DCN 1116

n80

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:NAVAL HOSPITAL LEMOORE
ACTIVITY UIC:66095

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.

We are Navy Medicine in the San Joaquin Valley.

Our primary mission is to ensure active duty members, primarily those associated with Strike Fighter Wing Pacific units, are combat ready through health promotion and managed care programs.

Our secondary mission is to ensure that the same quality medical is provided to all beneficiaries.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
DECA	HQCKLA	NAS LEMOORE	41
MARINE AV SUP GROUP	M68841	NAS LEMOORE	114
FASOTRAGRUPAC	N0347A	NAS LEMOORE	32
VFA-303	N09328	NAS LEMOORE	268
VFA-125	N09485	NAS LEMOORE	472
CSFWP	N09520	NAS LEMOORE	77
NASEU	N31225	NAS LEMOORE	27
NTCC	N33218	NAS LEMOORE	16
SFWPS	N35185	NAS LEMOORE	41
A/C OP DET	N35671	NAS LEMOORE	93
NLSO	N35501	NAS LEMOORE	8
DENTAL	N35723	NAS LEMOORE	28
PSD	N40377	NAS LEMOORE	42
ROICC	N44259	NAS LEMOORE	10

AIMD	N44321	NAS LEMOORE	481
NARCEN	N44280	NAS LEMOORE	52
NAVHOSP OMED	N46858	NAS LEMOORE	11
SECURITY	N46964	NAS LEMOORE	133
NAVAL TRNG SYSTEMS CTR	N61339	NAS LEMOORE	4
NAVY CAMPUS	N63015	NAS LEMOORE	3
PMTC NAWC	N63126	NAS LEMOORE	4
NADEP NORTH ISLAND	N65888	NAS LEMOORE	30
NAVOCEANCOMDET	N65903	NAS LEMOOE	13
NAMTRADET	N66060	NAS LEMOORE	105
NAVHOSP	N66095	NAS LEMOORE	297
CBU-406	N66650	NAS LEMOORE	40
CAAC	N68116	NAS LEMOORE	4
NAVDAF	N68452	NAS LEMOORE	18
NAVCALAB	N68833	NAS LEMOORE	13
U.S. ARMY MED DEPARTMENT	W62NO	NAS LEMOORE	4
DEFENSE INVEST SERVICE	WS52FN	NAS LEMOORE	1
VFA-146	N09063	NAS LEMOORE	242
VFA-113	N09092	NAS LEMOORE	242
VFA-94	N09295	NAS LEMOORE	242
VFA-151	N09558	NAS LEMOORE	242
VFA-22	N09561	NAS LEMOORE	242
VFA-25	N09637	NAS LEMOORE	242
CVW-9	N09738	NAS LEMOORE	30
VFA-137	N55142	NAS LEMOORE	242
VFA-97	N63923	NAS LEMOORE	242
VFA-147	N63925	NAS LEMOORE	242
VFA-27	N65185	NAS LEMOORE	242

NIS	N42953	NAS LEMOORE	7
FLTIMGCOMPAC	N42990	NAS LEMOORE	6

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	277	36995	2.4	1.65
ACTIVE DUTY NON N/MC	6	819	.4	.02
TOTAL ACTIVE DUTY	283	37814		1.67
FAMILY OF AD	917	49418	2.1	4.39
RETIRED AND FAMILY MEMBERS UNDER 65	126	17039	1.6	.74
RETIRED AND FAMILY MEMBERS OVER 65	35	4806	.5	.21
OTHER	30	2114	1.5	.11
TOTAL	1391	111191		7.12

What is your occupancy rate for FY 1994 to date? 26.3%

6R(8/30/94)

Revised 9/

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	316	48116	2.8	1.74
ACTIVE DUTY NON N/MC	4	994	2.0	.02
TOTAL ACTIVE DUTY	320	49110		1.76
FAMILY OF AD	944	62284	1.8	5.20
RETIRED AND FAMILY MEMBERS UNDER 65	152	9544	1.7	.84
RETIRED AND FAMILY MEMBERS OVER 65	**	15218		
OTHER	36	2614	1.6	.20
TOTAL	1452	138770		8.0

** INFO ON RETIREES AND DEPENDENTS NOT AVAILABLE BY AGE.

What is your occupancy rate for FY 1994 to date? 21.6%

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	143,640	191,760	218,990	229,939	241,436	253,508	266,183
ADMISS.	1,651	2,204	2,517	2,643	2,775	2,914	3,060

Please show all assumptions and calculations in the space below:
FY95 THRU FY97 REFLECT BRAC III CHANGES, THEREAFTER ASSUMED A 5% INCREASE.

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
PREVENTIVE MEDICINE SANITATION INSPECTIONS	210 HRS	3
NOSOCOMIAL INFECTION MEDICAL RECORD SCREEN	86 HRS	1
PREVENTIVE MEDICINE TRAINING	36 HRS	3
POTABLE WATER AND ICE SAMPLING - MICROBIOLOGY TESTING	225 HRS	2
COMMUNICABLE DISEASE INVESTIGATIONS	40 HRS	3
PREVENTIVE MEDICINE CONSULTATIONS	38 HRS	3
PEST CONTROL SURVEYS	210 HRS	3
IH SURVEYS	984 HRS	3
ASBESTOS LABORATORY SERVICE	216 HRS	4
ENGINEERING PLANS REVIEW & BRAC	240 HRS	1
RESPIRATOR, SOP, LESSON PLANS, REPORTS, & ANALYTICAL CALCULATIONS REVIEW	72 HRS	2
REPRODUCTIVE HAZARD & MEDICAL SURVEILLANCE SCREENINGS	72 HRS	2
EDUCATION AND TRAINING SERVICE	96 HRS	2
IH EQUIPMENT MAINTENANCE & CALIBRATION	96 HRS	2
TECHNICAL ASSISTANCE SERVICE	96 HRS	2
IH EMERGENCY SERVICE	48 HRS	2

* NUMBER OF HOURS SPENT AND STAFF NEEDED PER EVENT WILL SIGNIFICANTLY INCREASE AS THE BASE EXPANDS.

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

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

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NOT APPLICABLE			

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

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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]	
51077	BUILDING 929, MEDICAL STORAGE WAREHOUSE	5,160	(1975) 19 YEARS	ADEQUATE	R
51010	BUILDING 930, HOSPITAL	52,195	(1961) 33 YEARS	INADQT SEE 7A 1.	R
14310	BUILDING 931, AMBULANCE GARAGE	1,025	(1961) 33 YEARS	ADEQUATE	R
51077	BUILDING 935, MEDICAL EQUIPMENT OFFICE	1,550	(1972) 22 YEARS	SUB-STANDARD	R

VR BUMED 824 1/26/94

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: Building 930, Hospital, Facility Type Code 51010 is inadequate to house personnel/functions. No other available facilities on air station which could be used for medical functions. Inadequate floor space for personnel required to perform mission which will be compounded by additional military billets to achieve proper manning levels. Running cracks in walls and floors are irreparable, posing safety hazards; ground swells have resulted in unlevel/sloping floors which are trip hazards and have resulted in "runaway" carts. Rehabilitation of facility for medical function is not possible, nor can it be made adequate for other uses. Special Project R1-90, Life Safety Code Upgrade, has been programmed for funding in Fiscal Year 94 in the amount of $750,000. Facility condition has resulted in C3 designation on BASEREP in 1991 and 1992.

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?

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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]
	PROPERTY CARDS HELD BY NAS LEMOORE AND WILL BE REPORTED VIA THEIR DATA CALLS.			

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

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

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

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

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements**

at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-90	LIFE SAFETY CODE UPGRADE	FY94	800K
P845	REPLACEMENT HOSPITAL	FY96	37M

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
P845	REPLACEMENT HOSPITAL	FY97	9M

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

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MEDICAL FACILITIES CONDITION ASSESSMENT
NAVAL HOSPITAL, LEMOORE, CA.
MAY 1994

Call #27

REVISED 6/20/94

FUNCTION/SYSTEM	%ADEQ	%SUB	%INADEQ	DEF CODES
1. ACCESS & PARKING	61%	10% - ACCESS AND PARKING FOR EMERGENCY VEHICLES AND ER PATRONS	29%-232 PARKING SPACES OUT OF AN ALLOWANCE OF 326	E18, B18
2. ADMINISTRATION	50%	10%-NO CENTRALIZATION OF ADMIN FUNCTIONS	40%-LACK OF SPACE TO HOUSE ADMIN FUNCTIONS	B12
3. CENTRAL STERILE SVCS.	85%	5%-CONGESTION SUPPLY ISSUE & DELIVERIES	10% LACK OF STORAGE AND ADMIN SPACE	B12, C17
4. DENTAL	NA	NA	NA	NA
5. EMERGENCY SERV.	75%	10%-NO ADA RESTROOMS & ENTRANCE DOORS. 5%-EMERGENCY RECEIVING CONGESTION	10%-SEISMIC DAMAGE TO SLAB FLOOR	B16, B12, A10
6. FOOD SERVICE	75%	10%-SCULLERY & STEAM LINE REPLACEMENT 10%-ASBESTOS CEILING DETERIORATION 5%-SEISMIC DAMAGE TO SLAB FLOOR		A02, A11, A10
7. LABORATORIES	50%	10%-LACK OF POWER SUPPLY FOR LAB EQUIP 40%-LACK OF ADMIN, STORAGE & WORK SPACE		C06, B12
8. LOGISTICS	90%	5%-NO HAZMAT & FLAMM STORAGE 5%-NO LINEN STORAGE		B15,B10
9. INPATIENT NURSING UNITS	76%	20%-SEISMIC DAMAGE SLAB FLOOR WD A&C 2%-REPLACE NURSE CALL WD C	2%-LSC DOORS, WALL FINISH, SPRINKLERS WD C	A10, A08, A03
10. LABOR-DEL-NURSERY	68%	20%-SEISMIC DAMAGE SLAB FLOOR 10%-LACK OF CHANGE RMS AND STORAGE	2%-LSC DOORS, WALL FINISH, SPRINKLERS	A10, B12, A03
11. OUTPATIENT CLINICS	45%	10%-SEISMIC DAMAGE SLAB FLOOR 5%-REPLACE WALL HEAT EXCH UNITS	40%-LACK OF SPACE	A10, A01, B09
12. PHARMACY	53%	5%-LACK ELECT CAPACITY FOR DATA SYSTEMS 2%-SEISMIC DAMAGE SLAB FLOOR	40%-LACK OF SPACE FOR STORAGE , ADMIN AND PATIENT WAITING	B12, B06, A10
13. RADIOLOGY	63%	2%-REPLACE DRAIN PIPE SYSTEM	35% LACK OF SPACE FOR FILM, PT WAITING, ADMIN, DARK ROOM	B12, A02
14. SURGICAL SUITE	98%	2% SEISMIC DAMAGE SLAB FLOOR		A10
A. STRUCTURAL/SEISMIC	90%	10%-SEISMIC DAMAGE SLAB FLOOR		A09
B. HVAC	95%	5%-REPLACE WALL EXCHANGE UNITS		A01

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C. PLUMBING	97%	2%-REPLACE/INCREASE CAPACITY DRAINS IN XRAY & SCULLERY. 1%-INCREASE HOT WATER CAPACITY		C02
D. ELECTRICAL SVCS.	100%			
E. ELECTRICAL DISTRIBUTION	95%	5% INCREASE ELECT SERVICE TO LAB, PHARM, ADMIN SPACES		C06
F. EMERGENCY POWER	95%	5%-REPLACE TRANSFER SWITCH DOES NOT MEET NEC STANDARDS		C07

MEDICAL FACILITIES CONDITION ASSESSMENT
NAVAL HOSPITAL, LEMOORE, CA.
MAY 1994

FUNCTION/SYSTEM	%ADEQ	%SUB	%INADEQ	DEF CODES
1. ACCESS & PARKING	61%	10% - ACCESS AND PARKING FOR EMERGENCY VEHICLES AND ER PATRONS	29%-232 PARKING SPACES OUT OF AN ALLOWANCE OF 326	E18, B18
2. ADMINISTRATION	50%	10%-NO CENTRALIZATION OF ADMIN FUNCTIONS	40%-LACK OF SPACE TO HOUSE ADMIN FUNCTIONS	B12
3. CENTRAL STERILE SVCS.		5%-CONGESTION SUPPLY ISSUE & DELIVERIES	10% LACK OF STORAGE AND ADMIN SPACE	B12, C17
4. DENTAL	NA	NA	NA	NA
5. EMERGENCY SERV.	75%	10%-NO ADA RESTROOMS & ENTRANCE DOORS. 5%-EMERGENCY RECEIVING CONGESTION	10%-SEISMIC DAMAGE TO SLAB FLOOR	B16, B12, A10
6. FOOD SERVICE	75%	10%-SCULLERY & STEAM LINE REPLACEMENT 10%-ASBESTOS CEILING DETERIORATION 5%-SEISMIC DAMAGE TO SLAB FLOOR		A02, A11, A10
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8. LOGISTICS	90%	5%-NO HAZMAT & FLAMM STORAGE 5%-NO LINEN STORAGE		B15,B10
9. INPATIENT NURSING UNITS	76%	20%-SEISMIC DAMAGE SLAB FLOOR WD A&C 2%-REPLACE NURSE CALL WD C	2%-LSC DOORS, WALL FINISH, SPRINKLERS WD C	A10, A08, A03
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14. SURGICAL SUITE	98%	2% SEISMIC DAMAGE SLAB FLOOR		A10
A, STRUCTURAL/SEISMIC		10%-SEISMIC DAMAGE SLAB FLOOR		A09
B. HVAC	95%	5%-REPLACE WALL EXCHANGE UNITS		A01

C. PLUMBING	97%	2%-REPLACE/INCREASE CAPACITY DRAINS IN XRAY & SCULLERY. 1%-INCREASE HOT WATER CAPACITY		C02
D. ELECTRICAL SVCS.	100%			
E. ELECTRICAL DISTRIBUTION	95%	5% INCREASE ELECT SERVICE TO LAB, PHARM, ADMIN SPACES		C06
F. EMERGENCY POWER	95%	5%-REPLACE TRANSFER SWITCH DOES NOT MEET NEC STANDARDS		C07

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: 22 - 23 MAY 1991
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

* Grid score of 1 awarded for Life Safety Management Score on 18 Feb 92 after submissionof Implementation Status report for Type 1 recommendations awarded during May 1991 survey.

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 MTF NORTH OF LOS ANGELES AND SOUTH OF TRAVIS AFB, AS SUCH AN IMPORTANT RESOURCE FOR RETIREES. THE VAST MAJORITY OF ACTIVE DUTY AND THEIR DEPENDENTS LIVE WITHIN 20 MILES CREATING FEW ACCESS DIFFICULTIES.

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

AIR	FRESNO	40 MILES
	VISALIA	35 MILES
RAIL	HANFORD	18 MILES
SEA	SAN FRANCISCO	200 MILES
GROUND	INTERSTATE 5	20 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): 7

d. What is the importance of your location given your mobilization requirements? IT IS NOT SIGNIFICANT, WE ARE WITHIN REASONABLE DISTANCE OF TRAVEL NODES.

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

ONBASE	5-7 MINUTES
LEMOORE	10-15 MINUTES
HANFORD	20-30 MINUTES
OTHER	1 HOUR

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? THE RURAL LOCATION OF THIS COMMUNITY DETERS MANY MEDICAL PROFESSIONALS FROM RELOCATING; AS WE DON'T HAVE MANY OF THE AMENITIES AND SERVICES FOUND IN MORE URBAN SETTINGS.

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.

NAVAL HOSPITAL LEMOORE IS THE ONLY NAVY MTF IN CALIFORNIA NORTH OF TWENTYNINE PALMS. THE PACIFIC FLEET'S STRIKE FIGHTER COMMUNITY IS LOCATED AT NAS LEMOORE. CLOSING THIS MTF WOULD PUT THE NEAREST DOD HOSPITAL 3.5 HOURS AWAY (TRAVIS AFB) AND THE NEAREST NAVY MTF AT LEAST 4 HOURS AWAY. ALTHOUGH A SMALL COMMUNITY HOSPITAL, OUR EXISTENCE IS VITAL TO THE STRIKE FIGHTER COMMUNITY. ALSO, THE BRANCH CLINIC AT FALLON WOULD BE WITHOUT SUPPORT OR WOULD HAVE A PARENT FACILITY IN SOUTHERN CALIFORNIA, FAR FROM NAS FALLON AND THE TOPGUN SCHOOL.

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 VAST MAJORITY OF ACTIVE DUTY AND THEIR DEPENDENTS RESIDE EITHER ON BASE, IN LEMOORE (10 MINUTES EAST) OR HANFORD (20 MILES EAST). THE CLOSING OF OUR FACILITY WOULD SEVERLY TAX THE NUMBER OF PRIMARY CARE PROVIDERS IN THESE TOWNS AND THE OUTPATIENT CAPACITY OF THE TWO HOSPITALS LOCATED IN HANFORD. INPATIENT CARE COULD BE COVERED ADEQUATELY. UNLESS PRIMARY CARE PROVIDERS (PARTICULARLY OB/GYN AND PEDIATRICS) WOULD RELOCATE TO THESE TOWNS, OUR ACTIVE DUTY AND THEIR DEPENDENTS WOULD ENCOUNTER DIFFICULTY IN ACCESSING CARE. IF ONE EXAMINES THE ENTIRE CATCHMENT AREA, INCLUDING FRESNO AT THE NORTHERN EDGE, THE CAPACITY CERTAINLY EXISTS. HOWEVER, SINCE THE CONCENTRATION OF PROVIDERS IS AT THE EDGE OF THE 40 MILE LIMIT, TRAVEL DIFFICULTIES WOULD BE ENCOUNTERED, ESPECIALLY IN THE WINTER, WHEN HEAVY FOG MAKES DRIVING A DANGEROUS PROPOSITION. THE RETIREES, WHO ARE MORE GEOGRAPHICALLY DISPERSED WOULD HAVE LESS DIFFICULTY, ALTHOUGH THOSE LOCATED NEAR BASE WOULD FACE THE SAME TRAVEL DIFFICULTIES. CERTAINLY IN THE SHORT RUN, THE LOCAL COMMUNITY'S CAPACITY WOULD BE HEAVILY TAXED TRYING TO PROVIDE CARE FOR ALL OF THE BENEFICIARY POPULATION.

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

YES, THE LOCAL COMMUNITY COULD ABSORB THE RESIDUAL ELIGIBLE POPULATION. THERE ABOUT 10,000 RETIREES AND THEIR ELIGIBLE DEPENDENTS IN OUR CATCHMENT AREA. THE RETIREES ARE MORE SPREAD OUT THAN THE ACTIVE DUTY AND DEPENDENT POPULATION. THIS WOULD ALLOW THE HEALTH CARE RESOURCES OF THE ENTIRE CATCHMENT AREA, INCLUDING THE TERTIARY FACILITIES IN FRESNO TO PICK UP THE CARE. SOME TRAVEL DIFFICULTY WOULD EXIST FOR RETIREES SEEKING SPECIALTY CARE WHO RESIDE IN LEMOORE AND TO THE SOUTH AND WEST OF THE BASE. THE NUMBER OF SPECIALTY PROVIDERS IN THESE AREAS ARE LOW AND PEOPLE WOULD HAVE TO TRAVEL GREATER DISTANCES (AT LEAST IN THE SHORT RUN UNTIL PROVIDERS RELOCATED TO MEET DEMAND). OVERALL, HOWEVER, THE HEALTHCARE RESOURCES IN THIS CATCHMENT AREA COULD HANDLE THE RESIDUAL WORKLOAD.

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:

THUS FAR IN FY94, OUR AVERAGE DAILY PATIENT LOAD HAS BEEN 9. THERE IS EXCESS CAPACITY IN THE CATHCMENT AREA AND THE TWO CLOSEST HOSPITALS, IN HANFORD (20 MILES EAST) HAD OCCUPANCY RATES OF 88.9% AND 36.4%. THUS, IF ONE IGNORES THE UNIQUE REQUIREMENTS OF ACTIVE DUTY PERSONNEL, THE LOCAL COMMUNITY COULD ABSORB OUR INPATIENT LOAD BASED STRICTLY ON THE NUMBERS.

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 NEW ORLEANS (LPH 11)	07202	1
USS TARAWA (LHA 1)	20550	1
USS ESSEX (LHD 2)	21533	1
3D MAW, CAMP PENDLETON	31053	11
DET 3D MAW, YUMA AZ	31055	4
USNS MERCY (T-AH 19)	46245	24
3D MARINE AIR WING	57081	4
3D FORCE SERV SUPPORT GROUP	67436	3
1ST FORCE SERV SUPP GROUP	67446	14
1ST MARINE DIVISION	67448	7
U.S. NAVAL HOSPITAL GUAM	68096	13
NAVMEDCLINIC PEARL HARBOR	68098	3
U.S. NAVHOSP YOKOSUKA	68292	11
U.S. NAVAL HOSPITAL OKINAWA	68470	17
FLTHOSP #1 (250 CBTZO	68681	5
1ST MARDIV (ADV ELEMENT)	MPS1D	7
1ST FSSG (ADV ELEMENT)	MPS1F	5

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1ST FSSG (ADV ELEMENT)	MPS1F	5
3D FSSG (ADV ELEMENT)	MPS3F	8
FLTHOSP #2 (250 CBTZ)	68682	12
FLTHOSP #6 (500 CBTZ)	68686	13

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. ADDITIONAL WORKLOAD WOULD BE MINIMAL. THE NUMBER OF PERSONNEL SENT THROUGH TRAINING AT ANY ONE TIME IS LOW AND WORKLOAD CAN, FOR THE MOST PART, BE COVERED THROUGH FLEXIBLE INTERNAL STAFFING.

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]: 37

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

R
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BUMEDS24
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3D FSSG (ADV ELEMENT)	MPS3F	8
FLTHOSP #2 (250 CBTZ)	68682	12
FLTHOSP #6 (500 CBTZ)	68686	13

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. ADDITIONAL WORKLOAD WOULD BE MINIMAL. THE NUMBER OF PERSONNEL SENT THROUGH TRAINING AT ANY ONE TIME IS LOW AND WORKLOAD CAN, FOR THE MOST PART, BE COVERED THROUGH FLEXIBLE INTERNAL STAFFING.

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]: 37

[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	525	497	334 (AS OF 4/26)
OUTPATIENT	292	358	214 (AS OF 4/26)

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	326	248180	438	484100	159	75872
AD FAMILY	62	40020	97	34080	55	26562
OTHER	47	18630	69	27900	24	9571
TOTAL	435	306830	604	546080	238	112005

* CONSULTS AND ADMISSIONS ONLY; DOES NOT INCLUDE PROCEDURES

[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	10,642,527	11,647,923	2,871,981
TOTAL OUTPATIENT VISITS	133,721	126,473	29,851
AVERAGE COST PER VISIT	79.59	92.10	96.21

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	5039759	5349656	1337414

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	69	563	141
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	41876	34501	8625
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	41945	35064	8766
E. TOTAL E EXPENSES (ALL ACCOUNTS)	5330013	6991227	1747819
F. % SELECTED E EXPENSES (D÷E)[1]	.00787	.005015	.005015

[1] Record as a decimal to 6 digits.

(26)

See pg 26R
FY91 Revised-82
1 Jan 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	812806	1154279	288968
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	6396.78322	5788.709185	1449.1745
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)	127605	117357	30343
M. DECEDENT AFFAIRS (FDD)	1450	1184	301
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	128755	118541	30644
Q. E EXPENSES INCLUDED IN ROW P	341	142	38
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	2.68367	0.71213	.19057
S. OTHER F'S LESS E (P-R)	128752.32	118540.29	30643.81

Refer to pg 26R
C. Pen Burned-623
1 Jan 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	1083.31432	979.0595	245.9344
U. TOTAL WORK UNITS (MWU)[2]	5390.58618	4876.5809	1192.3184
V. PERCENT INPATIENT (IWU÷AWU)	.2009641	.2007676	.2062657
W. FINAL OTHER F EXPENSES (S×V)	25874.59	23799.05	6320.77
X. FINAL F EXPENSES (K+W)	25874.59	23799.05	6320.77
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	5059236.80	5367666.30	1342285.60
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS	1621	1465	366
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).

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Tab B, Pages 8-23
1 Jun 94

** THIS COMMAND DOES NOT HAVE RCMAS.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	3133		
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)			

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15 Jan 94

ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

Refer to pg. 26R
Sch Deleted-827
15-Jun-94

TABLE A: LEMOORE

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	5039860		

COMPLETE INFORMATION FOR FY 93 & FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	300		
C. EDUCATION AND TRAINING (EBF)	234449		
D. TOTAL EXP EBE AND EBF	234749	0	0
E. TOTAL E EXPENSES	4876240		
F. % SELECTED E EXPENSES (D/E)	0.048141	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	683727		
H. E EXPENSES TO REMOVE FROM A (FxG)	32915.57	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)	103725		
M. DECEDENT AFFAIRS (FDD)	216		
N. INITIAL OUTFITTING (FDE)	0		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	103941	0	0
E EXPENSE (FAL)	0		
E EXPENSE (FDD)	35		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	35	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	1.684949	ERR	ERR
S. OTHER F'S LESS E (P-R)	103939.3	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1083.27		
U MWU	4909.46		
V PERCENT INPATIENT	0.22065	ERR	ERR
W. FINAL OTHER F EXP (SxV)	22934.16	ERR	ERR
X FINAL F EXP (K+W)	22934.16	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	5029879	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	1613		
AA. TOTAL MEPRS DISP	1621		
BB. ADJ DISPOS (Z/AA)	0.995065	ERR	ERR
CC ADJ MERPS EXP (YxBB)	5005055	ERR	ERR
DD. TOTAL RWP	765.9227		
EE COST PER RWP (CC/DD)	6534.674	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	0		
(PAS)	128.473		
(ADELS)	0		
FF. TOTAL CAT II RWPS	128.473	0	0
GG. TOTAL CAT II COST (EExFF)	839529.1	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4165526	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	637.4497	0	0
JJ. COST PER CAT III RWP (HH/II)	6534.674	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	2334		
CAT II OBDS			
(DXNNH)	0		
(PAS)	201		
(ADELS)	0		
LL TOTAL CAT II OBD	201	0	0
MM CAT III OBDS (KK-LL)	2133	0	0
NN. AVG DAYS/RWP (MM/II)	3.346146	ERR	ERR
OO. ADD ON PER RWP (NNx77)	257.6533	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	6792.327	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	1018.849	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	3803.703	ERR	ERR
SS. OTHER COSTS (PPx.29)	1969.775	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	1087.926	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	4009.523	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1599.251	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1663.221	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	4169.904	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	2048.566	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	2218.597	ERR	ERR
ADJ CAT III COST/RWP	8051.722	ERR	ERR

(26)R

**** ALL FOLLOWING INFORMATION IS THE RESPONSIBILITY OF THE HOST COMMAND, NAS LEMOORE, AND WILL BE SUBMITTED VIA THEIR DATA CALLS. *****

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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			

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

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
TOWERS D & F (E1-E6)	36	28	36	360'				
TOWERS 14 & 15 (E1-E6)	32	27	32	360'				
BOQ (E7-E9)	02	02	02	270'				
BOQ (CWO1-CWO2)	02	02	02	250'				
BOQ (03 & ABOVE)	04	04	04	400'				

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.H. VASQUEZ	J.H. Vasquez
NAME (Please type or print)	Signature
COMMANDING OFFICER	9 Sep 94
Title	Date
NAVAL HOSPITAL LEMOORE	
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

9-14-99
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

J. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date: 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

NAME (Please type or print) — Signature

ACTING

Title — Date: 6/9/94

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

J. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 JUNE 1994
Date

NAVAL HOSPITAL LEMOORE
Activity

REVISION OF QUESTION 7E OF DATA CALL

DC 27
Revision ~~Pg~~ question
7E

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 6-20-94

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 07 JUL 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

R. W. Holden

R. W. HOLDEN
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

29 SEPTEMBER 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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 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."

