DCN 1102

371

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVHOSP CAMP LEJEUNE NC
ACTIVITY UIC: 68093

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

- Provide a comprehensive range of emergency, outpatient, and inpatient healthcare services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Ensure that all assigned military personnel are both aware of and properly trained for performance of their assigned contingency and wartime duties.

- Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provide as directed, healthcare services in support of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive healthcare services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicable directives.

- Conduct appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained.

- Participate as an integral element of the Navy and Tri-Service Regional Healthcare System.

- Cooperative with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

- The Total Quality "Lejeune" Mission Statement states: Beneficiaries are our focus; Our staff is our most important asset; and Healthcare is our business. We will use our clinical, educational, and management skills to provide appropriate and cost effective healthcare services.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
2d MARDIV		Camp Lejeune	17,591
2d FSSG		Camp Lejeune	7,541
Students		Camp Johnson	5,680
MCAS NR		MCAS	4,525
MCB		Camp Lejeune	3,629
II MEF		Camp Lejeune	3,303
Base Unit (Reservists)		Camp Lejeune	640
Veterinary USA		Camp Lejeune	18
PERSSUPACTDET		Camp Lejeune	14
2 MEB		Camp Lejeune	10

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	3,792	119,484	4.4 Days	50
ACTIVE DUTY NON N/MC	77	3,552	2.8 Days	1
TOTAL ACTIVE DUTY	3,869	123,036		51
FAMILY OF AD	3,117	235,812	2.3 Days	29
RETIRED AND FAMILY MEMBERS UNDER 65	639	36,318	3.4 Days	7
RETIRED AND FAMILY MEMBERS OVER 65	304	13,914	3.4 Days	3
OTHER	60	10,056	2.6 Days	
TOTAL	7,989	419,136		90

What is your occupancy rate for FY 1994 to date? **47.2%**

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	3,792	119,484	3.3 Days	
ACTIVE DUTY NON N/MC	77	3,552		
TOTAL ACTIVE DUTY	3,869	123,036		
FAMILY OF AD	3,117	235,812		
RETIRED AND FAMILY MEMBERS UNDER 65	943	50,232		
RETIRED AND FAMILY MEMBERS OVER 65	Not Avail			
OTHER	60	10,056		
TOTAL	7,989	419,136		83

NOTE: (1) Admission statistics not available for retirees over/under age 65.

(2) ALS statistics are not available by beneficiary category, (3.3) represents ALS for entire patient census.

What is your occupancy rate for FY 1994 to date? **50%**

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

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

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

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

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

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]
510-10	Hospital	441,902	12	Adequate
750-61	Recreational Pier	1,440	7	Adequate
R 740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Inadequate R
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Training Plant	432	12	Adequate

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

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

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

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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):

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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:

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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]
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740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Adequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Treatment Plant	432	12	Adequate

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

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

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

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1. Facility Type/Code: **PW Maintenance Storage/Cat Code 21977**

2. What makes it inadequate? **No Fire Suppression and leaking metal roof.**

3. What use is being made of the facility? **Material and Equipment Storage.**

4. What is the cost to upgrade the facility to substandard? **$20,000.**

5. What other use could be made of the facility and at what cost? **NONE**

6. Current improvement plans and programmed funding: **NONE**

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? **NO**

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related**

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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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PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: NAVAL HOSPITAL, CAMP LEJEUNE, NC					
2. UIC N60893	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS: 11		
5. SIZE 238 Bed	A. GSF 494,828		B. NORMAL BEDS 166 Beds		C.DTRS 5
6. LOCATION U. S.	A. CITY 0735			B.STATE 37	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
R (2) ADMINISTRATION	87	13		B12	
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B09	
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	80	20		C01 B01 B09	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	80	20		B17	
(13) RADIOLOGY	100				

capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

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

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

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit 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 1991

FULL ACCREDITATION: Yes

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

SCORE OF 93 AS OF JUNE 1991

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

Revised pg

LOCATION:

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

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

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

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

Included in the Marine Corps Base Data Call Package.

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

Nearest facility which accomodates a C9 Aircraft is Marine Corps Air Station, New River, Jacksonville, North Carolina

Distance (in miles): 12

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

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

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

Average time is within 25 minutes.

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

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

LOCATION:

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

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

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

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

Included in the Marine Corps Base Data Call Package.

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

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

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

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

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

Average time is within 25 minutes.

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

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

FEATURES AND CAPABILITIES

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

The impact would be as follows:

a) The Branch Clinics support the Active Duty population;
this includes operational support of unique military functions and elements of the Operational Forces.

b) The inpatient care requirements would exceed local capabilities.

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

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

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

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

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

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

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

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

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

Total for NH Camp Lejeune
CATCU [illegible]-823
6 Jun 94

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

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

c. Please provide the total number of your expanded 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]: 238.

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	2,806	2,405	1,472
OUTPATIENT	1,334	1,235	563

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

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

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

[2] The total cost in thousands of dollars.

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	$21,658,388	$23,361,200	$31,384,904
TOTAL OUTPATIENT VISITS	324,574	330,661	419,136
AVERAGE COST PER VISIT	$66.32	$70.65	$74.88

FY93 outpatient visits include, 323,795 clinical, 5,460 Occupational Health visits, and 1,404 other visits. (Obtained from Worldwide Outpatient Reporting System(WORS). FY94 outpatient visits are based on current capability.

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	21,800,559	23,652,704	

Table B:

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

[1] Record as a decimal to 6 digits.

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

Disregard pg 25 See pg 26R
Sec Bennd-827
6 Jan 94

Table C:

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

Table D:

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

Disregard pg 26 Sep 94 pg 26R
SPCU BUMED-82
6 Jun 94

TABLE A: CAMP LEJEUNE

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	21800904		

COMPLETE INFORMATION FOR FY 93 & FY 94 IS NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0		
C. EDUCATION AND TRAINING (EBF)	851540		
D. TOTAL EXP EBE AND EBF	851540	0	0
E. TOTAL E EXPENSES	19520387		
F. % SELECTED E EXPENSES (D/E)	0.043623	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	3884113		
H. E EXPENSES TO REMOVE FROM A (FxG)	169437.1	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)	273122		
M. DECEDENT AFFAIRS (FDD)	14337		
N. INITIAL OUTFITTING (FDE)	0		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	287459	0	0
E EXPENSE (FAL)	14692		
E EXPENSE (FDD)	3042		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	17734	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	773.6122	ERR	ERR
S. OTHER F'S LESS E (P-R)	286685.4	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7216.59		
U MWU	15949.21		
V PERCENT INPATIENT	0.452473	ERR	ERR
W. FINAL OTHER F EXP (SxV)	129717.5	ERR	ERR
X FINAL F EXP (K+W)	129717.5	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	21761184	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	8768		
AA. TOTAL MEPRS DISP	8857		
BB. ADJ DISPOS (Z/AA)	0.989951	ERR	ERR
CC ADJ MERPS EXP (YxBB)	21542516	ERR	ERR
DD. TOTAL RWP	6507.806		
EE COST PER RWP (CC/DD)	3310.258	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	11.1976		
(PAS)	1576.014		
(ADELS)	96.4855		
FF. TOTAL CAT II RWPS	1683.697	0	0
GG. TOTAL CAT II COST (EExFF)	5573472	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	15969044	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	4824.109	0	0
JJ. COST PER CAT III RWP (HH/II)	3310.258	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	32229		
CAT II OBDS			
(DXNNH)	86		
(PAS)	4271		
(ADELS)	1432		
LL TOTAL CAT II OBD	5789	0	0
MM CAT III OBDS (KK-LL)	26440	0	0
NN. AVG DAYS/RWP (MM/II)	5.480805	ERR	ERR
OO. ADD ON PER RWP (NNx77)	422.022	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3732.28	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	559.842	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	2090.077	ERR	ERR
SS. OTHER COSTS (PPx.29)	1082.361	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	597.7987	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2203.172	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	878.764	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	913.9146	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2291.299	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1125.656	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1219.085	ERR	ERR
ADJ CAT III COST/RWP	4424.298	ERR	ERR

