical phase of formal training of Hospital Corpsmen and Dental Technicians.

- Provide on-the-job training for Hospital Corpsmen and Dental Technicians.

- Conduct selective rotation of personnel for education and training purposes to achieve more efficient and effective use of health care assets.

- Provide administrative and logistical support to the Navy Clinical Investigation Program as required.

00232

- Execute Memoranda of Understanding and Intersersvice Support Agreements for purposes of mutual education, training or support services.

- Conduct the Decedent Affairs Program under the general supervision of BUMED as outlined in current directives.

- Provide medical equipment maintenance and repair services to assigned health care treatment facilities and commands in the local area as required.

- Operate equal opportunity programs in accordance with existing laws and regulations.

- Maintain liaision with and provide naval representation to various committees, groups, and organizations of a military, governmental, commercial, scientific or professional nature with regard to health care and related subjects as required.

- Provide or undertake such other appropriate functions as may be directed by higher authority.

- Develop and maintain designated personnel and material assets in an operationally ready status in support of the Mobile Medical Augmentation Readiness System.

- Establish an Occupational Safety and Health Program that will save patients, staff, and visitors from injury and illness, protect equipment, material and facilities from damage and assure the safe accomplishment of the mission.

Projected Missions for FY 2001

- No known changes

-

-

00232

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

Current Unique Missions

- The Navy's largest Family Practice GME Residency Program is located at Naval Hospital Jacksonville. The program is designed to accommodate 39 Residents; 13 in each year group.
-
-

Projected Unique Missions for FY 2001

- No known 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
Commander Naval Aviation Activities Jacksonville	00207

• Funding Source	UIC
Bureau of Medicine and Surgery	00018

00232

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	285	~~731~~ 618 (SFW 2/8/94)	452	
Contracted				3 *
• Tenants (total)	0	0	0	

Enlisted numbers include DEPMEDs.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~297~~ ~~203~~ 263 GSA (SFW 2/8/94)	~~646~~ 573 (SFW 2/8/94)	~~468~~ 528 (SFW 2/8/94)
• Tenants (total)	0	0	0

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

Title/Name	Office	FAX
• Commanding Officer CAPT D.V. HOLLINGSWORTH	DSN 942-7314 Comm (904) 777-7314	DSN 942-7315
• Comptroller LCDR Connie McDonald	DSN 942-7933 Comm (904) 777-7933	942-7785
• Head, Managed Care LCDR Steve Wilson	DSN 942-7916 Comm (904) 777-7916	(904) 573-3309

00232

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
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					

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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.)

Defense Commissary Agency	*NAS Jax*	*Occ Health services for employees - ISSA*
81st ARCOM	*NAS Jax & Palatka, FL*	*Ind. Hygiene & Occ. Health Services - ISSA*
US Army MEDDAC	*NAS Jax*	*Emergency Mobilization Health Services - ISSA*
Naval Dental Clinic, Jacksonville	*NAS JAX*	*Support Services - ISSA*
MEPS Jacksonville	*Jacksonville, FL*	*Healthcare Supplies- ISSA*
USPFO Florida National Guard, St. Augustine, FL	*St. Augustine, FL*	*Health Support Services - ISSA*
Naval Submarine Base Kings Bay, GA	*St. Marys, GA*	*Health Services, Training & Quality Assurance - ISSA*
NAR Jacksonville, FL	*NAS JAX*	*Health Training - ISSA*
DRMO, Albany, GA	*Albany, GA*	*Occ. Health & Ind. Hygiene services - ISSA*
NAVAIRLANT, Norfolk, VA	*Norfolk, VA*	*Credentialing Services - ISSA*
Florida National Guard, Camp Blanding, FL	*Stark, FL*	*Military Sick Call - ISSA*
---	---	---
Ultrasaound Diag. School	*Jacksonville*	*UDS Student Training - MOU*
University of Florida	*NavHospJax*	*Health Programs - MOU*
USUHS Bethesda	*NavHospJax*	*USUHS Training - MOU*
VA Hospital	*GainesvilleFL*	*Inpatient & Outpatient Services - MOU*
HSETC, Bethesda	*NavHospJax*	*X-Ray Technician Training - MOU*
St. Vincent's Med. Center	*Jacksonville*	*St Vicent Family Practice - MOU*
---	---	---
Partnership Providers:		*We provide space and ancillary for:*
Augusta Med. Managers	*NAS Atlanta*	*Family Practice - MOU*
Mr. Ira Grann	*NAVHOSP*	*Social Work - MOU*
Dr. Bruce McIntosh	*NAVHOSP*	*Pediatrics - MOU*
Dr. Daryl Makoff	*NAVHOSP*	*Podiarty - MOU*
Dr. Daya Patel	*NAVHOSP*	*Pediatrics - MOU*
JAX Cardiovascular	*NAVHOSP*	*Cardiology - MOU*
Dr. Edwin Anguas	*NAS Cecil Fld*	*Optometry - MOU*
Dr. Robert Lee	*NAVHOSP*	*Pediactrics - MOU*
Dr. Zenaida Lavina	*NAVHOSP*	*Pediatrics - MOU*
Internal Medicine Partner	*NAVHOSP*	*Internal Medicine - MOU*

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

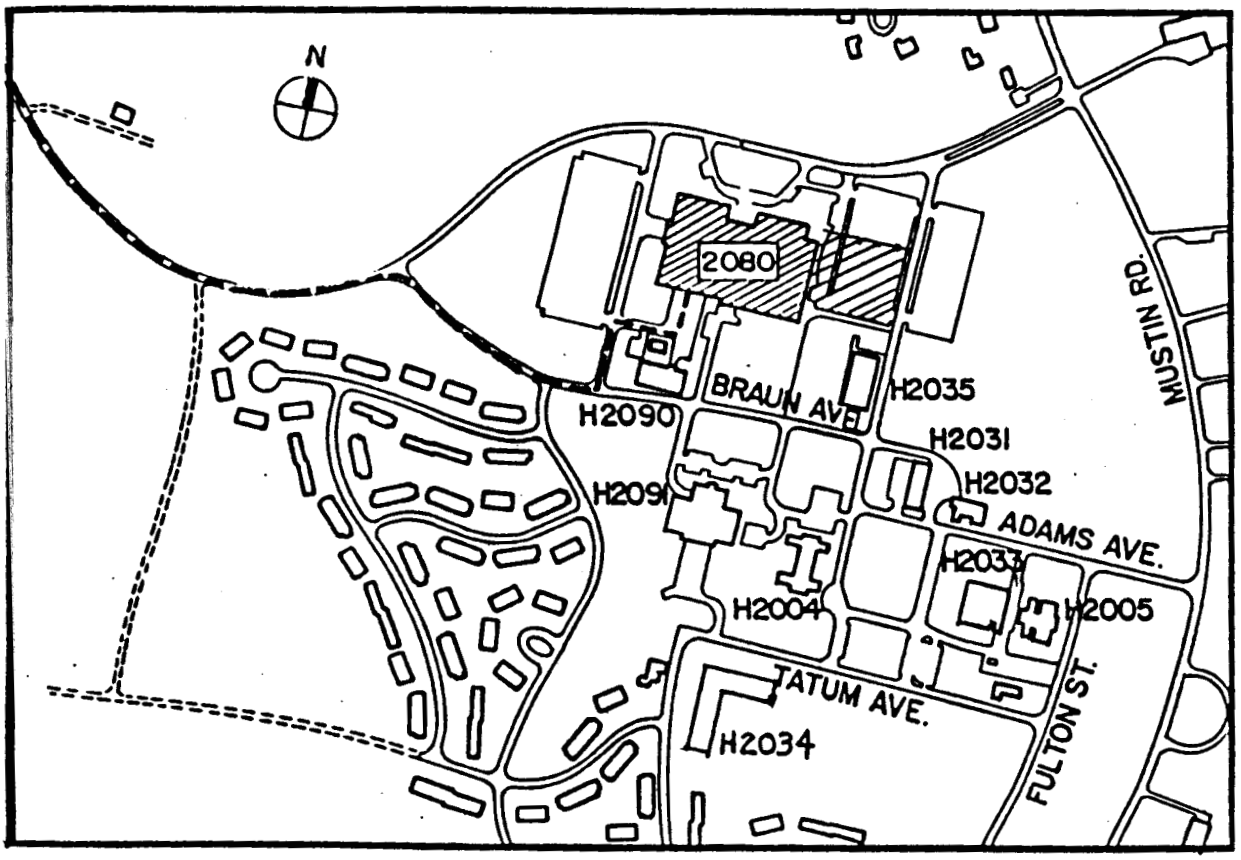
- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within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

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

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

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

UIC 00232



Naval Hospital, Jacksonville - Building 2080
All other buildings are our class 2 property
except 2032.

41C00232

00232

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

D.V.HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 28 Jan 94

Naval Hospital, Jacksonville
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

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	**Naval Hospital, Jacksonville, FL**
UIC:	**00232**
Major Claimant:	**Bureau of Medicine and Surgery**

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates. Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DOD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees**.

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$2,271.69/mo

Source of Data (1.a. Salary Rate): Civilian Payroll System (NAVHOSP JAX)

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
Duval	FL	667	253	70		
Clay	FL	236	184	30		
Total:		903	437	100%	11.0	21.2

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

Base housing is located in Duval County.