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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.H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 30 August 94

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

R

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

J. H. VASQUEZ

NAME (Please type or print)

Signature

Commanding Officer

Title

23 Jan 95

Date

Naval Hospital Lemoore

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 — X [signature]

NAME (Please type or print) — Signature

ACTING CHIEF BUMED — X 1-26-95

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)

W. A. EARNER — [signature]

NAME (Please type or print) — Signature

Title — 2/6/95

Date

Document Separator

380

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Lemoore NAS
Unit Identification Code (UIC):	66095
Major Claimant:	Defense Agencies

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	25845	Hospital Replacement	MCON	37,000
		Hospital Replacement	BRAC	9,100
		Sub - Total		**46,000**
		Grand Total		**46,100**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

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

Document Separator

R

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**LEMOORE NH**
Unit Identification Code (UIC):	**N66095**
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	845T	HOSPITAL	BRAC	9,080
		Sub-Total - 1996		9,080
		Grand Total		9,080

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

12/7/94
Date

Document Separator

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**LEMOORE NH**
Unit Identification Code (UIC):	**N66095** # 380
Major Claimant:	**BUMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	845T	HOSPITAL	BRAC	9,080
		Sub-Total - 1996		**9,080**
		Grand Total		**9,080**

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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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:NAVAL HOSPITAL LEMOORE

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

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LOCATION

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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	5500	4813	N/A	4283 ~~9040~~	N/A	N/A
FAMILY OF AD	8200	8596		7655 ~~13476~~		
SUBTOTAL	13700	13409		22516		
RETIRED AND FAMILY MEMBERS UNDER 65	8870	8273		~~8849~~ 8037		
RETIRED AND FAMILY MEMBERS OVER 65[4]	1128	950		~~1389~~ 1500		
OTHER	1281	2443		2493		
TOTAL	23698	25075		23968 ~~32754~~		

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.

CFW BUMED-823
1 Jun 94

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]:	~~27~~ 37
Set Up Beds[1]:	32
Expanded Bed Capacity[2]:	37

R

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[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]:	~~27~~ 37
Set Up Beds[1]:	32
Expanded Bed Capacity[2]:	37

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

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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	26130	58530	42343	127003
ADMISSIONS	587	487	389	1463
LABORATORY TESTS (WEIGHTED)[1]	229032	404901	316967	950900
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12592	23274	17938	53804
PHARMACY UNITS (WEIGHTED)[1]	73627	83717	92067	249411
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.

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	26130	58530	42343	127003
ADMISSIONS	587	487	389	1463
LABORATORY TESTS (WEIGHTED)[1]	229032	404901	316967	950900
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12592	23274	17938	53804
PHARMACY UNITS (WEIGHTED)[1]	73627	83717	92067	249411
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.

** DUE TO SEVERE PHYSICAL PLANT LIMITATIONS, WE ARE OPERATING AT MAXIMUM CAPACITY.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	26130	68765	49749	144644
ADMISSIONS	587	1089	870	2564
LABORATORY TESTS (WEIGHTED)[1]	229032	479037	375005	1083074
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12592	27498	21193	61283
PHARMACY UNITS (WEIGHTED)[1]	73627	100228	110224	284079
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.

1 - OVERALL, UTILIZED BUMED DESIGNED MODEL TO PROJECT MTF EQUIVALENT VISITS AND USING PERCENTAGE PROJECTED ADDITIONAL WORK TO FAMILY OF ACTIVE DUTY AND RETIRED AND FAMILY.
2- TOTAL OF LAB, RADIOLOGY AND PHARMACY: TOOK 13.9% INCREASE FROM OUTPATIENT VISITS AND APPLIED TO TOTAL FROM PREVIOUS TABLE. THEN THOSE WERE APPLIED TO FAMILY OF ACTIVE DUTY AND RETIRED IN SAME PERCENTAGE AS PREVIOUS TABLE FOR THESE TWO CATEGORIES.
3- ASSUMED NO CHANGE IN ACTIVE DUTY CARE.

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]	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17
SPECIALTY CARE[2]	~~6~~ 7	~~6~~ 7	~~6~~ 7	~~6~~ 7	~~6~~ 7	~~6~~ 7	~~6~~ 7	~~6~~ 7
PHYSICIAN EXTENDERS[3]	~~6~~ 8	~~6~~ 8	~~6~~ 8	~~6~~ 8	~~6~~ 8	~~6~~ 8	~~6~~ 8	~~6~~ 8
INDEPENDENT DUTY CORPSMEN	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1
TOTAL	33	33	33	33	33	33	33	33

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

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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]	361
SPECIALTY CARE[2]	633
PHYSICIAN EXTENDER[3]	264
TOTAL	1,258

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 969,651

TULARE COUNTY: TULARE 39,000; VISALIA 86,151
KINGS COUNTY: 111,200
FRESNO COUNTY: 733,300

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]
FRESNO COMM HOSP & MED CTR	COMM HOSP OF CENTRAL CALIF	45 MI	60 MIN	
ST AGNES MED CTR	HOLY CROSS HEALTH SYSTEM CORP	50 MI	60 - 75 MIN	
VALLEY CHILDRENS HOSPITAL		45 MI	60 MIN	
HANFORD COMM HOSP	ADVENTIST HEALTH SYSTEM-WEST	18 MI	20 MIN	
CENTRAL VALLEY GEN HOSP	CATHOLIC HEALTH CORP	20 MI	25 MIN	MOU FOR MRIS
VALLEY MED CENTER	FRESNO COUNTY	45 MI	60 MIN	
VA MED CTR	VETERANS ADMIN	45 MI	60 MIN	
KAWEAH DELTA DISTRICT HOSP		35 MI	45 MIN	
VISALIA COMM HOSP	EPIC HEALTHCARE GROUP	35 MI	45 MIN	
TULARE DIST HOSP		42 MI	55 MIN	

[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]
FRESNO COMM HOSP & MED CTR	363	YES	71.6%	GRADUATE MED ED CTR REHAB FACILITY
ST AGNES MED CTR	323	YES	72.4%	
VALLEY CHILDRENS HOSP	173	YES	81.8%	GRADUATE MED ED CTR NED SCHOOL AFFILIATION REHAB FACILITY
HANFORD COMMUNITY HOSP	54	YES	88.9%	
CENTRAL VALLEY GENERAL HOSP	66	YES	36.4%	
VALLEY MEDICAL CENTER	326	YES	69.9%	REGIONAL TRAUMA CENTER GRADUATE MED ED CTR MED SCHOOL AFFILIATION TEACHING HOSP
VA MEDICAL CENTER	168	YES	68.9%	GRADUATE MED ED CTR MED SCHOOL AFFILIATION
KAWEAH DELTA DIST HOSP	181	YES	98.5%	

VISALIA COMM HOSP	52	YES	NON REPORTING	
TULARE DIST HOSP	86	YES	60.5%	

[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 LEMOORE CA UIC 66095

c. Training Facilities:

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

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

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

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~~13~~

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

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

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

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

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

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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

J. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

NAME (Please type or print) | Signature

ACTING

Title | Date 8 JUNE 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

R. W. HOLDEN
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

29 SEPTEMBER 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Document Separator

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 LEMOORE
UIC:	66095
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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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:	$27,175

Source of Data (1.a. Salary Rate): DCPDS 7/94 HUMAN RESOURCES OFFICE NAS LEMOORE

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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			
KINGS	CA	245	59	90%		
TULARE	CA	2	3	5%		
FRESNO	CA	2	3	5%		

= 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:

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Source of Data (1.b. 1) & 2) Residence 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)
FRESNO	FRESNO	30 NM
VISALIA/TULARE	TULARE	30 NM

Source of Data (1.c. Metro Areas):

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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		
20 - 24 Years	2	3.08
25 - 34 Years	10	15.38
35 - 44 Years	18	27.59
45 - 54 Years	23	35.38
55 - 64 Years	12	18.46
65 or Older		
TOTAL	65	100 %

Source of Data (1.d.) Age Data):DCPDS 7/94

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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		
9th through 11th Grade	3	4.62
12th Grade or High School Equivalency	31	47.69
1-3 Years of College	21	32.31
4 Years of College (Bachelors Degree)	8	12.31
5 or More Years of College (Graduate Work)	2	3.08
TOTAL	65	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.)	2
Associate Degree	1
Bachelor Degree	8
Masters Degree	2
Doctorate	0

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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level 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 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		

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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		
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	18	27.69
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76	2	3.07
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5h. Health Services	80	34	52.31
5i. Legal Services	81		
5j. Educational Services	82	3	4.62
5k. Social Services	83	1	1.54
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	7	10.77
5n. Other Misc. Services	89		
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		
6c. Public Finance	93		
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL		65	100 %

Source of Data (1.f.) Classification By Industry Data): DCPDS 7/94

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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	9	14%
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		
2h. Social & Recreation Workers	1	2%
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)		
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	6	9%

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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	9	14%
3b. Other Technologists	1	2%
Sub-Total 3a. and 3b.:		
4. Administrative Support & Clerical	36	55%
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/Medical Assistants/Aides		
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	2	3%
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	1	2%
TOTAL	65	100 %

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Source of Data (1.g.) Classification By Occupation Data):

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:	
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:	15
3b. Employed "On-Base" - Non-Appropriated Fund:	
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	

Source of Data (1.h.) Spouse Employment Data): DCPDS 7/94

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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.**

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	A	B	C
Schools - Private	A	B	B
Public Transportation - Roadways	A	A	B
Public Transportation - Buses/Subways	A	B	B
Public Transportation - Rail	A	B	B
Fire Protection	A	B	B
Police *	A	B	B
Health Care Facilities	B	C	C
Utilities:			
Water Supply *- See NOTE 1	A	B	C
Water Distribution *	B	C	C
Energy Supply *	A	A	B
Energy Distribution *	A	A	B
Wastewater Collection *	A	B	C

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Category	20% Increase	50% Increase	100% Increase
Wastewater Treatment *	A	B	C
Storm Water Collection *	A	B	C
Solid Waste Collection and Disposal *	A	B	C
Hazardous/Toxic Waste Disposal *	A	B	B
Recreational Activities	B	B	C

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

NOTE 1: NAS Lemoore has an on site water processing plant, with the water being provided by Westlands Water District.

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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 - All three local elementary school districts would require an expansion of their existing facilities in order to accommodate the anticipated growth in their student population caused by a 50% increase in the base work force. If a 100% increase were to occur, the local high school district would also require additional construction.

Health Care Facilities - An expansion in base population of 50% or 100% would require substantial investments to the infrastructure. The on-base facility, Naval Hospital, Lemoore, is inadequate to properly serve even the current population. An expansion of 50% or greater would require the extensive use of modular spaces (trailers) as a stop-gap while awaiting expansion of the current facility or the building of a new facility. A replacement Hospital is programmed for FY96.

An expansion of 50% or greater would also impact the civilian healthcare facilities in the area. There are two hospitals in the local community. A 50% increase would at the minimum require a re-dedication of services to meet the needs of the relatively young population associated with military families. This might include expanding OB/GYN and Pediatric services. A 100% increase would severely tax existing facilties and would eventually require expansion of facitlities or refurbishment of one of the facilities.

Water Supply - 100% increase in water supply (processing) is restricted by the current capacity of the plant, which is 8 million gallons a day. We currently approach 6 million gallons a day usage during the summer months.

Wastewater Treatment and Storm Water Collection - Present capapcity is 1.37 million gallons a day for waste and storm watewr combined in the wet weather. In 1978, 1979 and 1980 (wet years) all storm water was discharged to the Kings River to avoid evaporation ponds from overflowing. Discharge permits only allow emergency discharge to the river.

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

1. Barbara Richwine, Lemoore Union Elementary School District
2. Island Union School District
3. Kings Christian School
4. Jerry Stewart, Utility Specialist, NAS Lemoore
5. Dennis McGrath, PAO, NAS Lemoore
6. 1991 JCAH Inspection (Naval Hospital, Lemoore
7. FY 92 Navy (Medical) IG
8. Cyrus E. Hendren, EdD, Education Services Specialist, Navy Campus, NAS Lemoore

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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	A	B
Schools - Public	A	B	B
Schools - Private	A	A	B
Public Transportation - Roadways	A	B	B
Public Transportation - Buses/Subways	A	B	B
Public Transportation - Rail	A	B	A
Fire Protection	A	B	B
Police *	A	B	B
Health Care Facilities - See NOTE 1	A	A	B
Utilities:			
Water Supply *	A	B	C
Water Distribution *	B	C	C
Energy Supply *	A	A	B
Energy Distribution *	A	A	B

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Category	20% Increase	50% Increase	100% Increase
Wastewater Collection *	A	B	C
Wastewater Treatment *	A	B	C
Storm Water Collection *	A	B	C
Solid Waste Collection and Disposal *	A	B	C
Hazardous/Toxic Waste Disposal *	A	B	B
Recreation Facilities	B	B	B

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

Note 1. Based on site visits to six Regional Hospitals with-in the area (Kings, Fresno and Tulare Counties)

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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.

Utilities - Same comments as table A.

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

1. BARBARA RICHWINE, LEMOORE UNION ELEMENTARY SCHOOL DISTRICT
2. SHIRLEY ORNE, ISLAND UNION SCHOOL DISTRICT
3. LANDON SCHLOSSES, KINGS CHRISTIAN SCHOOL
4. JERRY STEWART, UTILITY SPECIALIST, NAS LEMOORE
5. DENNIS MCGRATH, PAO, NAS LEMOORE
6. 1991 JCAH INSPECTION (NAVAL HOSPITAL, LEMOORE
7. FY 92 NAVY (MEDICAL) IG
8. CYRUS E. HENDREN, EDD, EDUCATION SERVICES SPECIALIST, NAVY CAMPUS, NAS LEMOORE
9. AHA Hospital Guide
10. Site visits to six Regional Hospitals (DOD Study)
11. Harry Sussman, Lemoore Union High School District

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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: 4.4%

Units for Sale: 1%

Source of Data (3.a. Off-Base Housing): Ben Bernal, Housing Director, NAS Lemoore

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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	
Armona Union	Kings	1	1	0	943	1000	28	32	No
Central Union	Kings	4	0	0	2068	2200	28	32	Yes
Hanford Elem.**	Kings	6	2	0	4879	3800	28	32	No
Hanford JUHS	Kings	0	0	4	2450	2400	28	28	Yes
Island Union	Kings	1	0	0	259	290	25	29	No
Kings River	Kings	1	0	0	380	410	22	32	No
Kings Christian School	Kings	1	0	1	270	320	24	30	No
Lemoore Union	Kings	3	1	0	2427	2670	28	29	No
Lemoore Union HS	Kings	0	0	1	1580	1850	25	30	Yes
Pioneer Union**	Kings	1	1	0	690	900	28	32	No

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Thomas McCarthy	Kings	1	1	0	220	265	28	30	no
MIQ	Kings	1	1	0	250	315	24	30	No

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.
** School offices closed for summer recess or data otherwise not available. Data provided is based on October 1992 survey.

Source of Data (3.b.1) Education Table):

1. **BARBARA RICHWINE, LEMOORE UNION ELEMENTARY SCHOOL DISTRICT**
2. **SHIRLEY ORNE, ISLAND UNION SCHOOL DISTRICT**
3. **LANDON SCHLOSSES, KINGS CHRISTIAN SCHOOL**
4. **Cyrus E. Hendren, EdD, Education Specialist, Navy Campus, NAS Lemoore**
5. **Harry Sussman, Lemoore Union High School District**

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

There are No DOD Sponsored schools on-base.

Source of Data (3.b.2) On-Base Schools):

1. Cyrus E. Hendren, EdD, Education Specialist, Navy Campus, NAS Lemoore

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 :

West Hills Community College (Lemoore Center)
College of the Sequoias (Hanford Office)

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California State University, Fresno
Chapman University
Embry Riddle University

Source of Data (3.b.3) Colleges):

1. Cyrus E. Hendren, EdD, Education Specialist, Navy Campus, NAS Lemoore
2. Harry Sussman, Lemoore Union High School District

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:

West Hills Community College - Business, Computer Information Systems, Educational Assistant, early Childhood Education, Office Management & Technologies

Lemoore Adult School - Bus Driving, Carpentry

Hanford Adult School - Certified Nurses Aide, Licensed Vocational Nurse, Welding, Computers, Secretarial

Source of Data (3.b.4) Vo-tech Training):

1. CYRUS E. HENDREN, EDD, EDUCATION SPECIALIST, NAVY CAMPUS, NAS LEMOORE
2. HARRY SUSSMAN, LEMOORE UNION HIGH SCHOOL DISTRICT

c. **Transportation.**

1) Is the activity served by public transportation?

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	Yes	No
Bus:	x	
Rail:		x
Subway:		x
Ferry:		x

Source of Data (3.c.1) Transportation):

1. **NAS Lemoore, Master Plan (April 1993)**
2. **David Sparlin, Facilities Planning Officer, NAS Lemoore**

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.

Railroad passenger service is provided by AMTRAK and is available at Hanford, CA, 18 miles from the station.

Source of Data (3.c.2) Transportation):

1. **NAS Lemoore Master Plan (April 1993)**
2. **David Sparlin, Facilities Planning Officer, NAS Lemoore**

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.

Visalia Municipal Airport, Visalia, CA 30 NM
Fresno Air Terminal, Fresno, CA 30 NM

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Source of Data (3.c.3) Transportation):

1. Don Gibson, Assistant Air Ops Officer, NAS Lemoore

4) How many carriers are available at this airport?

Visalia Municipal Airport	- United Express
Fresno Air Terminal	- American
	United Express
	Delta
	Skywest
	AIR LA
	Federal Express
	US Air Express
	AmerEagle

Source of Data (3.c.4) Transportation):

1. Don Gibson, Assistant Air Ops Officer, NAS Lemoore

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

Interstate Highway 5, 21 miles to the west of the station.

Source of Data (3.c.5) Transportation):

1. **NAS Lemoore, Master Plan (April 1993)**
2. **David Sparlin, Facilities Planning Officer, NAS Lemoore**

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 Route 198 - This route is a four-lane, east-west highway in good condition. Currently there are 12-foot shoulders and the posted speed limit is 55 miles per hour. The existing average daily traffic is approximately 11,500 vehicles-per-day. This route services the Main Gate and the Housing Gate.

State Route 41 - This route is a four-lane, north-south highway in good condition. Currently there are 12-foot shoulders and the posted speed limit is 55 miles per hour. The existing average daily traffic is approximately 10,600 vehicles-per-day.

Grangeville Boulevard - This boulevard is a two-lane, east-west road in good condition. Currently it is classified as an arterial and the posted speed limit is 45 miles per hour. The existing average daily traffic is approximately 4,700 vehicles-per-day. This boulevard services the Ops Gate.

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b) Do access roads transit residential neighborhoods?

None of the access roads transit residential neighborhoods.

c) Are there any easements that preclude expansion of the access road system?

There are no known easements which would preclude expansion of the access road.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

There are no man-made barriers that would inhibit traffic flow.

Source of Data (3.c.6) Transportation):

1. 100 Percent over the shoulder Draft No. 4 Environmental Impact Statement (June 1994)

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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 Lemoore has three mutual aid agreements in place for fire protection. One with the City of Hanford, CA, which encompasses both parties providing a single structural engine company when requested only if there is no impact to either parties' ability to continue its mission. One with the County of Kings, CA, which and contains the same provisions and another with the City of Lemoore containing the same provisions.

Hazardous material incidents are responded to by the station assets.

Source of Data (3.d. Fire/Hazmat):

1. Don Gibson, Assistant Air Ops Officer, NAS Lemoore

e. **Police Protection.**

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

Proprietary jurisdiction only.

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 is not applicable, as there is not more than one level of legislative jurisdiction for this activity.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

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Yes, the Memorandum of Understanding (MOU) is with the Kings County Sheriff's Department. The MOU is dated 26 January 1987 and addresses the following agreements:

* Air Station agrees the state has not relinquished legislative jurisdiction and the station has proprietorial interest only.

* Sheriff agrees U.S. Navy has jurisdiction over all members of the Armed Forces of the United States per the Uniform Code of Military Justice (Title 10 USC Sections 801-935).

* Sheriff agrees to provide mutual aid to the station in the event of terrorist attack or major criminal event that could require the application of deadly force.

* Sheriff agrees that off-base military aircraft crash scenes in unpopulated areas will be protected by Navy Security Force personnel.

* Station agrees off-base military aircraft crash scenes in populated areas will remain under the jurisdiction of agency having the responsibility for location.

* Sheriff agrees that station can establish a temporary federal area off station property under provisions of Title 50, USC Section 797 (Section 21 of Internal Security Act of 1950), declaring area a National Defense Area.

* Sheriff agrees in the event of imminent hostile action against the station, short of actual declaration of a state of National Emergency, the station can take certain steps to guard public utility facilities off base.

* Sheriff agrees that in response to all routine calls for service on station, NOT deemed life threatening, the responding Deputy Sheriff will notify and inform the Security Detachment of his/her destination and the nature of the call for service.

* Both the Sheriff and Station agree to participate in mutual training exercises aboard the station to develop a

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homogeneous functioning unit.

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.

Only one agreement exist and it is with the Kings County Sheriff's Department. The services covered by this agreement are addressed in paragraph (3.e. 3)

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.

This is not applicable to this activity.

Source of Data (3.e. 1) - 5) - Police):

1. **LCDR Beeson, Security Officer, NAS Lemoore**
2. **Master Chief Hicks, Security Department, NAS Lemoore**

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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.

WESTERN Division, Naval Facilities Engineering Command at San Bruno, CA does all the utility contracts for Naval Air Station, Lemoore. The Station is not authorized to negotiate utility contracts at our level.

The only contract for utilities with a local community is our Refuse Disposal contract with the City of Avenal. We currently pay the City of Avenal $46.00 a ton to dispose our refuse in their landfill.

Naval Air Station Lemoore purchases water from Westlands Water District and we have our own treatment plant. We also have our own sewage disposal system. The City of Lemoore is too remote to provide utility services to the station.

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.

None.

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Source of Data (3.f. 1) - 3) Utilities):

1. Barbara Weber, Public Works Administration Officer (Acting), NAS Lemoore
2. Jerry Stewart, Utility Specialist, NAS Lemoore

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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. Naval Air Station, Lemoore	DOD	6,450*
2. Ultramar (Hanford)	Petroleum	1,500
3. County of Kings	Government	1,000
4. Pirelli/Armstrong	Tire Manufacturer	640
5. Contadina	Tomato Processing	595
6. J. G. Boswell, Co.	Farming	575
7. Hanford Elem. School District	Education	500
8. Hanford Community Hospital	Medical Services	375
9. Corcoran Unified School District	Education	325
10. Hanford High School District	Education	275

* Note: Figure includes Military, Civilians (appropriated and Non-appropriated funded) and major service contract employees.

Source of Data (4. Business Profile):

1. **Dennis McGrath, PAO, NAS Lemoore**
2. **Kings Co. Association of Government**

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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:

Starcraft Industries (Corcoran) - 140 Jobs (Jul 1990)
Dal-Ray Manufacturing (Hanford) - 90 Jobs (Aug 1991)
Standard Register Forms Inc. (Hanford) - 135 Jobs (March 1992)

b. Introduction of New Businesses/Technologies:

California State Prisons
Cargill Inc. Neutrena Feeds Div. (Hanford) - 40 Jobs
Great West Fuels (Hanford) - 30 Jobs
Leprino Foods (Lemoore) - 40 Jobs
Contadina Foods (Hanford) - 50 Jobs
Hanford Mall

c. Natural Disasters:

The lingering 7 year drought in California and the diversion of water for environmental purposes has resulted in the local agriculture to receive 65% less than normal allocated water from the Central Valley Project, resulting in decreased yields. The water allocations for 1995 will be less than 1994. Water for 1995 may only be available from wells, which could cause overdraft of the aquifer and increase operating cost and reduced yields, which reduces the cash flow with-in the community.

d. Overall Economic Trends:

The targeted growth area for California is the Central Valley. The Central Valley's base is agriculture oriented; it is trying to diversify with non-agriculture, but in industries that use agriculture resources.

Major water and environmental issues will generally impact the valley and the current trend is not favorable.

36 BUMED
MED 825
GrA
7/19/94

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (5. Other Socio/Econ):

1. **Dennis McGrath, PAO, NAS Lemoore**
2. **Jerry Stewart, Utility Specialist, NAS Lemoore**
3. **David Sparlin, Facilities Planning Officer, NAS Lemoore**

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

Source of Data (6. Other):

BUMED
MED 825
GSA
7/19/94

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. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

12 July 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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)

J. B. GREENE, JR.

NAME (Please type or print) | Signature

ACTING

Title | Date 16 AUG 1994

Document Separator

380

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL HOSPITAL LEMOORE
UIC:	66095
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION LEMOORE, CA
Host Activity UIC:	63042

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 LEMOORE		**UIC:** 66095	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	85	0	85
1b. Minor Construction	55	0	55
1c. Sub-total 1a. and 1b.	140	0	140
2. Other Base Operating Support Costs:			
2a. Utilities	320	0	320
2b. Transportation	27	0	27
2c. Environmental	7	0	7
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	150.3	1579	1729.3
2j. Other (Specify)*	273	226	499
2k. Sub-total 2a. through 2j:	777.3	1805	2582.3
3. Grand Total (sum of 1c. and 2k.):	917.3	1805	2722.3

*Engineering Support, Communications, Supply Operations, and FECA

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)
ONLY ONE APPROPRIATION----------	9740130

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A		UIC: N/A	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	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:	N/A	N/A	N/A
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 LEMOORE	**UIC:** 66095
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	177
Material and Supplies (including equipment):	2274
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	23
Other Purchases (Contract support, etc.):	6499
Total:	8973

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 LEMOORE	**UIC:** 66095
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	3.2
Mission Support:	51
Procurement:	N/A
Other:*	N/A
Total Workyears:	54.2

* **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)): ~~4.2~~

53.2 BUMED MED 825 GSA 7/19/94

2) Estimated number of workyears which would be eliminated:

1.0

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):N/A

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

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

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

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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. H. VASQUEZ
NAME (Please type or print)

J. H. Vasquez
Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

16 AUG 1994

Title

Date

ENCLOSURE(5)

Document Separator

66095
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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.

Official name	*NAVAL HOSPITAL, LEMOORE, NAS LEMOORE, CA*
Acronym(s) used in correspondence	NAVHOSP LEMOORE
Commonly accepted short title(s)	*N/A*

. Complete Mailing Address

COMMANDING OFFICER
NAVAL HOSPITAL LEMOORE
930 FRANKLIN AVE
NAS LEMOORE, CA 93246-5004

. PLAD NAVHOSP LEMOORE CA

. PRIMARY UIC: 66095 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

. Yes ____ No ___X___ (check one)

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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) NAS LEMOORE UIC: N63042

· Primary Host (as of 01 Oct 1995) UIC: N63042

· Primary Host (as of 01 Oct 2001) UIC: N63042

. 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		

66095

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

BRAC-93 provided a considerable increase in size to the host command, NAS Lemoore. This will dramatically increase the size of the beneficiary population. Although actual numbers continue to flucuate, it is estimated that our beneficiary population will increase by 10,000 - 12,000. Our existing MILCON Project (P-077) received an approximately $9 million increase to its funding to accomodate growth associated with BRAC. Naval Hospital Lemoore expects its staff to increase by between 50 - 100 personnel to meet BRAC-93 increases in visits.

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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

.Support combat readiness by maintaining the health of the active duty Naval Air Force personnel in the San Joaquin Valley.

.Through the Aviation Survival Training Center (ASTC), provide survival and physiological training to the aviation community.

.Provide highest quality care in a cost effective manner to all eligible beneficiaries in our catchment area.

.Provide Preventive Medicine, Occupational , and Industrial Hygiene services to NAS Lemoore and its tenant commands.

.Support the Managed Care Support Program (MCSP) through liaison with AETNA Government Health Plans.

.Support Lead Agency initiative through cooperation with our Lead Agent, David Grant Medical Center at Travis AFB.

Projected Missions for FY 2001

.Support combat readiness by maintaining the health of the active duty Naval Air Force personnel in the San Joaquin Valley.

.Through the Aviation Survival Training Center (ASTC), provide survival and physiological training to the aviation community.

.Provide highest quality care in a cost effective manner to all eligible beneficiaries in our catchment area.

.Provide Preventive Medicine, Occupational , and Industrial Hygiene services to NAS Lemoore and its tenant commands.

.Support the Managed Care Support Program (MCSP) through liaison with AETNA Government Health Plans.

.Support Lead Agency initiative through cooperation with our Lead Agent, David Grant Medical Center at Travis AFB.

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65A

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

.Only operational Centrifuge-based Flat Environmental Trainer (CFET) in the Navy, providing training to all of Naval and Marine Corps aviation, as part of the Aviatin Survival Training Center (ASTC).

Projected Unique Missions for FY 2001

.Only operational Centrifuge-based Flat Environmental Trainer (CFET) in the Navy, providing training to all of Naval and Marine Corps aviation, as part of the Aviatin Survival Training Center (ASTC).

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 Base San Francisco	N61447

. Funding Source	UIC
Bureau of Medicine and Surgery	N00018

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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	64	182	65
. Contracted			65*

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian(Appropriated)
. Reporting Command	67	~~176~~ 165 GSA	~~69~~ 75 GSA
. Contracted			65*

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

Title/Name	Office	Fax	Home
. CAPT J. H. VASQUEZ MSC, USN	209-998-4201	209-998-4438	209-997-0662
. Duty Officer	209-998-4481	209-998-4438	N/A

.BRAC COORDINATOR
LT W. N.NOGY, MSC, USNR 209-998-4401

66095

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

. Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

. Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

. Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
e.g. DLA (DoD Agency Name)	*Somewhere, CA*	*Purchasing/contract administration and public works support - ISSA.*
USAF (Other Military Dept)	*Anywhere AFB*	*warehouse space - MOU.*

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

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

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

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

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

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* Submission of this data is responsibility of host command, Naval Air Station, Lemoore and will be submitted via their chain of command.