26 R

BUMED-822
3 Jun 94, mjj

15. Quality of Life. **NOT APPLICABLE** (MCB Camp Lejeune will respond) BUMED-822 MAA, 3 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. **NOT APPLICABLE**

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

[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. **NOT APPLICABLE**

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

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

NOT APPLICABLE

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? **NOT APPLICABLE**

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	
Inadequate	

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

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

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

$$.54 = 2(GB) \times 100 = \frac{200}{365}$$

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	2		Separated from spouse.
Spouse Employment (non-military)			
Other			
TOTAL	2	100	

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

(3) BOQ: **NOT APPLICABLE**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

[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	N/A	N/A
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	N/A	N/A
Fitness Center	SF		N
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	N/A	N/A
Football Fld	Each	N/A	N/A
Soccer Fld	Each	N/A	N/A
Youth Center	SF	N/A	N/A

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

d. Base Family Support Facilities and Programs **NOT APPLICABLE**

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

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

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

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

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

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

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

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

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

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

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

f. Standard Rate VHA Data for Cost of Living:

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

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

g. Off-base housing rental and purchase

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

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

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

(2) What was the rental occupancy rate in the community as of 31 March 1994? **INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL.**

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

(3) What are the median costs for homes in the area? **NOT APPLICABLE.**

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

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

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

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

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

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

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

INFORMATION PROVIDED BY MARINE CORPS BASE DATA CALL

Location	% Employees	Distance (mi)	Time(min)

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

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

NOT APPLICABLE.

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

27 MAY 199

Title Commanding Officer (Acting) Date

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

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

Acting Title 10 Jun 1994 Date

Revised pg 5

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

Signature

COMMANDING OFFICER
Title

22 August 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
Activity

Enclosure (1)

Revised pg 5

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 9/6/94

pg 16

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

M. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

7 September 1996
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
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 _____

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MAJOR CLAIMANT LEVEL

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

X Signature

ACTING CHIEF BUMED
Title

X 9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

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ACTIVITY COMMANDER

M. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

11 October 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

X 10/14/94
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

10/21/94
Date

BRAC-95 CERTIFICATION

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ACTIVITY COMMANDER

M. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

25 October 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
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 Oct 26, 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 W A Earner

Title _____ Date 11/2/94

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

M. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 January 1995
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X [signature]
Signature

ACTING CHIEF BUMED
Title

X 1-26-95
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]
Signature

Title

2/6/95
Date

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NH CAMP LEJEUNE 68093 NAVHOSP CAMP LEJEUNE NC

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

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

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]:	~~166~~	176
Set Up Beds[1]:	~~0~~	48
Expanded Bed Capacity[2]:	238	

BUMED-822
MAA, 30Jun94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.
NOTE: IN PROCESS OF REVISING BED COUNT USING "AERO" BASE REVIEW REQUIREMENT. RESPONSE DUE TO BUMED BY MID-JULY.

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	125881	162576	35338	323795
ADMISSIONS	4205	3153	937	8295
LABORATORY TESTS (WEIGHTED)[1]	N/A			3657052
RADIOLOGY PROCEDURES (WEIGHTED)[1]				203465
PHARMACY UNITS (WEIGHTED)[1]				769963
OTHER (SPECIFY)				6902

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: OTHER INCLUDES 5,462 OCCUPATIONAL HEALTH VISITS AND 1,404 VISITS UNIDENTIFIED FOR OUTPATIENT VISITS AND 36 ADMISSIONS FOR CHNI, COAST GUARD AND CIVILIAN.

BUMED-822
mss, 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	125881	162576	35338	323795
ADMISSIONS	4205	3153	937	8295
LABORATORY TESTS (WEIGHTED)[1]	N/A	→	→	3657052
RADIOLOGY PROCEDURES (WEIGHTED)[1]	↓			203465
PHARMACY UNITS (WEIGHTED)[1]	↓			769963
OTHER (SPECIFY)				6902

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: OTHER (see item 3)

BUMED-822
MSS, 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	127186	253370	56762	437718
ADMISSIONS	4220	6908	1534	12662
LABORATORY TESTS (WEIGHTED)[1]	N/A			4922324
RADIOLOGY PROCEDURES (WEIGHTED)[1]				227213
PHARMACY UNITS (WEIGHTED)[1]				813200
OTHER (SPECIFY)				9318

[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.
OUTPATIENT VISITS: 1 NavCare contract visits (less mammography) = 100,629, AD=1%; 2 Suppcare # through Apr 94 = 455/7*12=780, Champus report O/P AD family 8572, Ret & family 3552. #1 and #2 prorated based on FY93 visits, added to FY93 visits on #3.
ADMISSIONS: 1. Suppcare # through Apr 94 = 9/7*12=15 AD; 2. Champus report AD family 3,755, Ret and family 597 added to FY93 admissions on #3.
ANCILLARY: Mar 94 SEARS report * 2; plus contract for MRI mobile unit.
OTHER: Prorated utilizing Item 3 O/P visits i.e. 437718-323795=113923/323925=35% increase, 6902*1.35=9318

BUMED-822
MA, 3 Jun 94

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	40	40	40	40	40	40	40	40
SPECIALTY CARE[2]	37	36	36	36	36	36	36	36
PHYSICIAN EXTENDERS[3]	26	26	26	26	26	26	26	26
INDEPENDENT DUTY CORPSMEN	N/A							
TOTAL	103	102	102	102	102	102	102	102

BUMED-822
MAS, 3 Jun 94

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

LOCATION

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

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

[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: 640,000

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Cherry Point	DHP	48 miles	1 hour	MOU MCAS MED SUPPORT
Onslow Memor	Hospital Auth	7 miles	15 minutes	OB(MOU), INTERHOSP TRAN
Craven	Hospital Auth	44 miles	1 hour	
Carteret Gen	County	38 miles	45 minutes	
New Hanover	Other	56 miles	75 minutes	

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

Cape Fear	Other	56 miles	75 minutes	
Pender	County	45 miles	1 hour	
Pitt Memorial		75 miles	90 minutes	MOU Family Practice, Interhospital Transfers, Social Work Residency, Graduate Nursing Baccalaureat Nursing Pgm, Physical Therapy Students

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Cherry Point	43	Yes	30.2	Unknown
Onslow Memorial	133	Yes	61.7	Unknown
Craven Regional	276	Yes	72.5	Unknown
Carteret General	117	Yes	71.8	Unknown
New Hanover	473	Yes	77.8	Unknown
Cape Fear	81	Yes	64.2	Unknown
Pender	66	No	N/A	Unknown
Pitt Memorial	609	Yes	84.2	Trauma Center, Graduate Medical School, Cardiology, Neonatal, Genetic Counseling

[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 (i.e.: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

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

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

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

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

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

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

NEGATIVE RESPONSE

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

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

27 MAY 1994

Title Commanding Officer (Acting) — Date

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date 6-3-98

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. GROOVE JR

NAME (Please type or print) | Signature

ACTING

Title | Date 8 JUNE 1999

Document Separator

Revised pg

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, CAMP LEJEUNE, NC
UIC:	N68093
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

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

Activity Name:	NAVAL HOSPITAL, CAMP LEJEUNE, NC
UIC:	N68092
Major Claimant:	BUMED BUMED-822 mss, 15 Jul 94