Source of Data (1.b. 1) & 2) Residence Data):
Civilian Personnel Data System
SPMS
Survey of Active Duty Personnel

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Nearest Metropolitan Area(s).** Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Jacksonville	Duval	15
Orange Park	Clay	5

Source of Data (1.c. Metro Areas):
Area maps

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's **civil service** workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0.0
20 - 24 Years	5	1.2
25 - 34 Years	50	11.4
35 - 44 Years	150	34.3
45 - 54 Years	170	38.9
55 - 64 Years	58	13.3
65 or Older	4	0.9
TOTAL	437	100 %

Source of Data (1.d.) Age Data):
Defense Civilian Personnel Data System
HRO Jax

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0.0
9th through 11th Grade	14	3.2
12th Grade or High School Equivalency	230	52.6
1-3 Years of College	105	24.1
4 Years of College (Bachelors Degree)	64	14.6
5 or More Years of College (Graduate Work)	24	5.5
TOTAL	437	100 %

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2) Degrees Achieved. Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	20
Associate Degree	41
Bachelor Degree	67
Masters Degree	13
Doctorate	2

Source of Data (1.e.1) and 2) Education Level Data):
Defense Civilian Personnel Data System
HRO Jax

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f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by **civil service** employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09		
2. Construction (includes facility maintenance and repair)	15-17		
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	various		
3e. Other Manufacturing not included in 3a. through 3d.	various		
Sub-Total 3a. through 3e.	20-39		
4. Transportation/Communications/Utilities	40-49		

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Industry	SIC Codes	No. of Civilians	% of Civilians
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42		
4c. Water Transportation (includes organizational level maintenance)	44		
4d. Air Transportation (includes organizational level maintenance)	45		
4e. Other Transportation Services (includes organizational level maintenance)	47		
4f. Communications	48		
4g. Utilities	49		
Sub-Total 4a. through 4g.	40-49		
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73		
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		
5h. Health Services	80	437	100
5i. Legal Services	81		
5j. Educational Services	82		

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Industry	SIC Codes	No. of Civilians	% of Civilians
5k. Social Services	83		
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87		
5n. Other Misc. Services	89		
Sub-Total 5a. through 5n.:	70-89	437	100
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91		
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92		
6c. Public Finance	93		
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL		437	100 %

Source of Data (1.f.) Classification By Industry Data):
Defense Civilian Personnel Data System
HRO Jax

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by **civil service** employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management		
2. Professional Specialty		
2a. Engineers	1	0.2
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research		
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners		
2h. Social & Recreation Workers	5	1.1
2i. Religious Workers		
2j. Teachers, Librarians & Counselors	1	0.2
2k. Health Diagnosing Practitioners (Doctors)	3	0.6
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	86	19.6

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	1	0.2
2n. Visual Arts		
Sub-Total 2a. through 2n.:		
3. Technicians and Related Support		
3a. Health Technologists and Technicians	51	11.7
3b. Other Technologists	1	0.2
Sub-Total 3a. and 3b.:		
4. Administrative Support & Clerical	225	51.4
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service	2	0.4
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	57	13.0
Sub-Total 5a. through 5d.		
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving	4	0.9
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)		
TOTAL	437	100 %

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Source of Data (1.g.) Classification By Occupation Data): Defense Civilian Personnel Data System HRO Jax

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Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	61 %
2. Percentage of Military Spouses Who Work Outside of the Home:	44 %
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	85
3b. Employed "On-Base" - Non-Appropriated Fund:	9
3c. Employed "Off-Base" - Federal Employment:	5
3d. Employed "Off-Base" - Other Than Federal Employment	143

Source of Data (1.h.) Spouse Employment Data):
Survey of Naval Hospital, Jacksonville Active Duty Personnel

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2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	B	B
Schools - Public	B	C*	C*
Schools - Private	A	B	B
Public Transportation - Roadways	A	A	B
Public Transportation - Buses/Subways	A	B	B
Public Transportation - Rail	N/A	N/A	N/A
Fire Protection	A**	A**	A**
Police	A***	A***	B***
Health Care Facilities	A	A	B
Utilities:			
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreational Activities	A	A	B

Remember to mark with an asterisk any categories which are wholly supported on-base.

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2) For each rating of "**C**" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Schools-Public: For increases in Naval personnel of 50% or 100%, schools in Duval County would need to accommodate the additional student by one or a combination of the following means:

* For increases in Naval Personnel of 50% or 100%, schools in Duval County would need to accomodate the additional students by one or a combination of the following means:

- Constructing new schools
- Redrawing attendance boundaries
- Successfully encouraging students to attend magnet schools
- Implementing a modified calendar schedule
- Capping enrollment and transporting student to other schools

** Ability of the base infrastructure to meet the expanded needs.

Fire Protection 20% Increase - B
50% Increase - C
100% Increase - C

A 50% increase in the number of personnel working at NAS Jacksonville (and their associated families) would increase the activity fire load beyond what the present structured capabilities could absorb. Present fire flow rating is 500 gallons per minute (gpm) below the calculated 2/3 risk rule, relying heavily on mutual response from the surrounding community. Increase by the percentage would require as a minimum, opening a recently closed fire station aboard the base with personnel and equipment to meet the additional fire load.

A 100% increase in the number of personnel working at NAS Jacksonville would have even more of an impact. Not only would the additional fire station have to be reopened, but the existing fire department would have to be restructured by increasing personnel and equipment to accomodate a fire load doubled the present capacity. Consolidation and expansion of present functions would create the need for additional space added to the present fire facilities and/or new construction of a major consolidated facility. Should an increase in personnel workin aboard NAS Jacksonville result in new construction of facilities, addtional square footage will impact the numbers of fire prevention incpection personnel and associated equipment.

***Ability of the base infrastructure to meet the expanded needs.

Police 20% Increase - A
50% Increase - B
100% Increase - B

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Source of Data (2.a. 1) & 2) - Local Community Table):
City of Jacksonville Planning and Development Department, 1994
Jacksonville Chamber of Commerce, 1994
Jacksonville Transportation Authority, 1994
City of Jacksonville Fire and Rescue Department, 1994
Northeast Florida Health Planning Council, 1994
City of Jacksonville Public Utilities Department, 1994
Jacksonville Electric Authority, 1994
City of Jacksonville Parks, Recreation and Entertainment Department, 1994
Duval County Public Schools, 1994
Clay County Public Schools, 1994
St. Johns County Public Schools, 1994

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b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	B	B
Schools - Public	B	B	B
Schools - Private	A	B	B
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	N/A	N/A	N/A
Fire Protection	A	A	B
Police	A	A	B
Health Care Facilities	A	A	B
Utilities:			
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreation Facilities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

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2) For each rating of "**C**" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

None.

Source of Data (2.b. 1) & 2) - Regional Table):
City of Jacksonville Planning and Development Department, 1994
Jacksonville Chamber of Commerce, 1994
Jacksonville Transportation Authority, 1994
City of Jacksonville Fire and Rescue Department, 1994
Northeast Florida Health Planning Council, 1994
City of Jacksonville Public Utilities Department, 1994
Jacksonville Electric Authority, 1994
City of Jacksonville Parks, Recreation and Entertainment Department, 1994
Duval County Public Schools, 1994
Clay County Public Schools, 1994
St. Johns County Public Schools, 1994

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3. Public Facilities Data:

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units:	9.7% Vacancy Rate
Units for Sale:	5% Vacancy Rate

Source of Data (3.a. Off-Base Housing):
Jacksonville Planning and Development Department, Northeast Florida Apartment Council, 1994
Jacksonville Association of Realtors, 1994

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b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Duval/ Jacksonville	Duval	99	22	17	119404	122600	20:1	29.5:1	Yes
Clay County Schools	Clay	15	5	4	24000	28000	27.5:1	29.5:1	Yes
St Johns County	St Johns	12	5	2	13600	15600	20:1	32:1	Yes

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

Source of Data (3.b.1) Education Table):
Duval County Public Schools, 1994
Clay County Public Schools, 1994
St. Johns County Public Schools, 1994

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

No.

Source of Data (3.b.2) On-Base Schools):
Commanding Officer, Naval Air Station, Jacksonville, FL

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3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

Within a close proximity of NAS Jacksonville and NS Mayport, there are seven colleges and universities serving over 100,000 people i both credit and non-credit courses. These schools are the university of North Florida, Edward Waters College, Jacksonville University, Flagler College, Jones College, Florida Community College and St. Johns River Community College. All serve institutions offer day and night classes.

Florida Community College and St. Johns River Community College offer over 80 associate in arts and associate in science degree programs. These programs include:

Accounting	Biomedical equipment engineering
Building construction	Business administration/management
Business data processing	Civil engineering
Computer engineering	Computer information systems
Computer programming and analysis	electronics engineering
Fire science	Industrial management
Nursing (RN)	Telecommunication engineering

A wide variety of undergraduate courses and degrees are offered at all seven institutions listed above. Degree programs include:

Biology	Chemistry	Counseling	Psychology
Economics	English	History	Mathematics
Math sciences	Political science	Public admin	Sociology
Statistics	Business admin	Management	Marketing
Transportation	Logistics	Computer	Health
Information science	Electrical engineering	Health administration	Nursing
Aviation management	Environmental science		Management
Information systems	International business	Marine science	
Mechanical engineering			

Special programs of note:

Jacksonville University's College of Business offers a weekend program for executive MBA students and a night program for traditional MBA students. Weekend programs are offered through the College of Weekend Studies for nontraditional aged undergraduates. The Division of Education offers two professional developments programs; one of which, the "Second Career as a Teacher'" is taught to military personnel at NAS Jacksonville who are nearing retirement, already hold a bachelor's degree or higher and want to become a secondary school teacher one they leave the Navy.

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Florida Community College's Open Campus offers non-traditional education via telecourses, weekend college and the military education institute which is located at NAS Jacksonville and Naval Station Mayport.

Source of Data (3.b.3) Colleges): Catalogues of the seven colleges and universities, 1993-1994

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4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Adult high school is offered at the Florida Community College and adult high school is offered at Orange Park High School for the military personnel and dependents living in Clay County.

Technical and vocational programs are offered at Florida Community College in the areas of business, data processing, emergency medical technology, office systems specialists, paramedic, job preparation, job skill upgrades and a variety of apprenticeships.

Please note the attached list of vocational/technical training schools in Duval, Clay and St. Johns Counties.

Source of Data (3.b.4) Vo-tech Training):
Jacksonville Chamber of Commerce, Partnership for Workforce preparation, 1992

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	y	
Rail:		n
Subway:		n
Ferry:		n

Source of Data (3.c.1) Transportation):
Jacksonville Transportation Authority, 1994

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

The AMREAK station in Jacksonville is located at 3570 Clifford Lane on the city's Westside. It is 11 miles from NAS Jacksonville.

Source of Data (3.c.2) Transportation):
Jacksonville Transportation Authority, 1994

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

The Jacksonville International Airport is located on Airport Road, 2.5 miles from NAS Jacksonville.

Source of Data (3.c.3) Transportation):
Jacksonville Port Authority, 1994

4) How many carriers are available at this airport?

The Jacksonville International Airport is served by 8 major airlines and 5 regional carriers, offering 127 flights throughout the U.S.

Source of Data (3.c.4) Transportation):
Jacksonville Port Authority, 1994

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

The Main Gate of Naval Air Station Jacksonville is located approximately 3 miles north of I-295 (from the intersection of I-295 and US Highway 17).

Source of Data (3.c.5) Transportation):
Jacksonville Transportation Authority, 1994
Naval Air Station Jacksonville Directory and Guide
NAS Safety

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

Naval Air Station Jacksonville is located on US Highway 17 (Roosevelt Blvd) and can be reached from the North or South via Interstate 95, and from the West by Interstate 10. The Main Gate of NAS Jacksonville is located approximately three miles north of the Intersection of Highway 17 and Interstate 295.

The quality of US Highway 17, a six lane arterial roadway which serves NAS Jacksonville as the primary artery, is excellent. Minor congestion occurs at peak periods. The maximum peak capacity for US Highway 17 from the Clay County line to Timuquana Road is 6,330 trips. The peak hour traffic is 3,816 trips, both with a Level of Service (LOS) A. There are three gates providing access to NAS Jacksonville. A reversible lane use system allows six lanes of traffic to feed throughout the secondary roads on the station.

b) Do access roads transit residential neighborhoods?