66045
WA

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. W. HOLDEN, CAPT, MC, USN
Name (Please type or print)

R. W. Holden
Signature

COMMANDING OFFICER (ACTING)
Title

03 Feb 94
Date

NAVAL HOSPITAL, LEMOORE
Activity

66015

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 10 FEB 1994

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J B Greene Jr

Signature

ACTING

Title

16 FEB 94

Date

Document Separator

UIC: 43684

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 Branch Clinic* *MCMWTC, Bridgeport, CA*
Acronym(s) used in correspondence	*NAV HOSP Branch Clinic* *NHBC* *Branch Medical Clinic*
Commonly accepted short title(s)	*Branch Clinic, Bridgeport*

- Complete Mailing Address: Naval Hospital Branch Clinic
  MCMWTC
  Box 5010
  Bridgeport, CA 93517-5010

- PLAD BRMEDCLINIC MWTC BRIDGEPORT CA

- PRIMARY UIC: 43684 (Plant Account UIC for Plant Account Holders)
  Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

UIC: 43684

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: 64495

• Primary Host (as of 01 Oct 1995) UIC: 64495

• Primary Host (as of 01 Oct 2001) UIC: 64495

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

• Yes ____ No _X_ (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

N/A

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 emergency and routine medical care to Marines and Navy personnel assigned to MCMWTC Bridgeport, CA
- Provide routine medical care to active duty dependents and local area retirees on a space available basis.
- Provide Preventive and Occupational Medicine services to MCMWTC
- Maintain liason between MCMWTC and Naval Hospital Camp Pendleton, CA and other definitive care medical facilities
-
-

Projected Missions for FY 2001

- Anticipated increase in the number of instructors (and dependents). This will mean an increase in the number of eligible beneficiaries in the Bridgeport area.
-
-
-
-

UIC: 43684

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 support and assistance to base training evolutions and battalion medical personnel for survival and cold weather training exercises
-
-

Projected Unique Missions for FY 2001

-
-
-

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

Operational name	UIC
Naval Hospital, Camp Pendleton, CA	68094

Funding Source	UIC
Same	

UIC: 43684

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	1	12	0
Contracted			0
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	2	12	0
• Tenants (total)	N/A	N/A	N/A

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

Title/Name	Office	Fax	Home
• LT C. G. Nelson MC, USN	COMM (619)932-7761 ext 255 DSN 985-7255	DSN 985-7279	(916)495-2928
• HMC R. Davis	COMM (619)932-7761 ext 299 DSN 985-7299	DSN 985-7279	(916)495-2449

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Mono County Emergency Services	*Mono County CA*	*EMT Service to local area - MOU*

14. FACILITY MAPS: The facility maps will be submitted by MCMWTC Bridgeport (UIC: 64495) who is the host.

UIC: 43684

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.G. NELSON, LT/MC/USN
NAME (Please type or print)

Carla G Nelson
Signature

Senior Medical Officer
Title

24 Jan 94
Date

NHBC Bridgeport, CA

UIC: 43684

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

2-9-94

Title

Date

Activity

UIC: 43684

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

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

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

Signature

ACTING
Title

16. FEB 94
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL
CLINIC MCMWTC

BOX 5010
BRIDGEPORT, CA 93517-5010

381

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

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

Encl (2)

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	241	241	N/A	214	214	N/A
FAMILY OF AD	19	19	N/A	17	N/A	N/A
SUBTOTAL	260	260	N/A	231	231	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	15	15		15	15	
RETIRED AND FAMILY MEMBERS OVER 65[4]	2	2		2	2	
OTHER	N/A	N/A		N/A		
TOTAL	277	277	N/A	248	248	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 20 MILES.

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

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

[4] THIS SECTION MUST BE COMPLETED.

BUMED 822
MSS
3 Jun 94

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

Operating Beds1:	**None**
Set Up Beds[1]:	**None**
Expanded Bed Capacity[2]:	**None**

[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	1443	1388	410	3241
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	39196	NA	NA	39196
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1036	NA	NA	1036
PHARMACY UNITS (WEIGHTED)[1]	2950	NA	NA	2950
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.

*** 566 Immunizations; 141 EKGs

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	1443	1388	410	3241
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	39196			39196
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1036			1036
PHARMACY UNITS (WEIGHTED)[1]	2950			2950
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.

***566 Immunizations; 141 EKGs

BUMED-822
MSA, 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]	Not available (see below note)			
RADIOLOGY PROCEDURES (WEIGHTED)[1]		BUMED-822, MSL		
PHARMACY UNITS (WEIGHTED)[1]			3 Jun 94	
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.

THIS IS A BRANCH CLINIC WHICH IS DEPENDENT ON THE NAVAL HOSPITAL, CAMP PENDLETON FOR FUNDING, SUPPLIES AND RESOURCES.

CHAMPUS WORKLOAD DATA WAS NOT ATTAINABLE AT THIS TIME.

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

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

BUMED-822
mlt, 3 Jun 99

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	3
SPECIALTY CARE[2]	0
PHYSICIAN EXTENDER[3]	0
TOTAL	3

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: **840**

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]
Carson-Tahoe Hospital, Carson City, NV	City/County entity	75 miles	1 1/2 hrs	none
Barton Memorial Hospital, S. Lake Tahoe, CA	Barton Memorial (non profit)	85 miles	1 hr 45 min	none
Washoe Medical Center, Reno, NV	Washoe Health System	105 miles	2 hrs 15 min	none
St. Mary's Hospital, Reno, NV	Dominican Sisters of San Rafael	110 miles	2 hrs 15 min	none
VA Medical Center, Reno, NV	Veteran's Administration	110 miles	2 hrs 15 min	none
Mammoth Hospital, Mammoth Lakes, CA	Southern Mono Hosp. District	80 miles	1 hr 45 min	none

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY HOSPITALS.

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Carson-Tahoe Hospital, Carson City, NV	124	yes	70	Cath Lab, MRI
Barton Memorial Hospital, S. Lake Tahoe, CA	81	yes	63	Ortho Center, MRI
Washoe Medical Center, Reno, NV	528	yes	312	Regional Trauma Center
St. Mary's Hospital Reno, NV	367	yes	215	Chemical Dependency Unit, Training Center
VA Medical Center, Reno, NV	107	yes	84	none
Mammoth Hospital, Mammoth Lakes, CA	12	yes	6	none

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

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

c. Training Facilities:

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

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
NOT-APPLICABLE								

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

COMMENT;
We are a tenant on MCMWTC, Bridgeport, California. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
NOT-APPLICABLE			

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

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

UIC 43684

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 43684

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

Document Separator

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRANCH MEDICAL CLINIC
MCMWTC
BOX 5010
BRIDGEPORT, CA 93517
ACTIVITY UIC: 43684

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

April 4, 1994

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

ENCLOSURE (2)

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MISSION REQUIREMENTS

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

U.S. NAVAL HOSPITAL BRANCH CLINIC, (NHBC) MOUNTAIN WARFARE TRAINING CENTER, BRIDGEPORT, CA IS A AUXILLARY COMMAND OF NAVAL HOSPITAL, CAMP PENDLETON, (NHCP) CA LOCATED AS A TENANT COMMAND ON BOARD MOUNTAIN WARFARE TRAINING CENTER (MWTC), BRIDGEPORT, CA. NHBC IS TASKED BY NHCP TO PROVIDE DIRECT OUTPATIENT CARE TO THE PERMANENTLY ASSIGNED PERSONNEL OF MWTC AS WELL AS ADJUNCT OUUPATIENT CARE TO MEMBERS OF UNITS ASSIGNED TO MWTC FOR TRAINING. ADDITIONAL TASKING INCLUDES PROVIDING OUTPATIENT CARE TO THE DEPENDENTS AND RETIRED COMMUNITY WITHIN THE CATCHMENT AREA OF NHBC ON A SPACE AND RESOURCE AVAILABLE BASIS. NHBC PROVIDES HOSPITAL CORPMEN SUPPORT TO FIELD OPERATIONS SPONSORED BY MWTC DURING WINTER TRAINING PERIODS (NOVEMBER THROUGH MARCH).

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)
Marine Corps Mountain Warfare Training Center	33610	Bridgeport, CA	215
Branch Medical Clinic	43684	Bridgeport, CA	10

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	1855	N/A	N/A
ACTIVE DUTY NON N/MC		0		
TOTAL ACTIVE DUTY		1855		
FAMILY OF AD		1439	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		379		
RETIRED AND FAMILY MEMBERS OVER 65		0		
OTHER		113		
TOTAL		3786		

OUTPATIENT VISITS FOR FY94 ARE BASED ON PROJECTIONS FROM PREVIOUS YEAR'S DATA.

What is your occupancy rate for FY 1994 to date? __0__
THIS BRANCH CLINIC DOES NOT HAVE INPATIENT CAPABILITY.

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	3151	3078	3006	3006	3006	Not Available	Not Available
ADMISS.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Please show all assumptions and calculations in the space below:

FY92, FY93 AND PROJECTED FY94 WORKLOAD WAS COMPARED TO RAPS DATA FOR OUR CATCHMENT AREA DURING THOSE RESPECTIVE TIME-FRAMES. THE AVERAGE PERCENTAGE WAS THEN APPLIED TO EACH SUBSEQUENT FY'S RAP POPULATION TO PROJECT WORKLOAD FOR 1995-1999. (RAPS DATA IS NOT AVAILABLE BEYOND 1999.)

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections	87 hours	1
PRT Stand-by	1 hour	2
Water Testing	21 hours	1
Base Formations	3 hours	10
Field Training (Annual In-House Training)	4 days per year	3
Pistol Range	1 hour	1
Base Meetings (CO, SGT Maj, etc.)	36 hours	2
Field Coverage for IQC, Survival Courses etc.	10 days	1

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NONE								

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NONE			

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
Medical Clinic	Branch Clinic, MCMWTC Bldg # 3005	8250	7	adequate

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
Ambulance Shelter	To fund and construct a permanent garage to shelter ambulances from snow storms.	1995	$150, 000

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: Branch Medical Clinic, MCMWTC Bridgeport, CA					
2. UIC: 43684	3. CATEGORY CODE		4. NO. OF BUILDINGS: 1		
5. SIZE	A. GSF		B. NORMAL BEDS: 0		C.DTRS
6. LOCATION: MCMWTC	A. CITY: Bridgeport,			B.STATE: CA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	50	50		F 02	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	50		50	B 07	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

which are deficient.

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: **_N/A__**

FULL ACCREDITATION: Yes/No

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

NOT APPLICABLE TO BMC BRIDGEPORT

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?

VITAL TO THE FUNCTION OF MCMWTC AND THE TRAINING UNITS ATTACHED.

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

GROUND: CA State Hwy 108, US Hwy 395, Interstate 80.
RAIL: none.
AIR: Reno Airport, 100 miles from facility.
SEA: San Francisco, 250 miles from facility.

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): **100**

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

N/A

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

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?

Very isolated with small local civilian population base. Winter snow storms sometimes close the roads to the nearest towns.

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.

- Medical care of the Marines and their families would have to be handled entirely by local civilian assets.

- Personnel would be required to utilize CHAMPUS for <u>all</u> dependent care and travel distances in excess of 1 hour for medical problems.

- Personnel working on base, and single personnel living on base would have no ambulance service readily available.

- Any emergencies occuring on base would have to wait in excess of 30 minutes for a basic life support ambulance to even reach the base.

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

NO.

The local medical assets consist of two primary care clinics that handle urgent care problems. There are no facilities available for routine care, immunizations, or other routine medical needs.

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

Yes.

There are roughly 80 military retiree families living in the local area and their health care could be handled by local assets. HOWEVER, the cost to the families for their entire medical care under CHAMPUS would be staggering. Very few health care providers in the local area accept CHAMPUS assignment, and the cost of health care in the northern Nevada area is the highest in the U.S.

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

NOT APPLICABLE. Branch Clinic Bridgeport has no inpatient capabilities.

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

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

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

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

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

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

Number of "stubbed" expanded beds[1]: __**0**__

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	0	0	0
OUTPATIENT	94	102	41

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	85	31	73	44	40	39
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	85	31	73	44	40	39

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

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MSS, 14 Jun 9

[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	509,244	507,036	550,816
TOTAL OUTPATIENT VISITS	3,290	3,241	3,786
AVERAGE COST PER VISIT	154.79	156.44	145.49

FIRST QUARTER FY94 137,704 x 4 = 550,816

(14a is N/A for BRCLINIC)
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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)			

Table B:

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

[1] Record as a decimal to 6 digits.

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

Table C:

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

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

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU)[2]			
V. PERCENT INPATIENT (IWU÷AWU)			
W. FINAL OTHER F EXPENSES (S×V)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS			
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).

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

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
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)			

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

15. Quality of Life.

a. Military Housing

Branch Clinic Bridgeport is a Tenant Command of MCMWTC. MCMWTC is answering this BRAC Data Call issue.

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 43684

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 43684

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

29 JUN 1994
Date

Document Separator

Activity Information:

Activity Name:	Naval Branch Medical Clinic, MCMWTC, Bridgeport, CA
UIC:	43684
Host Activity Name	Marine Corps Mountain Warfare Training Center, Bridgeport, CA
Host Activity UIC:	64495

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.**

ENCLOSURE (3)

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)

Activity Name: NBMC, Bridgeport	**UIC:** 43684

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0.0	0.0	0.0
1b. Minor Construction	0.0	0.0	0.0
1c. Sub-total 1a. and 1b.	0.0	0.0	0.0
2. Other Base Operating Support Costs:			
2a. Utilities	9.0	0.0	9.0
2b. Transportation	0.0	0.0	0.0
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	0.0	0.0	0.0
2g. Child Care Centers	0.0	0.0	0.0
2h. Family Service Centers	0.0	0.0	0.0
2i. Administration	0.0	0.0	0.0
2j. Other (Specify)	0.0	0.0	0.0
2k. Sub-total 2a. through 2j:	9.0	0.0	9.0
3. Grand Total (sum of 1c. and 2k.):	9.0	0.0	9.0

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	9.0

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..

Table 1B - Base Operating Support Costs (DBOF Overhead)		
Activity Name: N/A		**UIC:**

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

2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

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: NBMC, Bridgeport	**UIC:** 43684
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	8.0
Material and Supplies (including equipment):	92.7
Industrial Fund Purchases (other DBOF purchases):	0.0
Transportation:	0.0
Other Purchases (Contract support, etc.):	112.6
Total:	213.3

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: NBMC, Bridgeport	**UIC:** 43684
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

Note: 1. Construction and facilities support provided by MCMWTC, Bridgeport is not reflected, assuming related work-years are reflected in their BRAC submission.

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)):

0

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

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.)
1.9	Supplemental care services

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. L. STAIGER, MC, USN
NAME (Please type or print)

J. L. Staiger
Signature

Commanding Officer
Title

13 Jul 94
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

04 AUG 1994

Title

Date

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, Millington, TN
Acronym(s) used in correspondence	NAVHOSP Millington
Commonly accepted short title(s)	N/A

- Complete Mailing Address

Naval Hospital
6500 Navy Road
Millington, TN 38054-5201

- PLAD NAVHOSP MILLINGTON TN

- PRIMARY UIC: 60002 (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): 46891 PURPOSE: DEPMED FLEET HOSP 4
  47534 DEPMED FLEET HOSP 15
  31034 INSERVICE TRNG NAVHOSP

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 ____ 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) NAS, MEMPHIS UIC: 00639

• Primary Host (as of 01 Oct 1995) NAS, MEMPHIS UIC: 00639

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

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative. BRAC 93 resulted in a major realignment of the NAS Memphis complex which will significantly decrease the Naval Hospital's beneficiary population. As a result it is anticipated the Naval Hospital will downsize to an ambulatory care facility with an external partnership with a local civilian hospital for inpatient care. It is further anticipated that the $15 million Life Safety Upgrade MILCON for the Naval Hospital will be cancelled and reprogrammed to construct an ambulatory care facility.

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

• A community family practice based hospital providing basic medical care to eligible beneficiaries in the following areas: Emergency Room, Acute Care, OB/Gyn, Dermatology, ENT, General Surgery, Immunizations, Internal Medicine, Optometry/Ophthalmology, Orthopedics, Pediatrics, Physical Therapy, Mental Health, Social Work, Urology, and Alcohol Rehabilitation.

• Provides inpatient Psychiatric Services in a 12 bed unit.

• Provides inpatient Alcohol Rehabilitation Services in a 18 bed unit.

• Provides Occupational Health/Preventive Medicine Services to the NAS Memphis complex.

• Trains military personnel for the performance of their assigned contingency and wartime duties.

• Training site for medical reserve personnel coordinated through REDCOM NINE.

• The Patient Administration Department coordinates all decedent affairs matters pertaining to the death of active duty Navy and Marine Corps personnel within a 50-mile radius of the Naval Hospital.

• The Patient Administration Department assumes medical cognizance over all Navy and Marine Corps personnel hospitalized in civilian facilities in the Central United States including Tennessee, Mississippi, Alabama, Arkansas, Colorado, Oklahoma, Kansas and Missouri. The department tracks such patients, reports on progress, and arranges transportation for transfer of patients to military hospitals.

• The Occupational Health/Preventive Medicine Department provides a broad range of health services upon request to DoD activities in the Central United States including Tennessee, Mississippi, Alabama, Arkansas, Colorado, Oklahoma, Kansas and Missouri.

Projected Missions for FY 2001

• A family practice based ambulatory are facility providing basic medical care to eligible beneficiaries.

- Provides Occupational Health/Preventive Medicine Services to the NAS Memphis complex.

- Administers external inpatient partnership with local civilian hospital and other managed care initiatives through an expanded Coordinated Care Department.

- Trains military personnel for the performance of their assigned contingency and wartime duties.

- Training site for medical reserve personnel.

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
Chief of Naval Technical Training	63111 (disestablished 30 Sep 94)

• Funding Source	UIC
Chief, Bureau of Medicine and Surgery	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	109	435	152
• Contracted			62 FTE*
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	116	~~410~~ 381 65A	~~162~~ 167 65A
• Tenants (total)	N/A	N/A	N/A

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

Title/Name	Office	Fax	Home
• CO/OIC			
CO CAPT M. A. BLOME'	(901) 873-5804	(901) 873-5928	(901) 872-6278
• Duty Officer	(901) 873-5801	(901) 873-5928	[N/A]
DFA CDR R. R. ROSANDER	(901) 873-5884	(901) 873-5928	(901) 872-6317 EXT 2012

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. A. BLOME'
NAME (Please type or print)

M A Blome
Signature

COMMANDING OFFICER
Title

28 JANUARY 1994
Date

NAVAL HOSPITAL, MILLINGTON, TN
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

2-8-94
Date

SURGEON GENERAL/CHIEF BUMED
Title

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

16 FEB 1994
Date

ACTING
Title

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Millington, TN
Unit Identification Code (UIC):	N60002
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1993	25822	Life Safety Upgrade PHI	MILCON	10,000
		Sub - Total		**10,000**
1994	41514	Life Safety Upgrade PHII	MILCON	5,000
		Sub - Total		**5,000**
		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

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: Naval Hospital, Millington TN

UIC: N60002

Host Activity Name (if response is for a tenant activity): NAS Memphis

Host Activity UIC: 00639

BUMED-822 MMA, 19 Jul 94

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: NAVAL HOSPITAL MILLINGTON UIC:60002

Category	FY 1996 BOS Costs ($000) Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	835	~~832~~ 811	~~1667~~ 1646
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	835	~~832~~ 811	~~1667~~ 1646
2. Other Base Operating Support Costs:			
2a. Utilities	821		821
2b. Transportation	22		22
2c. Environmental	0		0
2d. Facility Leases	0		0
2e. Morale, Welfare & Recreation	3		3
2f. Bachelor Quarters	26		26
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	81		81
2j. Other (Specify)			
Other Contracts	65		65
Supplies	159		159
Communications	124		124

Above corrections made @ HSO Jacksonville.
BUMED-822
mss, 25 Jul 94

Compensation	75	75			
2k. Sub-total 2a. through 2j:			1376	0	1376
3. Grand Total (sum of 1c. and 2k.):	**2211**	~~832~~ 811	~~3045~~ 3022		

Above corrections made @ HSO Jacksonville.

BUMED-822,
MSS, 25 Jul 94

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)
9740130	~~1772~~ 3022

BUMED-822 Above correction
MVL 25 Jul 94 made @ HSO Jacksonville.

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 MILLINGTON UIC:60002
(not aPPLICABLE)

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: NAVAL HOSPITAL MILLINGTON UIC: N60002

Cost Category	FY 1996 Projected Costs ($000)
Travel:	268
Material and Supplies (including equipment):	6188
Industrial Fund Purchases (other DBOF purchases):	1714
Transportation:	22
Other Purchases (Contract support, etc.):	9329
Total:	15807

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 MILLINGTON **UIC: N60002**

Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support: BASE OPERATING SUPPORT	4
Mission Support: HEALTH SERVICES CONTRACTS	49
Procurement:	0
Other:*	
Total Workyears:	53

* **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)):

Contract workyears transferred would be a function of the patient workload at the new site. This is not applicable in the case of Naval Hospital Millington.

2) Estimated number of workyears which would be eliminated:

It is assumed that Naval Hospital Millington would close if all active duty personnel were transferred to another area. Therefore, 53 contractor work years would be saved.

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)**: Not applicable

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

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

BUMED-822
MMS, 19 Jul 94

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

ACTIVITY COMMANDER

E.L. AMES, CAPT, NC, USN
Acting

Signature

7/13/94

Date

NAVAL HOSPITAL MILLINGTON, TN

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 8/11/94

Document Separator

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, MILLINGTON, TN
UIC:	60002
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.

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:	$26,787.75

Source of Data (1.a. Salary Rate):HUMAN RESOURCES OFFICE, PENSACOLA, FL

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			
SHELBY	TN	493	113	81	20	23
TIPTON	TN	97	24	16	10	15
OTHER		18	4	3	70	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:
SHELBY COUNTY, TN

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b. 1) & 2) Residence Data): HUMAN RESOURCES OFFICE, PENSACOLA, FL

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)
MEMPHIS	SHELBY	5

Source of Data (1.c. Metro Areas): MEMPHIS AREA CHAMBER OF COMMERCE

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	2	1.42
25 - 34 Years	16	11.35
35 - 44 Years	52	36.88
45 - 54 Years	49	34.75
55 - 64 Years	21	14.89
65 or Older	1	.71
TOTAL	141	100 %

Source of Data (1.d.) Age Data): HUMAN RESOURCES OFFICE, PENSACOLA, FL

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	0	0
9th through 11th Grade	3	2.13
12th Grade or High School Equivalency	86	60.99
1-3 Years of College	33	23.40
4 Years of College (Bachelors Degree)	9	6.38
5 or More Years of College (Graduate Work)	10	7.10
TOTAL	141	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.)	5
Associate Degree	10
Bachelor Degree	9
Masters Degree	9
Doctorate	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

0

Source of Data (1.e.1) and 2) Education Level Data): HUMAN RESOURCES OFFICE, PENSACOLA, FL

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	0	0
2. Construction (includes facility maintenance and repair)	15-17	1	.7
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	0	0

DATA CALL 65
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	0	0
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	4	3
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	0	0
4f. Communications	48	0	0
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	4	3
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	0	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	21	15
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	1	.7
5f. Motion Pictures	78	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5g. Amusement and Recreation Services	79	0	0
5h. Health Services	80	22	16
5i. Legal Services	81	0	0
5j. Educational Services	82	2	1.4
5k. Social Services	83	3	2
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	4	3
5n. Other Misc. Services	89	19	13.5
Sub-Total 5a. through 5n.:	70-89	72	51.1
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	53	38
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	3	2
6c. Public Finance	93	7	5
6d. Environmental Quality and Housing Programs	95	1	.7
Sub-Total 6a. through 6d.		64	45
TOTAL		141	100 %

Source of Data (1.f.) Classification By Industry Data): HUMAN RESOURCES OFFICE, PENSACOLA, FL

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	8	6
2. Professional Specialty		
2a. Engineers	1	.7
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	0	0
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	3	2
2i. Religious Workers	0	0
2j. Teachers, Librarians & Counselors	1	.7
2k. Health Diagnosing Practitioners (Doctors)	0	0
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	12	9

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	0	0
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	17	12
3. Technicians and Related Support		
3a. Health Technologists and Technicians	11	8
3b. Other Technologists	1	.7
Sub-Total 3a. and 3b.:	12	9
4. Administrative Support & Clerical	67	47
5. Services		
5a. Protective Services (includes guards, firefighters, police)	0	0
5b. Food Preparation & Service	18	13
5c. Dental/Medical Assistants/Aides	0	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	16	11
Sub-Total 5a. through 5d.	34	24
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	1	.7
8. Construction Trades	0	0
9. Production Occupations	0	0
10. Transportation & Material Moving	0	0
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	2	1.3
TOTAL	141	100 %

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.g.) Classification By Occupation Data): HUMAN RESOURCES OFFICE, PENSACOLA, FL

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.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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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:	
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	

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

Sections 1.h. through 6. request area wide economic and community data. For responses to these sections refer to NAS, Memphis BRAC -95 Data Call # 65.

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			
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			
Recreational Activities			

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

DATA CALL 65
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.

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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			

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

DATA CALL 65
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.

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

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:

Units for Sale:

Source of Data (3.a. Off-Base Housing):

DATA CALL 65
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	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	

* 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):

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

Source of Data (3.b.2) On-Base 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 :

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) Vi-tech Training):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

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

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.

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.

Source of Data (3.c.3) Transportation):

4) How many carriers are available at this airport?

Source of Data (3.c.4) Transportation):

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

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.)

b) Do access roads transit residential neighborhoods?

c) Are there any easements that preclude expansion of the access road system?

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

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.

Source of Data (3.d. Fire/Hazmat):

e. **Police Protection.**

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

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.

3) Does the activity have a 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.

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.

Source of Data (3.e. 1) - 5) - Police):

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.

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.

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.

Source of Data (3.f. 1) - 3) Utilities):

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.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Source of Data (4. Business Profile):

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:

   b. Introduction of New Businesses/Technologies:

   c. Natural Disasters:

   d. Overall Economic Trends:

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):

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

E. L. AMES
NAME (Please type or print)

Signature

Acting Commanding Officer
Title

7/14/94
Date

Naval Hospital, Millington, TN
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, 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 8/11/94

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

382

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

Installation Name:	MEMPHIS - N.H.
Unit Identification Code (UIC):	N60002
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	35.1
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$184
Total Number of Officer Housing Units:	23
Total Number of Enlisted Housing Units:	79

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

SOUTHNAVFACENGCON
Activity

Enclosure (1)

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, MILLINGTON

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

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

Enclosure (1)

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Revised pg

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 (1)		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	8539	8539	8539	3200	3200	3200
FAMILY OF AD	11336	11336	11336	3803	3803	3803
SUBTOTAL	19875	19875	19875	7003	7003	7003
RETIRED AND FAMILY MEMBERS UNDER 65	18056	18056	18056	18911	18911	18911
RETIRED AND FAMILY MEMBERS OVER 65[4]	3406	3406	3406	3831	3831	3831
OTHER	0	0	0	0	0	0
TOTAL	41337	41337	41337	29745	29745	29745

(1) Projected out as far as we can go - FY-99.

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.

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		N/A	PROJECTED FY 2001		N/A
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	8539	8539	8539	~~7282~~ 2069	~~7282~~ 2069	7282
FAMILY OF AD	11336	11336	11336	~~9836~~ 5265	~~9836~~ 5265	9836
SUBTOTAL	19875	19875	19875	~~17118~~ 7334	~~17118~~ 7334	17118
RETIRED AND FAMILY MEMBERS UNDER 65	18056	18056	18056	~~17832~~ 15885	~~17832~~ 15885	17832
RETIRED AND FAMILY MEMBERS OVER 65[4]	3406	3406	3406	~~4582~~ 3026	~~4582~~ 3026	4582
OTHER	0	0	0	~~0~~ 1791	~~0~~ 1791	0
TOTAL	41337	41337	41337	~~39532~~ 28036	~~39532~~ 28036	39532

BUMED-82
MSS
1 Jun 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.
[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]:	66	
Set Up Beds[1]:	36	NAVHOSPMILL (Code 01)
Expanded Bed Capacity[2]:	~~229~~ 106	RR 30Sep94

[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.