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:	32K

Source of Data (1.a. Salary Rate): FY 96 CIVPERS Controls included in BUMED Capitation Budget Controls

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			
BEAUFORT	NC	0	1	0	75	90
CARTERET	NC	24	16	3	43	60
CRAVEN	NC	4	2	1	41	55
DUPLIN	NC	2	6	1	30	45
JONES	NC	4	21	2	18	30
LENOIR	NC	2	1	0	46	65
NEW HANOVER	NC	5	2	1	48	65
ONSLOW	NC	723	335	90	10	20
PAMLICO	NC	5	3	1	40	55
PENDER	NC	5	14	1	30	45

≈ 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:

ONSLOW

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b. 1) & 2) Residence Data): HRMO NAVHOSP, MANPOWER RAND McNALLY ROAD ATLAS

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

City	County	Distance from base (miles)

Source of Data (1.c. Metro Areas): INCLUDED IN MCB, CAMLEJ, NC

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	.5
25 - 34 Years	60	15.0
35 - 44 Years	147	36.6
45 - 54 Years	117	29.2
55 - 64 Years	67	16.7
65 or Older	8	2.0
TOTAL	401	100 %

Source of Data (1.d.) Age Data): HRMO PERSONNEL DATA FILES

e. **Education Level of Civilian Workforce**

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	1	.2
9th through 11th Grade	10	2.5
12th Grade or High School Equivalency	99	24.7
1-3 Years of College	239	59.6
4 Years of College (Bachelors Degree)	38	9.5
5 or More Years of College (Graduate Work)	14	3.5
TOTAL	401	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.)	Unavailable
Associate Degree	
Bachelor Degree	
Masters Degree	
Doctorate	

Source of Data (1.e.1) and 2) Education Level Data): HRMO PERSONNEL DATA FILES

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	16	4.0
3. **Manufacturing** (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	various		
3e. Other Manufacturing not included in 3a. through 3d.	various		
Sub-Total 3a. through 3e.	20-39		
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
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	2	.5
4f. Communications	48		
4g. Utilities	49	6	1.5
Sub-Total 4a. through 4g.	40-49	8	2.0
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	67	16.7
5d. Automotive Repair and Services	75	2	.5
5e. Other Misc. Repair Services	76	1	.3
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		
5h. Health Services	80	222	55.4
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83	3	.7
5l. Museums	84		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	10	2.5
5n. Other Misc. Services	89	57	14.2
Sub-Total 5a. through 5n.:	70-89	362	90.3
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	2	.5
6c. Public Finance	93	13	3.2
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.		15	3.7
TOTAL		401	100 %

Source of Data (1.f.) Classification By Industry Data): CIVILIAN PERSONNEL LISTING DTD 30 APR 94

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

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

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	13	3.2
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	3	.7
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)	3	.8
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	103	25.7
2m. Communications		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2n. Visual Arts		
Sub-Total 2a. through 2n.:	109	27.2
3. Technicians and Related Support		
3a. Health Technologists and Technicians	36	9.0
3b. Other Technologists	76	19.0
Sub-Total 3a. and 3b.:	112	28.0
4. Administrative Support & Clerical	108	26.9
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service	24	6.0
5c. Dental/Medical Assistants/Aides	1	.2
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.	25	6.2
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers	10	2.5
8. Construction Trades	4	1.0
9. Production Occupations	5	1.3
10. Transportation & Material Moving	2	.5
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	13	3.2
TOTAL	401	100 %

Source of Data (1.g.) Classification By Occupation Data): CIVILIAN PERSONNEL LISTING DTD 30 APR 94

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

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.

2. **Professional Specialty.** Use sub-headings provided.

3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.

4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.

5. **Services.** Use sub-headings provided.

6. **Agricultural, Forestry & Fishing.** Self explanatory.

7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers

and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.

8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.

9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.

10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.

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

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:	64
2. Percentage of Military Spouses Who Work Outside of the Home:	NOT AVAILABLE
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): NAVHOSP, MANPOWER

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.

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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.

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMLEJ, NC

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 Unity? *
		Elemen tary	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): INCLUDED IN MCB CAMP LEJEUNE NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	_____	_____
Rail:	_____	_____
Subway:	_____	_____
Ferry:	_____	_____

Source of Data (3.c.1) Transportation): INCLUDED IN MCB CAMP LEJEUNE, NC

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): INCLUDED IN MCB CAMP LEJEUNE, NC

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): INCLUDED IN MCB CAMP LEJEUNE, NC

4) How many carriers are available at this airport?

Source of Data (3.c.4) Transportation): INCLUDED IN MCB CAMP LEJEUNE, NC

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): INCLUDED IN MCB CAMP LEJEUNE, NC

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): INCLUDED IN MCB CAMP LEJEUNE, NC

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): INCLUDED IN MCB CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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): INCLUDED IN MCB, CAMP LEJEUNE, NC

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

Source of Data (6. Other): INCLUDED IN MCB, CAMP LEJEUNE, NC

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

F. G. BARINA, JR., CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

14 JULY 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
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

Cert for Revised pg 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. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

28 JULY 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
Activity

Cert for Revised pg 1

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

8 Aug 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

16 AUG 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Hospital, Camp Lejeune, NC*
Acronym(s) used in correspondence	*NAVHOSP CLNC*
Commonly accepted short title(s)	*Naval Hospital Camp Lejeune*

- Complete Mailing Address

Naval Hospital
P. O. Box 10100
Marine Corps Base
Camp Lejeune, NC 28547-0100

- PLAD - NAV HOSP CAMP LEJEUNE NC

- PRIMARY UIC: 68093 (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)

ACTIVITY ID 68093

• 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: M67001
- Primary Host (as of 01 Oct 1995) UIC: M67001
- Primary Host (as of 01 Oct 2001) UIC: M67001

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

- Yes _X_ No ____ (check one)

* NAVCARE is a primary care clinic contracted by Naval Hospital Camp Lejeune and is located at 60 Highway 24 East, Pine Green Shopping Center, Midway Park, NC 28544

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

Name	Location	UIC
NA		

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

Name	UIC	Location	Host name	Host UIC
NA				

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

ACTIVITY ID 68093

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

Current Missions

- Provide a comprehensive range of emergency, outpatient, and inpatient healthcare services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties.

- Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provide as directed, healthcare services in support of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive healthcare services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicable directives.

- Conduct appropriate educational programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained.

- Participate as an integral element of the Navy and Tri-Service Regional Healthcare System.

- Cooperative with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

- The Total Quality "Lejeune" Mission Statement states: Beneficiaries are our focus; Our staff is our most important asset; and Healthcare is our business. We will use our clinical, educational, and management skills to provide appropriate and cost effective healthcare services.

Projected Missions for FY 2001

- There are no projected mission changes at this time.

ACTIVITY ID 68093

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

Current Unique Missions

- Easterna Carolina Coordinated Care (EC3) - is a joint venture between Naval Hospitals Camp Lejeune and Cherry Point. This project is a locally managed Health Maintenance Organization (HMO) model health care delivery system which uses extensive quality provider network, Health Care Finders and management controls to provide beneficiaries with easy access to quality health care.

- Medical Support - Branch Clinic personnel are frequently tasked to provide medical support "in the field" for various training operations. This support sugement medical assets assigned to Marine Corps units, as well as entry level formal training schools.

Projected Unique Missions for FY 2001

- None at this time.