No

c) Are there any easements that preclude expansion of the access road system?

No

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

No, although improvement of US 17 would require widening of Ortega River Bridge.

Source of Data (3.c.6) Transportation):
Jacksonville Transportation Authority, 1994
Naval Air Station Jacksonville Directory and Guide
NAS Safety

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

NAS Jacksonville has an agreement with the local community for fire protection. A Mutual Aid Fire Fighting Assistance Agreement exists between NAS Jacksonville and the City of Jacksonville, FL. The agreement to provide mutual aid fire fighting assistance is between the Commanding Officer, Naval Air Station, Jacksonville and the Director of Public Safety for the City of Jacksonville, Florida. Mutual Aid Assistance Agreements are required by the following references:

- OPNAVINST 11320.23D Shore Activities Fire Protection Program of February 12, 1987.
- DODINST 6055.6 Department of Defense Fire Protection Program of August 1, 1988.
- NAVFAC P-1021 Navy Shore Establishment Fire Protection/Prevention Program of February 1989.

The present Mutual Aid Assistance Agreement in place provides for occasional utilization of mutual aid only for the fighting of large fires. Normally, the Naval Air Station Fire Department provides assistance to the City of Jacksonville for control and extinguishment of large petroleum fires with AFFF extinguishing agents. The City of Jacksonville provides backup pumper apparatus's and manpower to contain large structural fires.

Primary fire protection is being provided for:

1. Naval Supply Center, Jacksonville Fuel Terminal, Heckscher Drive, Jacksonville, FL on a no-cost lease agreement. The Navy provides apparatus, housing, extinguishing agents, mo-gas and lubricants. The City of Jacksonville provides manpower.

2. A 25,000 square foot rental warehouse in Orange Park, FL houses Naval Aviation Depot, Jacksonville aircraft parts. There is a verbal agreement with the Town of Orange Park, FL for mutual support of fire fighting services.

3. A 40,000 square foot warehouse at the Imeson Industrial Park, Jacksonville, FL is used for fleet readiness storage. Fire protection is provided by Mutual Aid Assistance Agreement with the City of Jacksonville, FL.

4. A small metal shed and two small concrete block buildings totaling 328 square feet located off Heckscher Drive, Jacksonville, FL housing machinery for Company B, 4th Assault Amphibious Battalion USMCR. Fire protection is provided by a Mutual Aid Assistance Agreement with the City of Jacksonville, FL.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

NAS Jacksonville does not have an agreement with the local community for hazardous materials incidents.

Source of Data (3.d. Fire/Hazmat):
Written Mutual Aid Assistance Agreement with the City of Jacksonville, FL and a verbal fire fighting agreement with the Town of Orange Park, FL.

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

NAS Jacksonville has exclusive jurisdiction. Request to become concurrent pending at the SECNAV level.

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

This does not apply to NAS Jacksonville.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

There is no specific written agreement with local law enforcement concerning the provision of **local police protection.**

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

An agreement exists between the Commanding Officer, Naval Air Station, Jacksonville and the Clay County Sheriff's Office. The Sheriff of Clay County has agreed to provide criminal justice information from the Florida Department of Law Enforcement - Florida Crime Information Center (FCIC) and the Federal Bureau of Investigation - National Crime Information Centers (NCIC) Criminal Justice Automated Computer System. The Sheriff of Clay County agrees to provide:

- Drivers License Information
- Stolen Vehicle/Property Information
- Vehicle Registration Information
- Wanted Persons Information
- Criminal history Information

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

The Coast Guard is considering a proposal to remove an existing security zone for the St. Johns River, Jacksonville, Florida, and to establish a security zone for the waters surrounding Naval Air Station, Jacksonville FL. The proposed change will delete an existing security zone for the North bank of the St. Johns River at the junction of Brills Cut Range and Broward point Turn, locally known and Dunn Creek Terminal. The proposal is also to establish a security zone around NAS Jacksonville to safeguard sensitive military assets on the facility. Entry into the zone will be prohibited, unless authorized by the Captain of the Port. This proposal will enhance the ability of the Navy to increase security for the facility during heightened threat conditions.

Source of Data (3.e. 1) - 5) - Police):
Letter of Agreement between the Commanding Officer, Naval Air Station, Jacksonville and the Clay County Sheriff's Office. Federal Register/Vol 59. no 96/ May 19, 1994.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Electric power is supplied by the Jacksonville Electric Authority for all three Navy bases. Water and Sewage is supplied to off-base activities at Mayport Naval Station by the City of Atlantic Beach. Natural Gas is supplied to NAS Cecil Field and NAS Jacksonville by Peoples Gas. Pickup of refuse is accomplished by contractor and deposited to the City of Jacksonville landfill.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

Minor water rationing has occurred requiring washing of cars and yard irrigation on certain days of the week. Water is supplied by Navy owned plants so no interruption of service has occurred. No activity operations have been impacted.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Reduced availability of natural gas occurs 2-5 times per year requiring steam plants to use backup fuel. Periods range from one to two days and do not impact activity operations. No significant interruption of power has occurred in the last five years.

Source of Data (3.f. 1) - 3) Utilities):
City of Jacksonville, Department of Public Utilities, 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. NAS Jacksonville	Military	20461
2. NS Mayport	Military	15003
3. Duval County Public Schools	Education	11035
4. State of Florida	Government	9733
5. NAS Cecil Field	Military	8555
6. Winn Dixie Stores	Supermarket	8000
7. City of Jacksonville	Government	7427
8. AT&T American Transtech	Telemarketing	5300
9. Publix Supermarkets	Supermarket	5018
10.Blue Cross/Blue Shield	Insurance	4890

Source of Data (4. Business Profile):
Jacksonville Chamber of Commerce, 1994

BUMED
MED 825
GSA
7/15/94

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

NAS Cecil Field	Military	8555 jobs lost
Sears	Distribution	1000 jobs lost
P.I.E.	Trucking	500 jobs lost
Southeast Bank	Financial services	350 jobs lost
Delta Airlines	Reservation	300 jobs lost
Gulf Life	Insurance	250 jobs lost
Pace Inc.	Distribution	150 jobs lost
Cheseborough Ponds	Distribution	100 jobs lost
American Tourister	Distribution mfg.	100 jobs lost

b. Introduction of New Businesses/Technologies:

Coach	Distribution	700 jobs
Harris Specialty Chemicals	Chemical co.	300 jobs
Adesa Corp.	Automotive sales	250 jobs
Vector Aeromotive Corp.	Sports car mfg.	250 jobs
Swisher International	Cigar mfg.	200 jobs
Parisian	Retail	200 jobs

c. Natural Disasters: None.

d. Overall Economic Trends:

The Jacksonville business Index measures eight indicators of economic activity in the Jacksonville metropolitan area. As indicated below, all eight indicators improved in 1993 as compared to 1992.

Building permits (number)	increased	7.0%
Building permits (dollar value)	increased	15.9%
Unemployment	decreased	15.0%
Employment	increased	2.6%
Help wanted advertising	increased	17.4%
Retail sales	increased	4.8%
Airline travelers	increased	2.4%
Electric accounts	increased	1.4%

Source of Data (5. Other Socio/Econ):
Jacksonville Business Index
Florida Times Union 1994

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6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Naval Air Station Jacksonville contributes to the local community by participating on the following committees, boards, councils, etc.:

Salvation Army Advisory Board
Southwest Council Chamber of Commerce Board of Directors
Armed Services Committee
Economic Development Council
Military Affairs Advisory Commission
Southwest Council Jacksonville Chamber of Commerce
Rotary Club of Jacksonville
Federal Executive Association of Jacksonville
Children's Haven Board of Directors
Northeast Florida Chapter American Red Cross Board of Directors
Northeast Florida Safety Council Board of Directors
Clay County Recycling Committee Advisory Board
Keep Clay Beautiful Advisory Board
Clay County Chamber of Commerce
Clay County Rotary Club
Junior Achievement of Jacksonville, Inc. Board of Directors
Jacksonville Insight
Northeast Florida Apartment Council
Jacksonville Board of Realtors
Clay County Board of Realtors
Air Traffic Control Conference
JAX Navy Federal Credit Union Board of Directors
Barnett Bank, NAS JAX Branch
Florida Community College at Jacksonville Fire Science Technology and Fire Training Academy Advisory Committee
Jacksonville Hospital Disaster Council
Orange Park Ministerial Association
Church Women's Christian Ministries, Inc.
USO Council Member
catholic Charities Bureau
Mayor's task Force on Marriage and Family Issues
Chairman, Combined Federal Campaign
Board President Suicide Prevention Center
CFC Eligibility Committee
Board Member, Hubbard House
Board Member, Youth Crisis Center

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Duval County AIDS Task Force
Spouse and Child Abuse Coalition
Mental Health Association
Clay County Transit Authority
Jacksonville Historical Society
Jacksonville Equal Opportunity Commission
Goodwill Industries
Blacks in Government
NAACP
Urban League
Scout Programs
Chamber of Commerce Governmental Affairs Committee
Parent-Teacher Organizations
Teachers/Teacher Aides
Little League
Toys for Tots
Business and Education Partnership Program
Hope Center
YMCA
River and Waterway Cleanup Programs
Adopt -A-Highway Program
City and town Clean Sweeps
Providing Speakers for Civic and Service Organizations/Local Schools
Monthly Navy Night at the Jacksonville Homeless Shelter
Jacksonville PRIDE (Beautification of high traffic areas of Jacksonville - Parks, Playgrounds, etc.)

Participation in special events and observances to include:

- Patriotic and Seasonal Parades
- Historical Observances (Heritage Days)
- Special Theme Festivals Geared to Stop Violence and Drug Abuse Among the Area Youth (Stop Violence; Save the Children; Red Ribbon Week)
- Active Participants in the First Coast Crime Coalition

The Housing Office provides referral services to ;military at no cost, either to military or to realtors and apartment managers. Interaction with the Chamber of Commerce, Apartment Council, Board of Realtors and Northeast Florida Builders Association. Mediation point for military and realtors/apartment manager/homeowners in housing disputes or discrimination.

Station personnel are currently working with the Jacksonville Museum of Arts and Sciences for a display of Navy impact and history in the North Florida area.