4 R (30Sep94) VR BUMED 824 10/3/94

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]:	66
Set Up Beds[1]:	36
Expanded Bed Capacity[2]:	229

[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	96,452	71,609	52,249	220,310
ADMISSIONS (2)	830	1,604	549	2,983
LABORATORY TESTS (WEIGHTED)[1]	--	--	--	2,618,192
RADIOLOGY PROCEDURES (WEIGHTED)[1]	--	--	--	155,170
PHARMACY UNITS (WEIGHTED)[1]	--	--	--	488,309
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.

1. Lab, Radiology, Pharmacy date not available by patient category.

2. Includes live births.

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	98,812	73,319	53,466	225,597 (2)
ADMISSIONS	928	1,794	614	3,336 (3)
LABORATORY TESTS (WEIGHTED)[1]	--	--	--	2,812,178
RADIOLOGY PROCEDURES (WEIGHTED)[1]	--	--	--	155,170
PHARMACY UNITS (WEIGHTED)[1]	--	--	--	519,604
OTHER (SPECIFY)	--	--	--	--

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

(1) Anicllary services data not available by patient category.

(2) Full capacity based on unfilled appointments for scheduled clinics and the average daily patient workload times the number of providers for walk-in clinics.

(3) Full capacity based upon current operations. Obstetrics service scheduled for closure in last quarter FY-94, decreasing admissions by approximately 83 over amount shown.

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	96,799	100,356	83,312	280,467 (2)
ADMISSIONS	869	2,179	1,059	4,107 (3)
LABORATORY TESTS (WEIGHTED)[1]	--	--	--	2,691,925 (4)
RADIOLOGY PROCEDURES (WEIGHTED)[1]	--	--	--	156,246 (5)
PHARMACY UNITS (WEIGHTED)[1]	--	--	--	537,140 (6)
OTHER (SPECIFY) (10)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
(1) Ancillary data not available by patient category.
(2)(3)(4)(5) Direct care plus CHAMPUS plus Supplemental Care.
(6) Direct care plus estimated CHAMPUS prescriptions which cannot/are not filled at MTF. (Current workload plus 10%).
(10) Estimated 10% of catchment area eligible population does not use either MTF or CHAMPUS due to other helath insureance. Approximately 4000 people of ACDU Dependents, Retirees, and Retired Dependents.

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]	~~31~~ 14	~~23~~ 14	~~23~~ 14	4	4	4	4	4
SPECIALTY CARE[2]	~~24~~ 11	~~24~~ 11	~~24~~ 11	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	~~12~~ 5	~~11~~ 5	~~11~~ 5	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	11	11	11	3	3	3	3	3
TOTAL	~~78~~ 41	~~69~~ 41	~~69~~ 41	9	9	9	9	9

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	281
SPECIALTY CARE[2]	704
PHYSICIAN EXTENDER[3]	-
TOTAL	985

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 996,473 Source: Shelby County Public Library

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)
Methodist North	Civilian	5 Miles	15 Min	None
Methodist South	Civilian	24 Miles	40 Min	None
Methodist Central	Civilian	21 Miles	35 Min	None
Germantown Comm./ Methodist East	Civilian	13 miles	25 Min	None
Lebonheur Children	Civilian	21 Miles	35 Min	None
Charter Lakeside	Civilian	17 Miles	30 Min	None
Baptist Memorial	Civilian	21 Miles	35 Min	None
Regional Medical	Civilian	21 Miles	35 Min	None
Crittenden Memorial	Civilian	30 Miles	45 Min	None
St. Francis	Civilian	24 Miles	40 Min	None
St. Joseph	Civilian	21 Miles	35 Min	None
St. Jude Children	Civilian Non-Profit	21 Miles	35 Min	None
UT - W.F. Bowld	Civilian	21 Miles	35 Min	MOUs
Eastwood Medical	Civilian	30 Miles	45 Min	None
VA Medical	Government	21 Miles	35 Min	MOUs

(1) Distance in driving times 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	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Methodist North	174	Yes	75%	Near to base
Methodist South	113	Yes	75%	None
Methodist Central	591	Yes	75%	Teaching
Germantown Community	120	Yes	42.6%	None
Lebonehur	204	Yes	80.8%	Children
Charter Lakeside	174	Yes	71.2%	None
Baptist Memorial	1456	Yes	70.9%	None
Regional Med Ctr	467	Yes	81%	Trauma
Crittenden Memorial	53	Yes	64.2%	None
St Francis	784	Yes	76.9%	None
St Joseph	381	Yes	67.1%	None

St Jude	48	Yes	70.8%	Children
UT-W.F.Bowld	118	Yes	50.4%	Teaching
Eastwood Medical	179	Yes	72%	None
VA Hospital	956	Yes	58.3%	None

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

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

c. Training Facilities:

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

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

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

Enclosure (1)

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. A. BLOME'
NAME (Please type or print)

M A Blome
Signature

COMMANDING OFFICER
Title

24 MAY 94
Date

NAVAL HOSPITAL, MILLINGTON, TN
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. 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

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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

M. A. BLOME'

NAME (Please type or print)

MBlome

Signature

Commanding Officer

Title

3 June 94

Date

Naval Hospital, Millington, TN

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

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

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

J B Greene Jr
Signature

ACTING
Title

6/20/94
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."

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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. L. BUCK
NAME (Please type or print)

RL Buck
Signature

Acting, Commanding Officer
Title

3 October 1994
Date

Naval Hospital, Millington, TN 38054-5201
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: X D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: X 10/4/94

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: 10 OCT 1994

Document Separator

382

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: NAVAL HOSPITAL, MILLINGTON ACTIVITY UIC: N60002

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

May 24, 1994

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

Enclosure (2)

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MISSION REQUIREMENTS

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

The mission of Naval Hospital, Millington is to provide comprehensive health care services of the highest quality to all eligible beneficiaries. Mission priorities are: (1) support of active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services, (2) training military personnel for the performance of their assigned contingency and wartime duties, (3) provide health care services to dependents of active duty, retirees and their dependents, and other eligible personnel. Current beneficiary population includes: active duty - 11,388, dependents of active duty - 10,566; and local retired - 12,500.

The Memphis naval complex is home to the Chief of Naval Technical Training and a member of training commands. The naval hospital provides comprehensive health care services to a large student population, which in FY 92 was 18,312.

The hospital is a community family practice based hospital providing basic medical care in the following areas: Emergency Room, Acute Care, Gyn, Dermatology, ENT, General Surgery, Immunizations, Internal Medicine, Optometry/Opthalmology, Orthopedics, Pediatrics, Physical Therapy, Mental Health, Social Work, Urology, and Alcohol Rehabilitation.

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)
NAS	00639	Millington, TN	1513
NATTC	63093	Millington, TN	5174
MATSG-90	67290	Millington, TN	1726
CNTECHTRA	63111	Millington, TN	175
NATRAGRU	63115	Millington, TN	173
NAVHOSPMILL	60002	Millington, TN	690
NAVAIRES	63101	Millington, TN	690
PSD NAS	43322	Millington, TN	124
VP67	09175	Millington, TN	339
MAG41, DET A	03014	Millington, TN	541
NETPMSA DET	35577	Millington, TN	113
CBC 404	66628	Millington, TN	68
NAVOCEANCOMD ET	65776	Millington, TN	63
NAVLEG-SCOFF	68367	Millington, TN	20
NAVRESREDCOM REG 9	68348	Millington, TN	89

BRANCH DENTAL CL	41773	Millington, TN	58
DRMO	SY2402	Millington, TN	1
VETERINARIAN SERVICE	W2L8A	Millington, TN	7
ROICC	44221	Millington, TN	9
NAVMARTRI-JUDIC	49121	Millington, TN	1
NAVTRASYSCEN TSSA	61339	Millington, TN	10
NAVY CHAMPUS	63325	Millington, TN	3
NEX	65914	Millington, TN	452
NTSSG	43677	Millington, TN	49
ABFC FMP MMF-G	68824	Millington, TN	159
NTCC	68142	Millington, TN	16
HRO	68322	Millington, TN	19
TN ARMY NAT GRD REC	W8A9AA	Millington, TN	2
ARMY NAT GUARD	WTRWC	Millington, TN	81
DIS	68186	Millington, TN	1
DAO	43290	Millington, TN	4
DeCA	49025	Millington, TN	95
NIS	42937	Millington, TN	11
DET 4, 363D TTS	439CC	Millington, TN	57

RESINTPROFF EIGHT	47920	Millington, TN	110
NAVRESCRUIT COMDET 4	47766	Memphis, TN	17

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	760	83,591	5.25	11.37
ACTIVE DUTY NON N/MC	125	3,691	**15.54	5.96
TOTAL ACTIVE DUTY	885	87,282		17.33
FAMILY OF AD	*1,208	69,521	1.36	4.95
RETIRED AND FAMILY MEMBERS UNDER 65	576	49,830	2.06	3.32
RETIRED AND FAMILY MEMBERS OVER 65	30	2,621	2.85	0.18
OTHER	-	705	-	-
TOTAL	2,699	209,959		26.72***

What is your occupancy rate for FY 1994 to date? 40.5%

*Includes Newborns
**ALOS increase due to ARS stay
***Total ADPL includes Newborns

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	171,208	144,505	76,615	33,960	32,262	30,649	29,117
ADMISS.	1882	1561	600	0	0	0	0

Please show all assumptions and calculations in the space below:

FY95 - Reflect no OB visits or admissions at Naval Hospital, Millington due to close of OB clinic in FY94.

FY95 - Last six months reflect no ARD visits or admissions due to closure in Feb 1995.

FY97 - Per BUMED Force Structure reductions effective March 1997 Naval Hospital, Millington is downsized to Naval Medical Clinic Memphis with the following provider base: (No specialties) 2 Family Practice Physicians; 2 General Medical Officers; and 2 Primary Care Nurse Practioners.

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 MEDICAL STANDBY FOR:	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Field Training	9.1%	23
Rifle Range	2.3%	06
Personnel Inspection Change of Commands	7.9%	20
MWR Activities Rode/Fun Fairs	3.1%	8
Food Service Sanitation Inspection	40%	4
Habitability Inspections	20%	1
Ice Sample Collection	5%	1
Public Use Sanitation Inspections	10%	1
Work Place Montioring	50%	1
Industrial Hygiene Surveys	50%	2
Family Home Care Inspections	10%	2

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
72111	BEQ #98	13,029	26	Substandard B26,C41
72111	BEQ #114	10,714	20	Substandard B26
74089	Bathhouse #103	438	24	Adaquate
75030	Swimming Pool #104	--	24	Adaquate
75033	Det. Pool Facility	204	24	Adaquate
51010	Hospital #100	222,515	22	Substandard C12, C03
74054	Rec. Center #116	2,025	11	Adaquate
44130	HM/Flammable Str.	72	11	Adaquate
14310	Emergency Vehicle Garage	909	3	Adaquate
73066	Weather Shelter	47	22	Adaquate

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C1-93	Construct Additional Paved Parking Lot	96	$77,400

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: Branch Medical Clinic, NAS Memphis				
2. UIC: N60002	3. CATEGORY CODE: 550-10	4. NO. OF BUILDINGS S-771		
5. SIZE 57,310 SF Single Story	A. GSF Medical/Dental 34,182	B. NORMAL BEDS 0		C.DTRS 0
6. LOCATION R7	A. CITY Millington		B.STATE TN	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100	N/A	N/A		
(2) ADMINISTRATION	100	N/A	N/A		
(3)CENTRAL STERILE SVCS.	90	10	N/A	A10, A12	
(4)DENTAL	N/A	N/A	N/A		
(5) EMERGENCY SVCS.	100	N/A			
(6) FOOD SERVICES	N/A	N/A	N/A		
(7)LABORATORIES	90	10	N/A	A01, A06, A12	
(8) LOGISTICS	100	N/A	N/A		
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A		
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A		
(11) OUTPATIENT CLINICS	80	20	N/A	A08, A12	
(12) PHARMACY	100	N/A	N/A		
(13) RADIOLOGY	90	10	N/A	A06, A12	
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	20	N/A	C10, A04, A06	
(B) HVAC	90	10	N/A	A01, A04, C10	
(C) PLUMBING	90	10	N/A	A02, C10	
(D) ELECTRICAL SVCS.	90	10	N/A	A06, A07, C10	
(E) ELECTRICAL DISTRIBUTION	90	10	N/A	A06, A07, C10	
(F) EMERGENCY POWER	90	10	N/A	A06, A07, C10	

Enclosure (1)

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: Branch Medical Clinic, NAS Memphis				
2. UIC: N60002	3. CATEGORY CODE: 550-10	4. NO. OF BUILDINGS S-771		
5. SIZE 57,310 SF Single Story	A. GSF Medical/Dental 34,182	B. NORMAL BEDS 0		C.DTRS 0
6. LOCATION R7	A. CITY Millington		B.STATE TN	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100	N/A	N/A		
(2) ADMINISTRATION	100	N/A	N/A		
(3)CENTRAL STERILE SVCS.	90	10	N/A	A10, A12	
(4)DENTAL	N/A	N/A	N/A		
(5) EMERGENCY SVCS.	100	N/A			
(6) FOOD SERVICES	N/A	N/A	N/A		
(7)LABORATORIES	90	10	N/A	A01, A06, A12	
(8) LOGISTICS	100	N/A	N/A		
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A		
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A		
(11) OUTPATIENT CLINICS	80	20	N/A	A08, A12	
(12) PHARMACY	100	N/A	N/A		
(13) RADIOLOGY	90	10	N/A	A06, A12	
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	20	N/A	C10, A04, A06	
(B) HVAC	90	10	N/A	A01, A04, C10	
(C) PLUMBING	90	10	N/A	A02, C10	
(D) ELECTRICAL SVCS.	90	20	N/A	A06, A07, C10	
(E) ELECTRICAL DISTRIBUTION	90	10	N/A	A06, A07, C10	
(F) EMERGENCY POWER	90	10	N/A	A06, A07, C10	

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO: 0107

1. FACILITY NAME: Naval Hospital, Millington

2. UIC: N60002	CATAGORY CODE 510-10	BUILDING H-100	
5. SIZE 7 Story Bldg	A. GSF: 222,515	B. NORMAL BEDS 78/230	C. DTRS: 4
6. Location: R7	A. CITY: Millington	B: TN	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% Adequate	% Substandard	% Inadequate	Deficiency Codes
(1) ACCESS&PARKING	80	10	10	A18, E17
(2) ADMINISTRATION	75	N/A	25	B18, E17, C10
(3) CENTRAL STERILE SERVICES	80	10	10	B01, E12, C10
(4) DENTAL	80	20	N/A	C16, E7, C10
(5) EMERGENCY SVCS.	75	10	15	A12, C16, E12, C10
(6) FOOD SERVICES	80	10	10	A02, B03, A10, B12
(7) LABORATORIES	75	15	10	C03, A06, B15, E12
(8) LOGISTICS	80	10	10	A12, E12, C10
(9) INP NURSING UNITS	70	15	15	A12, E03, C10
(10) LABOR-DEL-NURSERY	70	15	15	A12, A03, C10
(11) O/P CLINICS	75	10	15	A12, A03, C10
(12) PHARMACY	75	10	15	a12, C10, E17
(13) RADIOLOGY	70	15	15	A12, E12, A06, C10
(14) SURGICAL SUITE	80	10	10	A12, A06, C10
(15) BUILDING				
(A) STRUCTURAL/SEISMIC	75	15	10	C10, D10
(B) HVAC	75	15	10	A15, A16, C10
(C) PLUMBING	80	10	10	A15, A16, C10
(D) ELECTRICAL SVCS.	80	10	10	A15, A16, C10
(E) ELECT. DISTRIB.	80	10	10	A15, A16, C10
(F) EMERGENCY POWER	70	10	20	A15, A16, C10

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: 13 Nov 1991
FULL ACCREDITATION: Yes/with Commendation
LIFE SAFETY MANAGEMENT SCORE: 2 (Record as 1,2,3,4,or 5)

LOCATION:

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

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

The majority of active duty personnel work and live within a ten mile radius of hospital.

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

Memphis International Airport and Memphis - AMTRAC

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): 1 Mile

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

There is no significant impact of our location on our Mobilization requirements.

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

Average length of time for patients to reach the hospital is twenty minutes.

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

The highly competitive healthcare market in the Memphis metropolitan ara has driven up the salary cost of certain healthcare professions, making the civilian service salary scale uncompetitive.

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.

Special arrangements would need to be made for the NAS Air Station flightline ambulance coverage through 30 September 1995. The proximity of the nearest hospital is five miles. Transportation time for patients would have a negative impact.

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 Naval Hospital, Millington catchment area has extensive civilian health care resources which can easily accomodate the beneficiary population. The AHA Guide to the Health Care Field (92 edition) documents the following:

12 Acute Care Hospitals
1 Psychiatric Hospital
5,283 Inpatient Beds
70% Average Occupancy Rate
985 Civilian Health Care Providers

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

The Naval Hospital, Millington catchment area has extensive civilian healthcare resources which can easily accomodate the beneficiary population. The AHA Guide to the Health Care Field (92 edition) documents the following:

12 Acute Care Hospitals
1 Psychiatric Hospital
5,283 Inpatient Beds
70% Average Occupancy Rate
985 Civilian Health Care Providers

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:

The Naval Hospital, Millington catchment area has extensive civilian healthcare resouces which can easily accomodate the beneficiary population. The AHA Guide to the Health Care Field (92 edition) documents the following:

12 Acute Care Hospitals
1 Psychiatric Hospital
5,283 Inpatient Beds
70% Average Occupancy Rate
985 Civilian Health Care Providers

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	07352	01
MAG 31, MCAS BEAUFORT	09131	01
MAG 27 MCAS JACKSONVILLE	09167	01
FLT HOSP #8	45392	45
FLT HOSP #15	45399	78
MAG 29 MCAS JACKSONVILLE	52841	01
1ST MARINE AIR WING	57079	09
U S NAVHOSP ROOSEVELT ROADS	65428	07
U S NAVHOSP ROTA	66101	19
1ST MARINE BRIGADE KANOHE	67339	52
3RD FORCE SUPPORT GROUP	67436	13
FLT HOSP # 4	68684	72
FLT HOSP # 5	68685	20
		319

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. If augmentation of current platform requirements were requested, 331 of 530 active staff personnel, drastic reduction in services would immediately follow until backfill of shortfalls by selected reservist was completed

Revised pg

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.

NAVHOSP MILL (Code 01)
RR 30Sep94

Number of "stubbed" expanded beds[1]: ~~229~~ 106

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

26R 9/30/94) VRBUMED824 103-94

Enclosure (1)

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]: 229

[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	1208	992	492
OUTPATIENT	155	416	161

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994/THRU MARCH	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD			837	457123	544	175872
AD FAMILY			253	121604	219	81036
OTHER			147	98472	137	41753
TOTAL	1014	664781	1237	677199	900	298661

[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	16,421,210 ~~19,766,206~~	20,796,109 ~~24,015,706~~	4,813,015
TOTAL OUTPATIENT VISITS	~~190,197~~ 135,128	~~219,302~~ 155,043	52,471
AVERAGE COST PER VISIT	~~104~~ 121.52	~~109~~ 134.13	92

NOTE: FY 1994 reflects 1st Qtr information only per POC LT Schaffer.

BUMED-822
MSS, 1 Jun 94

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE	9,708,033	10,012,509	2,498,044

Table B:

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

"Wrong Table" (see page 30R) BUMED-822 mss, 1 Jun 94

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

Table C:

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

"Wrong Table" (see page 30R) BUMED-822 mss 1 Jun 94

Table D:

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

TABLE A: MILLINGTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	9708033	10012509	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	470116	527047	
D. TOTAL EXP EBE AND EBF	470116	527047	0
E. TOTAL E EXPENSES	10886816	13971676	
F. % SELECTED E EXPENSES (D/E)	0.043182	0.037723	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	2009610	2610573	
H. E EXPENSES TO REMOVE FROM A (FxG)	86779.26	98477.42	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)	108119	131024	
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)	108119	131024	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)	108119	131024	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	2591.58	2115.04	
U MWU	6428.64	6076.68	
V PERCENT INPATIENT	0.40313	0.348058	ERR
W. FINAL OTHER F EXP (SxV)	43586.05	45604.01	ERR
X FINAL F EXP (K+W)	43586.05	45604.01	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	9664840	9959636	ERR
Z NUMBER BIOMETRICS DISPOS	3104	2621	
AA. TOTAL MEPRS DISP	3130	2644	
BB. ADJ DISPOS (Z/AA)	0.991693	0.991301	ERR
CC ADJ MERPS EXP (YxBB)	9584557	9872997	ERR
DD. TOTAL RWP	2023.714	1784.813	
EE COST PER RWP (CC/DD)	4736.122	5531.67	ERR
CATEGORY II RWPS			
(DXNNH)	0	0.4204	
(PAS)	561.0722	473.5683	
(ADELS)	31.7969	9.566	
FF. TOTAL CAT II RWPS	592.8691	483.5547	0
GG. TOTAL CAT II COST (EExFF)	2807900	2674865	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	6776656	7198132	ERR
II. TOTAL CAT III RWPS (DD-FF)	1430.845	1301.258	0
JJ. COST PER CAT III RWP (HH/II)	4736.122	5531.67	ERR

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TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	9914	[illegible]	
CAT II OBDS			
(DXNNH)	0	[illegible]	
(PAS)	1180	[illegible]	
(ADELS)	885	[illegible]	
LL TOTAL CAT II OBD	2065	[illegible]	[illegible]
MM CAT III OBDS (KK-LL)	7849	[illegible]	[illegible]
NN. AVG DAYS/RWP (MM/II)	5.48557	[illegible]	ERR
OO. ADD ON PER RWP (NNx77)	422.3889	[illegible]	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5158.511	[illegible]	ERR
QQ. CIVILIAN PAY COST (PPx.15)	773.7767	[illegible]	ERR
RR. MILITARY PAY COST (PPx.56)	2888.766	[illegible]	ERR
SS. OTHER COSTS (PPx.29)	1495.968	[illegible]	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	826.2379	[illegible]	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3045.079	[illegible]	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1214.57	[illegible]	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1263.152	[illegible]	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3166.882	[illegible]	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1555.807	[illegible]	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1684.939	[illegible]	ERR
ADJ CAT III COST/RWP	6114.973	[illegible]	ERR

15. Quality of Life. **Pages 26-51. NAVHOSP Millington is a tennant command under NAS Memphis. Host command NAS Memphis has not been tasked with a BRAC IV Military Value Analysis Data Call. (Info will be provided when NAS Memphis completes their military value data call). BUMED-822 MSA 1 Jun 94

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

GOVERNMENT EXPENSE REPRODUCED AT

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
BEQ (H-98) CCN #72111	70	30 TOTAL { 20 rooms	60	280 SQ. FT.				
		10 rooms	10	140 SQ. FT.				
BEQ (H-114) CCN #72111	47	24 rooms	47	250 SQ. FT.				

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: NOT APPLICABLE

(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

M. A. BLOME'
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9 September 1994
Date

NAVAL HOSPITAL, MILLINGTON, TN
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

9-14-94
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

M. A. BLOME'
NAME (Please type or print)

MABlome
Signature

COMMANDING OFFICER
Title

24 MAY 94
Date

NAVAL HOSPITAL, MILLINGTON, TN
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

6-2-94

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

6/9/94

Date

Revision pg 14

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)

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 7/22/94

Revision pg 14

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

E. L. AMES
NAME (Please type or print)

Signature

Acting Commanding Officer
Title

Date 6/20/94

Naval Hospital, Millington, TN
Activity

Enclosure (1)

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

M. A. BLOME'
NAME (Please type or print)

Signature

Commanding Officer
Title

30 Sep 94
Date

Naval Hospital, Millington, TN
Activity

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) — Signature: X D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: X 10/4/94

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: B Greene Jr

ACTING

Title — Date: 11 OCT 1994

Document Separator

384

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital, Newport, RI
ACTIVITY UIC: 68086

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The primary mission of Naval Hospital, Newport is to provide **accessible, quality, and cost-effective** health care services to Active Duty personnel, their beneficiaries and the eligible retiree population. The medical treatment facility is responsible for health care services in support of Navy and Marine Corps shore activities and units of the operating forces.

The provision for the maximum amount and range of health care services possible for other authorized beneficiaries is to be rendered subject to availability of space and resources.

The medical activity is to conduct health education programs for assigned personnel and to ensure that all personnel are aware of and properly trained for the performance of their assigned contingency duties.

A proper state of material and personnel readiness is to be maintained at all times resulting in the command's ability to fulfill its wartime and contingency mission.

Quality health care standards must continuously be met in order to maintain accreditation by government and civilian agencies.

The health care activity is to cooperate at all times with civilian and other military authorities in matters pertaining to public health, disasters, and other emergencies.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STU SWOSCOLCOM N	30465	Newport, RI	715
SIMA NPT NRMF	68829	Newport, RI	349
NH NEWPORT	68086	Newport, RI	301
S NWARCOL	30486	Newport, RI	289
SWOSCOLCOM	63190	Newport, RI	272
NWARCOL	42134	Newport, RI	240
S PREP NETC NPT	31176	Newport, RI	221
FFG 59 KAUFFMAN[1]	21390	Newport, RI	216
FFG 58 S B ROBER[1]	21352	Newport, RI	215
FFG 56 SIMPSON[1]	21350	Newport, RI	206
NETC NEWPORT	62661	Newport, RI	142
NETC NEWPORT GST	42130	Newport, RI	128
CBU 408	66647	Newport, RI	83
S NETC NPT	66949	Newport, RI	76
MCM 5 GUARDIAN	21406	Newport, RI	73
S OCS NETC NPT	42128	Newport, RI	69
NETC NPT OCS TNG	42115	Newport, RI	57
S SHIPMATREADGRP	41987	Newport, RI	47
NDC NEWPORT	66023	Newport, RI	47
CDS 6	52811	Newport, RI	39
S NETC NPT SEA	44246	Newport, RI	36
NWARCOL NPT	00124	Newport, RI	32
NBAND DC NPT	35400	Newport, RI	31
NJUSTSCOL NPT	62750	Newport, RI	31
PSD	43099	Newport, RI	30

NAPSCOL	56128	Newport, RI	29
NUSWCD NPT	66604	Newport, RI	26
NRRCREG1 NPT	68351	Newport, RI	25
NCTS NPT/EOB	00710	Newport, RI	24
NMCRRC PROV	61821	Providence, RI	21
STU NAVJUSTSCOL	30451	Newport, RI	19
S OC PREPSCH NPT	45223	Newport, RI	18
DECA NPT	49112	Newport, RI	17
NETC NPT BRIG	41729	Newport, RI	15
MOTU 4 DT NPT	42983	Newport, RI	14
SIMA NPT	68791	Newport, RI	13
NAVLEGSVOFF NPT	68340	Newport, RI	13
DMEDS NH NPT	46875	Newport, RI	12
SHIPS MATREADGR	41986	Newport, RI	12
NRC NEW BEDFORD	61808	New Bedford, MA	11
SWOSCOM NPT BOS	43269	Boston, MA	11
NETC NPT SEA CAD	43726	Newport, RI	10
ONI DET NPT	41745	Newport, RI	9
NNFED CO NPT	44221	Newport, RI	7
NTMOD NPT	62612	Newport, RI	7
SURFLTRSUPPG NPT	42967	Newport, RI	6
EODMU 2 NPT	30713	Newport, RI	6
NETC NPT INOCRTR	41511	Newport, RI	5
FMSTRPROSWOS NPT	41918	Newport, RI	4
DMEDS DNC NW PT	47005	Newport, RI	4
FISC NORVA DET	47313	Newport, RI	4
NETC NPT FSC	48641	Newport, RI	3
NCTS	68577	Newport, RI	3
COMDESCRON 6 NDC	49127	Newport, RI	3
NRRCREG 1/RPN	41883	Newport, RI	3

CMS TRNG NPT	43708	Newport, RI	3
NETC NPT DC T UN	47428	Newport, RI	2
NUNWATSC NPT NIF	47625	Newport, RI	2
NUSEAWARCEN DET	64281	Newport, RI	2
NAVINTACT NPT	49913	Newport, RI	1
NCIS NEREG NPT	63054	Newport, RI	1
PQMN SPEC NPT A	45992	Newport, RI	1
NAVREGCONTC NPTR	66975	Newport, RI	1
7 NCR	81387	Newport, RI	1
I&ISTF4TH PROV	45268	Providence, RI	1
NEXCH NPT	39235	Newport, RI	1
NCIS NEREG FCI	43120	Newport, RI	1
NETC NPT CAACTR	45766	Newport, RI	1
BOOST STUDENT[2]	12132	Newport, RI	265
BOOST STAFF[2]	13721	Newport, RI	23

[1] Deployed May 1994
[2] Activated May 1994

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	578	55,476	18	19
ACTIVE DUTY NON N/MC	74	7,294	18	
TOTAL ACTIVE DUTY	652	62,770		19
FAMILY OF AD	993	56,286	2	5
RETIRED AND FAMILY MEMBERS UNDER 65	280	23,544	6	3
RETIRED AND FAMILY MEMBERS OVER 65	211	17,762	6	2
OTHER	30	3,572	1	2
TOTAL	2,166	163,934		31

What is your occupancy rate for FY 1994 to date? 31

Revised fig

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).