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
Marine Corps Base, Camp Lejeune, NC	M67001
• Funding Source	UIC
Bureau of Medicine and Surgery, Washington, DC	00018
via Healthcare Support Office, Norfolk, VA	68908

ACTIVITY ID 68093

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	212	570	393
Contracted			83.9 FTEs *
• Tenants (total)	0	0	0

* The authorized positions totals reflect core facility and branch medical clinic UICs.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	211	~~569~~ 520	393
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
CO/OIC			
CAPT M. L. Cowan, MC, USN	(910)451-4007	(910)451-4012	_____
Duty Officer	(910)451-4300	(910)451-4012	_____
Command Master Chief			
HMCM O. F. O'Neil	(910)451-4005	(910)451-4012	_____

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

provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

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.)

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.)

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

ACTIVITY ID 68093

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

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

Signature

Commanding Officer
Title

25-6 94
Date

Naval Hospital Camp Lejeune, NC
Activity

ACTIVITY ID 68093

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

ACTIVITY ID 68093

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

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

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

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

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

Signature

ACTING DCNO (LOGISTICS)
Title

16 FEB 1994
Date

Division _____

Department _____

Activity _____

Document Separator

371

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL HOSPITAL, CamLej, NC
UIC:	68093
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE CAMP LEJEUNE, NC HSO 7/18/94 B.W.
Host Activity UIC:	M67001

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, CamLej		**UIC:** 68093	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	353	513	866
1b. Minor Construction	20		20
1c. Sub-total 1a. and 1b.	373	513	886
2. Other Base Operating Support Costs:			
2a. Utilities	1490	350	1840
2b. Transportation	57	293	350
2c. Environmental	19	33	52
2d. Facility Leases			
2e. Morale, Welfare & Recreation	6		6
2f. Bachelor Quarters	52	215	267
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	320 ~~194~~	2306	2,626 ~~2500~~
2j. Other: Engineering Support	67	139	206
Pastoral Care	9	85	94
Supply Support	41	901	942
Security	3	215	218
2k. Sub-total 2a. through 2j:	2,064 ~~1938~~	4537	6,601 ~~6475~~
3. Grand Total (sum of 1c. and 2k.):	2,437 ~~2311~~	5050	7,487 ~~7361~~

HSO 7/18/94 B.W.

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)		
O&M	$5,202	~~$4,418~~	HSO 7/18/94
MPN	$2,285	~~$2,943~~	B.W.

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: NAVAL HOSPITAL, CamLej		UIC: 68093	
Category NA	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

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:**

DATA CALL 66
INSTALLATION RESOURCES

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, CamLej	**UIC:** 68093
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	201 ~~19~~
Material and Supplies (including equipment):	5240
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	57
Other Purchases (Contract support, etc.):	14,398 ~~14027~~
Total:	19,896 ~~19286~~

HSO 7/12/94 B.W.

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, CamLej	**UIC:** 68093
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	10
Mission Support:	118
Procurement:	
Other:*	
Total Workyears:	128

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

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

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

83

2) Estimated number of workyears which would be eliminated:

45

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):** NA

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
NA VR Burno 824 7/27/94	

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 7-27-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 06 AUG 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER, ACTING
Title

7/13/94
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC 28547-0100
Activity

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, CAMP PENDLETON**
UIC:	**68094**
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:	**$28,601**

Source of Data (1.a. Salary Rate): Revised Position Management Report of 6-27-94.

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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".

NOTE (1)

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			
SAN DIEGO	CA	813	398	0.880	20	30
LOS ANGELES	CA	19	0	0.013	100	90
ORANGE	CA	23	2	0.018	50	60
RIVERSIDE	CA	56	6	0.045	90	90
SAN BERNADINO	CA	58	0	0.042	100	110

100%

NOTE (1) - MILES FROM FRONT GATE TO HOSPITAL = 11 MILES
- AVERAGE TRAVEL TIME FROM FRONT GATE TO HOSPITAL = 15 MINUTES
- MILEAGE TAKEN FROM RAND McNALLY AND REFLECTS DISTANCE NORMALLY USED FOR COMPUTATION OF COSTS ASSOCIATED WITH TEMPORARY ADDITIONAL DUTY (TAD) ASSIGNMENTS

OTHER COMMENT: EMPLOYEES SHOWN IN REMOTE COUNTIES INCLUDE GEOGRAPHICAL BACHELORS.

DUE TO OUR STATUS AS A TENANT COMMAND, THE DISTANCES SHOWN REFLECT MILEAGE TO THE ACTIVITY - NAVAL HOSPITAL CAMP PENDLETON. (DEFINITION REQUESTS "AVERAGE DISTANCE FROM THE ACTIVITY"; GRAPH REQUESTS "AVERAGE DISTANCE FROM BASE".

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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:

Source of Data (1.b. 1) & 2) Residence Data): NAVAL CIVILIAN PERSONNEL DATA SYSTEM (NCPDS) AS OF 1 JULY 1994 FOR CIVILIAN AND THE STANDARD PERSONNEL MANAGEMENT SYSTEM (SPMS) AS OF 29 JUNE 1994 FOR MILITARY.

***** SEE DATA CALL #65 (1.b.2) FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

City	County	Distance from base (miles)
SEE DATA CALL 65 FOR OUR HOST COMMAND - MCB CAMP PENDLETON, CA, UIC M00681		

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	0	
20 - 24 Years	6	0.01
25 - 34 Years	61	0.15
35 - 44 Years	121	0.30
45 - 54 Years	109	0.27
55 - 64 Years	98	0.24
65 or Older	11	0.03
TOTAL	406	100 %

Source of Data (1.d.) Age Data): NAVAL CIVILIAN PERSONNEL DATA SYSTEM (NCPDS) AS OF 1 JULY 1994.

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	2	0.01
9th through 11th Grade	8	0.02
12th Grade or High School Equivalency	221	0.54
1-3 Years of College	114	0.28
4 Years of College (Bachelors Degree)	41	0.10
5 or More Years of College (Graduate Work)	20	0.05
TOTAL	406	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.)	26
Associate Degree	49
Bachelor Degree	34
Masters Degree	12
Doctorate	1

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data):Naval Civilian Personnel Data System (NCPDS) as of 1 July 1994.

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**	
2. Construction (includes facility maintenance and repair)	15-17	**0**	
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	**0**	
3b. Aircraft (includes engines and missiles)	3721 et al	**0**	
3c. Ships	3731	**0**	
3d. Other Transportation (includes ground vehicles)	various	**0**	
3e. Other Manufacturing not included in 3a. through 3d.	various	**0**	

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Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 3a. through 3e.	20-39	**0**	

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Industry	SIC Codes	No. of Civilians	% of Civilians
4. Transportation/Communications/ Utilities	40-49		
4a. Railroad Transportation	40	**0**	
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	**20**	**0.049**
4c. Water Transportation (includes organizational level maintenance)	44	**0**	
4d. Air Transportation (includes organizational level maintenance)	45	**0**	
4e. Other Transportation Services (includes organizational level maintenance)	47	**7**	**0.017**
4f. Communications	48	**0**	
4g. Utilities	49	**0**	
Sub-Total 4a. through 4g.	40-49	**27**	**0.067**
5. Services	70-89		
5a. Lodging Services	70	**0**	
5b. Personal Services (includes laundry and funeral services)	72	**31**	**0.076**
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	**58**	**0.143**
5d. Automotive Repair and Services	75	**1**	**0.002**
5e. Other Misc. Repair Services	76	**2**	**0.005**
5f. Motion Pictures	78	**0**	
5g. Amusement and Recreation Services	79	**1**	**0.002**
5h. Health Services	80	**94**	**0.232**
5i. Legal Services	81	**1**	**0.002**

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Industry	SIC Codes	No. of Civilians	% of Civilians
5j. Educational Services	82	**5**	**0.012**
5k. Social Services	83	**3**	**0.007**
5l. Museums	84	**0**	
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	**10**	**0.025**
5n. Other Misc. Services	89	**68**	**0.167**
Sub-Total 5a. through 5n.:	70-89	**274**	**0.675**
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	**94**	**0.232**
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	**0**	
6c. Public Finance	93	**11**	**0.027**
6d. Environmental Quality and Housing Programs	95	**0**	
Sub-Total 6a. through 6d.		**105**	**0.259**
TOTAL		**406**	100 %

Source of Data (1.f.) Classification By Industry Data):Standard Personnel Management System (SPMS) Civilian as of 6-21-94.