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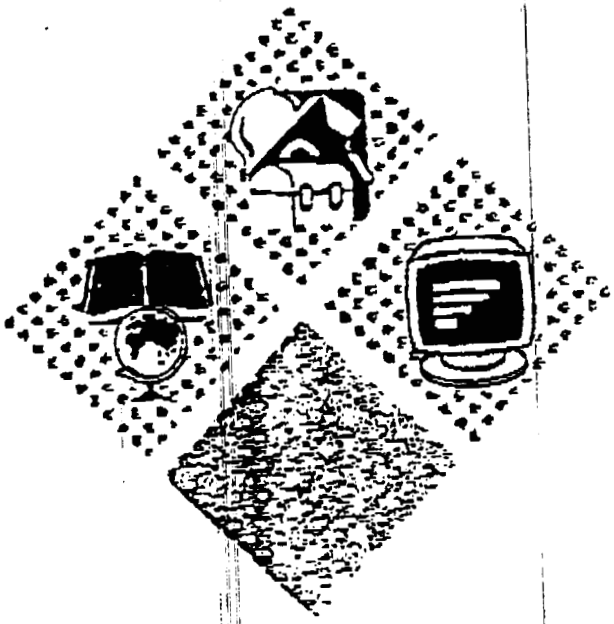
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Naval Air Station Jacksonville makes a tremendous economic impact on the Jacksonville area. Over 16,000 active duty military and civilians are employed at the station with a payroll exceeding $517 million.

Source of Data (6. Other):
Housing - Personal knowledge/experience
Public Affairs Office - Personal knowledge
NAS Safety

Jacksonville Chamber of Commerce

Partnership for Workforce Preparation



1992 RESOURCE DIRECTORY

Schools and Programs

Advanced Career Training
8081 Phillips Highway
Suite 21
Jacksonville, FL 32216
Contact: Ellen Butler, School Director
(904) 737-6911

- Travel & Tourism
- Travel & Tourism/Resident Comb. Program

Duration: 6 months or 600 hours
Requirement(s): High School Diploma (GED)
Capacity: 160 students

Advanced Computer Training
9454 Phillips Highway
Jacksonville, FL 32256
Contact: Rhonda Humphrey
(904) 292-0222

- Basic-Advanced Classes
- Desktop Publishing
- Graphics
- Spreadsheets
- Word Processing

Amaro School of Modeling-Jacksonville
5230-9 Baymeadows Road
Jacksonville, FL 32217
Contact: Registrar's Office
(904) 731-2018

- Acting Workshop
- Children's Modeling
- Children's TV Commercial Course
- Professional Fashion Modeling

Duration: 10 to 30 hours
Cost: $135 to $475
Capacity: 10 students per class
Day and evening classes

American Welding Schools
& Certification Laboratory
2030 East Adams Street
Jacksonville, FL 32202
Contact: Randall Griffin
(904) 353-9353

- Pipe Fitter/Welder (Certification Level)
- Plate & Structural Welder

Duration: 11 weeks to 6 months

Arlington Beauty Academy
1018 Arlington Road
Jacksonville, FL 32211
Contact: Registrar's Office
(904) 721-1670

- Cosmetology

Duration: 1200 hours
Cost: $3995 (financial aid, Student Loans & Pell Grants available)
Day and evening classes available

Beauty Care Academy of Hair Design
1018 Arlington Road
Jacksonville, FL 32211
Contact: Ms. S. Hague
(904) 721-1670

- Cosmetology

H & R Block
5913-3 Normandy Blvd.
Jacksonville, FL 32205
Contact: Sue McGlothlin
(904) 781-9323

- Income Tax Preparation

Career Com School of Business
5564 Norwood Avenue
Jacksonville, FL 32208
Contact: Kenneth Thomas
(904) 766-6010

- Medical Transcriptionist
- Nursing Assistant
- Office Automation Specialist
- Security career

Denise Carol Modeling & Finishing School
3236 Beach Blvd.
Jacksonville, FL 32207
Contact: Registrar's Office
(904) 399-0824

- Adult Professional Modeling
- Basic Studio Modeling
- Male Modeling Professional
- Studio I Professional Modeling

Concorde Career Institute - Jacksonville
7960 Arlington Expressway
Jacksonville, FL 32211
Contact: Registrar's Office
(904) 725-0525

- Dental Assistant
- Medical Assistant
- Medical Office Management

Duration: 6 months school plus 2 months externship program
Cost: $4710
Requirement(s): High School Diploma (GED)
Capacity: 400 students

Duval County School Board
1701 Prudential Drive
Jacksonville, FL 32207
Contact: John Holechek, General Director
(904) 390-2039

Vocational Classes

- A/C Refrigeration and Heating Mechanic
- Advertising Services
- Automotive Mechanics
- Basic Auto Body Repair and Refinishing
- Basic Cabinet making & Millwork
- Basic Electronics
- Basic Gasoline Engine Mechanics
- Basic Sheet Metal
- Basic Welding
- Brick & Block Laying
- Building Maintenance
- Business Computer Programming
- Business Management & Law
- Business Ownership
- Child Care Assisting
- Child Care Supervisor
- Clothing Production
- Commercial Foods
- Computerized Machining Technology
- Consumer Electronic Repair
- Cosmetology
- Criminal Justice
- Dental Lab Assisting
- Diesel Engine Mechanics
- Fashion Merchandising
- Fire Service Aide
- Food Production & Services
- Forestry
- General Drafting
- General Machining
- Health Unit Coordinator
- Home Health Aide
- Marine Mechanics
- Marketing & Distribution
- Medical Lab Assisting
- Micro Computer Electronics
- Nursery Operations
- Nursing Assistant
- Nutrition & Food
- Office Procedures
- Ornamental Horticulture
- Practical Appliance Service
- Practical Construction Trades
- Practical Electrical/Electronics
- Practical Engine Mechanics
- Practical Financial Skills
- Practical Health Skills
- Practical Home Maintenance
- Practical Keyboarding Skills
- Principles of Drafting Technologies
- Principles of Electronics
- Principles of Energy, Power Technician
- Principles of Engineering Technician
- Principles to Public Services

07/06/94 17:12 ☎904 772 4596 BUTCH COLLINS
07/06/34 15:34 ☎904 630 2803 MAYOR'S BCRC --- NAS JAX RMD ☎017

Duval County School Board (continued)

- Recordkeeping
- Residential Appliance & Refrigeration Repair
- Residential Carpentry
- Residential Electric Wiring
- Residential Plumbing
- Shorthand
- Turfgrass Operations
- Typing
- Vision Care Assistant
- Warehousing
- Word Processing

Elkins Institute in Jacksonville
3947 Blvd. Center Drive, #16
Jacksonville, FL 32207
Contact: Registrar's Office
(904) 398-6211

- Electronics/Computer Technology
- Radio Broadcasting
- Software Applications Technology

Embry-Riddle Aeronautical University
Airframe & Power Plant Mechanics' Certification
Building 26, Box 157
NAS Cecil Field
Jacksonville, FL 32215
Contact: S. Earl Wheeler
(904) 779-0246

- Airframe Mechanic
- Powerplants Mechanic

Emerson Vocational Academy, Inc.
4427 Emerson Street
Jacksonville, FL 32207
Contact: Ann Miller
(904) 398-2359

- Massage Therapy
- Private Investigation

ERA School of Real Estate
6621 Southpoint Drive North
Jacksonville, FL 32216
Contact: Jeanean Knight

- In-House Sales Training
- Real Estate Sales License Course

Flagler Career Institute-Jacksonville
3225 University Blvd. S.
Jacksonville, FL 32216
Contact: Registrar's Office
(904) 721-1822

- Home Health Aide
- Respiratory Therapist Program
- Respiratory Therapy Technician

Florida Beauty College, Inc.
5906 N. Main Street
Jacksonville, FL 32208
Contact: Registrar's Office
(904) 768-0448

- Cosmetology

Florida Technical College of Jacksonville
8711 Lone Star Road
Jacksonville, FL 32211
Contact: Laura Davis
(904) 724-2229

- Computer Information Science
- Electronics/Computer Technology

Duration: 9 months for Diploma, 18 months for Certificate (A.S. Degree)
Cost: $105 per credit hour
Requirement(s): High School Diploma (GED)
Capacity: 15 students per class.

Genell's School of Hair Design
7410 Atlantic Blvd.
Jacksonville, FL 32216
Contact: Registrar's Office
(904) 725-8550

- Cosmetology

ITT Technical Institute
6600 Youngerman Circle
Jacksonville, FL 32244
Contact: Carol Rouch, Director
(904) 573-9100

- Electronic Engineering Technology

International Bartending Institute-Jacksonville
6012 San Jose Blvd.
Jacksonville, FL 32217
Contact: Registrar's Office
(904) 730-9436

- Bartending

Jacksonville Job Corps Center
205 West 3rd Street
Jacksonville, FL 32206
Contact: Pat Hudson
(904) 353-5904 / 359-4749

- Advanced Career Training
- Education/Training Program
- GED
- Vocational Skills Training

Ages: 16-21

Jacksonville School of Massage
6524 San Juan Avenue
Jacksonville, FL 32210
Contact: Registrar's Office
(904) 781-3153

- Colonic Therapy
- Massage Therapy

Mandarin School of Chinese Medicine
7563 Phillips Highway #107
Jacksonville, FL 32256
Contact: Registrar's Office
(904) 292-0009

- Acupuncture Training Program
- Professional Massage Training

Duration: 8 to 9 months
Cost: $2300
Requirement(s): High School Diploma (GED)
Day and evening classes
Capacity: 26

Northside Beauty Care Academy of Cosmetology
5208 Pearl Street
Jacksonville, FL 32208
Contact: Registrar's Office
(904) 358-7161

- Cosmetology

Normandy Beauty School
5373 Lenox Avenue
Jacksonville, FL 32205
Contact: Registrar's Office
(904) 786-6250

- Cosmetology

North Florida College of Cosmetology, Inc.
1014 Dunn Avenue
Jacksonville, FL 32218
Contact: Registrar's Office
(904) 757-4759

- Cosmetology

Duration: 1200 hours
Cost: $4600
Requirement(s): High School Diploma (GED) or
Test of Adult Basic Education (TABE)
Capacity: 40 students.

PC Learning Center, Inc.
4077 Woodcock Drive
Jacksonville, FL 32207
Contact: Chuck Harlow
(904) 398-4253

Professional Service School
4040 Woodcock Drive
Jacksonville, FL 32207
Contact: Registrar's Office
(904) 398-3402

- Cocktail Serving
- Professional Bartending

Quality Business Systems
333 North Laura Street
Jacksonville, FL 32202
Contact: Mark Patterson
(904) 353-3427

- Business Equipment Repair
- Vocational Education

Federally funded

Rice Institute
5430 Norwood Avenue
Jacksonville, FL 32202
Contact: Dr. Catherine Collins
(904) 765-7300

- Administrative Office Assistant
- Nursing Assistant

Duration: 6 to 9 months
Cost: $3600 to $3900 (includes books)
Requirement(s): High School Diploma (GED)
Min. age: 18
Capacity: 30 to 40 students.