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TOTAL ACTIVE DUTY	652	62,770		
FAMILY OF AD	993	56,286	2	5
RETIRED AND FAMILY MEMBERS UNDER 65	491[1]	41,306[1]	6	5
RETIRED AND FAMILY MEMBERS OVER 65	see above[1]	see above[1]	6	5
OTHER	30	3,572	1	2
TOTAL	2,166	163,934		31

[1] Data not available by age.

What is your occupancy rate for FY 1994 to date? 31

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	149,312	145,949	143,774	144,044	144,444	144,844	145,244
ADMISS.	1,969	1,923	1,893	1,903	1,923	1943	1,963

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
Fleet Hospital training	2 weeks	11
Operation Deep Freeze	90 days	2
Ultrasound training	90 days	1
12th Int'l Seapower Symposium	3 weeks	7
Chaplain School support	1 week	3
Operation Bulldog	90 days	3
Operation Gitmo	90 days	4
NavHosp Sigonella	90 days	1
Kings Bay Support	90 days	1
USS George Washington	30 days	4
BRCL Argentia Newfoundland	90 days	6
NavHosp Adak	90 days	1
USS Detroit	90 days	1
Bahrain	90 days	3
Operation Full Accounting	6 weeks	1
EOD team	45 days	1
Fire-Fighting School	90 days	15
Operation Agile Provider	10 days	35
NETC Weapons Qualifications	1 week	2
Yard Patrol Squadron	3 weeks	3

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
None								

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
None			

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	Bldg 1, Main hospital (now only used for Outpatient and Admin)	147,566	81	Inadequate[1]
51077	Bldg 7: Housekeeping Laundry	2262	76	Adequate
72111	Bldg 7: BEQ not used	2262	76	Inadequate[2]
14160	Bldg 8: Photo lab	1275	75	Adequate
17110	Bldg 8: Education and Training	4325	75	Adequate
51020 72111	Bldg 31: Hospital Laundry - secured BEQ not used	6100 2494	41	Inadequate[3]
55010	Bldg 38: Outpatient Clinic	10050	45	Sub-Standard
74005	Bldg 38: NEX Snack Vending Machine Area	600	54	Adequate
55010	Bldg 43: Outpatient Clinic	26605	52	Adequate
73065	Bldg 43: Basement - Fallout Shelter	14895	52	Adequate
54010	Bdlg 43: Dental; Oral Surgery	1550	52	Adequate
44110	Bldg 44: General Warehouse	43176	52	Sub-Standard
61010	Bldg 44: Admin Space	7100	52	Sub-Standard
55010	Bldg 44: Medical Equipment Repair	4033	52	Sub-Standard
73081	Bldg 45: Alcohol Rehab Center	21187 9551	52	Adequate Inadequate[4]

21910	Bldg 46: Admin Spaces	3150	52	Adequate
21910	Bldg 46: Public Works Shop Spaces	4230	52	Adequate
71410	Bldg 49: Detached Garages for Housing	3051	46	Adequate
14311	Bldg 49: Operational Vehicle Storage	1526	46	Adequate
61010	Bldg 49: NIS Admin Offices	1525	46	Adequate
17110	Bldg 53: Academic Instruction Building	2691	52	Adequate
21977	Bldg 54: Public Works Storage	1800	51	Adequate
14311	Bldg 54: Operational Vehicle Storage	2202	51	Adequate
21920	Bldg 55: Grounds Equipment Shed	135	50	Adequate
73025	Bldg 57: Gate/Sentry House	36	52	Sub-Standard
73083	Bldg 62: Chapel by the Sea - Awaiting excess disposal	3000	47	Adequate
81159	Bldg 993: Emergency Generator	874	20	Adequate
55010	Bldg 39: Outpatient Clinic	10650	54	Sub-Standard

[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?

1

1. 51010 - Building 1: Main Hospital Building.
2. With an AIS backlog of $6.5 million and growing, it's impossible to keep this building operational for its intended purpose. The operating suite deficiencies fostered the Partnership Agreement with Newport Hospital to compensate for deficient facilities.
3. The building is now being used primarily for a command center, administrative offices and dislocated outpatient clinical departments.
4. The cost to upgrade the facility to substandard is difficult to estimate. Most of the AIS backlog pertains to Life Safety, JCAHO or NAVOSH requirements, therefore it would not be less than $6 million.
5. The building structure is in relatively good shape. Its configuration lends itself to bachelor quarters or admininstrative offices but in either case the renovations must include the $6 million in AIS backlog plus other inherent costs.
6. There are six unprogrammed special projects on hold and likely to be canceled once MILCON P-839 is completed.
7. YES, this facility's condition has resulted in C3 rating.

2

1. 72111/51077 Building 7: Linen Sorting, Unused BEQ Space
2. BEQ spaces have not been maintained and are in a shambles.
3. The laundry sorting area is on the first floor and is still used.
4. The cost to upgrade the facility to substandard for BEQ spaces would involve, at a minimum, correcting AIS backlog at $250,000.
5. No other uses are contemplated at this time.
6. No improvement plans are underway.
7. NO, facility condition did not contribute to C3 rating.

3

1. 51020/51077 Building 31: Hospital Laundry and BEQ
2. The Laundry was closed in an effort to save money by contracting the service. The BEQ has been out of operation and has not been maintained.
3. No current use at present time.
4. The cost to upgrade the facility to substandard would involve the complete removal of lead paint interior which is cracked and flaking badly. This would cost about $75,000. The BEQ spaces could be renovated for approximately $200,000.
5. The potential for some type of recreational facility has been discussed, however, it may not be economical to renovate it for that purpose.
6. No improvement plans are underway.
7. NO, facility condition did not contribute to C3 rating.

4

1. 73081 Building 45: Alcohol Rehabilitation Center
2. Several rooms in this facility have plumbing problems requiring the replacement of all pipe and drain lines as well as replacing most of the bathroom fixtures. The basement of this facility is inadequate due to the presence of friable asbestos pipe lagging which must be abated before the space can be utilized.
3. Almost one half of the available rooms are afflicted with these serious plumbing problems. The basement is intended for patients to use as a laundry and recreation area as well as a fallout shelter since only this building and Building 1 are on the emergency generator circuit.
4. The cost to replace the piping and drain lines would be about $125,000. The cost to remove and reinsulate the pipes covered with asbestos would come to approximately $80,000.
5. The facility was originally designed as a BEQ and would make a fine facility in that regard if the repairs described were implemented.
6. Life safety discrepancies with fire egress and asbestos abatement are presently in the works. No other improvement plans are underway.
7. YES, facility condition did contribute to C3 rating.

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RC10-87	Repairs to Photo Lab, Bldg. 8	FY87	75,400
CR11-87	Repairs/alterations to attic walkways, Bldg. 1.	FY87	47,400
	Asbestos cleanup in attic, Bldg. 1	FY87	20,700
	Replace heating system, emergency lights, Bldg. 53	FY87	25,600
	Construct gas storage area, Bldg. 44	FY88	9,600
	Asbestos abatement, Bldg. 43	FY88	39,000
C3-83	HVAC modifications to Bldgs 1, 38, 39, 44 & 45	FY88	103,300
86-C-8911	Asbestos cleanup/walkway installed, OR Bldg 1	FY88	57,700
RC4-82	Renovation of ARC, Bldg. 45	FY89	563,000
88-C-1742	Renovation of third floor, Bldg. 1	FY89	129,900
C1-87	Alterations to Oral Surgery, Bldg. 43	FY90	29,300
CR1-89	Alterations and repairs, ER, Bldg. 1	FY90	335,739
R3-89	Repairs to seawall	FY90	87,000
91-M-1740	Repair soffit, Bldg. 1	FY91	24,918
92-C-1606	Alterations for new x-ray machine, Bldg. 43	FY92	24,800
WR 001-92	Renovations of x-ray rooms, Bldg. 1	FY92	50,000
92-C-1652	Replace HVAC system in OR, Bldg. 1	FY92	84,500
92-C-1605	Replace stairs and ramps, Bldg. 38, 39, 43	FY92	102,000
92-C-1659	Replace interior signs, Bldg. 1	FY92	15,000
91-C-1710	Fire separation improvements, Bldg. 43	FY92	45,000
92-C-1633	Replace windows and gutters, Bldg. 38, 39	FY92	145,000
92-C-1654	Repair roof, Bldg. 43	FY92	168,000
93-M-1762	Replace flagpole, Bldg. 1	FY93	25,000
92-C-1670	Repave parking lot between Bldg. 1 & 45	FY92	55,000
93-M-1991	Installation of new fire alarm system, Bldg. 45	FY93	18,000
93-M-7025	New compressor for AC, Ward G, Bldg. 1	FY93	22,000

93-M-7026	New AC for radiology room, Bldg. 1	FY93	6,000
93-C-1644	Replace top courses of brick veneer, Bldg. 43	FY93	78,000
93-C-1689	Replace exterior signs	FY93	22,000
93-C-1656	Replace hot/cold water pipes, Bldg. 43	FY93	143,000
93-C-1657	Replace heating system, Bldg. 43	FY93	113,000
93-C-1612	Replace flooring, Bldg. 38	FY93	33,000
92-C-1653	New head facility Urgent Care Clinic, Bldg. 1	FY92	65,100

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-839	MILCON, Comprehensive Healthcare Clinic	FY92/94	18,000,000
RCE1-91	Renovations to Bldg. 44	FY95-97	1,500,000
RC1-94	Renovations to Bldg. 43	FY96	275,000

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

No projects directed in this area.

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, Newport					
2. UIC 68086	3. CATEGORY CODE 510		4. NO. OF BUILDINGS 18		
5. SIZE	A. GSF 340,041SF		B. NORMAL BEDS None		C.DTRS
6. LOCATION	A. CITY Newport			B.STATE RI	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	50	40	10	A17, A14, B17	
(2) ADMINISTRATION	30	70	0	A15, A08, B01, B09	
(3)CENTRAL STERILE SVCS.		100		A09, B01	
(4)DENTAL	80	20		B04, B17	
(5) EMERGENCY SVCS.		30	70	B12, A17, B01, A04	
(6) FOOD SERVICES	10	15	75	A12, B17, A06	
(7)LABORATORIES	25	35	40	A12, B17, B01, A06	
(8) LOGISTICS	55	30	15	B12, A11, B15, C03	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	10	80	10	B12, A17, B01, C03	
(12) PHARMACY	25	75		B18, A12, A09	
(13) RADIOLOGY	15	65	20	B18, A12, A09	
(14) SURGICAL SUITE		90	10	A16, B18, A09	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	15	5	A11, A09	
(B) HVAC	15	15	70	A01, B01, A17, B18	

(C) PLUMBING	20	10	70	A17, B02	
(D) ELECTRICAL SVCS.	40	15	45	A06, B05, B15	
(E) ELECTRICAL DISTRIBUTION	80	20		C06	
(F) EMERGENCY POWER	90	10		A17	

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: 20-22 Jan 1993

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: _2_ (Record as 1,2,3,4,or 5)

LOCATION:

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

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

* Evaluation of this command's geographical distribution of health care beneficiaries by zip code shows that over 80% of our beneficiaries live within a 10 mile radius of Naval Hospital, Newport. Viewing the demand for emergency/urgent care, this command's proximity to its patients is extremely important due to both the availability of care and its reduced cost to the patient.

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

* AIR - T.F. Green Airport, Warwick, RI
RAIL - AMTRAC, Kingston, RI
SEA - **Military:** Pier 2, Middletown, RI **Civilian:** Providence, RI
GROUND - Bus service available in Newport and Providence, RI

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

Distance (in miles): 20

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

* In relation to mobilization requirements, there is no particular significance of our location considering our mobilization taskings. This fact was exhibited during Desert Shield/Storm. Naval Hospital, Newport faced the same challenges successfully addressed by all other medical commands.

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

* 15-30 minutes

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

* Naval Hospital, Newport's geographical location is distant from major metropolitan areas and population centers. This, coupled with a small local labor pool of qualified applicants for positions required by this facility, consistently hinders the recruitment of qualified civilian personnel from the civilian community. Recruitment of qualified applicants from within DoD is severely limited due to the specializations and grades of Naval Hospital positions.

FEATURES AND CAPABILITIES

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

* Initially, the source of health care costs for a beneficiary population of 34,000+ would be lost. With the loss, the cost of paying for the entitled care of our beneficiaries would increase dramatically to the budgets of the Navy and the Department of Defense.

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.

* Naval Hospital, Newport's focus is on primary care augmented by an external partnership with Newport Hospital for inpatient care. Newport Hospital, the only hospital on Aquidneck Island, is a 217 bed general medical and surgical hospital. Our beneficiaries on the Aquidneck Island, which comprise approximately 80% of our beneficiary population, would be adequately serviced for primary care and general medical and surgical needs. The majority of unique specialty care would have to be provided for off of Aquidneck Island.

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. Approximately 2/3 of the eligible beneficiary population for the Newport catchment area are retirees and their dependents. Half of those are Medicare eligible. Approximately one-third of the non-active duty/dependent population are enrolled in our Family Practice Program. Therefore, approximately 2/3 of the retiree/retiree dependent population already receive their treatment from the local health care community.

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

* Yes. Currently, all of our inpatient workload is accomplished through the external partnership with the local civilian hospital.

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
NH GUANTANAMO BAY	61564	8
	46977	11
ASWBPL 1	65388	2
US NH NAPLES	66096	11
HQ FMFLANT	67026	1
2D FSSG	68408	1
FLT HOSP #2	68682	3
USS GUADALCANAL	07352	3
2D MARDIV	08321	22
USS SAIPAN	20632	1
USS BELLEAUWOOD	20633	1
FLT HOSP #8	45392	1
FLT HOSP #15	45399	1
T-AH 20 USNS COMFORT	46246	5
FLT HOSP #3	68683	49
FLT HOSP #4	68684	2
FLT HOSP #5	68685	4
1ST MARDIV	MPS2D	3
1ST FSSG	MPS2F	1

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

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

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

Number of "stubbed" expanded beds[1]: 0

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	570	536	231
OUTPATIENT	201	202	107

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	1377	2,374,757	1361	1,439,221	789	831,999
AD FAMILY	344	176,110	379	168,592	182	84,138
OTHER	386	202,201	436	215,927	303	173,577
TOTAL	2107	2,753,068	2176	1,823,740	1274	1,089,714

[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	17,426,470	19,865,384	6,723,582
TOTAL OUTPATIENT VISITS	159,694	168,217	67,176
AVERAGE COST PER VISIT	109.12	118.09	100.09

Changes / Additions
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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.

~~FY94 info provided by activity is all we have (FY94 data not readily available~~ mss

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	2,279,235	~~2,989,770~~ 2,672,338	935,330

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	818,538	~~716,642~~ 738,101	256,103
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	818,538	~~716,642~~ 738,101	256,103
E. TOTAL E EXPENSES (ALL ACCOUNTS)	~~12,614,198~~ 11,982,037	~~14,057,269~~ 12,824,372	4,027,682
F. % SELECTED E EXPENSES (D÷E)[1]	~~.064890~~ .068314	~~.05098~~ .057555	.063586

[1] Record as a decimal to 6 digits. *Naval Hospital, Newport has only substance abuse in-house. All other inpatient, including same-day surgery, is covered by our external partnership with Newport Hospital, a civilian private hospital.

Changes/Additions
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Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	1,431,171	~~1,809,449~~ 1,510,723	496,847
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	~~92,869~~ 97,768.67	~~92,246~~ 86,948.99	31,592
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)	~~357,172~~ 328,514	~~406,980~~ 410,602	158,885
M. DECEDENT AFFAIRS (FDD)	0	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	328,514 ~~357,172~~	410,602 ~~406,980~~	158,885
Q. E EXPENSES INCLUDED IN ROW P	32,137 ~~33,412~~	52,094 ~~48,472~~	15,115
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	~~2,168~~ 2195.399	~~2,487~~ 2998.247	961
S. OTHER F'S LESS E (P-R)	326,318.6 ~~355,004~~	407,603.8 ~~404,493~~	157,924

Changes/Additions

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Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	~~2,412~~ 2411.92	~~2,123~~ 2320.86	894
U. TOTAL WORK UNITS (MWU)[2]	~~7,076~~ 6701.45	~~6,545~~ 6373.32	2,618
V. PERCENT INPATIENT (IWU÷AWU)	~~.52~~ .35991	~~.48~~ .364152	.52
W. FINAL OTHER F EXPENSES (S×V)	~~184,602~~ 117,445.4	~~194,157~~ 148,429.9	53,674
X. FINAL F EXPENSES (K+W)	~~184,602~~ 117,445.4	~~194,157~~ 148,429.9	53,674
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	~~2,370,968~~ 2,298,912	~~3,091,681~~ 2,733,819	947,412
Z. NUMBER OF BIOMETRICS DISPOSITIONS	~~1,778~~ 1758	~~1,487~~ 1346	627
AA. TOTAL MEPRS DISPOSITIONS	~~2,443~~ 2448	~~2,155~~ 1487	907
BB. ADJUSTED DISPOSITIONS (Z÷AA)	~~.73~~ .718137	~~.69~~ .905178	.69
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	~~1,730,807~~ 1,650,934	~~2,133,260~~ 2,474,593	653,714
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	~~Not available~~ 1387.479	~~Not available~~ 922.1125	Not available
EE. COST PER RWP (CC÷DD)	~~N/A~~ 1189.88	~~N/A~~ 2683.613	N/A
FF. TOTAL CATEGORY II RWPs[3]	~~N/A~~ 443.348	~~N/A~~ 233.7319	N/A
GG. TOTAL CATEGORY II COST (EE×FF)	~~N/A~~ 527531.1	~~N/A~~ 627246	N/A
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	~~N/A~~ 1123403	~~N/A~~ 1847347	N/A
II. TOTAL CATEGORY III RWPs (DD-FF)	~~N/A~~ 944.131	~~N/A~~ 688.386	N/A
JJ. COST PER CATEGORY III RWP (HH÷II)	~~N/A~~ 1189.88	~~N/A~~ 2683.613	N/A

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

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

Changes / Additions
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TABLE E: BURDENING FOR ADD-ONS AND INFLATION

*OCT-FEB

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	~~17,718~~ 13,928	11,920	4,791*
LL. CATEGORY II (AS DEFINED IN FF) OBDs	~~N/A~~ 9278		
MM. CATEGORY III OBDs (KK-LL)	~~N/A~~ 4650		
NN. AVERAGE DAYS/RWP (MM÷II)	~~N/A~~ 4.925164		
OO. ADD ON PER RWP (NN×77)	~~N/A~~ 379.2376		
PP. TOTAL COST PER RWP (JJ+OO)	~~N/A~~ 1569.118		
QQ. CIVILIAN PAY COST (PP×.15)	~~N/A~~ 235.3677		
RR. MILITARY PAY COST (PP×.56)	~~N/A~~ 878.7061		
SS. OTHER COSTS (PP×.29)	~~N/A~~ 455.0442		
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	~~N/A~~ 251.3254		
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	~~N/A~~ 926.2534		
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	~~N/A~~ 369.4483		
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	~~N/A~~ 384.2262		
XX. MILITARY ASSET USE CHARGE (UU×1.04)	~~N/A~~ 963.3035		
YY. OTHER ASSET USE CHARGES (SS×1.04)	~~N/A~~ 473.246		
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	~~N/A~~ 512.5254		
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	~~N/A~~ 1860.055		

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+	88	88	0	0
Officer	3	520	520	0	0
Officer	1 or 2	20	20	0	0
Enlisted	4+	134	134	0	0
Enlisted	3	553	553	0	0
Enlisted	1 or 2	536	536	0	0
Mobile Homes	N/A	0	0	0	0
Mobile Home lots	N/A	52	52	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	Not applicable	N/A
	2	Not applicable	N/A
	3	Not applicable	N/A
	4+	0	12 months[1]
O-4/5	1	Not applicable	N/A
	2	Not applicable	N/A
	3	0	0
	4+	2	6 months[2]
O-1/2/3/CWO	1	Not applicable	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A
E7-E9	1	0	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A
E1-E6	1	0	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A

[1] Waiting in a deferred status for quarters in a specific geographic area.

[2] Four bedroom 04/05 quarters undergoing major renovations.

[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	Expense of private housing
2	Convenience to base
3	Security
4	Residing in military community
5	Service

(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)?

31%

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

Type of Quarters	Utilization Rate
Adequate	Staff 98 Student 92[1]
Substandard	N/A
Inadequate	N/A

(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?

In FY94 the staff occupancy rate will be below 98% as a result of the fleet being relocted from Newport to other homeports.

[1] In FY93 the occupancy rate for student quarters was 92% (student quarters remain vacant between graduation and commencement dates).

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	64
Substandard	43
Inadequate	60

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No

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

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

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. See comments below[1]

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	Unknown	Unknown	See below[2]
Spouse Employment (non-military)	Unknown	Unknown	See below[2]
Other	Unknown	Unknown	See below[2]
TOTAL	56	100	

[1] NETC CBQ does not have accurate information on how many geographical bachelors live on local economy. An unknown number of geographical bachelors never check in when they learn of geographical bachelor berthing policy.

[2] NETC CBQ has not monitored family commitments/spouse employment as reasons for separation.

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	40
Substandard	80
Inadequate	78

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No

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

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

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. See comments below[1]

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	Unknown	Unknown	See below[2]
Spouse Employment (non-military)	Unknown	Unknown	See below[2]
Other	Unknown	Unknown	See below[2]
TOTAL	108	100	

[1] NETC CBQ does not have accurate information on how many GBs live on local economy. An unknown number of GBs never check in when they learn of GB berthing policy.

[2] NETC CBQ has not monitored family commitments/spouse employment as reasons for separation.

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

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[1]	Indoor Bays	13	Y
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling[1]	Lanes	24	N
Enlisted Club[1]	SF	14,838	Y
Officer's Club[1]	SF	33,360	Y
Library[1]	SF	10,000	N/A
Library	Books	79,000	N/A
Theater	Seats	0	N/A
ITT[1]	SF	1,334	N
Museum/Memorial	SF	0	N/A
Pool (indoor)[1]	Lanes	6	N
Pool (outdoor)	Lanes	0	N
Beach[1]	LF	300	N/A
Swimming Ponds	Each	0	N/A
Tennis CT[2]	Each	9	N/A
Gear Rental[1]	SF	7,025	Y
Vet Clinic[1]	SF	1,225	Y
Leisure Travel[1]	SF	522	Y
Picnic Areas[1]	Sites	7	N/A
Vehicle Storage Lot[1]	Spaces	150	Y
Game Room[1]	SF	5,289	Y

[1] Located adjuacent to Naval Hospital Newport facilites. Host UIC: 62661. Host Name: Naval Education and training Center. BSAT Data Call #23.
[2] Two courts belong to Naval Hospital Newport

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[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[1] (outdoor)	Each	1	N/A
Basketball CT[1] (outdoor)	Each	2	N/A
Racquetball CT[1]	Each	5	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium[1]	SF	45,468	N/A
Fitness Center[1]	SF	1,800	N/A
Marina[1]	Berths	125	Y
Stables	Stalls	0	N/A
Softball Fld[1]	Each	5	N/A
Football Fld[1]	Each	1	N/A
Soccer Fld[1]	Each	1	N/A
Youth Center[1]	SF	4,500	Y
Baseball Fld	Each	1	N/A

[1] Located adjacent to Naval Hospital Newport facilities. Host UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

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

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	5	x	N/A	N/A	2	60
6-12 Mos	3	x	N/A	N/A	10	60
12-24 Mos	10	x	N/A	N/A	11	60
24-36 Mos	14	x	N/A	N/A	4	90
3-5 Yrs	38	x	N/A	N/A	13	75

(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.

A child care off-base program exists. The child care information and referral office or installation child development center provides information on 6 local private centers that can handle up to 117 infant/toddlers, 221 ages 3-6, 43 school age.

(4). How many "certified home care providers" are registered at your base? 24

(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). None

(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[1]	SF	62,126
Gas Station[1]	SF	3,684*
Auto Repair	SF	***included**
Auto Parts Store	SF	***included**
Commissary[1]	SF	32,160
Mini-Mart[1]	SF	2,886
Package Store[1]	SF	6,077
Fast Food Restaurants[1] (incl 4 snack bars)	Each	6[2]
Bank/Credit Union[1]	Each	1
Family Service Center[1]	SF	6,000
Laundromat[1]	SF	300
Dry Cleaners[1]	Each	1
ARC	PN	56
Chapel[1]	PN	225
FSC[1] Classrm/Auditorium	PN	20
Optical Shop[3]	SF	1,000
Navy Lodge[1]	SF	10,400
Post Office[1]	SF	2,525
SATO Travel[1]	SF	600
Armed Forces YMCA[1]	SF	6,500
American Red Cross[1]	SF	100
Navy-Marine Corp Relief[1]	SF	6,800

[1] Located adjacent to Naval Hospital, Newport facilites. Host UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.
[2] 1 Snack bar located at Naval Hospital, Newport.
[3] NEX Optical Shop located in Naval Hospital, Newport.

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

City	Distance (Miles)
Providence, RI	30
Boston, MA	75
Fall River/New Bedford, MA	26 (avg)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	239.09	133.77
E2	239.09	150.35
E3	232.34	171.20
E4	269.67	188.21
E5	302.60	211.27
E6	310.92	211.65
E7	363.05	252.20
E8	379.00	286.52
E9	457.40	347.22
W1	352.73	267.89
W2	355.90	279.14
W3	385.68	313.52
W4	343.23	304.32
O1E	278.39	206.50
O2E	311.38	248.26
O3E	364.93	308.73
O1	269.46	198.56
O2	265.58	207.58
O3	298.95	251.69
O4	353.02	306.99
O5	432.47	357.64
O6	421.76	349.09
O7	355.45	288.80

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	389	315	48
Apartment (1-2 Bedroom)	586	374	80
Apartment (3+ Bedroom)	726	580	99
Single Family Home (3 Bedroom)	969	780	104
Single Family Home (4+ Bedroom)	1,123	871	125
Town House (2 Bedroom)	731	641	90
Town House (3+ Bedroom)	815	698	106
Condominium (2 Bedroom)	713	563	78
Condominium (3+ Bedroom)	813	631	92

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

Type Rental	Percent Occupancy Rate
Efficiency	96
Apartment (1-2 Bedroom)	70
Apartment (3+ Bedroom)	68
Single Family Home (3 Bedroom)	98
Single Family Home (4+ Bedroom)	96
Town House (2 Bedroom)	75
Town House (3+ Bedroom)	70
Condominium (2 Bedroom)	75
Condominium (3+ Bedroom)	70

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	116,335
Single Family Home (4+ Bedroom)	144,063
Town House (2 Bedroom)	73,450
Town House (3+ Bedroom)	140,625
Condominium (2 Bedroom)	68,200
Condominium (3+ Bedroom)	114,375

(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	335	422	89
February	346	436	89
March	364	454	99
April	364	472	103
May	383	497	103
June	395	498	105
July	398	511	108
August	392	498	106
September	387	481	107
October	383	491	106
November	369	470	99
December	351	455	97

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

The Newport Area is a historic waterfront, tourist area located on an island connected by two 4-lane bridges and one 2-lane bridge to the mainland. Housing on the island is more expensive than that located on the mainland. Naval Schools located in Newort, combined with the tourist nature of the area create a high demand for short-term rentals.

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[3]
DC[1] OS[2]	0	25-57
EM[1] EN[2]	0	27-53
EN[1] BM[2]	0	53-40
IC[1] EM[2]	0	12-27
HT[2] DC[2]	0	10-25

[1] Rotation of 60-24 service member
[2] Rotation of 60-36 service member
[3] First number applies to 60-24, second number to 60-36

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)
Newport County	76	5	10
Washington County	4	12	20
Bristol County (RI)	4	15	30
Bristol County (MA)	6	15	25
Other	10	25	35+

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

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

(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					

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

(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					

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

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.