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	**35**	**.086**
2. Professional Specialty		
2a. Engineers	**2**	**.004**
2b. Architects and Surveyors	**0**	
2c. Computer, Mathematical & Operations Research	**0**	
2d. Life Scientists	**0**	
2e. Physical Scientists	**0**	
2f. Lawyers and Judges	**0**	
2g. Social Scientists & Urban Planners	**0**	
2h. Social & Recreation Workers	**3**	**.007**
2i. Religious Workers	**0**	
2j. Teachers, Librarians & Counselors	**1**	**.002**
2k. Health Diagnosing Practitioners (Doctors)	**0**	

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	49	.120
2m. Communications	0	
2n. Visual Arts	0	
Sub-Total 2a. through 2n.:	55	.135
3. Technicians and Related Support		
3a. Health Technologist s and Technicians	14	.034
3b. Other Technologists	15	.036
Sub-Total 3a. and 3b.:	29	.071
4. Administrative Supp ort & Clerical	162	.399
5. Services		
5a. Protective Servi ces (includes guards, firefighters, police)	1	.002
5b. Food Preparation & Service	28	.068
5c. Dental/Medical Ass istants/Aides	33	.081
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	47	.115
Sub-Total 5a. through 5d.	109	.268
6. Agricultural, Forestry & Fishing	0	
7. Mechanics, Installers and Repairers	3	.007
8. Construction Trades	0	
9. Production Occupations	0	
10. Transportation & Material Moving	7	.017

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	**6**	**.014**
TOTAL	**406**	100 %

Source of Data (1.g.) Classification By Occupation Data):Standard Personnel Management System (SPMS) Civilian as of 6-21-94.

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

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.

8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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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:	**43%**
2. Percentage of Military Spouses Who Work Outside of the Home:	**42% ***
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:	**Not Available**
3b. Employed "On-Base" - Non-Appropriated Fund:	**Not Available**
3c. Employed "Off-Base" - Federal Employment:	**Not Available**
3d. Employed "Off-Base" - Other Than Federal Employment	**Not Available**

Source of Data (1.h.) Spouse Employment Data): See below*

***Data for Marine Corps Base was obtained from MWR Marketing Division. Percentage was then applied to our activity's (1.h.1) married status number to determine percentage of (1.h.2) military spouses who work outside of the home. Data from the Standard Personnel Management System (SPMS) Military as of 29 June 1994. (In response to CNO letter Ser N441/4U594964, we can not determine whether or not this includes military personnel married to military personnel.)**

Data for 1.h.3 is not available for military employees of Naval Hospital Camp Pendleton.

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.

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a. Table A: Ability of the <u>local community</u> to meet the expanded needs of the base.

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

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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			

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Category	20% Increase	50% Increase	100% Increase
Recreational Activities			

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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.

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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

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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.

*****SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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			

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Category	20% Increase	50% Increase	100% Increase
Hazardous/Toxic Waste Disposal			
Recreation Facilities			

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.

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3. Public Facilities Data:

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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).

*****SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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):

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

*****SEE DATA CALL #65 FOR MCB CAMP PENDLETON, CA, UIC M00681, WHICH IS OUR HOST COMMAND.**

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

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ECONOMIC AND COMMUNITY INFRASTRUCTURE 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 :

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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:

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

***** FOR ADDITIONAL INFORMATION, SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.)?

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.

Hazardous material emergency response is provided by the Fire Department and augmented through a cooperative agreement with the San Diego County Hazardous Incident Response Team. They do not provide first responder functions and do not assume command. They are not a stand alone service available to handle HazMat incidents.

***** FOR ADDITIONAL INFORMATION, SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.

**** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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.

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.		

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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:

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

   b. Introduction of New Businesses/Technologies:

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

   c. Natural Disasters:

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

   d. Overall Economic Trends:

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

***** SEE DATA CALL #65 FOR MCB CAMP PENDLETON, UIC M00681, WHICH IS OUR HOST COMMAND**

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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

15 July 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date July 19, 1994

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/11/94

Document Separator

Activity Information:

Activity Name:	Naval Hospital, Camp Pendleton, CA
UIC:	68094
Host Activity Name (if response is for a tenant activity):	Marine Corps Base, Camp Pendleton, CA
Host Activity UIC:	00681

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 (1)

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

Activity Name: NAVHOSP, Camp Pendleton | **UIC:** 68094

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1334.7	0.0	1334.7
1b. Minor Construction	20.0	0.0	20.0
1c. Sub-total 1a. and 1b.	1354.7	0.0	1354.7
2. Other Base Operating Support Costs:			
2a. Utilities	2014.7	0.0	2014.7
2b. Transportation	265.3	273.7	539.0
2c. Environmental	81.3	0.0	81.3
2d. Facility Leases	0.0	0.0	0.0
2e. Morale, Welfare & Recreation	20.4	64.1	84.5
2f. Bachelor Quarters	6.0	149.7	155.7
2g. Child Care Centers	0.0	0.0	0.0
2h. Family Service Centers	0.0	0.0	0.0
2i. Administration	404.4	4066.0	4470.4
2j. Other (Specify)			
Engineering Support	54.0	234.9	288.9
Supply	38.8	1250.0	1288.8
Pastoral Care	18.3	28.6	46.9
Communications	209.6		209.6
Security	1.5	30.0	31.5
2k. Sub-total 2a. through 2j:	3114.3	6097.0	9211.3
3. Grand Total (sum of 1c. and 2k.):	4469.0	6097.0	10566.0

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	8224.0
MP,N	2342.0

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: NAVHOSP, Camp Pendleton	**UIC:** 68094
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	703.9
Material and Supplies (including equipment):	11529.6
Industrial Fund Purchases (other DBOF purchases):	0.0
Transportation:	64.7
Other Purchases (Contract support, etc.):	17212.3
Total:	29510.5

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, Camp Pendleton	**UIC:** 68094
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	54.7
Procurement:	0
Other:*	0
Total Workyears:	54.7

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

Notes:
1. The Mission Support work-years reflect health service and equipment maintenance contracts.
2. Construction and facilities support provided by MCB, Camp Pendleton 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)):

54.7

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.)
29.2 1.5	Supplemental health care Technical services

Note: The above responses assume the two NavCare clinics in Vista (46 W/Y) and Tustin (24 W/Y) will remain in place if NAVHOSP, Camp Pendleton closed or was relocated.

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

UIC: 68094

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, Marine Corps Base, Camp Pendleton, CA*
Acronym(s) used in correspondence	*NAVHOSP CAMP PENDLETON* *NH, MCB, Camp Pendleton*
Commonly accepted short title(s)	

- Complete Mailing Address

Commanding Officer
Naval Hospital
Box 555191
Camp Pendleton, CA 92055-5191

- PLAD NAVHOSP CAMP PENDLETON CA

- PRIMARY UIC: 68094 (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:

48458	Education Billets (Family Practice)
46865	DepMeds
47544	DepMeds
46621	1st FSSG FAC U
30778	Med Student

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

UIC: 68094

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

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

• Yes X* No ____ (check one)

* Naval Hospital is also a tenant command of Marine Corps Base, Camp Pendleton UIC - M00681

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

• Yes X No ____ (check one)

• Primary Host (current) UIC: M00681

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

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

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

• Yes ____ No X (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
13 Area Branch Medical Clinic	32585	Mainside Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
21 Area Branch Medical Clinic	46363	Del Mar Area Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
22 Area Branch Medical Clinic	46366	Chappo Flats Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
24 Area Branch Medical Clinic	46364	Brig Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
31 Area Branch Medical Clinic	32956	Edson Range Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
33 Area Branch Medical Clinic	47579	Margarita Area Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
41 Area Branch Medical Clinic	47580	Las Flores Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
43 Area Branch Medical Clinic	47581	Las Pulgas Area Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
52 Area Branch Medical Clinic	46365	San Onofre Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
53 Area Branch Medical Clinic	47582	Horno Area Camp Pendleton	Marine Corps Base Camp Pendleton	M00681
62 Area Branch Medical Clinic	47583	San Mateo Area Camp Pendleton	Marine Corps Base Camp Pendleton	M00681

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.