Riverside Hairstyling Academy
2659 Park Street
Jacksonville, FL 32204
(904) 388-8537

Roffler Hair Design College-Jacksonville
4416 BrentwoodAvenue
Jacksonville, FL 32208
Contact: Francis Walbey
(904) 768-2831

- Barber Program
- Cosmetology
- Facial Technology
- Nail Technology

Duration: 1200 hours
Cost: $4995
Requirement(s): High School Diploma (GED)

Scarborough Enterprises Custom Rug Instruction
11233 S. St. Johns Parkway
Jacksonville, FL 32218
Contact: Jim Scarborough
(904) 645-5108

- Carpet Carving
- Custom Rug Manufacturing

One-on-one training

Sessions Studio, Inc.-Jacksonville
8258 Arlington Expressway
Jacksonville, FL 32211
Contact: Registrar's Office
(904) 724-3101

- Basic Modeling
- Children and Professional Modeling
- Commercial Acting I (age 11-over)
- Commercial Acting II (age 11-over)
- Fashion Merchandising
- Male Modeling
- Tots Advanced Modeling

Duration: 7 to 10 weeks (3 levels per program)
Cost: $89 to $169
Capacity: 12 to 18.

Stenotype Institute of Jacksonville, Inc.
500 9th Avenue N.
Jacksnville Bch, FL 32250
Contact: Registrar's Office
(904) 246-7466

- Court Reporting (Home Study)
- Court Reporting (Resident)

Duration: 2.5 to 5 years (Home Study program)
Cost: $5350. to $10,500
Requirement(s): High School Diploma (GED) and typing skills.

Troutman's College of Hair Design
456 Beach Blvd.
Jacksonville, FL 32207
Contact: Howard Troutman
(904) 398-0502

- Cosmetology Program

Duration: 1200 hours
Cost: $4695. (financial aid available for those who qualify)
Requirement(s): High School Diploma, (GED)
Capacity: 45 to 65

University Medical Center
565 West 8th Street
Jacksonville, FL 32209
Contact: Christine Haddock
(904) 549-4221

- Radiologic Technology Training Program
- 2-year hospital-based Certificate Program
- 2-year Associate Degree Program
- 4-year Baccalaureate Program
- (Radiographer)

Colleges and Universities

Central Michigan University Center at NAS Jacksonville
Bldg 8 Box 114
Naval Air Station
Jacksonville, FL 32212
Contact: Registrar's Office
(904) 772-5477

- Business Administration

Florida Community College at Jacksonville
501 West State Street
Jacksonville, FL 32202
Contact: Registrar's Office
(904) 632-3100

- A/C Refrigeration and Heating
- Accounting Technology
- Air Traffic Management
- Aircraft Airframe Mechanic
- Architectural Engineering Technology
- Auto Body Repair
- Automotive Light Truck Mechanics
- Automotive Machine Shop
- Aviation Administration
- Bank Teller Training
- Biomedical Equipment Engineering Technology
- Building Construction Technology
- Business Administration
- Business Administration & Management
- Carpentry
- Cashier Sales Checking
- Center of Electronic Emphasis
- Center of Electronic Specialization
- Child Care Aide
- Child Care Center Operations
- Child Care Services
- Civil Engineering Services
- Communication Engineering Technology
- Computer Engineering
- Computer Programming and Analysis
- Cosmetology
- Criminal Justice Technology
- Dental Assisting
- Dental Hygiene

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S & S Industries,
Post Office Box 1416
Orange Park, FL 32067-1416
Contact: Thomas Sohacki
(904) 264-8677

- Tool & Die Maker

Schools and Programs

Amaro School of Modeling
661 Blanding Blvd. #509
Orange Park, FL 32073
Contact: Registrar's Office
(904) 274-0771

- Childrens' Modeling
- Children's TV Commercial Course
- Commercial Course
- Professional Fashion Modeling
- TV Commercial Course/Children

Duration: 10 to 30 hours
Cost: $135 to $475
Capacity: 10 per class
Day and evening classes

Clay County School Board
2306 Kingsley
Orange Park, FL 32073
Contact: Jim Booth
(904) 272-8130

National Training, Inc.
188 College Drive
Post Office Box 1899
Orange Park, FL 32067
Contact: Registrar's Office
(904) 272-4000

- Heavy & Small Equipment Operation

Duration: 3 to 6 weeks
Certification: Heavy Equipment Operator
Cost: $2500 to $4000
Capacity: 200

St. Johns River Community College (SJRCC)
Orange Park Center
283 College Drive
Post Office Box 1748
Orange Park, FL 32077
Contact: Registrar's Office
(904) 326-1571

- Accountng Clerk
- Emergency Medical Technician
- Executive Secretary
- General Business
- Instrumentation Technology
- Marketing Management
- Mid-Management Marketing
- Postal Management
- Small Business Management

Cost: In State: $375 per semester
Out of State: $1500 per semester
Requirement(s): Aptitude Test.

SJRCC and Florida School of the Arts offer associate degrees in Business and Technical Fields, Visual and Performing Arts, and University transfer programs. The main campus is in Palatka with a center in Orange Park. Classes are also taught in St. Augustine. SJRCC serves Clay and St. Johns counties.

Schools and Programs

Flagler College
Post Office Bx 1027
St. Augustine, FL 32085-1027
(904) 829-6481
Contact: Dr. William L. Proctor

- Accounting
- Business Administration
- Business Information Systems

Requirement(s): SAT, American College Test

Florida School for the Deaf and Blind
207 N. San Marco Avenue
St. Augustine, FL 32084
(904) 823-4000

- Blind
- Deaf
- Deaf and Blind
- Special Needs

Gallaudet Regional Center
20 Valencia Street
St. Augustine, FL 32084
(904) 829-6481, Ext. 216

- Adult continuing Education

St. Augustine Technical Center
2980 Collins Avenue
St. Augustine, FL 32095
Contact: Registrar's Office
Jacksonville (904) 355-0734

- Accounting Operations
- Air Conditioning, Refrigeration & Heating Service Technology
- Auto Body Repair/Auto Body Spot Refinishing System
- Automotive Technology
- Automotive Steering & Suspension Systems
- Introduction to Data Base
- Introduction to Desktop Publishing
- Introduction to DOS
- Introduction to Lotus 1-2-3

- Introduction to Word Perfect
- Child Care Assisting
- Clerk Typist
- Computer Electronics Technology
- Cosmetology Specialist
- Drafting/Architectural
- Electricity Commercial/Industrial
- Electronic Technology
- Emergency Medical Technician
- Industrial Foremanship & Supervisor
- Industrial Mechanic/Maintenance & Repair
- Machining
- Management-Sanitation
- Medical Transcription (Medical Secretary)
- Nursery Operations
- Photography/Commercial
- Typing
- Turfgrass Operation/Landscaping/ Colorscaping

St. Johns River Community College
10 Hildreth Drive
St. Augustine, FL 32095
(904) 829-9627

- Business
- English
- Humanities

07/06/94 17:15 ☎904 772 4596
07/06/94 15:37 ☎904 630 2803
BUTCH COLLINS
MAYOR'S BCRC --- NAS JAX RMD
☎022
☎022

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH,MC,USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

Commanding Officer
Title

Date 17 Jul 94

Naval Hospital, Jacksonville
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: July 15, 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) | Signature: 16 AUG 1994

ACTING

Title | Date

Document Separator

379

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, JACKSONVILLE, FL
ACTIVITY UIC: 00232

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

- Provide comprehensive inpatient and ambulatory health care services to Navy and Marine Corps units of operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code. The beneficiary population served is approximately 125,351 of which 29,599 are active duty.

- Develop, operate, and manage administrative and logistical plans and programs in compliance with current directives.

- Direct and coordinate the operation of the six subordinate health care activities under the command of NAVHOSPJAX.

- Maintain liaison with shore commands and units of the operating forces receiving medical, surgical and related care from the command.

- Conduct a patient education and public relations program to promote consumer awareness and satisfaction.

- Maintain standards of health care for accreditation and recognition as required by governmental and civilian agencies and commissions.

- Operate and effective Quality Improvement and Risk Management Program to assess and improve health care provided in both inpatient and ambulatory settings.

- Provide support to the Naval School of Health Sciences for the practical phase of formal training of Hospital Corpsmen and Dental Technicians.

- Provide on-the-job training for Hospital Corpsmen and Dental Technicians.

- Conduct selective rotation of personnel for education and training purposes to achieve more efficient and effective use of health care assets.

- Provide administrative and logistical support to the Navy Clinical Investigation Program as required.

- Execute Memoranda of Understanding and Interservice Support Agreements for purposes of mutual education, training or support services.

- Conduct the Decedent Affairs Program under the general supervision of BUMED as outlined in current directives.

- Provide medical equipment maintenance and repair services to assigned health care treatment facilities and commands in the local area as required.

- Operate equal opportunity programs in accordance with existing laws and regulations.

- Maintain liaison with and provide naval representation to various committees, groups, and organizations of a military, governmental, commercial, scientific or professional nature with regard to health care and related subjects as required.

- Provide or undertake such other appropriated functions as may be directed by higher authority.

- Develop and maintain designated personnel and material assets in an operationally ready status in support of the Mobile Medical Augmentation Readiness System.

- Establish an Occupational Safety and Health Program that will save patients, staff, and visitors from injury and illness, protect equipment, material and facilities from damage and assure the safe accomplishment of the mission.

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).
*****ALL UNITS LOCATED ON BOARD NAS JACKSONVILLE*****

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVHOSP JAX	00232		1272
PATRON THREE ZERO (VP-30)	09047		731
NAS JACKSONVILLE	00207		517
HELANTISUBRON ONE (HS-1)	09371		444
PATRON TWO FOUR (VP-24)	09602		344
PATRON SIXTEEN (VP-16)	09229		335
PATRON FIVE (VP-5)	09630		332
PATRON FOUR FIVE (VP-45)	09665		327
PATRON FOUR NINE (VP-49)	09619		319
NAVCOMTELSTA JAX	68734		220
HELANTISUBRON FIVE (HS-5)	09488		206
HELANTISUBRON FIFTEEN (HS-15)	09205		202
HELANTISUBRON THREE (HS-3)	09163		198
NAVAIRES JAX	63099		184

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HELANTISUBRON SEVEN (HS-7)	09988		183
NAMTRAGRUDET JAX	66051		172
PATRON SIX TWO (VP-62)	09162		136
NAVDENCLINIC, JAX	68444		126
FACSFAC JAX	53895		126
HELANTISUBRON NINE (HS-9)	09575		118
HELANTISUBRON SEVENTY FIVE (HS-75)	09031		102
FLTLOGGSUPPRON FIVE EIGHT	53911		97
PERSUPPDET JAX	43043		73
BMC, JAX	32573		60
FASOTRAGRULANT DET JAX	03498		59
CBU 410, JAX	66671		59
NASJAX BRIG	30505		45
NAVOCEANCOMFAC JAX	62362		44