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

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			

This information is being provided by Host UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

15. Quality of Life **(revised to indicate BEQ/BOQ) R (26 SEP 94)**

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
BEQ, 347, 721-11	116	2					116[1]	13,323
BEQ, 348, 721-11	58	1					58[1]	6,660
BEQ, 447, 721-11	240	120			240	60,332		
BEQ, 689, 721-11	216	108	216	43,956				
BEQ, 345, 721-12	104	36					104[2]	19,985
BEQ, 346, 721-12	104	36					104[2]	19,985
BEQ, 441, 721-12	38	19			38	9,200		
BEQ, 688, 721-12	60	60	60	29,415				
BEQ, 441, 721-13	15	15			15[3]	7,270		
BOQ, 172,724-11	95	95	11	5,000			84[4]	42,174
BOQ, 442, 724-11	120	120	120	57,895				
BOQ, 443, 724-11	110	110	110	58,860				
BOQ, 444, 724-11	100	100	100	52,038				
BOQ, 678, 724-11	100	100			100[5]	45,378		
BOQ, 685, 724-11	44	44					44[6]	19,760

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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
347; 721-11	116	2					116[1]	13,323
348; 721-11	58	1					58[1]	6,660
447; 721-11	240	120			240	60,332		
689; 721-11	216	108	216	43,956				
345; 721-12	104	36					104[2]	19,985
346; 721-12	104	36					104[2]	19,985
441; 721-12	38	19			38	9,200		
688; 721-12	60	60	60	29,415				
441; 721-13	15	15			15[3]	7,270		
172; 724-11	95	95	11	5,000			84[4]	42,174
442; 724-11	120	120	120	57,895				
443; 724-11	110	110	110	58,860				
444; 724-11	100	100	100	52,038				
678; 724-11	100	100			100[5]	45,378		
685; 724-11	44	44					44[6]	19,760

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, 172, 724-12	2	2	2	800				
BOQ, 442, 724-12	1	1	1	965				
BOQ, 18, 724-12	2	2	2	3,810				

NOTES:
[1] Open bay/gang head floor layout.
[2] Central gang heads and three person rooms.
[3] Central gang heads; used for transient billeting
[4] Room configuration too small to meet current criteria.
[5] Each room shares a bath and head with another room.

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?

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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
172; 724-12	2	2	2	800				
442; 724-12	1	1	1	965				
18; 724-12	2	2	2	3,813				

NOTES:
[1] Open bay/gang head floor layout.
[2] Central gang heads and three person rooms.
[3] Central gang heads; used for transient billeting.
[4] Room configuration too small to meet current criteria.
[5] Each room shares a bath and head with another room.

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?

(1) Facility type/code: BEQ, 347, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $1,000,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $400,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 348, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $500,000 to upgrade. **R (27 Sep 94)**
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $200,000. **R (27 Sep 94)**
(6) Current improvement plans and programmed funding: Convert to admin space, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 345, 721-12.
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Retained for transients and geographical bachelors/no funding needed.
(6) Current improvement plans and programmed funding: Convert to house transients and geographical bachelors; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

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(1) Facility type/code: BEQ, 347, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $1,000,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $400,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 348, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $1,000,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $400,000.
(6) Current improvement plans and programmed funding: Convert to admin space, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 345, 721-12.
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Retained for transients and geographical bachelors/no funding needed.
(6) Current improvement plans and programmed funding: Convert to house transients and geographical bachelors; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 346, 721-12
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space/$600,000. R (27 Sep 94)
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 172, 724-11
(2) What makes it inadequate? Rooms share heads with another room.
(3) What use is being made of the facility? House CWO-02s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to forty-two O-3 and above officers quarters; project has been programmed and awarded.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 685, 724-11
(2) What makes it inadequate? Facility has deteriorated beyond economical repairs.
(3) What use is being made of the facility? House CWO-O2s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? No applicable.
(5) What other use could be made of the facility and at what cost? No other use.
(6) Current improvement plans and programmed funding: Demolish, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

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(1) Facility type/code: BEQ, 346, 721-12
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space/$400,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 172, 724-11
(2) What makes it inadequate? Rooms share heads with another room.
(3) What use is being made of the facility? House CWO-O2s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to forty-two O-3 and above officers quarters/$1,600,000.
(6) Current improvement plans and programmed funding: Convert to forty-two O3 and above officers quarters; project has been programmed and awarded.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 685, 724-11.
(2) What makes it inadequate? Facility has deteriorated beyond economical repairs.
(3) What use is being made of the facility? House CWO-O2s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? Not applicable.
(5) What other use could be made of the facility and at what cost? No other use.
(6) Current improvement plans and programmed funding: Demolish, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-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."

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. R. COTE, CAPT, MSC, USN	
NAME (Please type or print)	Signature
COMMANDING OFFICER	9 Sept 94
Title	Date
NAVAL HOSPITAL, NEWPORT	
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

9-14-94
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

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

Signature

COMMANDING OFFICER
Title

5/23/94
Date

NAVAL HOSPITAL, NEWPORT
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 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 6/9/94

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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. A. LOUGHNEY, CAPT, NC, USN
NAME (Please type or print)

J. A. Loughney
Signature

ACTING COMMANDING OFFICER
Title

16 August 94
Date

NAVAL HOSPITAL, NEWPORT
Activity

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

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

Signature

ACTING CHIEF BUMED
Title

AUG 24 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

J. A. LOUGHNEY, CAPT, NC, USN
NAME (Please type or print)

J A Loughney
Signature

ACTING COMMANDING OFFICER
Title

29 Sept. 94
Date

NAVAL HOSPITAL, NEWPORT
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 11 OCT 1994 Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Hospital, Newport, RI

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	13,427	5,022	N/A	13,237	4,130	N/A
FAMILY OF AD	18,669	8,152	N/A	18,354	6,797	N/A
SUBTOTAL	32,096	13,174	N/A	31,591	10,927	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	15,832	10,222	N/A	15,594	10,064	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	7,021	5,300	N/A	8,425	6,359	N/A
OTHER	5,813	4,658	N/A	6,157	4,892	N/A
TOTAL	60,762	33,354	N/A	61,767	32,242	N/A

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

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

Operating Beds[1]:	38	(ARD only)
Set Up Beds[1]:	38	(ARD only)
Expanded Bed Capacity[2]:	38	(ARD only)

[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*	64,512	62,095	37,681	164,288
ADMISSIONS**	655	1,029	433	2,117
LABORATORY TESTS (WEIGHTED)[1]***	536,942	522,811	310,861	1,370,614
RADIOLOGY PROCEDURES (WEIGHTED)[1]***	28,171	27,430	16,310	71,911
PHARMACY UNITS (WEIGHTED)[1]***	95,976	93,451	55,565	244,992
OTHER (SPECIFY)	N/A			BUMED-822, MSS 1 Jun 94

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

* Command total visits = 183,395, South Weymouth = 8,202, Argentia = 5,902.
** Admissions include external partnership and same day surgery. **Only** substance abuse is provided in-house.
*** Laboratory, radiology, pharmacy weighted procedures **are not available** by patient category. Data spread by % of outpatient visits. Categories listed above equal 97% of the total work units.

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*	62,770	56,286	41,306	160,362
ADMISSIONS**	568	1,106	469	2,143
LABORATORY TESTS (WEIGHTED)[1]***	429,254	374,222	275,163	1,078,639
RADIOLOGY PROCEDURES (WEIGHTED)[1]***	31,365	27,344	20,106	78,815
PHARMACY UNITS (WEIGHTED)[1]***	99,714	86,930	63,919	250,563
OTHER (SPECIFY)	N/A	→		BUMED-822, MSS, Jun 94

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

* Naval Hospital, Newport data only. South Weymouth Branch Clinic approximately 6756 visits. FY94's data used actual Oct 93 thru Mar 94 times 2.
** Admissions include ARD - Inhouse patients (AFBA) and the external partnership program including same-day surgery.
*** Laboratory, radiology and pharmacy data **is not available** by patient category. Data spread based on % of outpatient visits.

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	31,385	28,143	20,653	80,181
ADMISSIONS	284	553	235	1,072
LABORATORY TESTS (WEIGHTED)[1]	214,627	187,111	137,581	539,319
RADIOLOGY PROCEDURES (WEIGHTED)[1]	15,682	13,672	10,053	39,407
PHARMACY UNITS (WEIGHTED)[1]	49,857	43,465	31,959	125,281
OTHER (SPECIFY)	N/A			BUMED-822, mss 1 Jun 94

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

Data workunits for FY94 October thru March.

Admissions include substance abuse (in-house) and external partnership plus same-day surgery.

Same-day surgery, laboratory, radiology and pharmacy **is not available** by patient category. Workunits have been spread by % of visits to each patient category.

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]	21	21	21	21	21	21	21	21
SPECIALTY CARE[2]	16	16	16	16	16	16	16	16
PHYSICIAN EXTENDERS[3]	6	6	6	6	6	6	6	6
INDEPENDENT DUTY CORPSMEN	9	9	9	9	9	9	9	9
TOTAL	52	52	52	52	52	52	52	52

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	789
SPECIALTY CARE[2]	2,971
PHYSICIAN EXTENDER[3]	389
TOTAL	4,149

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 1,003,464

* Utilized most recent Rhode Island Census of Population and Housing Summary as prepared by the RI Department of Economic Development, Research Division, 7 Jackson Walkway, Providence, RI 02903

* Although our catchment area includes scattered and small portions of Massachusetts, no Massachusetts population data has been included as it represents a small portion of the catchment area.

* The same rationale applies to Connecticut. Additionally, those cities/towns in Connecticut within our catchment area also overlap with Naval Hospital Groton's catchment area.

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]
Newport Hosp	Non-Gov't Not for profit	2 miles	5 minutes	External Partnership MOUs for emergency medical service, family advocacy, EMT training, infirmary patients
St Annes Hosp	Church operated	12 miles	25 minutes	None
Charlton Memorial Hosp	Non-Gov't Not for profit	15 miles	25-30 minutes	None
Rhode Island Hospital	Non-Gov't Not for profit	22 miles	35 minutes	None
Women and Infants Hosp	Non-Gov't Not for profit	22 miles	35 minutes	None
Emma Pendleton Bradley Hosp	Non-Gov't Not for profit	18 miles	25 minutes	None
St. Joseph Hosp	Church operated	30 miles	45 minutes	None
Memorial Hosp	Non-Gov't Not for profit	35 miles	55 minutes	MOU for family practice residents training
Butler Hospital	Non-Gov't Not for profit	25 miles	35 minutes	None
Miriam Hospital	Non-Gov't Not for profit	25 miles	35 minutes	None
Roger Williams Med Center	Non-Gov't Not for profit	25 miles	35 minutes	None

Veterans Affairs Med Center	Veterans Admin	25 miles	35 minutes	Sharing agreement for nursing/corpsman training
South County Hospital	Non-Gov't Not for profit	15 miles	20 minutes	None
Kent County Hospital	Non-Gov't Not for profit	15 miles	20 minutes	None
Westerly Hosp	Non-Gov't Not for profit	30 miles	50 minutes	None
Landmark Med Center	Non-Gov't Not for profit	40 miles	60 minutes	None

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Newport Hospital	217	yes	57.1%	
St. Annes Hospital	178	yes	65.2%	
Charlton Memorial Hospital	332	yes	90.4%	
Rhode Island Hospital	687	yes	82.2%	Burn care unit, trauma center
Women and Infants Hospital	197	yes	94.4%	High risk obstetrics

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

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

c. **Training Facilities:** UIC 68086, Naval Hospital, Newport

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER
Title

5/24/94
Date

NAVAL HOSPITAL, NEWPORT
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 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Hospital Newport*
Acronym(s) used in correspondence	*NAVHOSP Newport*
Commonly accepted short title(s)	*NAVHOSP Newport*

- Complete Mailing Address

Commanding Officer
Naval Hospital
1 Riggs Road
Newport, RI 02841-1002

- PLAD
NAVHOSP NEWPORT RI

- PRIMARY UIC: 68086 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes __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 ____ 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 ____ No __X__ (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 __X__ No ____ (check one)

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

Name	Location	UIC

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

Name	UIC	Location	Host name	Host UIC
Naval Branch Medical Clinic	35311	South Weymouth MA	Naval Air Station	00101
Naval Branch Medical Clinic	47148	Argentia Canada	Naval Facility Argentia Physical Security Comp	47247
Naaval Branch Medical Clinic Coast Guard Support Center	44898	Boston MA	US Coast Guard Support Center Boston	OPFAC 47000

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.

Impact from BRAC 93 was experienced in the loss of all ships (5 FFG's) operating under DESRON 6 (formerly SURFGRP 4). In addition, the Shore Intermediate Maintenance Activity (SIMA) was also lost. Net decrease in beneficiary population when factored with various re-programming evolutions in NETC Newport's schools command was -300 beneficiaries.

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 top quality medical care to all of our 39,000 (plus) beneficiaries.

•Provide comprehensive medical care to active duty staff and students assigned to the Naval Education and Training Center (NETC). This includes the medical record processing, immunizations, overseas screening and accession physicals for the approximately 4,000 students assigned to NETC.

•Provide comprehensive medical care to active duty staff and students assigned to the Naval War College. This includes provisions for all foreign military students assigned as well as their families.

•Provide comprehensive medical care to the active duty staff and students at the Naval Justice School.

•Provide comprehensive medical care to the active duty staff and students assigned to the Naval Academy Preparatory School.

•Provide comprehensive medical care to active duty members assigned to Naval Surface Group Four (NAVSURFGRUFOUR). This includes all ships assigned to NAVSURFGRUFOUR as well as any other Navy ships in port.

*Provide comprehensive care to the active duty personnel assigned to the Shore Intermediate Maintenance Activity (SIMA).

*Provide inpatient and outpatient care to retirees, dependents of retirees and active duty dependents within our catchment area. This is all currently accomplished utilizing active duty personnel.

Projected Missions for FY 2001

•Will no longer provide comprehensive medical care to active duty members assigned to Naval Surface Group Four (NAVSURFGRUFOUR) as a result of BRAC 93.

- Will no longer provide comprehensive medical care to active duty personnel assigned to Shore Intermediate Maintenance Activity (SIMA) as a result of BRAC 93.

-

-

-

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

•Inpatient care is currently rendered at Newport Hospital (civilian) by Navy physicians as a result of an external partnership which went into effect on 1 October 1992. Newport is the only site for this type of program within the Department of Defense. This concept uses local civilian inpatient beds (Newport Hospital) to support Navy inpatient requirements.

•The Family Practice Demonstration Project is another initiative geared at providing a more cost effective means of delivering health care. It provides easier access to medical care, continuity of care and a means of controlling subspecialty care utilizations through increased family physician utilization.

•A major projected change for Naval Hospital, Newport is the development of a comprehensive health care clinic. Sponsored by a local congressman, this 14 (plus) million dollar project is designed to upgrade and replace our current outpatient facility. Currently in the design phase, the project is scheduled for completion by the mid 1990s.

*Lastly, Naval Hospital, Newport has taken a giant step in the area of preventive medicine. The establishment of the Health Education Department in September 1991 has proven successful in encouraging healthy life styles and promoting wellness. It has since evolved into a model program for the Navy.

Projected Unique Missions for FY 2001

•

•

•

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

• Operational name	UIC
COMMANDER, Naval Education and Training Center, Newport, RI	62661

• Funding Source	UIC
HSO Norfolk, VA	68908
BUMED, Washington, DC	00018

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	94	232	142
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	95	~~243~~ 231 GSA	~~143~~ 156 GSA
• Tenants (total)			

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

Title/Name	Office	Fax	Home
• CO/OIC			
R. R. COTE, CAPT, MSC, USN	948-3236	948-1231	401/849-0821
• Duty Officer			[N/A]
•			
•			

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

Tenant Command Name	UIC	Officer	Enlisted	Civilian

- Tenants residing on main complex (homeported units.) **N/A**

Tenant Command Name	UIC	Officer	Enlisted	Civilian

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

- Tenants (Other than those identified previously) **N/A**

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

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

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

Boston City Emergency Medical Service	*Boston, MA*	*Training - MOU*	*68086*
Comprehensive Emergency Services	*Newport, RI*	*Family Advocacy Support - MOU*	
Community College of RI	*NH Newport*	*Training - MOU*	
NNMC Bethesda	*NH Newport*	*Clinicial investigation - MOU*	
NH Groton	*NH Newport*	*Computer system support - ISSA*	
Newport Fire Dept	*NH Newport*	*Emergency ambulance service - MOU*	
Newport Hospital	*NH Newport*	*Family Advocacy Support - MOU*	
Newport Hospital	*NH Newport*	*Infirmary beds support - MOU*	
Newport Hospital	*NH Newport*	*External partnership - MOU*	
NUSC Newport	*NH Newport*	*Occupational health support - ISSA*	
NWC Newport	*NH Newport*	*Physician support - ISSA*	
NE College of Optometry	*NH Newport*	*Training - MOU*	
RI Rape Crisis Center	*NH Newport*	*Counseling support - MOU*	
Rutgers University	*NH Newport*	*Training - MOU*	
University of RI	*NH Newport*	*Training - MOU*	
Memorial Hospital	*NH Newport*	*Training - MOU*	

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"x42" (2 copies, if available); and 11"x17" (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.)

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

[illegible]
Signature

COMMANDING OFFICER
Title

4 Feb-94
Date

NAVAL HOSPITAL, NEWPORT, RI
Activity

68086

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL HOSPITAL, NEWPORT
UIC:	68086
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.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)

Activity Name: NAVAL HOSPITAL, NEWPORT | **UIC:** 68086

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	362	0	362
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	362	0	362
2. Other Base Operating Support Costs:			
2a. Utilities	1009	0	1009
2b. Transportation	100	101	201
2c. Environmental	34	0	34
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	105	2028	2133
2j. Engineering Support	211	302	513
Supply Operation	16	748	764
Communication	225	0	225
2k. Sub-total 2a. through 2j:	1700	3179	4879
3. Grand Total (sum of 1c. and 2k.):	2062	3179	5241

DATA CALL 66
INSTALLATION RESOURCES

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BUMED 822
mss, 14 Jul 94

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&MN)	3125
MPN	2116

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:		UIC:	
N/A Category BUMED-822 mlt, 14 Jul 94	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, NEWPORT	**UIC:** 68086
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	96
Material and Supplies (including equipment):	3889
Industrial Fund Purchases (other DBOF purchases):	244
Transportation:	
Other Purchases (Contract support, etc.):	3962
Total:	8191

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, NEWPORT	**UIC:** 68086
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	7
Facilities Support:	10
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	17

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

Where workyears cannot be calculated, each $40K contract cost estimated equals one workyear for these OBOS/support contracts.

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)): 17

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.)
20 6	Medical Services (Supplemental Care) Technical Services

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

These "Off-Base" Contract Workyears are high-cost Supplemental Care purchases and medical repair contracts. Each $80K contract cost estimated to equal one workyear.

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. R. COTE, CAPT, MSC, USN NAME (Please type or print)	R R Cote Signature
COMMANDING OFFICER Title	13 July 94 Date
NAVAL HOSPITAL, NEWPORT, RI 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)

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 04 AUG 1994

Document Separator

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, NEWPORT, RI
UIC:	68086
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.

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:	$28,310

Source of Data (1.a. Salary Rate): FMIS CT2 SUMMARY

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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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			
Bristol	MA	2	11	3	35	45
Bristol	RI	2	4	1	15	20
Newport	RI	311	103	90	3	10
Washington	RI	1	5	1	15	25
Other	RI	16	7	5	40	60

= 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:

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b. 1) & 2) Residence Data): SPMS, HRO NEWPORT DCPDS

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)

Source of Data (1.c. Metro Areas): RLC (UIC 62661) SUBMITTING THIS DATA.

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	1	1
25 - 34 Years	13	10
35 - 44 Years	39	30
45 - 54 Years	42	32
55 - 64 Years	28	22
65 or Older	7	5
TOTAL	130	100 %

Source of Data (1.d.) Age Data): HRO NEWPORT, 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	0	0
9th through 11th Grade	3	2
12th Grade or High School Equivalency	76	58
1-3 Years of College	24	19
4 Years of College (Bachelors Degree)	19	15
5 or More Years of College (Graduate Work)	8	6
TOTAL	130	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.)	7
Associate Degree	9
Bachelor Degree	16
Masters Degree	6

Doctorate	0

Source of Data (1.e.1) and 2) Education Level Data): HRO NEWPORT, 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	8	6
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		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
3d. Other Transportation (includes ground vehicles)	various		
3e. Other Manufacturing not included in 3a. through 3d.	various		
Sub-Total 3a. through 3e.	20-39	8	6
4. Transportation/ Communications/ Utilities	40-49		
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	11	8
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	2	2
4g. Utilities	49		
Sub-Total 4a. through 4g.	40-49	13	10
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		

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	41	31.5
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76	1	.5
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79	1	.5
5h. Health Services	80	47	36
5i. Legal Services	81	5	4
5j. Educational Services	82	2	2
5k. Social Services	83	1	.5
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	5	4
5n. Other Misc. Services	89	4	3
Sub-Total 5a. through 5n.:	70-89	103	82
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	2	2

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.		2	2
TOTAL		130	100 %

Source of Data (1.f.) Classification By Industry Data): HRO NEWPORT, 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	9	7
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	.8
2h. Social & Recreation Workers		
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)	1	.8

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	18	14
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:	20	15
3. Technicians and Related Support		
3a. Health Technologists and Technicians	9	7
3b. Other Technologists	16	12
Sub-Total 3a. and 3b.:	25	19
4. Administrative Support & Clerical	61	47
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/ Medical Assistants/ Aides	4	3
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.	4	3
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers	2	1.5
8. Construction Trades	1	.8
9. Production Occupations		
10. Transportation & Material Moving	3	2

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	5	4
TOTAL	130	100 %

Source of Data (1.g.) Classification By Occupation Data): HRO NEWPORT, 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.

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:	58
2. Percentage of Military Spouses Who Work Outside of the Home:	50
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:	18
3b. Employed "On-Base" - Non-Appropriated Fund:	3
3c. Employed "Off-Base" - Federal Employment:	2
3d. Employed "Off-Base" - Other Than Federal Employment	78

Source of Data (1.h.) Spouse Employment Data): HRO NEWPORT, DCPDS AND NHNPT SURVEY CONDUCTED 11 JUL 94

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	A	A	A
Schools - Private	A	A	A
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	A
Police*	A	A	A
Health Care Facilities	A	A	A
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	A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

DATA CALL 65
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.

N/A

Source of Data (2.a. 1) & 2) - Local Community Table): NETC PLANNING OFFICE, NEWPORT AND AQUIDNECK ISLAND PLANNING COMMISSION.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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	NA	NA	NA
Fire Protection*	A	A	A
Police*	A	A	A
Health Care Facilities	A	A	A
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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

DATA CALL 65
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.

N/A

Source of Data (2.b. 1) & 2) - Regional Table): NETC PLANNING OFFICE, NEWPORT AND AQUIDNECK ISLAND PLANNING COMMISSION.

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:

Units for Sale:

Source of Data (3.a. Off-Base Housing): RLC (UIC 62661) SUBMITTING DATA.

DATA CALL 65
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	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	

* 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): RLC (UIC 62661) SUBMITTING DATA.

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

Source of Data (3.b.2) On-Base Schools): RLC (UIC 62661) SUBMITTING DATA.

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 :

Source of Data (3.b.3) Colleges): RLC (UIC 62661) SUBMITTING THIS 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:

Source of Data (3.b.4) Vo-tech Training): RLC (UIC 62661) SUBMITTING DATA.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

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

Source of Data (3.c.1) Transportation): RLC (UIC 62661) SUBMITTING DATA.

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.

Source of Data (3.c.2) Transportation): RLC (UIC 62661) SUBMITTING DATA.

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.

Source of Data (3.c.3) Transportation): RLC (UIC 62661) SUBMITTING DATA.

4) How many carriers are available at this airport?

Source of Data (3.c.4) Transportation): RLC (UIC 62661) SUBMITTING DATA.

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

Source of Data (3.c.5) Transportation): RLC (UIC 62661) SUBMITTING 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.)

b) Do access roads transit residential neighborhoods?

c) Are there any easements that preclude expansion of the access road system?

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

Source of Data (3.c.6) Transportation): RLC (UIC 62661) SUBMITTING 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.

Source of Data (3.d. Fire/ Hazmat): RLC (UIC 62661) SUBMITTING THIS DATA.

e. **Police Protection.**

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

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.

3) Does the activity have a 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.

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.

Source of Data (3.e. 1) - 5) - Police): RLC (UIC 62661) SUBMITTING THIS DATA.

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.

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.

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.

Source of Data (3.f. 1) - 3) Utilities): RLC (UIC 62661) SUBMITTING THIS DATA.

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.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Source of Data (4. Business Profile): RLC (UIC 62661) SUBMITTING THIS DATA.

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:

   b. Introduction of New Businesses/ Technologies:

   c. Natural Disasters:

   d. Overall Economic Trends:

Source of Data (5. Other Socio/ Econ): RLC (UIC 62661) SUBMITTING DATA.

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

Memorandum of Understanding with the following provide contributions of our activity to the local community:

Boston City Emergency Medical Service for EMT training.
Comprehensive Emergency Services for family advocacy.
Community College of RI for nursing training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Memorial Hospital for training of family practice residents.
Middletown Fire Dept for emergency ambulance service.
Newport Fire Dept for training EMT technicians and emergency ambulance service.
Newport Hospital for emergency medical service, civil disasters, family advocacy, EMT training, infirmary patients, joint cancer program, and external partnership.
New England College of Optometry for residency training.
American Red Cross for volunteer services.
RI Blood Center for blood bank.
RI College for training of social work students.
RI Rape Crisis Center for counseling.
Rutgers University for pharmacy training.
University of Rhode Island for training of audiology, nursing, and pharmacy students.

Source of Data (6. Other): Memorandum of Understanding

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

R. R. Cote
Signature

COMMANDING OFFICER
Title

13 July 94
Date

NAVAL HOSPITAL, NEWPORT, RI
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)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/11/94

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

385

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

Installation Name:	NH OAK HARBOR WA
Unit Identification Code (UIC):	N66097
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	38 38.3% CW
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	~~216.2~~ 163.2 CW
Total Number of Officer Housing Units:	~~8~~ 19 CW
Total Number of Enlisted Housing Units:	~~34~~ 23 CW

Line 4, Percentage of Military Families Living on Base, is taken from DD Form 1377.
Lines 7-9, represents the activities "fair share" of the complex total of the family housing budget and inventory of officer and enlisted units. This data was provided by COMNAVFACENGCOM.
This UIC contains 135 personnel entitled to BAQ W/Dependents out of a complex total of 5025 personnel entitled to BAQ W/Dependents.

There are 82 activities identified within this complex.

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)

CW 7/13
Chris Ward
7/13/94
NAVFAC 52JCW

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)

Jack Buffington
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)

W A Earner
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 these 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

THOMAS A. DAMES
NAME (Please type of print)

Rear Admiral, CEC, USN
Title

LANTNAVFACENGCOM
Activity

J.B. Venable
Signature J.B. VENABLE
Acting

JUL 06 1994
Date

ENCLOSURE(2)

BRAC-95 CERTIFICATION

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

for Paulette C. Brown
Name (Please type or print)

for J. R. Grindstaff
Signature

Head, Operations & Projects Branch
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

J. Richard Grindstaff
Name (Please type or print)

J. Richard Grindstaff
Signature

Head, Requirements & Acquisition Branch
Title

7-6-95
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

Mark D. Raker
Name (Please type or print)

Mark D. Raker
Signature

Housing Management Specialist
Title

7/6/94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

for Moses L. Meadows
Name (Please type or print)

for J. Richard Grindstaff
Signature

Director
Title

7-6-99
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

Document Separator

66097
WA

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Hospital Oak Harbor, WA*
Acronym(s) used in correspondence	NAVHOSP Oak Harbor
Commonly accepted short title(s)	N\A

- Complete Mailing Address
Naval Hospital
3475 N. Saratoga St.
Oak Harbor, WA 98278-8800

- PLAD
NAVHOSP OAK HARBOR WA

- PRIMARY UIC: 66097 (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): 46856 PURPOSE: DEPMEDS

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

66097
65A

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: __00620____

• Primary Host (as of 01 Oct 1995) UIC: __00620____

• Primary Host (as of 01 Oct 2001) UIC: __00620____

• 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
Combat Conditioning Tank	Naval Air Station Whidbey Island	00620

66097
65A

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

Name	UIC	Location	Host name	Host UIC
N\A				

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

a. Two VP squadrons have already reported aboard NAS Whidbey Island as a result of BRAC-93, and another two are currently anticipated during FY 94-95. These four squadrons represent an additional 1,294 active duty personnel and 2,070 dependents, for a total increase of 3,364 eligible beneficiaries. Extrapolation from historical data suggests that these additional beneficiaries will produce an additional 24,721 outpatients visits and 433 admissions per year, representing a 16% and 20% increase, respectively, over FY 93 work load.

b. As a result of BRAC-93, the following four billets from NAVHOSP Long Beach are scheduled to be transferred to Naval Hospital Oak Harbor in April 1994:

BSCs	32220, 32225	2 Laboratory Technicians
BSC	20000	1 HN (Internal Medicine)
BSC	18050	1 Operating Room Technician

c. As a result of BRAC-91, the following three 8406 billets from Naval Medical Clinic Chase Field are currently being transferred to Naval Hospital Oak Harbor:

BSCs	25715, 25720, 25725	3 Aerospace Medical Technicians

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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

- Ensure the sustained medical readiness of active duty personnel for deployment on short notice.