This command has experienced an increase in patients from the Naval Hospital, Long Beach in the Medical Boards Division, Patient Administration. There is an increase in archived medical boards of approximately 200 records and Limited Duty Board six (6) month evaluations have increased by about 30/month with the majority of these patients being treated for orthopedic problems.

This command will also be opening a 50 bed Addiction Treatment Unit. The closure of NHLB poses a problem for Limited Duty Status sailors which are processed through Naval Hospital, Camp Pendleton. There is no Temporary Personnel Unit (TPU) at MCB, Camp Pendleton for transient patients who cannot be returned to their unit.

There is an anticipated workload increase in all departments due to the closure of NHLB. Since the hospital has stopped seeing patients only since 31 December 1993, an increase percentage in not yet identifiable.

UIC: 68094

7. MISSION:

Current Missions

- provide emergency outpatient and inpatient healthcare services to active duty Navy and Marine Corps personnel
- managing resources appropriately
- promote wellness and preventive medicine
- continuous quality improvement
- supporting operational readiness of Navy/Marine Corps Team
- providing quality healthcare and timely access for those we serve
- support annual Mobilization Exercise (MOBEX) for Marine Corps Reserves
- educating staff, patients, and other customers
- maintain command in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans

Projected Missions for FY 2001

- Regional (Region Nine) Primary Care Facility
- Regional Disaster Relief Center
- Anticipated increase centralization of Marine Corps assets on west coast. This is due to previous BRAC Calls and realignment of other bases.
- Anticipated movement of Tri-service training to MCB, Camp Pendleton. Personnel from Los Angeles Police Department, San Diego County Sheriffs Department and U.S. Army personnel also train at MCB, Camp Pendleton. U.S. Air Force presently does not train at MCB, Camp Pendleton.
- Anticipated arrival of four (4) helicopter squadrons and Marine Corps Staff NCO Academy from MCAS El Toro due to previous BRAC.
- Anticipated increase in dependent beneficiaries due to the increase in MCB base housing units

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

- Physician's Assistant Training Program (didactic portion)
- Family Practice Residency Program
- Operating Room Nurse Training Program
- Same-day Surgery Unit
- Sports Medicine Clinic which provides outpatient services to CHAMPUS eligible beneficiaries

Projected Unique Missions for FY 2001

- Specialized Treatment Center for Addictions due to BRAC.
-
-

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
Marine Corps Base, Camp Pendleton	M00681

• Funding Source	UIC
Healthcare Support Office, San Diego	68906
BUMED	00018 JSA

UIC: 68094

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	355	795	407
Contracted			78 FTE's*
• Tenants (total)	1	19	11

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~276~~ 245 OSA	~~769~~ 528 OSA	~~414~~ 440 OSA
• Tenants (total)	1	19	11

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 James L. Staiger Commanding Officer	COMM (619)725-1304 DSN 365-1304	(619)725-1221	(619)385-4307
• CDR J. Chapman DFA	COMM (619) 725-1307 DSN 365-1307	(619)725-1221	(619)669-0490

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
PERSUPPDET, Camp Pendleton, CA	43118	1	19	11

- 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 UIC: 68094

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
First Service SupportGroup	*Campen CA*	*Admin/Logistics/Supply Services - ISSA*
3rd Marine Air Wing	*Santa Ana,CA*	*Health Services - ISSA*
Personnel Support Activity Detachment (SD)	*San Diego,CA*	*Space/Facilities Bldg #H-100 - ISSA*
Marine Corps Exchange	*MCB, Campen, CA*	*Utilities/Cleaning Space Bldg #H-100 - ISSA*
Marine Corps Logistics Base	*Barstow, CA*	*Regionalization of Healthcare Admin/Logistics/Supply Services - ISSA*
MCAGCC, 29 Palms	*29 Palms, CA*	*Admin/Logistics/Supply Services of Healthcare - ISSA*
Marine Corps Air Station	*Yuma, AZ*	*Regionalization of Healthcare Services - ISSA*
Marine Corps Base	*Campen, CA*	*Regionalization of Healthcare; Admin/Logistics/Supply Services - ISSA*
Naval Dental Clinic	*MCB, Campen, CA*	*Admin/Logistics/Supply Services - ISSA*
USA Medical Dept, MCB	*Fort Ord, CA*	*Admin/Logistics/Maintenance Supply Army Vet and Food Inspections - ISSA*
Defense Logistic Office	*Ogden, UT*	*Holding and Shipping of Excess Surplus Government Property - ISSA*
Naval Weapons Station	*Seal Beach, CA*	*Admin/Logistics/Supply Services - ISSA*
Naval Medical Center	*San Diego, CA*	*Personnel Management Programs - ISSA*
MCRD & WFTBN	*San Diego, CA*	*Admin/Logistics/Supply Services - ISSA*
Fleet Hospital Operations and Training Command	*Campen, CA*	*Admin/Logistics/Supply Services - ISSA*
Naval School of Health Sciences	*San Diego, CA*	*Admin/Logistics/Supply Services - ISSA*

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Southern Illinois University	*Carbondale, ILL*	*Space/Facilities Bldg #H-100 - MOU*
Palomar Community College	*San Marcos, CA*	*Food Service Supervisor Training - MOU*
San Diego College Medical/Dental Careers	*San Diego, CA*	*Pharmacy Training - MOU*
Healthstaff Training Institute	*Santa Ana, CA*	*Pharmacy Training - MOU*
Marine Corps Federal Credit Union	*MCB, Campen*	*Space/Facilities - MOU*
Southern California of Optometry	*Fullerton, CA*	*Optometry Training - MOU*
San Diego State University	*San Diego, CA*	*Audiology Training - MOU*
California College of Podiatric Medical	*San Francisco, CA*	*Podiatric Training - MOU*
San Diego Blood Bank	*San Diego, CA*	*Blood Bank Services - MOU*
Community Blood Bank of North County	*Pomerado, CA*	*Blood Bank Services - MOU*
University of California	*San Diego, Ca*	*Nurse Midwifery Training - MOU*
MiraCosta Community College	*Oceanside, CA*	*Vocational Nurse Training/Child Birth Classes - MOU*
Aetna Health Plans	*Rancho Bernardo, CA*	*Admin/Logistics/Supply Services - Resource Sharing Contract (total of 13)*
First Marine Division	*Campen CA*	*Health Services - ISSA*

14. FACILITY MAPS: Facility maps will be submitted by MCB, Camp Pendleton, (UIC: M00681) which is the host command for Naval Hospital Camp Pendleton. Included is an installation map for the naval hospital compound.