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMPATWING 11	09461		40
NAVRESREDCOM REG EIGHG JAX	68358		35
NAVALCREHCEN JAX	68298		34
NAVABSCOLLUNIT JAX	43294		33
COMHSWING 1	52956		33
COMHELWINGS LANT (COMNAVACT JAX)	09697		32
NAVLEGSVCOFF JAX	68365		32
NAVMARRESCEN JAX	61926		32
NADEP JAX	65886		29
NAVY CAMPUS JAX	63325		25
NAVDISVECTECOL CONCEN JAX DVECC	62873		23
PERSUPPACT JAX	68585		17
NAVCOMTELSTA JAX	68560		16
NSC JAX	68836		15
VET ACTY US ARMY JAX	00102		15

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CAA CTR, JAX	68114		13
NAVY RECRUIT DIST JAX REG EIGHG JAX	ZZ035		12
PATWINGSLANT DET JAX	47688		10
ROICC JAX JAX	44226		08
NAVCURSERVDET JAX	31141		07
PUBLIC WORKS, JAX LANT (COMNAVACT JAX)	002X5		07
NAVDRUGLAB JAX	68850		05
CBU RES, 14 JAX	08913		05
NAESU DET JAX	30340		04
B CO 4TH AMPHIB BN USMCR	21833		03
NAVY EXCHANGE SERVICE CENTER	65920		03
JMPA AFO JAX	68792		02
FLTIMSCENLANT JAX	39225		01
NAVY AUDIT SITE JAX	62761		01

Activity wishes to replace P-8 with P-8R
BUMED 822
MAD, 3 Jun 94

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CAA CTR, JAX	68114		13
NAVY RECRUIT DIST JAX REG EIGHG JAX	ZZ035		12
PATWINGSLANT DET JAX	47688		10
ROTCC JAX JAX	44226		08
NAVCURSERVDET JAX	31141		07
PUBLIC WORKS, JAX LANT (COMNAVACT JAX)	002X5		07
NAVDRUGLAB JAX	68850		05
CBU RES, 14 JAX	08913		05
NAESU DET JAX	30340		04
B CO 4TH AMPHIB BN USMCR	21833		03
NAVY EXCHANGE SERVICE CENTER	65920		03
JMPA AFO JAX	68792		02
FLTIMGCENLANT JAX	39225		01
NAVY AUDIT SITE JAX	62761		0

8 R BUMED-822
mdd, 3 Jun 94

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVY EXCHANGE NASJAX	6692X		01
NAVY EXCHANGE NAS JAX	6592X		01
NAVYMARTRIJUDICIARY OFFICE	31553		01
RADC JAX JAX	63188		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).

OCT 93 - MAR 94

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY ***THRU FEB 94***	AVERAGE DAILY PATIENT LOAD ***THRU FEB 94***
ACTIVE DUTY N/MC	2,350	74,000	2.5	17
ACTIVE DUTY NON N/MC	150	3,250	2.5	1
TOTAL ACTIVE DUTY	2,500	77,250		18
FAMILY OF AD	4,600	220,000	2.5	34
RETIRED AND FAMILY MEMBERS UNDER 65	1,450	88,000	2.5	10
RETIRED AND FAMILY MEMBERS OVER 65	600	37,000	2.5	5
OTHER	100	11,000	2.5	1
TOTAL	6,750	356,000		50

***** - Admissions and outpatient visits are October-March 1994 data only.**
- Retired and Family information unavailable in requested form. The total is all Retired and Family of Retired.

What is your occupancy rate for FY 1994 to date? 51.9

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	436,952	434,204	412,737	412,812	414,957	414,957	414,957
ADMISS.	9,206	9,148	8,696	8,697	8,743	8,743	8,743

Please show all assumptions and calculations in the space below:

*** a. Outpatient Visits: For FY-94, Naval Hospital is averaging about 35,702 total outpatient visits monthly: 35,702 x 12 months = 428,424 projected outpatient visits. FY-94 beneficiary population = 125,053; 428,424/125,053 = 3.426 outpatient visit rate per beneficiary population for each subsequent FY provides the projected outpatient visits total for the associated FY.

b. Admissions: For FY-94, we are averaging about 754 admissions monthly: 754 x 12 = 9,048 projected admissions. FY-94 beneficiary population = 125,351; 9,048/125,351 = .072181314 admission rate per beneficiary population for each subsequent FY provides the projected admissions for the associated FY.

NOTE: The projected population figures <u>do not</u> reflect projected downsizing because we have not yet been provided with that information.

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 Sanitation Inspection	960 hrs	5
Habitability Inspections	360	5
Environmental Sanitation Inspection	360	5
Epidemiology	312	5
Water Sampling/Analysis	72	1
Mosquito Surveillance	240	1
Training	600	5
Health Cards	144	1
Preventive Medicine Admin	960	4

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

PROGRAM BUMED-822 MSS, 3 Jun 94	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Family Practice Residency	7	12	~~12~~ 14	13	13	13	13	13
GME-I; Family Practice Internship	13	13	13	13	13	13	13	13

*** The Family Practice Residency at Naval Hospital Jacksonville is a three year program but many residents are required to do operational tours prior to being eligible to complete the 2nd and 3rd years of residency. Due to a variety of reasons (end of obligated service, change in specialty choice, etc.) many more residents complete the GME-I year than the entire three-year residency. Therefore, the data reported for question 6 is broken down into 2 categories.

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]
Family Practice Residency ***	F	105/108= 97.2%	

*** This program has been offering training since 1969. Information is available since 1983 and is reported since that time. Since 1989 there has been a 100% pass rate.

[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]
74078	SMOKING PAVILION	480	4	ADEQUATE
51077	DRUG LABORATORY	13,838	52	ADEQUATE
51077	HOSP/MED STORAGE	10,080	52	SUBSTANDARD
72111	BEQ	22,402	52	SUBSTANDARD

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	FAMILY PRACTICE CLINIC (VACANT)	14,272	52	SUBSTANDARD
21420/21910	TRANSPORTATION/PUBLIC WORKS (VACANT)	6,063	53	INADEQUATE
51010	MAIN HOSPITAL	341,360	27	ADEQUATE
61020	DATA PROCESSING	11,610	16	ADEQUATE

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51077	MED STORAGE	21,330	16	ADEQUATE
72111	BEQ	13,500	2	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: **21420**
2. What makes it inadequate? **Code F09) Total Deterioration of Structure.**
3. What use is being made of the facility? **Vacant.**
4. What is the cost to upgrade the facility to substandard? **$1 million.**
5. What other use could be made of the facility and at what cost? **None.**
6. Current improvement plans and programmed funding: **MILCON P-185; Unfunded.**
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? **Yes.**

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-513	HOSPITAL CLINIC ADDITION	FY-89	$12M
P-828	FIRE PROTECTION UPGRADE	FY-91	$2.1M
RC9-85	UPGRADE HOSPITAL ELEVATORS	FY-90	$400K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-320	CONSTRUCT BEQ	FY-92	$2.4M
RCEA1-88	REPAIR NDSL (BUILDING H2033)	FY-91	$525K
REC2-89	RENOVATE CSSR	FY-93	$500K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RC1-89	RENOVATE PEDIATRICS WARD	FY-93	$750K
RCEM1-91	RENOVATE LABOR AND DELIVERY WARD	FY-93	$750K

(None were results of BRAC realignments or closures).

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
CRA1-88	CONVERT/REPAIR ADMIN SPACES (BUILDING H2005)	1995	1.055 M
RE1-92	RENOVATE MAIN OPERATING SUITE	1995	$1.25 M
RCE4-91	RENOVATE FOOD SERVICES AREA	1995	$950K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R2-92	RENOVATE MAIN ELECTRICAL DISTRIBUTION EQUIPMENT	1995	$360K
R3-91	WEATHERPROOF HOSPITAL EXTERIOR	1995	$267K
R4-92	REPAIR BUILDING H2004 (BEQ)	1996	$693K

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
P-831	AVIATION PHYSIOLOGY TRAINING UNIT	1996	$2.62 M
P-832	MEDICAL FACILITY ADDITION	1996	$1.89 M

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, Jacksonville, FL 32214-5000 (Hospital)**				
2. UIC **00232**	3. CATEGORY CODE	4. NO. OF BUILDINGS **1**		
5. SIZE	A. GSF **341,360**	B. NORMAL BEDS **137**		C.DTRS **5**
6. LOCATION	A. CITY **Jacksonville**		B.STATE **FL**	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	96%	4%	N/A	A18	
(2) ADMINISTRATION	90%	10%	N/A	B17	
(3) CENTRAL STERILE SVCS.	100%	N/A	N/A	N/A	
(4) DENTAL	90%	10%	N/A	B17	
(5) EMERGENCY SVCS.	100%	N/A	N/A	N/A	
(6) FOOD SERVICES	70%	30%	N/A	A12, B17	
(7) LABORATORIES	100%	N/A	N/A	N/A	
(8) LOGISTICS	100%	N/A	N/A	N/A	
(9) INPATIENT NURSING UNITS	70%	30%	N/A	A12, B17	
(10) LABOR-DEL-NURSERY	100%	0%	N/A	N/A	
(11) OUTPATIENT CLINICS	100%	N/A	N/A	N/A	
(12) PHARMACY	100%	N/A	N/A	N/A	
(13) RADIOLOGY	100%	N/A	N/A	N/A	
(14) SURGICAL SUITE	70%	30%	N/A	A12,B17,C16	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	85%	15%	N/A	A09	
(B) HVAC	80%	20%	N/A	A01	
(C) PLUMBING	80%	20%	N/A	A02	
(D) ELECTRICAL SVCS.	80%	20%	N/A	A06	
(E) ELECTRICAL DISTRIBUTION	90%	10%	N/A	A12	
(F) EMERGENCY POWER	100%	N/A	N/A	N/A	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

designated function.

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

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

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

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

DATE OF SURVEY: October 1991

FULL ACCREDITATION: Yes

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

Revised pg

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 geographic location of the hospital is most unique. We are located on an Naval Air Station located on the St. John's River close to a major harbor. We are located within a ten mile radius of a major tertiary center of medical care in Jacksonville, Fl. Our central location within the southeast region makes us the ideal referral point for outlying Navy medical clinics such as Key West, FL and Kings Bay, GA. Proximity to the largest concentration of operational forces (air, surface, and submarine) in the southeast affords rapid response for emergent medical care, industrial hygiene or radiation health support.

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

Military Air - NAS Jacksonville - 2 miles
Commercial Air - Jacksonville Int'l Airport - 20 miles

Rail - Amtrak Station - 10 miles

Sea - Blount Island (Marine Transports/Commercial Freighters) - 15 miles

Ground Transportation - Jacksonville Transportation Authority - 10 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): Military Airfield - 2 miles
Civilian Airfield - 20 miles

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

N/A

R

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

On a 20 mile radius, an average of 30 minutes.