- Provide a comprehensive range of outpatient clinical services, including around-the-clock emergency care, and inpatient hospitalization capability for active duty personnel, their dependents, and other eligible beneficiaries.

- Provide aviation medicine service, including aviation physiology and water survival training, to personnel assigned to the VA, VAQ, and VP wings and squadrons, the Marine Aviation Training Support Group, and to other aviation personnel aboard NAS Whidbey Island.

Projected Missions for FY 2001

- Same as above

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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

- Same as above

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

• Operational name	UIC
Commander, Naval Base Seattle	68742

• Funding Source	UIC
Bureau of Medicine and Surgery	00018

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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
Reporting Command	62	151	82
Contracted			42*
• Tenants (total)	N\A		

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
• Reporting Command	61	~~148~~ 139 GSA	~~105~~ 88 GSA
• Tenants (total)	N\A		

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

Title/Name	Office	Fax	Home
• CO/OIC			
CAPT H.A. Speir	206-257-9974	206-257-9719	206-679-7667
• Duty Officer	206-257-9500	206-257-9719	[N/A]
X0			
CAPT M.J. Logue	206-257-9974	206-257-9719	206-679-9439

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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, 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					

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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.)
NAVAL WEAPONS AND TRAINING FACILITY	*BOARDMAN, OR*	*Preceptorship, medical education, and consumable supply support(ISSA)*

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.)

66097 OSA

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

HERBERT A. SPEIR, CAPT MSC USN
Commanding Officer
Naval Hospital Oak Harbor

Signature

2-2-94
Date

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65A

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

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:	NAVHOSP Oak Harbor
UIC:	66097
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.

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:	$34,830

Source of Data (1.a. Salary Rate): FY95 BUDGET SUBMISSION

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			
Island	WA	205	70	92.59	7	15
Skagit	WA	9	0	3.03	24	35
Snohomish	WA	1	4	1.68	62	90
King	WA	0	4	1.35	80	120
Other	WA	4	0	1.35		

297 = 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: Island County

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b. 1) & 2) Residence Data): Human Resource Office (HRO), Bangor, WA, and Manpower records NAVHOSP Oak Harbor.

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)
Seattle	King	62 miles driving plus a Ferry Ride or 95 miles going over Deception Pass bridge to get off the island.

Source of Data (1.c. Metro Areas): Rand McNally 1993 Road Atlas and Command Sedan odometer.

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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		
20 - 24 Years	1	1.27
25 - 34 Years	10	12.66
35 - 44 Years	26	32.91
45 - 54 Years	26	32.91
55 - 64 Years	15	18.99
65 or Older	1	1.27
TOTAL	79	100 %

Source of Data (1.d.) Age Data): HRO, Bangor, WA.

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		
9th through 11th Grade	1	1.27
12th Grade or High School Equivalency	35	44.30
1-3 Years of College	27	34.18
4 Years of College (Bachelors Degree)	7	8.86
5 or More Years of College (Graduate Work)	9	11.39
TOTAL	79	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.)	5
Associate Degree	8
Bachelor Degree	8
Masters Degree	6

Doctorate	1

Source of Data (1.e.1) and 2) Education Level Data): HRO, Bangor, WA.

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		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
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		
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		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
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	11	13.92
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	41	51.90
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83	3	3.80
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	3	3.80
5n. Other Misc. Services	89	21	26.58
Sub-Total 5a. through 5n.:	70-89		
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
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		79	100 %

Source of Data (1.f.) Classification By Industry Data): HRO, Bangor, WA.

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	6	7.59
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		
2h. Social & Recreation Workers		
2i. Religious Workers		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)	2	2.53
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	23	29.11
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:		
3. Technicians and Related Support		
3a. Health Technologists and Technicians	15	18.99
3b. Other Technologists		
Sub-Total 3a. and 3b.:		
4. Administrative Support & Clerical	23	29.11
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	8	10.13
Sub-Total 5a. through 5d.		
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers	1	1.27

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	1	1.27
TOTAL	79	100 %

Source of Data (1.g.) Classification By Occupation Data): HRO, Bangor, WA.

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:	70.66
2. Percentage of Military Spouses Who Work Outside of the Home:	54.24
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:	25.00
3b. Employed "On-Base" - Non-Appropriated Fund:	14.06
3c. Employed "Off-Base" - Federal Employment:	3.13
3d. Employed "Off-Base" - Other Than Federal Employment	57.81

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Parts #2 and #3 of this data call have been submitted to AIRPAC by our host activity, NAS Whidbey Island, UIC #00620, on BRAC-95 Data Call #65.

BRAC-95 CERTIFICATION
BRAC DATA CALL #65

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

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

H A Speir
Signature

COMMANDING OFFICER
Title

7-14-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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)

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:	NAVHOSP Oak Harbor
UIC:	66097
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION WHIDBEY ISLAND
Host Activity UIC:	00620

BUMED MED 825 GSA 7/19/94

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

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVHOSP Oak Harbor		UIC:66097	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	30		30
1b. Minor Construction	10		10
1c. Sub-total 1a. and 1b.	40		40
2. Other Base Operating Support Costs:			
2a. Utilities	186		186
2b. Transportation	16		16
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	20	301	321
2j. Other (Base Communications)	163		163
2k. Sub-total 2a. through 2j:	385	301	686

DATA CALL 66
INSTALLATION RESOURCES

3. Grand Total (sum of 1c. and 2k.):	425	301	726

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

Appropriation	Amount ($000)
N/A BUMED MED 825 GSA 7/19/94	

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

N/A

BUMED MED-825 GSA 7/19/94

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.) :			

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: NAVHOSP Oak Harbor	**UIC:**66097
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	118
Material and Supplies (including equipment):	2,649
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	16
Other Purchases (Contract support, etc.):	6,487
Total:	9,270

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: NAVHOSP Oak Harbor	**UIC:** 66097
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	1
Mission Support:	100
Procurement:	
Other:*	
Total Workyears:	101

*** 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)):

101.

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.)
2	Laundry, repair, etc.

BRAC-95 CERTIFICATION
BRAC DATA CALL #66

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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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

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

7-12-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

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)

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

16 AUG 1994

Date

ENCLOSURE(2)

Document Separator

385

DATA CALL NUMBER TWENTY-SEVEN

MILITARY VALUE ANALYSIS;
DATA CALL WORKSHEET FOR;
MEDICAL FACILITY: NAVAL HOSPITAL OAK HARBOR, OAK HARBOR, WA
ACTIVITY UIC: 66097

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The mission of Naval Hospital Oak Harbor is to:

-Ensure the sustained medical readiness of active duty personnel for deployment on short notice.

-Provide a comprehensive range of outpatient clinical services, including around-the-clock emergency care, and inpatient hospitalization capability for active duty personnel, their spouses and children, and other eligible beneficiaries.

-Provide aviation medicine service, including aviation physiology and water survival training, to personnel assigned to the VA, VAQ, and VP wings and squadrons, the Marine Aviation Training Support Group, and to other aviation personnel aboard NAS Whidbey Island.

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)
VA 128	N09522	NAS WHIDBEY ISLAND	524
VAQ 129	N09995	NAS WHIDBEY ISLAND	522
AIMD	N44329	NAS WHIDBEY ISLAND	452
SEAOPDET	N46967	NAS WHIDBEY ISLAND	428
NAS	N00620	NAS WHIDBEY ISLAND	346
VA 196	N09093	NAS WHIDBEY ISLAND	314
VA 52	N09283	NAS WHIDBEY ISLAND	308
VA 95	N09707	NAS WHIDBEY ISLAND	305
VP 40	N09674	NAS WHIDBEY ISLAND	304
NAVFAC	N68844	NAS WHIDBEY ISLAND	291
VA 165	N09616	NAS WHIDBEY ISLAND	280
VP 46	N09632	NAS WHIDBEY ISLAND	277
VAQ 139	N09200	NAS WHIDBEY ISLAND	221
NAVHOSP	N66097	NAS WHIDBEY ISLAND	215
VAQ 138	N09199	NAS WHIDBEY ISLAND	213
VAQ 135	N09971	NAS WHIDBEY ISLAND	209
VAQ 134	N09970	NAS WHIDBEY ISLAND	208
VAQ 140	N53806	NAS WHIDBEY ISLAND	202
VAQ 137	N09996	NAS WHIDBEY ISLAND	201
VAQ 132	N09615	NAS WHIDBEY ISLAND	199
VAQ 131	N09364	NAS WHIDBEY ISLAND	198
VAQ 130	N09289	NAS WHIDBEY ISLAND	197
VAQ 141	N53807	NAS WHIDBEY ISLAND	197
SE	N46252	NAS WHIDBEY ISLAND	153
NAVAIRES	N00621	NAS WHIDBEY ISLAND	141
A/C OP DET	N35674	NAS WHIDBEY ISLAND	134
VP 69	N09989	NAS WHIDBEY ISLAND	133
VAQ 309	N53871	NAS WHIDBEY ISLAND	122
VAQ 129 STUDENTS	N30694	NAS WHIDBEY ISLAND	111
NAMTRAGRU DET	N66058	NAS WHIDBEY ISLAND	108
VA 128 STUDENTS	N30679	NAS WHIDBEY ISLAND	85
EODMU 11	N55569	NAS WHIDBEY ISLAND	81
VR 61	N08988	NAS WHIDBEY ISLAND	81
COMPATWING 10	N55165	NAS WHIDBEY ISLAND	57
CBU 417	N66925	NAS WHIDBEY ISLAND	50
CWWP	N55627	NAS WHIDBEY ISLAND	50
NAVFAC (CANADIAN DET	NX2305	NAS WHIDBEY ISLAND	47
PSD	N43138	NAS WHIDBEY ISLAND	46
CAWP	N55628	NAS WHIDBEY ISLAND	44
MAWS	N46740	NAS WHIDBEY ISLAND	38
NWSTF	N30051	BOARDMAN, OR	33
EODMU 17	N47150	NAS WHIDBEY ISLAND	32
NAVCOMDET	N33219	NAS WHIDBEY ISLAND	31
NAS OTHERS	N43492	NAS WHIDBEY ISLAND	29
DENTAL CLINIC	N39075	NAS WHIDBEY ISLAND	23
NPMD	N65907	NAS WHIDBEY ISLAND	22
MATSG	M67849	NAS WHIDBEY ISLAND	20
MWSS-473	N48043	NAS WHIDBEY ISLAND	17
FASO	N0345A	NAS WHIDBEY ISLAND	12
STU EEAP SVC	N43997	NAS WHIDBEY ISLAND	12
FIC	N45002	NAS WHIDBEY ISLAND	12
NLSO	N35502	NAS WHIDBEY ISLAND	9
NAESU	N30333	NAS WHIDBEY ISLAND	8
DECA	N49110	NAS WHIDBEY ISLAND	8
ROICC (WESTDIV)	NX1366	NAS WHIDBEY ISLAND	6
CAAC	N68121	NAS WHIDBEY ISLAND	4
RBSU	N30052	SPOKANE	4
NAVY EXCHANGE	N63355	NAS WHIDBEY ISLAND	1
NAVFAC (DET PAC BCH)	N67066	NAS WHIDBEY ISLAND	1
NAVY CAMPUS	N49304	NAS WHIDBEY ISLAND	1

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	481	58,983	1.79	2.5
ACTIVE DUTY NON N/MC	8		1.67	0.0
TOTAL ACTIVE DUTY	489	58,983		2.5
FAMILY OF AD	1,430	70,918	1.87	7.4
RETIRED AND FAMILY MEMBERS UNDER 65	127	12,905	1.97	0.8
RETIRED AND FAMILY MEMBERS OVER 65	36	5,530	1.97	0.2
OTHER	42	2,333	3.00	0.2
TOTAL	2,124	150,669		11.1

What is your occupancy rate for FY94 to date? 44%

Revised pg

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	481	58,983	not available	not available
ACTIVE DUTY NON N/MC	8			
TOTAL ACTIVE DUTY	489	58,983		
FAMILY OF AD	1,430	70,918	not available	
RETIRED AND FAMILY MEMBERS UNDER 65	127	12,905		
RETIRED AND FAMILY MEMBERS OVER 65	36	5,530		
OTHER	42	2,333		
TOTAL	2,124	150,669		12.93 *

* FY93

What is your occupancy rate for FY94 to date? 44%

Current and projected ALOS for FY94 is 1.9, and 11 for ADPL. ALOS and ADPL are not broken down by patient category for current periodic reporting requirements, nor is such a breakdown possible with our current automated data collection systems.

BUMED-822, MSJ
1 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	151,408	144,519	137,176	137,176	137,176	137,176	137,176
ADMISS.	2,153	2,043	1,931	1,931	1,931	1,931	1,931

Please show all assumptions and calculations in the space below:

* Data developed using RAPS, version 4.5, FY90 baseyear numbers.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections	87 hrs	1
Home Day Care/Base Housing Sanitation Inspections	12 hrs	1
Animal Bite Follow-up	14 hrs	1
Health Cards Issued	10 hrs	1
Water/Ice Testing	12 hrs	1-2
Occ Health/Prev Medicine Training	15 hrs	2-4
Water Survival Training	160 hrs	8-10
Aviation Physiology Training	160 hrs	2-10
Ambulance Standby (Rifle Range, Crash Calls, etc.)	25 hrs	2-4

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Not Applicable								

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

PROGRAM	STATUS [1]	CERT. [2]	COMMENTS [3]
Not Applicable			

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-10	993 Naval Hospital	94,201	25	Adequate
510-77	2564 Storage	984	20	Adequate
510-77	2703 Medical Storage	66	10	Adequate
171-20	2758 APTD	12,653	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:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-006	Hospital Addition/Alterations	FY88	$14.5 M

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-008	Hospital Addition	Unpro-grammed	$4.5M

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	Not Applicable		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL OAK HARBOR				
2. UIC 66097	3. CATEGORY CODE 51010, 51077, and 17120	4. NO. OF BUILDINGS 4		
5. SIZE	A. GSF 107,904	B. NORMAL BEDS 25		C.DTRS
6. LOCATION	A. CITY 2508		B.STATE 53	

7. FACILITY ASSESSMENT

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

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: 11 Sept 1991

FULL ACCREDITATION: YES

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

* Life Safety Management Score was not separately categorized as such by JCAHO in 1991, but there were no significant deficiencies noted.

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 location aboard NAS Whidbey Island makes us very accessible to our primary customers and to other beneficiaries, most of whom live within easy driving time and distance.

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

TYPE	LOCATION	DISTANCE
Air	Besides NAS Whidbey Island, Oak Harbor Municipal Airport is approximately 8 miles from NHOH	
Rail (freight)	Burlington	23 miles
Rail (passenger)	Everett	65 miles
Sea (freight)	Anacortes	21 miles
Sea (passenger)	Keystone	12 miles
Ground	Highway 20 connects Oak Harbor with Interstate 5 at Mt. Vernon which is 25 miles from NHOH	

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): 0.3 miles

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

Location of the hospital aboard the NAS ensures immediate access to an airstrip that can accommodate all types of passenger and cargo aircraft. This guarantees rapid deployment of personnel in contingency scenarios.

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

15 minutes.

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

Whidbey Island is remote, has a total population of only 52,866, and is distant from any major metropolitan area. Consequently, it does not present an ample pool of candidates for civilian hire that can satisfy most medical training prerequisites.

FEATURES AND CAPABILITIES

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

Loss of the hospital would leave our active duty aviation personnel, our primary customers, totally without the aviation medicine and flight surgical expertise reflected in our hospital staffing. There are no counterparts to this expertise in the civilian community. The nearest military medical facility would be BRMEDCLINIC Everett, an ambulatory care facility 65 miles from NAS Whidbey Island. The nearest inpatient military medical facility would be NAVHOSP Bremerton, which is 65 miles plus a 30-minute ferry ride from NAS Whidbey Island. Non-active duty beneficiaries would also be left largely in the lurch, since the available civilian medical facilities on Whidbey and Fidalgo Islands could only absorb a limited portion of their medical care requirements.

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. Local facilities could probably accommodate no more than 50% of our inpatient workload. On the outpatient side, current civilian health care infrastructure could probably absorb no more than 25% of our current workload. Note that in the first 5 months of FY94, NAVHOSP Oak Harbor has had almost as many OPVs (60,788) as the other two hospitals on Whidbey and Fidalgo Islands had in all of FY92 (69,931). Likewise, NAVHOSP Oak Harbor delivered 35% more babies in FY92 and FY93 than the two civilian hospitals combined did during the same time frame.

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 all active duty and dependents of active duty were to leave the area, there would be about 6,028 retirees and dependents of retirees under age 65 remaining in the area. Historical direct care versus CHAMPUS workload breakdown for this group suggests that about 25% of their care is currently provided within the hospital. Were the hospital to close, the civilian health care infrastructure could probably absorb this demand for care, but not without saturating current capability.

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:

As noted in our response to 10a, local facilities could accommodate no more than 50% of our inpatient workload.

Revised pg

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

UNIT NAME	UNIT NUMBER	NUMBER OF STAFF ASSIGNED
U.S. NAVAL HOSPITAL OKINAWA		7
FLTHOSP #1		2
FLTHOSP #2		4
FLTHOSP #6		11
2D MARDIV		6
2D FSSG		4
2D MAW		3
1ST MEB		3
3D FSSG		7
U.S. NAVAL HOSPITAL NAPLES		1
3D MARINE DIVISION		2
3D FORCE SERVICE SUPPORT GROUP		1
1ST FORCE SERVICE SUPPORT GROUP		3
1ST MARINE DIVISION		7
U.S. NAVAL HOSPITAL GUAM		5
NAVMEDCLINIC PEARL HARBOR		5
U.S. NAVAL HOSPITAL YOKOSUKA		13
1ST MAW		2
NEPMU-6, PEARL HARBOR, HI		1
3D MAW, CAMP PENDLETON		4
USNS MERCY (T-AH 19)		18
3D MARINE AIR WING		4

b. What additional workload could you perform if you did not have this requirement and its associated training?

This requirement has minimal effect on day-to-day operations. Only upon deployment, augmentation, or contingency operations will the hospital's workload be affected.

c. Number of "stubbed" expanded beds: 31 R 29 SEPT 94

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

UNIT NAME	UNIT NUMBER	NUMBER OF STAFF ASSIGNED
U.S. NAVAL HOSPITAL OKINAWA		7
FLTHOSP #1		2
FLTHOSP #2		4
FLTHOSP #6		11
2D MARDIV		6
2D FSSG		4
2D MAW		3
1ST MEB		3
3D FSSG		7
U.S. NAVAL HOSPITAL NAPLES		1
3D MARINE DIVISION		2
3D FORCE SERVICE SUPPORT GROUP		1
1ST FORCE SERVICE SUPPORT GROUP		3
1ST MARINE DIVISION		7
U.S. NAVAL HOSPITAL GUAM		5
NAVMEDCLINIC PEARL HARBOR		5
U.S. NAVAL HOSPITAL YOKOSUKA		13
1ST MAW		2
NEPMU-6, PEARL HARBOR, HI		1
3D MAW, CAMP PENDLETON		4
USNS MERCY (T-AH 19)		18
3D MARINE AIR WING		4

b. What additional workload could you perform if you did not have this requirement and its associated training?

This requirement has minimal effect on day-to-day operations. Only upon deployment, augmentation, or contingency operations will the hospital's workload be affected.

c. Number of "stubbed" expanded beds: 31

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	520	538	219
OUTPATIENT	348	370	173

* FY 1994 numbers reflect April YTD data.

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	not available					
AD FAMILY						
OTHER						
TOTAL	808	$393K	517	$341K	309	$161K

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

[2] The total cost in thousands of dollars.

BUMED-822, MSL
1 Jun 94

* Supplemental care is neither reported to higher authority nor broken down locally in the patient categories noted in this table. Figures for FY94 represent YTD as of 12 May 1994.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	11,700,966	13,940,168	15,318,450
TOTAL OUTPATIENT VISITS	140,570	146,277	153,085
AVERAGE COST PER VISIT	83.24	95.30	100.07

Changes/Additions
BUMED-822, MSS
1 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Tables 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)	4,565,797	5,882,332	1,330,450

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	138,758	190,475	68,415
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	138,758	190,475	68,415
E. TOTAL E EXPENSES (ALL ACCOUNTS)	4,607,047	6,473,279	1,418,259
F. % SELECTED E EXPENSES (D÷E)[1]	.030119	.029425	.048239

[1] Record as a decimal to 6 digits.

Changes / Additions
BUMED-822, MUS
1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	~~1,281,489~~ 626,427	~~1,735,737~~ 911,494	363,311
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	~~38,597~~ 18,867.13	~~51,074~~ 26,820.54	17,526
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)	331,316	396,865	120,222
M. DECEDENT AFFAIRS (FDD)	0	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	331,316	396,865	120,220
Q. E EXPENSES INCLUDED IN ROW P	29,726	48,941	12,518
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	~~895~~ 895.3068	~~1,440~~ 1440.08	604
S. OTHER F'S LESS E (P-R)	330,420.70 ~~330,421~~	395,424.90 ~~395,425~~	119,616

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Changes / Additions
BUMED-822, mrs
1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	~~1601~~ 1600.77	~~1401~~ 1400.92	350
U. TOTAL WORK UNITS (MWU)[2]	~~5570~~ 5520.77	~~5277~~ 5423.58	1349
V. PERCENT INPATIENT (IWU÷MWU)	~~28.7433%~~ 28.9954	~~26.5492%~~ 25.8302	25.9451%
W. FINAL OTHER F EXPENSES (S×V)	~~94,974~~ 95,806.84	~~104,982~~ 102,138.90	31,034
X. FINAL F EXPENSES (K+W)	~~94,974~~ 95,806.84	~~104,982~~ 102,138.90	31,034
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	4,642,737	5,957,650	not available
Z. NUMBER OF BIOMETRICS DISPOSITIONS	2356	2197	✓
AA. TOTAL MEPRS DISPOSITIONS	2349	~~2199~~ 2206	514
BB. ADJUSTED DISPOSITIONS (Z÷AA)	1.00298	.99592	not available
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	4,656,572	5,933,344	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	1223.245	1171.771	
EE. COST PER RWP (CC÷DD)	3806.737	5063.57	
FF. TOTAL CATEGORY II RWPs[3]	262.4743	222.7792	
GG. TOTAL CATEGORY II COST (EE×FF)	999170.6	1128058	✓

Changes / Additions
BUMED-822, MMS
1 Jun 94

HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	3657401	4805286	not available
II. TOTAL CATEGORY III RWPs (DD-FF)	960.7707	948.9918	↓
JJ. COST PER CATEGORY III RWP (HH÷II)	3806.737	5063.57	↓

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

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

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	~~5129~~ 4025	4616	977
LL. CATEGORY II (AS DEFINED IN FF) OBDs	665		
MM. CATEGORY III OBDs (KK-LL)	3360		
NN. AVERAGE DAYS/RWP (MM÷II)	3.497192		
OO. ADD ON PER RWP (NN×77)	269.2838		
PP. TOTAL COST PER RWP (JJ+OO)	4076.021		
QQ. CIVILIAN PAY COST (PP×.15)	611.4031		
RR. MILITARY PAY COST (PP×.56)	2282.572		
SS. OTHER COSTS (PP×.29)	1182.046		

Changes / Additions
BuMED-822, MA
1 Jun 94

TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	652.8556	[redacted]
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	2406.083	[redacted]
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	959.6977	[redacted]
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	998.0856	[redacted]
XX. MILITARY ASSET USE CHARGE (UU×1.04)	2502.326	[redacted]
YY. OTHER ASSET USE CHARGES (SS×1.04)	1229.328	[redacted]
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	1331.362	[redacted]
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	4831.774	[redacted]

15. Quality of Life.

This portion of the data call will be submitted to by our host activity, NAS Whidbey Island, UIC #00620, on BSAT Data Call #16.

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
R 380/72111	558	179	558	83,619				
R 973/72412	10	10	10	6,878				
R 973/72411	130	130	130	55,999				

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
BRAC 95 DATA CALL 27 AMENDMENT 2

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

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

H A Speir
Signature

COMMANDING OFFICER
Title

9/12/94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

9-14-94
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

DATA CALL NUMBER TWENTY-SEVEN
MILITARY VALUE ANALYSIS

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

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Herbert A. Speir
Signature

COMMANDING OFFICER
Title

5-23-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

6/9/94

Title | Date

pg 5

DATA CALL NUMBER TWENTY-SEVEN
MILITARY VALUE ANALYSIS
REVISION #1, PAGE #5, QUESTION #3, FY94 WORKLOAD

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

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Herbert A. Speir
Signature

COMMANDING OFFICER
Title

09-09-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

9-14-94
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
BRAC 95 DATA CALL #26, QUESTION 2 REVISION
BRAC 95 DATA CALL #27, QUESTION 11C REVISION

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

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9-29-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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 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) Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

365

DATA CALL NUMBER TWENTY-SIX

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL OAK HARBOR UIC #66097

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	8,490	SAME	N/A	7,948	SAME	N/A
FAMILY OF AD	11,882			10,970		
SUBTOTAL	20,372			18,918		
RETIRED AND FAMILY MEMBERS UNDER 65	6,028			5,845		
RETIRED AND FAMILY MEMBERS OVER 65[4]	1,694			2,094		
OTHER	561			1,439		
TOTAL	28,655			28,296		

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.

* Projected FY 2001 numbers reflect data as follows; Active Duty figures provided by NAS Whidbey Island for 1999. Remaining population numbers developed utilizing RAPS, version 6.01, FY93 baseyear data as projected for 1999. This is as far as we can project into the future.

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]:	25
Set Up Beds[1]:	~~25~~ 1 R VRBUMED824 10/4/94
Expanded Bed Capacity[2]:	31 R 29 SEPT 94 Hutt

[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.

4 R 29 SEPT 94 Hutt

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]:	25
Expanded Bed Capacity[2]:	31

[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:

BUMED822-
MAS
1 Jun 94

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	59,032	72,471	21,582	153,085
ADMISSIONS	409	1,571	223	2,203
LABORATORY TESTS (WEIGHTED)[1]	N/A	N/A	N/A	1,262,671
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	77,243
PHARMACY UNITS (WEIGHTED)[1]	N/A	N/A	N/A	270,545
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

* Total ancillary workload is not broken down by patient category for current periodic reporting requirements, nor is such a breakdown possible with our current automated data collection systems.

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.**

BUMED 822
MSS
1 Jun 94

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	59,250	72,500	21,750	153,500
ADMISSIONS	490	1,680	240	2,410
LABORATORY TESTS (WEIGHTED)[1]	N/A	→	→	1,275,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	→	→	77,500
PHARMACY UNITS (WEIGHTED)[1]	N/A	→	→	305,000
OTHER (SPECIFY)	N/A	→	→	→

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

* Total ancillary workload is not broken down by patient category for current periodic reporting requirements, nor is such a breakdown possible with our current automated data collection systems. Also, Naval Hospital Oak Harbor is currently considered to be operating at or near its maximum capacity.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	59,032	94,090	28,039	181,161
ADMISSIONS	409	1,946	284	2,639
LABORATORY TESTS (WEIGHTED)[1]	N/A	→	→	1,502,578
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	→	→	91,919
PHARMACY UNITS (WEIGHTED)[1]	N/A	→	→	321,949
OTHER (SPECIFY)	N/A	→	→	→

BUMED 822 mk 1 Jun 94

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

* These numbers reflect out best estimate of the total current workload that would be handled at Naval Hospital Oak Harbor assuming we had all of the space, equipment, and staff we needed. Current workload demand based on actual FY93 workload and extrapolated therefrom. Total actual CY93 CHAMPUS outpatient visits (28,076) and admissions (436) were apportioned between "Family of Active Duty" and "Retired and Family" in the same percentages as reflected in the FY93 breakdown between those two categories (see calculations below). For ancillary work breakdown, see note on page 5. Total direct care plus CHAMPUS workload for OPV's and admissions was higher by 18.3% and 19.8%, respectively, than the direct care workload only that was reflected on page 5; consequently, the total ancillary workload shown on page 5 was increased by a comparable 19% to get the data shown above.