UIC: 68094

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

James L. Staiger
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan '94
Date

Naval Hospital, Camp Pendleton
Activity

68094
6

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

x D R Hagen
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

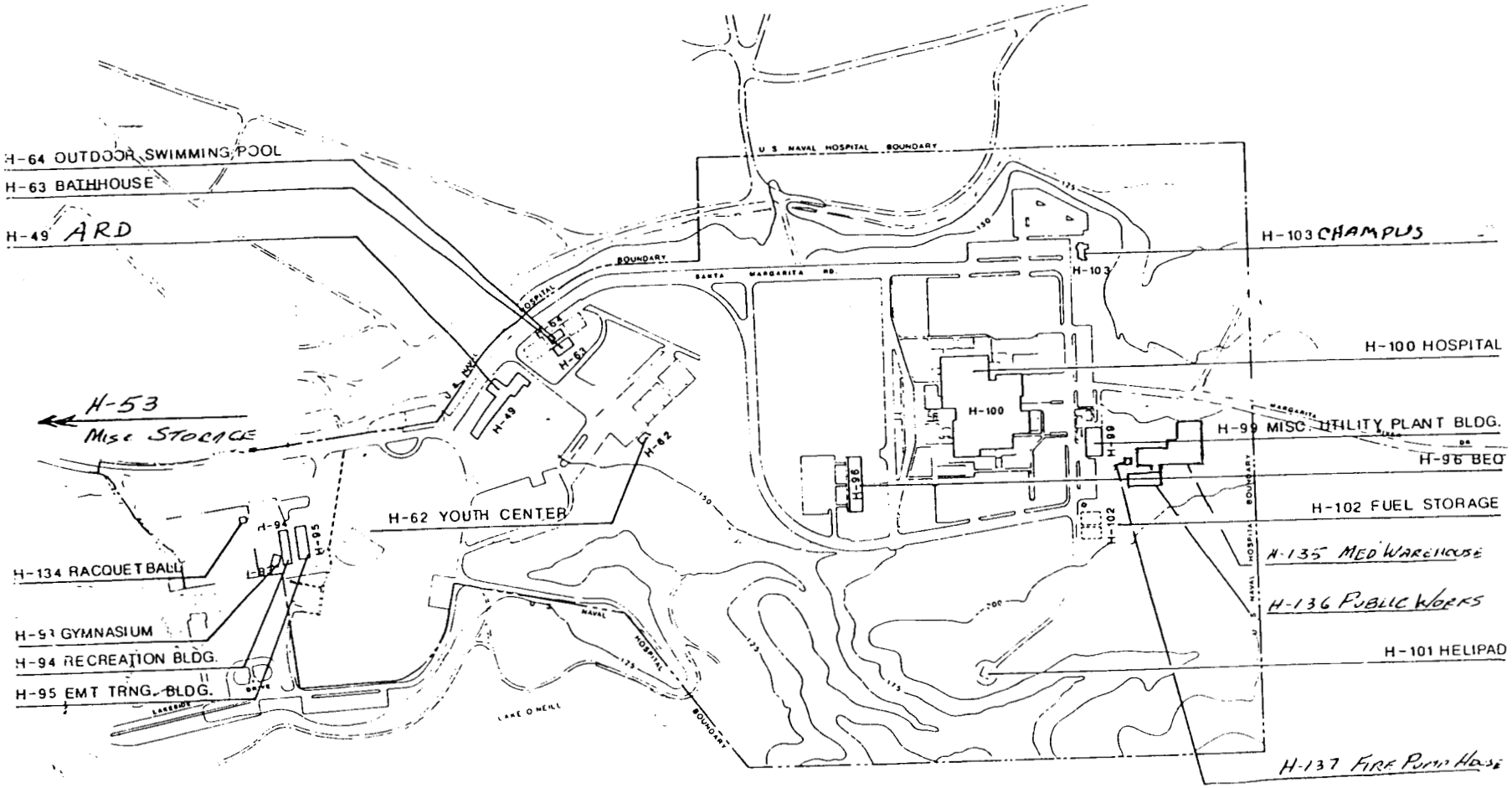