23 R (9/29/94) VR Burned 824
10-3-94

LOCATION:

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

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

The geographic location of the hospital is most unique. We are located on an Naval Air Station located on the St. John's River close to a major harbor. We are located within a ten mile radius of a major tertiary center of medical care in Jacksonville, Fl. Our central location within the southeast region makes us the ideal referral point for outlying Navy medical clinics such as Key West, FL and Kings Bay, GA. Proximity to the largest concentration of operational forces (air, surface, and submarine) in the southeast affords rapid response for emergent medical care, industrial hygiene or radiation health support.

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

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Rail - Amtrak Station - 10 miles

Sea - Blount Island (Marine Transports/Commercial Freighters) - 15 miles

Ground Transportation - Jacksonville Transportation Authority - 10 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): Military Airfield - 2 miles
Civilian Airfield - 20 miles

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

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

On a 20 mile radius, an average of 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?

Refer to BRAC #38 Naval Air Station Jacksonville.

FEATURES AND CAPABILITIES

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

a. The Graduate Medical Education training program in Family Practice is the largest in the Navy, and one of the largest in the nation. Family Physicians play a vital role in supporting operational medicine in the Navy. Family Practice has become the most desired specialty in medicine today. The training of specialists in Family Practice has become crucial to the success of managed care initiatives in both the private sector and DoD.

b. The geographic location of the hospital is most unique. We are located on an Naval Air Station on the St. John's River close to a major harbor. We are located within a ten mile radius of a major tertiary center of medical care in Jacksonville, FL. Our central location within the southeast region makes us the ideal referral point for outlying Navy medical clinics such as Key West, FL and Kings Bay, GA. Proximity to the largest concentration of operational forces (air, surface and submarine) in the southeast affords rapid response for emergent medical care, industrial hygiene or radiation health support.

c. We have a large Occupational Health Department whose coverage spans six bases, and other MTFs as requested. Radiation health staff serves our own geographic area and most other MTFs in the southeast region (i.e. Key West, Guantanamo Bay, and Millington). The Industrial Hygiene Division is one of the few in the Navy which provides the National Institute for Occupational Safety and Health (NIOSH) sampling and evaluating airborne asbestos dust (phase contrast microscopy) and bulk asbestos identification (polarized light microscopy). Their proficiency in asbestos identification has consistently rated the best among field labs. The Occupational Medicine Division is one of the few in the Navy licensed by NIOSH to teach it's Pulmonary Function Testing certification course.

d. Naval Hospital provides the only Aviation Physiology Training Unit in Region 3, and the only one on the eastern shore from here to Norfolk. This unit trains approximately 1,000 aviators and air crew per year, and this training is mandatory every four years for aviation personnel.

e. Naval Hospital provides reserve training in excess of 33,700 manhours per year.

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.

The local healthcare infrastructure could absorb the additional workload, but it could not provide the administrative support for active duty, i.e. medical boards, disability determinations, communications with operational units, etc. If care were purchased from the local community, there would be an estimated 24% increase in cost. The local community has no knowledge of the occupational workplace (shipboard or aviation) and has no ability to provide the occupational health support. Aside from the Dept. of Labor, the Navy is the only significant source of professional industrial hygiene services within a 100 mile radius of Jacksonville. Aside from the Navy, we are aware of no radiation health or occupational optometry services available in northeast Florida or Georgia.

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, if the active duty and their families were to leave, the local community could provide care for the retired 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:

If our inpatient capability closed, the local community could absorb our inpatient workload.

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 HOSP FOUR	68684	159
FLEET HOSP FIVE	68685	39
FLEET HOSP EIGHT	45392	182
FLEET HOSP FIFTEEN	66101	175
NAVHOSP ROTA SPAIN	66101	36
NAVHOSP ROOS ROADS	65428	32
SCOTT AIR FORCE BASE	64216	1

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS PELELIU	20160	1
1ST MARINE AIR WING ADV	MPS3W	2
MARINE BRIGADE KANEOHE	67339	71
MAG 29	52841	6
MAG 27	09167	13
MAG 31	09131	18
3RD FSSG	67436	18

Revised pg

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
1ST MARINE AIR WING	57079	7
MMART TEAM	00232	46
TASK FORCE SURGEON	00232	1

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.
***Has had minimal impact this fiscal year due to reserve support received for billets that were briefly activated in support of Somolia relief.

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

Number of "stubbed" expanded beds[1]: 228* R

* This number has been revised based on a survey of in-house beds and beds available from storage to be used in rooms that have utilities as required aby BUMED instructions. Revised based on PHONCON with Mr. Greg Atkinson on 27 SEP 94.

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

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UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
1ST MARINE AIR WING	57079	7
MMART TEAM	00232	46
TASK FORCE SURGEON	00232	1

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

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

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

Number of "stubbed" expanded beds[1]: _195_

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

R

15. Quality of Life (NAVAL HOSPITAL, JACKSONVILLE)

O VR Bumed 824 9/16/94

a. Provide data on the Hospital's BOQs and BEQs. Provide this informaiton on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg.#, & CCN	Total no. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ-2034 (NAVHOSP JAX) E1-E4: 89 E5-E6: 10	112	56	104	92				
BEQ-2004 (NAVHOSP JAX) E1-E4: 93 E5-E6: 6 E7-E9: 1	100	38			100	90 Due to age of facility.		
BOQ-11 (NAS JAX, OLD) CWO-02: 4 03 and above: 7	111	111	11	400				
BOQ-845 (NAS JAX, NEW) CWO-02: 3 03 and above: 1	103	103			4	300 Due to lack of indiv temp controls		

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

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) EHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULE 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 YOU BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 31 May 94

Naval Hospital, Jacksonville
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

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, Jr

NAME (Please type or print) Signature

Acting

Title

10 Jun 1994

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."

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 29 Sep 94

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 10/4/94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

11 OCT 1994

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.

ACTIVITY COMMANDER

CAPT W. F. LORENZEN, MSC, USN
NAME (Please type or print)

W F Lorenzen
Signature

Commanding Officer, Acting
Title

4 Oct 94
Date

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Oct 6, 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 13 OCT 1994 Date

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 YTD THRU APRIL
INPATIENT	3843	3316	1804
OUTPATIENT	1963	1975	946

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	628	$668K	556	$933K	175	$514K
AD FAMILY	565	249K	483	195K	87	48K
OTHER	55	47K	130	123K	45	36K
TOTAL	1248	964K	1169	1251K	307	598K*

*THRU APRIL 1994

[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 YTD
TOTAL COSTS	31,155,186	35,803,356	20,534,678
TOTAL OUTPATIENT VISITS	300,209	345,674	215,734
AVERAGE COST PER VISIT	$104	$104	$95

*****FY-94 visit data is thru March 1994. Costs were estimated using FY-93 costs adjusted for known changes in FY-94.**

(Activity wishes to replace P. 32 with P. 32R) BUMED-822 MJB 13 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 YTD
TOTAL COSTS	32,001,911	35,803,356	20,534,678
TOTAL OUTPATIENT VISITS	322,795	345,674	215,734
AVERAGE COST PER VISIT	$99	$104	$95

***FY-94 visit data is thru March 1994. Costs were estimated using FY-93 costs adjusted for known changes in FY-94.

32 R BUMED-822
MSS, 3 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 (ALL ACCOUNTS)	26,774,787	32,457,297	not avail.

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	22,110	25,097	
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,045,584	1,029,571	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,067,694	1,054,668	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	24,330,042	27,817,018	
F. % SELECTED E EXPENSES (D-E)[1]	.043883	.037914	

[1] Record as a decimal to 6 digits.

BUMED-822
MJL, 3 Jun 94

1. FY-94 MEPRs expense unavailable - no EAS III processing of 94 data.
2. FY-93 Biometric dispositions are actual OCT-JUL and estimated for AUG-SEP based on average dispositions. Biometric data for FY-92 and FY-94 unavailable.
3. Relative Weighted Product data unavailable due to RCMAS system being down.

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	5,687,038	5,923,816	not avail.
H. E EXPENSES TO REMOVE FROM MEPRS A (FxG)	249,564	224,596	
I. AREA REFERENCE LABORATORIES (FAA)	------	------	
J. CLINICAL INVESTIGATION PROGRAM (FAH)	492	------	
K. TOTAL SELECTED F (I+J)	492	------	
L. CONTINUING HEALTH EDUCATION (FAL)	342,165	329,584	
M. DECEDENT AFFAIRS (FDD)	28,956	62,633	

BUMED-822
MSS, 3 Jun 94

CATEGORY	FY 1992	FY 1993	FY 1994
N. INITIAL OUTFITTING (FDE)	42,632	------	not avail
O. URGENT MINOR CONSTRUCTION (FDF)	------	------	
P. TOTAL (L+M+N+O)	413,753	392,217	
Q. E EXPENSES INCLUDED IN ROW P	15,287	19,759	
R. E EXPENSES TO REMOVE FROM ROW P (FxQ)	671	749	
S. OTHER F'S LESS E (P-R)	413,082	391,468	

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	8347.9144	8941.1672	
U. TOTAL WORK UNITS (MWU)2	21932.4617	23562.6586	
V. PERCENT INPATIENT (IWU DIVIDED ~~AWU)~~ MWU	~~.614515~~ .3806191	~~.611509~~ .3794634	

BUMED-822
3 Jan 94,
MAS

CATEGORY	FY 1992	FY 1993	FY 1994 YTD
W. FINAL OTHER F EXPENSES (SxV)	253,845	239,386	not avail
X. FINAL F EXPENSES (K+W)	254,337	239,386	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	26,779,560	32,472,087	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	9,000	9,557	
AA. TOTAL MEPRS DISPOSITIONS	9,062	9,656	4,587
BB. ADJUSTED DISPOSITIONS (Z DIVIDED AA)	.9932	.9897	not avail.
CC. ADJUSTED MEPRS EXPENSES (YxBB)	26,597,459	32,137,625	

BUMED-822
MSS, 3 Jun 94

CATEGORY	FY 1992	FY 1993	FY 1994
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	6448.194	6620.555	not avail.
EE. COST PER RWP (CC DIVIDED DD)	4,125	4,854	
FF. TOTAL CATEGORY II RWPs	1812.38	1889.17	
GG. TOTAL CATEGORY II COST (EExFF)	7,476,068	9,170,032	
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	19,121,391	22,967,593	
II. TOTAL CATEGORY III RWPs (DD-FF)	4635.81	4731.39	
JJ. COST PER CATEGORY III RWP (HH DIVIDED II)	4125	4854	

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MSS, 3 Jun 94

CATEGORY	FY 1992	FY 1993	FY 1994 YTD
KK. TOTAL OBDs (OCCUPIED BED DAYS)	22,486	22,761	not avail
LL. CATEGORY II (AS DEFINED IN FF) OBDs	1812.38	1889.17	
MM. CATEGORY III OBDs (KK-LL)	20673.62	20871.83	
NN. AVERAGE DAYS/RWP (NNx77)	4.46	4.41	
OO. ADD ON PER RWP (MM DIVIDED II)	343.42	339.57	
PP. TOTAL COST PER RWP (JJ+OO)	4468.42	5193.57	
QQ. CIVILIAN CATEGORY III RWP (HH DIVIDED II)	670.26	779.04	

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MSS, 3 Jun 94

CATEGORY	FY 1992	FY 1993	FY 1994
RR. MILITARY PAY COST (PPx.56)	2502.32	2908.40	not avail
SS. OTHER COSTS (PPx.29)	1295.84	1506.14	
TT. CIVILIAN PAY RAISES(QQX1.037X1.0297)	715.70	831.86	
UU. MILITARY PAY RAISES (RRX1.037X1.0165)	2637.72	3065.77	
VV. UNFUNDED CIVILIAN RETIREMENT (TTX1.147)	820.91	954.14	
WW. CIVILIAN ASSET USE CHARGE (VV X 1.04)	853.75	992.31	
XX. MILITARY ASSET USE CHARGE (UU X 1.04)	2743.23	3188.40	

CATEGORY	FY 1992	FY 1993	FY 1994
YY. OTHER ASSET USE CHARGES (SS X 1.04)	1347.67	1566.39	
ZZ. OTHER COSTS DEFLATOR FACTOR (YY X 1.083)	1459.53	1696.40	
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	5056.51	5877.11	

BUMED-822
MSS, 3 Jun 94

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

(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)

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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		

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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)			

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

(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)	

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

(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.