OPVs ==> .77 x 28,076 = 21,619 + 72,471 = 94,090; .23 x 28,076 = 6,457 + 21,582 = 28,039
ADMs ==> .86 x 436 = 375 +1,571 = 1,946; .14 x 436 = 61 + 223 = 284

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]	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13
SPECIALTY CARE[2]	7	8	8	8	8	8	8	8
PHYSICIAN EXTENDERS[3]	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2
INDEPENDENT DUTY CORPSMEN	5	5	5	5	5	5	5	5
TOTAL	~~40~~ 27	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28

BUMED-822
mt
1 Jun 94

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	61
SPECIALTY CARE[2]	26
PHYSICIAN EXTENDER[3]	16
TOTAL	103

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

* Data provided covers the manageable catchment area which consists of Whidbey Island and Fidalgo Island. This distinction is necessary due to the natural geographic boundaries which exist.

NAVAL INSPECTOR GENERAL
DEPARTMENT OF THE NAVY
COPY

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: 67,389

Naval Hospital Oak Harbor's catchment area is defined by natural geographical barriers. The manageable catchment area consists of Whidbey Island and Fidalgo Island. The population for these islands was provided by the U.S. Census Bureau.

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]
Whidbey Genl	Govt-Nonfed	14	25 mins	
Island	Govt-Nonfed	21	30 mins	

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]
Whidbey General	56	Yes	44%	
Island	48	Yes	49%	

[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.

NAVY IMPROVEMENT PROGRAM

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
Aviation Physiology Training Department		Aviation Physiology	557	8	4456	597	8	4776
Aviation Physiology Training Department		Water Survival	641	8	5128	681	8	5448

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

Naval Hospital Oak Harbor, UIC# 66097
Addendum to Data Call Number Twenty-Six

(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)
Small Classroom (1)	16 seats	16	33,280
Large Classroom (1)	24 seats	24	49,920
Combat Conditioning Tank	15	15 in pool at one time-max	11,700

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

For the classrooms, these values reflect the potential hours based on classroom availability. (Design capacity times 8 hours per day times 260 days per year)

For the Combat Conditioning Tank, the capacity is based on the current availability of training time in the pool which is limited to 3 hours. (Design capacity times 3 hours per day times 260 days per year)

[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.

DATA CALL NUMBER TWENTY-SIX
CAPACITY ANALYSIS

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-23-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J.B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 8 JUNE 1994

BRAC-95 CERTIFICATION
BRAC 95 DATA CALL #26, QUESTION 2 REVISION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9-30-94
Date

NAVHOSP Oak Harbor, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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 10/4/94

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 OCT 1994

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAS SOUTH WEYMOUTH
ACTIVITY UIC: 35311

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The mission of the Branch Medical Clinic, Naval Air Station, South Weymouth, Massachusetts is to provide quality, but limited, outpatient health care to active duty personnel, their eligible dependents, and eligible retired military and their dependents on a space available basis, during the posted hours of operation. Services will be provided by staff permanently assigned and may be augmented by members of reserve units of the Naval Reserve. Medical Officers will be credentialed to practice medicine at this facility by the Commanding Officer, Naval Hospital, Newport, Rhode Island.

Services provided will be within the scope and the expertise of the staff. Patients requiring care that is beyond that scope and expertise will be referred to other sources of care or disengaged. Billing for that care will processed appropriately, and patients informed prior to referral of any financial obligations they may realize. Referrals may be of either a routine or an emergency nature. Basic laboratory and radiology services are available to assist practitioners in establishing diagnosis, and a limited pharmacy and supply department operate to provide patients with medications and supplies needed in treating their condition. Immunizations are administered routinely by certified hospital corpsman.

Support is available and offered to all military units in the South Weymouth geographical area in providing training, physical examinations, including routine flight and specialty exams, occupational health, industrial hygiene and preventative medicine services.

The Officer in Charge of the Branch Medical Clinic is the senior assigned and is dedicated to providing the described services and is available to address all patient concerns in order to resolve problems or providing enhanced 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)
Naval Air Station	00101	South Weymouth, MA	243
USS Constitution	01024	Charlestown, MA	57
VP-92	09146	S. Weymouth, MA	115
Navy Exchange	30371	S. Weymouth, MA	1
Defense Contract Management District Northeast	31102	Boston, MA	3
Branch Dental Clinic	35759	S. Weymouth, MA	5
Space and Naval Warfare Systems	39054	Hanscom AFB Bedford, MA	2
Navy Representative to the FAA	42596	Burlinton, MA	2
Fleet Logistics Support Squadron	09324	S. Weymouth, MA	63
PSD, Naval Air Station, South Weymouth	43079	S. Weymouth, MA	26
NAVCRUITPROSTA	43526	Springfield, MA	5
Defense Contract Management Area Operations	43782	Boston, MA	2
Navy Recruiting Station	43947	East Providence, RI	2
OIC, Construction, NAS	44213	S. Weymouth, MA	1
Navy Recruiting District, Boston	45531	Burlington, VT	1

Deep Submergence Support Det, Falmouth	46848	Woods Hole, MA	N/A
Craft of Opportunity Mine Unit 2201 CCSC	47115	Boston, MA	4
Navy Tech Rep Det GE Co	47878	Lynn, MA	N/A
Reserve Intelligence Program, Office Area 18, NAS	47930	S. Weymouth, MA	5
Defense Plan Rep Off GE Co	48366	S. Weymouth, MA	2
Naval Air System Comm Joint Project Office ESD/TG-N	48402	Hanscom AFB, MA	1
NMCRC	61801	Lawrence, MA	8
NRC	61803	Quincy, MA	17
NMCRC	61815	Worcester, MA	9
NROTC & Naval Admin Unit MIT	62191	Boston, MA	8
Navy Clothing & Textle Research	62367	Natick, MA	1
Navy Recruiting District Boston	62435	Boston, MA	166
Supr, Shipbldg. Conversion & Repair Bath DET Boston	62665	Boston, MA	5
NROTC Holy Cross	63303	Worcester, MA	9
Dept of Naval Science, MA Maritime Academy	63370	Buzzards Bay, MA	5
Defense Courier Service Station	63559	S. Weymouth, MA	3
NRPC	66382	Portland, ME	3

Naval Oceanography Command Det	66470	S. Weymouth, MA	11
Military Entrance Processing Ctr	66548	Boston, MA	9
Hdqtrs Co. 25th Marine Reg. 4th Marine Div FMF	67650	Worcester, MA	1
H&S Co., 1st BN 4th Marine Div, 25th Marines MCRTC	67651	Camp Edwards, MA	1
Marine Air CROUGP 49 - DET A	67820	S. Weymouth, MA	1
Navy Office of Information New England	68602	Boston, MA	4
NROTC Boston	68717	Boston, MA	8
USCG	82416	Otis Angb, MA	2

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NOT APPLICABLE	5500	N/A	N/A
ACTIVE DUTY NON N/MC	NOT APPLICABLE	200	N/A	N/A
TOTAL ACTIVE DUTY	NOT APPLICABLE	5700		N/A
FAMILY OF AD	NOT APPLICABLE	1000	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	NOT APPLICABLE	5	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	NOT APPLICABLE	5	N/A	N/A
OTHER	NOT APPLICABLE	100	N/A	N/A
TOTAL	NOT APPLICABLE	6810		N/A

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	10,000	10,000	10,000	10,000	10,000	10,000	10,000
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

*Assumptions based on expectation that the clinic willhave two additional providers to see patients for FY95 onward. One provider will be attached to the Branch Clinic, the other to Naval Air Station, South Weymouth.

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 Inspection	12 days	1
Medical standby for PFT	1.5 days	2
Field Training-rifle range	.5 days	2
Family advocacy	30 days	1
Training classes	5 days	2
Quality Assurance	10 days	5
Inservice training	5 days	40
Champus	75 days	1
Appointment clerk	75 days	1
Supply procurement and transport	25 days	1

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NOT APPLICABLE	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**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]
NOT APPLICABLE	**N/A**	**N/A**	**N/A**

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550-10/590-10	**Branch Medical/Dental Clinic**	**11,903**	**53 years**	**Sub-standard**
550-10/143-10	**Medical stores/supply**	**750**	**53 years**	**Sub-standard**

[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
R15-87	Heating System for Bldg. 24	1988	138K

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
Project # P158	Medical/Dental Branch Clinic addition. Military Cost Naval Reserve (MCNR). 4000 sq. ft. facility	N/A	91.3K

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 planned			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME **Branch Medical Clinic, NAS South Weymouth, MA**					
2. UIC 35311	3. CATEGORY CODE		4. NO. OF BUILDINGS **2(two)**		
5. SIZE 12,657 sq. ft	A. GSF		B. NORMAL BEDS **N/A**		C.DTRS
6. LOCATION **NAS South Weymouth**	A. CITY **South Weymouth**			B.STATE **MA.**	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%	0%	0%	B18	
(2) ADMINISTRATION	100%	0%	0%	F01/C02/B08	
(3)CENTRAL STERILE SVCS.	N/A	N/A	N/A	N/A	
(4)DENTAL	100%	0%	0%	F01	
(5) EMERGENCY SVCS.	100%	0%	0%	B12	
(6) FOOD SERVICES	N/A	N/A	N/A	N/A	
(7)LABORATORIES	100%	0%	0%	B12	
(8) LOGISTICS	N/A	N/A	N/A	N/A	
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A	N/A	
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A	N/A	
(11) OUTPATIENT CLINICS	100%	0%	0%	B12/F01	
(12) PHARMACY	100%	0%	0%	B12/F01	
(13) RADIOLOGY	100%	0%	0%	B12/F01	
(14) SURGICAL SUITE	N/A	N/A	N/A	N/A	
(15) BUILDING	100%	0%	0%	A10/B12	
(A) STRUCTURAL/SEISMIC	100%	0%	0%	A10/B12	
(B) HVAC	100%	0%	0%	C12	
(C) PLUMBING	100%	0%	0%	C12	
(D) ELECTRICAL SVCS.	100%	0%	0%	A20	

(E) ELECTRICAL DISTRIBUTION	100%	0%	0%	A20	
(F) EMERGENCY POWER	100%	0%	0%	F07	

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: **June 1994**
FULL ACCREDITATION: **Yes**
LIFE SAFETY MANAGEMENT SCORE:**N/A**

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?

Location is very important to our mission. 55% of our clients work on base. The other 45% work in the surrounding outlying area, which is easily accessible in terms of traffic.

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

Air - Boston, Logan International Airport, 18 miles. Naval Air Station facilities on base.
Sea - Boston Harbor- 18 miles.
Ground - Bus service 1 mile. Subway for metro Boston area is 4 miles away, and taxi service is available on the base.
Rail - Amtrak is located 18 miles away in Boston.

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.

Civilian - Boston, Logan International Airport, 18 miles.
Military - Naval Air Station, South Weymouth, .5 miles

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

Our location is crucial for mobilization. We are the primary screening facility for the area not to mention that we are located on a Naval Reserve Air Station.

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

Patients on base can reach the facility within two minutes. Patients who live off base (within our catchment area) can reach the facility within 5 - 45 minutes.

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

The overall poor economy of the area allows us to hire extremely qualified personnel.

FEATURES AND CAPABILITIES

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

Initially, the source of health care for an active duty population of 5,000+ would be lost. The capabilities unique to a military environment would also be lost. With this loss, the cost of paying for entitled care would most likely increase the budgets of the Department of Defense.

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 beneficiary population would be adequately serviced for primary care and general medical and surgical needs. The majority of unique specialty care would be provided in the Greater Metro Boston area.

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

Yes. Naval Air Station, South Weymouth is located 30 minutes from a major metropolitan area (Boston). Additionally, the local health care community is adequately equipped to handle all primary medical needs.

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

Not Applicable.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
Fleet Hospital # 3		1
Second Marine Division		2

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

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

Our mobilization requirements do not adversely affect workload.

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]: **Not applicable.**

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

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

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

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	**See below**	**See below**	**See below**	**See below**	**See below**	**See below**
AD FAMILY						
OTHER						
TOTAL	131	33,600	158	20,700	199 *	175,000

*** FY 94 consults and cost amounts thru May 94.**

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$1,403,940	$1,873,480	Thru Feb 94 $724,172
TOTAL OUTPATIENT VISITS	7,486	8,202	2,073
AVERAGE COST PER VISIT	$187.54	$228.42	$267.91

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: **N/A**

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

Table B: **N/A**

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

[1] Record as a decimal to 6 digits.

Table C: **N/A**

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

Table D: **N/A**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU)[2]			
V. PERCENT INPATIENT (IWU÷AWU)			
W. FINAL OTHER F EXPENSES (S×V)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS			
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).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION **N/A**

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)			

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
Yes.

(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+	**6**	**6**	**0**	**0**
Officer	3	**18**	**18**	**0**	**0**
Officer	1 or 2	**9**	**9**	**0**	**0**
Enlisted	4+	**46**	**46**	**0**	**0**
Enlisted	3	**107**	**107**	**0**	**0**
Enlisted	1 or 2	**84**	**84**	**0**	**0**
Mobile Homes	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Mobile Home lots	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

(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+	**0**	**N/A**
O-4/5	1	**0**	**N/A**
	2	**0**	**N/A**
	3	**1**	**3-6 months**
	4+	**1**	**3-6 months**
O-1/2/3/CWO	1	**0**	**N/A**
	2	**1**	**3 months**
	3	**2**	**3 months**
	4+	**1**	**3 months**
E7-E9	1	**0**	**N/A**
	2	**0**	**N/A**
	3	**0**	**N/A**
	4+	**0**	**N/A**
E1-E6	1	**0**	**N/A**
	2	**54**	**1 - 1.5 yrs**
	3	**14**	**3 - 6 months**
	4+	**6**	**3 - 6 months**

[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	**- HIGH COST OF LIVING AREA**
2	**- SAFETY/SECURITY FOR DEPENDENTS**
3	**- DESIRE TO LIVE IN MILITARY COMMUNITY**
4	**- CONVENIENCE OF BEING WITHIN CLOSE PROXIMITY OF DUTY STATION**
5	**- QUICK RESPONSE TO MAINTENANCE PROBLEMS**

The factors are fairly consistent by grade category.

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

100%.

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

Type of Quarters	Utilization Rate
Adequate	**99%**
Substandard	**N/A**
Inadequate	**N/A**

(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? **No.**

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	**47 units 100%**
Substandard	**94 units 100%**
Inadequate	**N/A**

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? **No.**

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

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

60 AOB'S

(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.)	**53**	**Not available**	**One hardship**
Spouse Employment (non-military)	**Not available**	**Not available**	**None**
Other	**N/A**	**N/A**	**N/A**
TOTAL	**53**	**100**	

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

ZERO.

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	**100%**
Substandard	**100%**
Inadequate	**N/A**

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? **No.**

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

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

7 AOB's

(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.)	**7**	**Not Available**	**None**
Spouse Employment (non-military)	**None**	**Not Available**	**None**
Other	**N/A**	**N/A**	**N/A**
TOTAL	**7**	**100**	

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

ZERO.

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 Air Station, South Weymouth **DISTANCE** .25

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	7	N/A
	Outdoor Bays	N/A	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	6	Y
Enlisted Club	SF	1	Y
Officer's Club	SF	1	Y
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	N/A	N/A
ITT	SF	1	N/A
Museum/Memorial	SF	N/A	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	6	N/A
Beach	LF	N/A	N/A
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	5	N/A

[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	**0**	**N/A**
Racquetball CT	Each	**2**	**Y**
Golf Course	Holes	**N/A**	**N/A**
Driving Range	Tee Boxes	**N/A**	**N/A**
Gymnasium	SF	**1**	**N/A**
Fitness Center	SF	**1**	**Y**
Marina	Berths	**N/A**	**N/A**
Stables	Stalls	**N/A**	**N/A**
Softball Fld	Each	**1**	**N/A**
Football Fld	Each	**N/A**	**N/A**
Soccer Fld	Each	**N/A**	**N/A**
Youth Center	SF	**1**	**N/A**

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

Not applicable.

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	7	0	X	0	11	14
6-12 Mos	2	0	X	0	12	1
12-24 Mos	3	0	X	0	16	1
24-36 Mos	7	0	X	0	14	1
3-5 Yrs	24	X	0	0	11	6

(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.

Family Home Care Program.

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

Five.

(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).

None.

(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	1
Gas Station	SF	1
Auto Repair	SF	1
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	1
Package Store	SF	0
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	1
Family Service Center	SF	1
Laundromat	SF	1
Dry Cleaners	Each	0
ARC	PN	1
Chapel	PN	1
FSC Classrm/Auditorium	PN	1
Galley	SF	1

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

City	Distance (Miles)
Boston	**18**
Rhode Island	**40**
New Hampshire	**50**

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	286.73	160.43
E2	286.73	180.31
E3	280.97	207.03
E4	320.85	223.93
E5	328.74	229.53
E6	350.04	238.28
E7	384.35	266.99
E8	445.57	336.83
E9	481.85	365.78
W1	483.02	366.83
W2	482.05	378.09
W3	511.73	415.99
W4	488.27	432.93
O1E	432.89	321.10
O2E	434.68	346.57
O3E	488.30	413.10
O1	426.91	314.58
O2	421.34	329.33
O3	435.68	366.82
O4	501.57	436.17
O5	526.75	435.62
O6	530.96	439.48
O7	478.52	388.79

g. Off-base housing rental and purchase

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

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency	**500**	**525**	**0**
Apartment (1-2 Bedroom)	**725**	**600**	**45**
Apartment (3+ Bedroom)	**950**	**825**	**60**
Single Family Home (3 Bedroom)	**1050**	**900**	**100**
Single Family Home (4+ Bedroom)	**1200**	**1000**	**175**
Town House (2 Bedroom)	**800**	**725**	**50**
Town House (3+ Bedroom)	**1150**	**900**	**125**
Condominium (2 Bedroom)	**800**	**725**	**50**
Condominium (3+ Bedroom)	**1150**	**900**	**125**

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

Type Rental	Percent Occupancy Rate
Efficiency	**92**
Apartment (1-2 Bedroom)	**94**
Apartment (3+ Bedroom)	**98**
Single Family Home (3 Bedroom)	**98**
Single Family Home (4+ Bedroom)	**99**
Town House (2 Bedroom)	**99**
Town House (3+ Bedroom)	**99**
Condominium (2 Bedroom)	**97**
Condominium (3+ Bedroom)	**98**

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	**163,000**
Single Family Home (4+ Bedroom)	**185,000**
Town House (2 Bedroom)	**118,000**
Town House (3+ Bedroom)	**134,000**
Condominium (2 Bedroom)	**80,000**
Condominium (3+ Bedroom)	**122,000**

(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	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

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

1. **Supply and Demand**
2. **Economic conditions**
3. **Interest rates**
4. **Access to public transportation**
5. **Locality**

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
See below *		

*** Information is be provided by Host UIC: 00101**
Host Name: Naval Air Station, South Weymouth, MA
BSAT Data Call #17

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)
NOT AVAILABLE			

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
See below *							

*** Information is being providied by Host UIC: 00101. Host Name: Naval Air Station, South Weymouth, MA. BSAT Data Call #17.**

(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	
See below *	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

*** Information is being provided by Host UIC: 00101. Host Name: Naval Air Station South Weymouth, MA. BSAT Data Call #17.**

(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	
NONE	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	**47**	**39**	**54**	**7.8**
Manufacturing	**120**	**97**	**110**	**8.3**
Clerical	**69**	**84**	**79**	**6.9**
Service	**58**	**43**	**67**	**7.0**
Other	**14**	**10**	**18**	**Returned to school**

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

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	0	0	0
Base Personnel - civilian	1	2	4
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	7	2	9
Base Personnel - civilian	4	0	12
Off Base Personnel - military	0	0	1
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	5	2	6
Base Personnel - civilian	15	9	10
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
10. Wrongful Destruction (6U)			
Base Personnel - military	9	8	4
Base Personnel - civilian	20	9	12
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	1	1
Base Personnel - civilian	3	1	2
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	2	4	7
Base Personnel - civilian	4	1	5
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	2	3
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)			
Base Personnel - military	0	0	3
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)			
Base Personnel - military	13	20	13
Base Personnel - civilian	21	21	12
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Kort J. Meyer
NAME (Please type or print)

Kort J Meyer CDR
Signature

Acting Officer In Charge
Title

20 May 94
Date

Branch Clinic
Activity
NAS South Weymouth

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

Commanding Officer
Title

5/24/94
Date

Naval Hospital, Newport
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

Chief, BUMED/Surgeon General
Title

6-2-94
Date

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)

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

Signature

ACTING
Title

6/9/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Hospital Branch Clinic, Naval Air Station, South Weymouth, MA*
Acronym(s) used in correspondence	*BRMEDCLINIC NAS SOUTH WEYMOUTH*
Commonly accepted short title(s)	*BRMEDCLINIC NAS SOUTH WEYMOUTH*

- Complete Mailing Address
  Naval Hospital Branch Clinic
  Naval Air Station
  1134 Main St.
  South Weymouth, MA 02190-5001

- PLAD

  BRMEDCLINIC NAS SOUTH WEYMOUTH MA

- PRIMARY UIC: 35311 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes __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 ____ 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: __00101__

• 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 __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. **N/A**

Name	Location	UIC

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

Name	UIC	Location	Host name	Host UIC

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

The clinic is not directly affected by other BRAC changes, but the NAS we support will be. Therefore, medical support from us will change accordingly. These changes, not yet confirmed, include:

Loss of HSL 74	100 Active	110 Reserves
Loss of MALS 49		55 Reserves
Loss of HML 74	70 Active	120 Reserves
Gain Naval Reserve Centers	35 Active	1100 Reserves
Quincy		
Lawrence		
Chicopee		
Gain a VR Squadron	100 Active	150 Reserves
Gain a VP Squadron	125 Active	250 Reserves

The NAS has submitted data on this subject.

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 physical exams, medical training, outpatient care, environmental/industrial health issues support, and health record maintenance to the Naval Air Reserve Program.

- Provide physical exams, outpatient care, environmental/industrial health issues support, and health record maintenance to the Naval Reserve Surface Program.

- Provide physical exams, medical training, outpatient care, environmental/industrial health issues support and health record maintenance to Active Duty personnel.

- Provide support to local universities, Harvard, MIT and Boston College, i.e., physical exams and outpatient care. (active duty personnel assigned to these facilities)
- Provide support to other local commands such as, USS Constitution, local Coast Guard personnel, i.e., physical exams and environmental/industrial health issues.

- Provide pharmacy support to 1500 retired personnel per month.

Projected Missions for FY 2001

- Command anticipates an increase in Surface Reserve Units to the base with the closure of three reserve centers by BRAC 93, and the possible transfer in of two additional air units. However, no significant changes in basic mission should occur.

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

Current Unique Missions

- None
-
-

Projected Unique Missions for FY 2001

- None
-
-

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

• Operational name	UIC
Naval Hospital Newport	68086

• Funding Source	UIC

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	5	28	3
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	5	~~32~~ 10 GSA	~~3~~ 2 GSA
• Tenants (total)			

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

Title/Name	Office	Fax	Home
• CO/OIC			
R.D. MARION, LT, MSC, USNR (OIC)	955-2996	955-2935	617/337-4722
• Duty Officer			[N/A]
KORT MEYER, CDR, NC, USN	955-2677	955-2677	
•			
MATTHEW D. STADEN, HMC, USN	955-2674	955-2935	617/337-4318
•			

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) **N/A**

Tenant Command Name	UIC	Officer	Enlisted	Civilian

- Tenants residing on main complex (homeported units.) **N/A**

Tenant Command Name	UIC	Officer	Enlisted	Civilian

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

- Tenants (Other than those identified previously) **N/A**

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
e.g. DLA (DoD Agency Name)	*Somewhere, CA*	*Purchasing/contract administration and public works support - ISSA.*
USAF (Other Military Dept)	*Anywhere AFB*	*warehouse space - MOU.*

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"x42" (2 copies, if available); and 11"x17" (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".)

35311

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. R. COTE, CAPT, MSC, USN	[illegible]
NAME (Please type or print)	Signature
COMMANDING OFFICER	4 Feb-96
Title	Date
NAVAL HOSPITAL, NEWPORT, RI	
Activity	

35311

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_____ Signature _____
NAME (Please type or print)

SURGEON GENERAL/CHIEF BUMED___ 2-8-94
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 _____ Signature _____
NAME (Please type or print)

ACTING _____ 16 FEB 94
Title Date

Document Separator

363

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, NAS
South Weymouth, MA

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	1,821	1,821	N/A	1,792	1,792	N/A
FAMILY OF AD	2,045	2,045	N/A	1,967	1,967	N/A
SUBTOTAL	3,866	3,866	N/A	3,759	3,759	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	6,253	6,253	N/A	6,157	6,157	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	4,530	4,530	N/A	5,446	5,446	N/A
OTHER	3,817	3,817	N/A	4,056	4,056	N/A
TOTAL	18,466	18,466	N/A	19,418	19,418	N/A

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

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,349	1,502	68	7,919
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	180,579	42,213	2,345	225,137
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,848	899	50	4,997
PHARMACY UNITS (WEIGHTED)[1]	17,458	4,081	227	22,674
OTHER (SPECIFY)	N/A			BUMED-822, MSL 1 Jun 94

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

*** 4% or 282 visits fall into other patient categories.**

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,349	1,502	68	7,919
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	180,579	42,213	2,345	225,137
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,848	899	50	4,997
PHARMACY UNITS (WEIGHTED)[1]	17,458	4,081	227	22,674
OTHER (SPECIFY)	N/A	→		BUMED-822, mdl 1 Jun 94

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

*This is maximum capacity based on availability of providers at the clinic. Additionally, the inability to determine when reserve providers will be on board limited our ability to schedule appointments for reserve physicians. Therefore, current workload is considered maximum capacity.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	5,800	900	10	3,867
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	130,000	20,000	1,600	88,006
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,800	600	50	2,529
PHARMACY UNITS (WEIGHTED)[1]	18,000	3,000	200	11,683
OTHER (SPECIFY)	N/A			BUMED-822, mt 1 Jun 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.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	2	3	3	3	3	3	3	3
SPECIALTY CARE[2]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDERS[3]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	4	5	5	5	5	5	5	5

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

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]	3655
SPECIALTY CARE[2]	Not available
PHYSICIAN EXTENDER[3]	Not available
TOTAL	Not available

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: **2.5 million**

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]
*** See note below**				

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

There are approximately 100 hospitals within a 40 mile radius of Branch Medical Clinic, NAS, South Weymouth. There are 20,579 beds with an occupancy rate of 75%. The average daily census is 14,944. Within this health care market, there are several trauma centers, burn centers, Graduate Medical Schools, and rehabilitation centers. All but a few facilities are JCAHO approved.

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]
*** SEE NOTE ABOVE ***				

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

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

c. **Training Facilities:** UIC: 35311, Branch Medical Clinic, NAS South Weymouth

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CDR Kort Meyer, NC, USN	Kort J Meyer CDR
NAME (Please type or print)	Signature
Officer in Charge	18 MAY 94
Title	Date

Branch Medical Clinic, NAS, South Weymouth, MA.
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

Commanding Officer
Title

5/24/94
Date

Naval Hospital, Newport
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

Chief, BUMED/Surgeon General
Title

6-2-94
Date

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)

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

Signature

Acting
Title

8 June 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC, NAS, SOUTH WEYMOUTH, MA
UIC:	35311
Host Activity Name (if response is for a tenant activity):	~~N/A~~ NAS South Weymouth BUMED-822 mll, 14 Jul 94
Host Activity UIC:	~~N/A~~ ØØ1Ø1

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

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC, NAS, SOUTH WEYMOUTH		**UIC:** 35311	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	1	1
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	1	1
2. Other Base Operating Support Costs:			
2a. Utilities	36	0	36
2b. Transportation	7	4	11
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	27	194	221
2j. Engineering Support Communication	1 12	0 0	1 12
2k. Sub-total 2a. through 2j:	83	198	281
3. Grand Total (sum of 1c. and 2k.):	83	199	282

DATA CALL 66
INSTALLATION RESOURCES

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BUMED-822
mss, 14 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)
DHP (O&MN)	85
MPN	197

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:		UIC:	
N/A BUMED-822 Category MS, 14 Jul 94	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: BRANCH MEDICAL CLINIC, NAS, SOUTH WEYMOUTH, MA	**UIC:** 35311

Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	10
Material and Supplies (including equipment):	283
Industrial Fund Purchases (other DBOF purchases):	5
Transportation:	
Other Purchases (Contract support, etc.):	355
Total:	653

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH MEDICAL CLINIC, NAS, SOUTH WEYMOUTH, MA	**UIC:** 35311
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

There are no on-base contract workyears.

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.)
4	Medical Services (Supplemental Care)

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

These "Off-Base" Contract Workyears are high-cost supplemental care purchases. Each $80K contract cost estimated equals one workyear.

BRAC-95 CERTIFICATION

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

RRCote
Signature

COMMANDING OFFICER
Title

13 July 94
Date

NAVAL HOSPITAL, NEWPORT, RI
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)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 04 AUG 1994

Document Separator