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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)

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

(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					

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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

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

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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.

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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.

*****SUBMITTED AS PART OF NAVAL AIR STATION, JACKSONVILLE BRAC DATA CALL #38. POC AT NAS JACKSONVILLE IS BUTCH COLLINS.**

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

Off Base Personnel - civilian			

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

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

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

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

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

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL
JACKSONVILLE, FLORIDA

3-19

UIC 00321

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 1999**		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	29,599 *	29,599	N/A	26,664	26,664	N/A
FAMILY OF AD	41,606	41,606	N/A	38,194	38,194	N/A
SUBTOTAL	71,205	71,205	N/A	64,858	64,858	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	34,945	34,945	N/A	36,311	36,311	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	10,730	10,730	N/A	11,149	11,149	N/A
OTHER	8,471	8,471	N/A	8,802	8,802	N/A
TOTAL	125,351	125,351	N/A	121,120	121,120	N/A

* This figure differs by (-615) from RAPS. We verified active duty numbers against the three area Base Loading figures.

** DMIS RAPS data currently project out only as far as 1999. We have no other data source for projections past that fiscal year.

Note: The population figures do not reflect the "unknown downsizing factor" for this catchment area.

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.

Revised pg

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]:	131
Set Up Beds[1]:	45
Expanded Bed Capacity[2]:	228*

R

* This revision based on a survey of in-house beds and beds available from storage to be used in rooms that have utilities as required by BUMED instructions.

[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.

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]:	~~85~~	131
Set Up Beds[1]:	~~91~~	45
Expanded Bed Capacity[2]:	~~176~~	496

BUMED-822
mdt, 3 Jun 94

[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	86,483	153,277	96,198	335,958
ADMISSIONS	2,889	4,407	2,323	9,619
LABORATORY TESTS (WEIGHTED)[1]	1,351,919	2,385,462	1,490,457	5,227,838
RADIOLOGY PROCEDURES (WEIGHTED)[1]	162,558	286,834	179,217	628,609
PHARMACY UNITS (WEIGHTED)[1]	219,865	387,952	242,396	850,213
OTHER (SPECIFY) ***				9,815

***OTHER (U.S. COAST GUARD, RESERVES, ETC.)
OUTPATIENT VISITS - 9,716
ADMISSIONS - 99

[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.

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	95,142	168,605	105,818	369,554
ADMISSIONS	3,178	4,848	2,555	10,581
LABORATORY TESTS (WEIGHTED)[1]	1,487,111	2,624,008	1,693,503	5,750,622
RADIOLOGY PROCEDURES (WEIGHTED)[1]	178,814	315,517	197,139	691,470
PHARMACY UNITS (WEIGHTED)[1]	241,852	426,747	266,636	935,234
OTHER (SPECIFY)				10,797

*****Other includes U.S. Coast Guard, Reserves, etc.)**

[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.

*******These figures were calculated as a straight 10% increase over FY-93 data, assuming 10% as the increase in productivity if we increased the workweek to 50-55 hrs per week for Military Staff. We had to estimate in this fashion because utilization rates for each patient category differ greatly for each primary and specialty care area, and would have to be computed separately. It could possibly be done, but would require about three full weeks to prepare. As an example, we know that our AD primary utilization rate averages about 5.1 visits per year per AD member, and non-AD averages about 4.8. However, for children it averages approximately 5.3 visits annually. Each population segment would have to be determined separately for Primary Care and then recomputed for admissions, specialty care, surgery rates, etc. The ancillary information presents another unique set of problems, and that data is also not readily available in the prescribed format.

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	86,483	321,902	224,032	632,417
ADMISSIONS	2,889	7,941	3,565	14,395
LABORATORY TESTS (WEIGHTED)[1]	1,351,919	5,008,795	3,470,256	9,830,970
RADIOLOGY PROCEDURES (WEIGHTED)[1]	162,558	601,957	416,700	1,181,215
PHARMACY UNITS (WEIGHTED)[1]	219,865	814,412	564,560	1,598,837
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.

*****Estimate for visits and admissions are based on current workload plus the local CHAMPUS usage, although CHAMPUS data may have included data from Georgia Branch Clinics that would not come to this facility. Ancillary procedures based on a rate per visit multiplied by estimated visits.**

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	79	79	79	79	79	79	79	79
SPECIALTY CARE[2]	55	55	55	55	55	55	55	55
PHYSICIAN EXTENDERS[3]	11	11	11	11	11	11	11	11
INDEPENDENT DUTY CORPSMEN	18	18	18	18	18	18	18	18
TOTAL	163	163	163	163	163	163	163	163

[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.

*1. Primary Care include 39 (GME) Family Practice Residents.
*2. Includes Dentists, Pathologists, Radiologists, 2 Pulmonologists, 2 Gastroenterologists, and 1 Cardiologist.
*3. Includes Nurse Anesthetist.

**This activity does not have an approved Efficiency Review. Data provided using an Activity Manning Document that is less than accurate and does not provide authorizations through the outyears.

***Including pediatric subspecialties and OB/GYN as primary care medical officers is fallacious.

4. Staffing. *****CONTRACT PROVIDERS*****

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	16	16	16	16	16	16	---	---
SPECIALTY CARE[2]	---	---	---	---	---	---	---	---
PHYSICIAN EXTENDERS[3]	10	10	10	10	10	10	---	---
INDEPENDENT DUTY CORPSMEN	---	---	---	---	---	---	---	---
TOTAL	26	26	26	26	26	26	---	---

1. Primary Care - This includes (4) Primary Care Physicians, (8) E.R. Physicians, (2) OB/GYN Physicians, and (2) NAVCARE Physicians.

3. Physician Extenders - This includes (6) Primary Care Physician Assistants, (2) E.R. Physician Assistants, and (2) NAVCARE Physician Assistants.

Primary Care Physicians, E.R. Physicians, Primary Care Physician Assistants, and E.R. Physican Assistants (1 July 1993 - 31 May 1998).

OB/GYN Physicians (1 August 1993 - 30 June 1998).

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]	872
SPECIALTY CARE[2]	1,013
PHYSICIAN EXTENDER[3]	408
TOTAL	2,293

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

[2] This is all other physicians 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: 1,092,073

***We have no source for the U.S. Census population exclusively for our 40-mile catchment area. The only source of population demographics that includes all of our catchment area is an NPDC Demographics 91 document that projects population by age and sex for the six-county area for 1996. The counties include:

	County	Males	Females	Total
a.	Baker	10,225	10,091	20,316
b.	Camden	20,498	19,404	39,902
c.	Clay	62,386	64,989	127,375
d.	Duval	356,351	391,501	747,852
e.	Nassau	25,767	25,848	51,615
f.	St. Johns	50,152	54,861	105,013
		525,379	566,694	1,092,073

A copy of the NPDC document is attached.

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]
University	City of Jacksonville	15	25 minutes	2 MOUs - Cardiology and Supplemental Care
Baptist	Not for profit	15	20 minutes	2 MOUs - Sleep Study and Supplemental Care
Memorial	Not for profit	20	30 minutes	2 MOU - Family Practice (Rehab) & Supplemental Care
Methodist	Non-profit	15	20 minutes	1 MOU - Supplemental Care
St. Vincents	Daughters of Charity	8	15 minutes	3 MOUs - 2 Family Practice & Supplemental Care

FACILITY NAME	OWNER	DISTANCE1	DRIVING TIME	RELATIONSHIP[2]
Riverside	Daughters of Charity	9	15 minutes	2 MOUs
St. Lukes	Mayo Clinic	15	20 minutes	2 MOUs - Family Practice (Mayo) & Supplemental Care
Bradford	Not available	60	70 minutes	N/A
Nassau	Baptist Med	50	60 minutes	N/A
Putnam	HCA	50	60 minutes	N/A

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
University	504	Yes	70%	Regional Trauma
Baptist **	601	Yes	65%	High Risk OB, Childrens Hospital
Memorial	324	Yes	69.2%	Cardiac Care
Methodist	150	Yes	49.7%	Kidney transplant
St. Vincents	528	Yes	61.7%	Cardiac Care

**Includes Baptist Medical Center, Baptist Beaches and Wolfsons Childrens Hospital.

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Riverside	183	Yes	70.7%	N/A
St. Lukes	289	Yes	70%	Bone Marrow Transplant
Bradford	54	Yes	N/A	None
Nassau	54	Yes	N/A	None
Putnam	161	Yes	56.2%	None

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

***The definition listed in the AHA Hospital and the information required by paragraph (7) above is inconsistent. Per the AHA Publication a community hospital does not include federal hospitals (i.e. Naval Hospital).

[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
Applied Instructional Bldg. 171-20	Naval Aviation Physiology Training Program	Aviation Physiology	2228	7.0	15596	2000	7.0	14000

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

00232 - NAVHCUSP Jacksonville

~~15~~ 16 CPU BUMED-823
3 June 94

(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.

00232 - Naval Hosp. Jacksonville

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
Applied Instructional Bldg. 171-20	2	18	3600/yr

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

Design capacity is driven by low pressure chamber training seats available, which is 18.

Capacity is driven by government contract for the contractor to operate the low pressure chamber, which 1.5 hours per training day (which is one flight per training day). Typical flight is 1 hour.

200 training days/yr x 1.0 (flt/day) x 18 = 3600

[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

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 24 May 94

NAVAL HOSPITAL, JACKSONVILLE
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

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

Acting
Title _____ Date 10 JUN 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D V Hollingsworth
Signature

Commanding Officer
Title

29 Sep 94
Date

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 10 OCT 1994 Date