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date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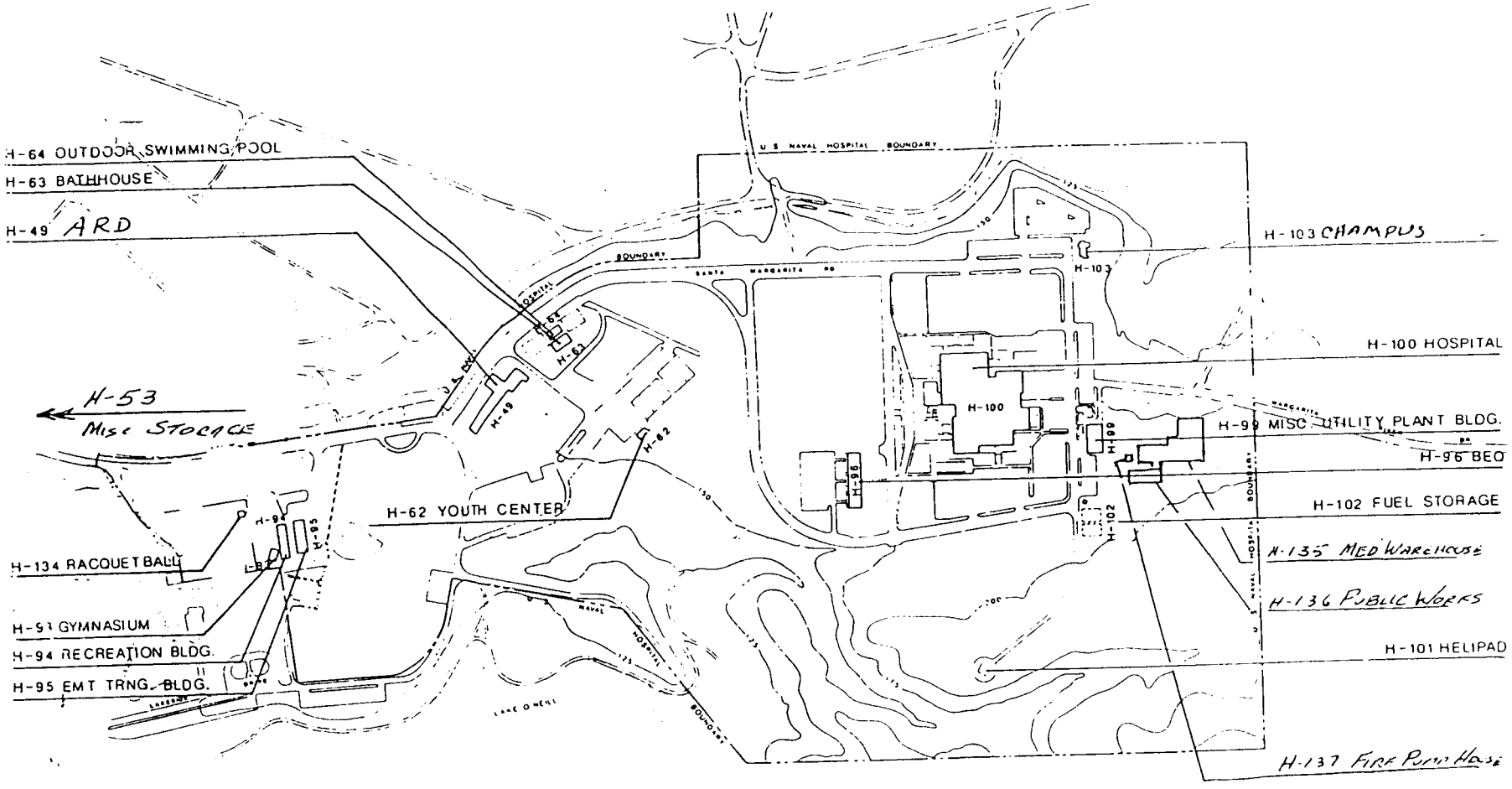
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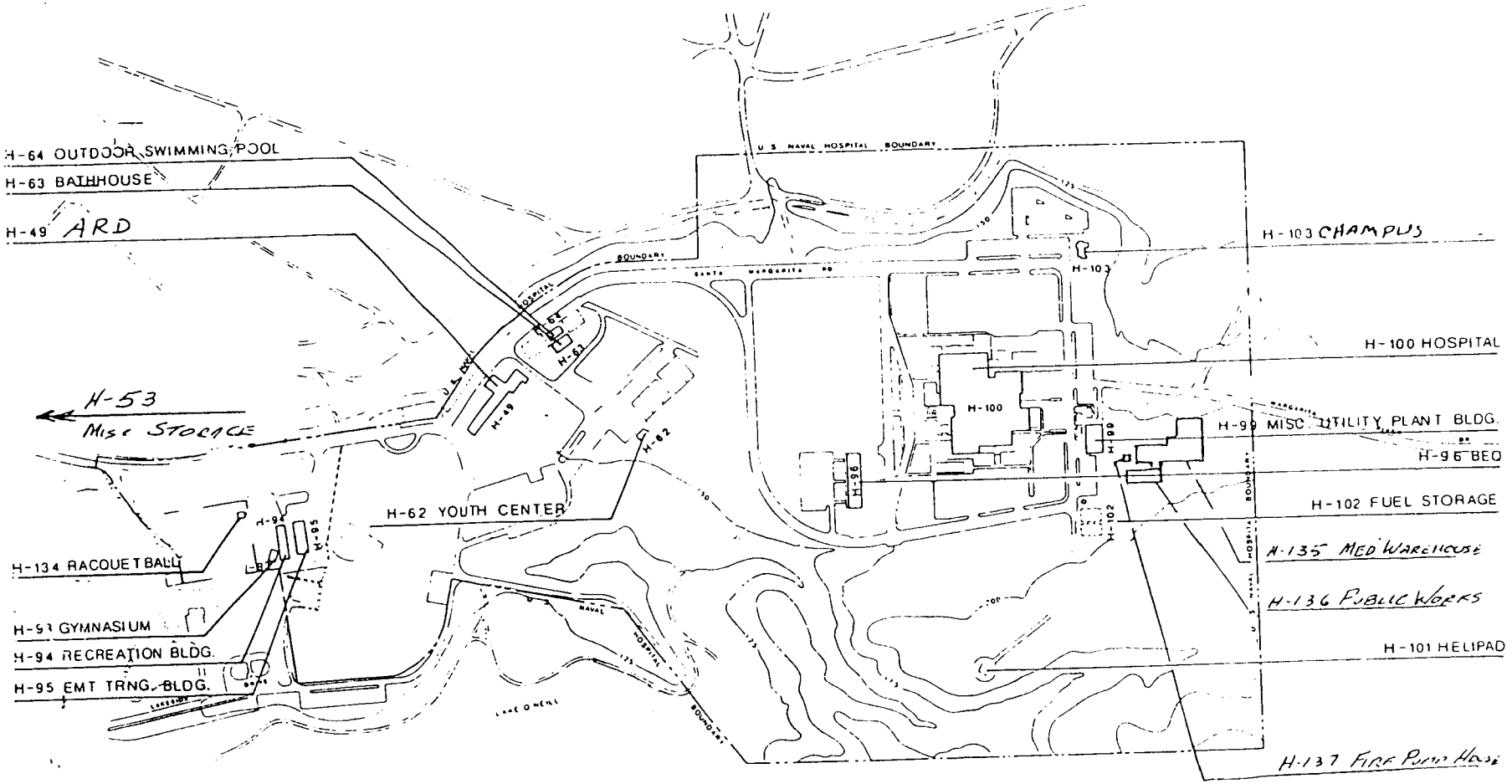
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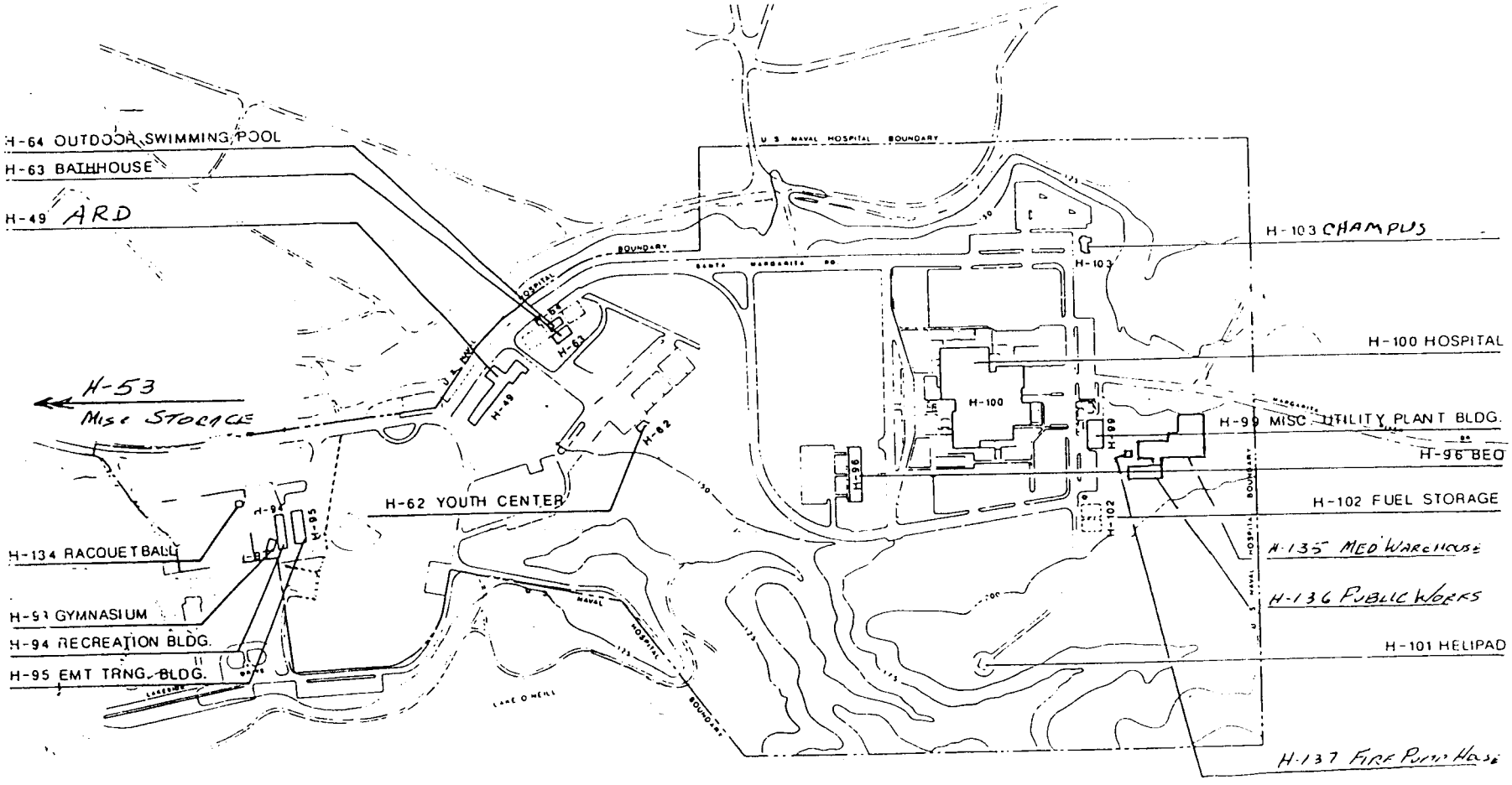
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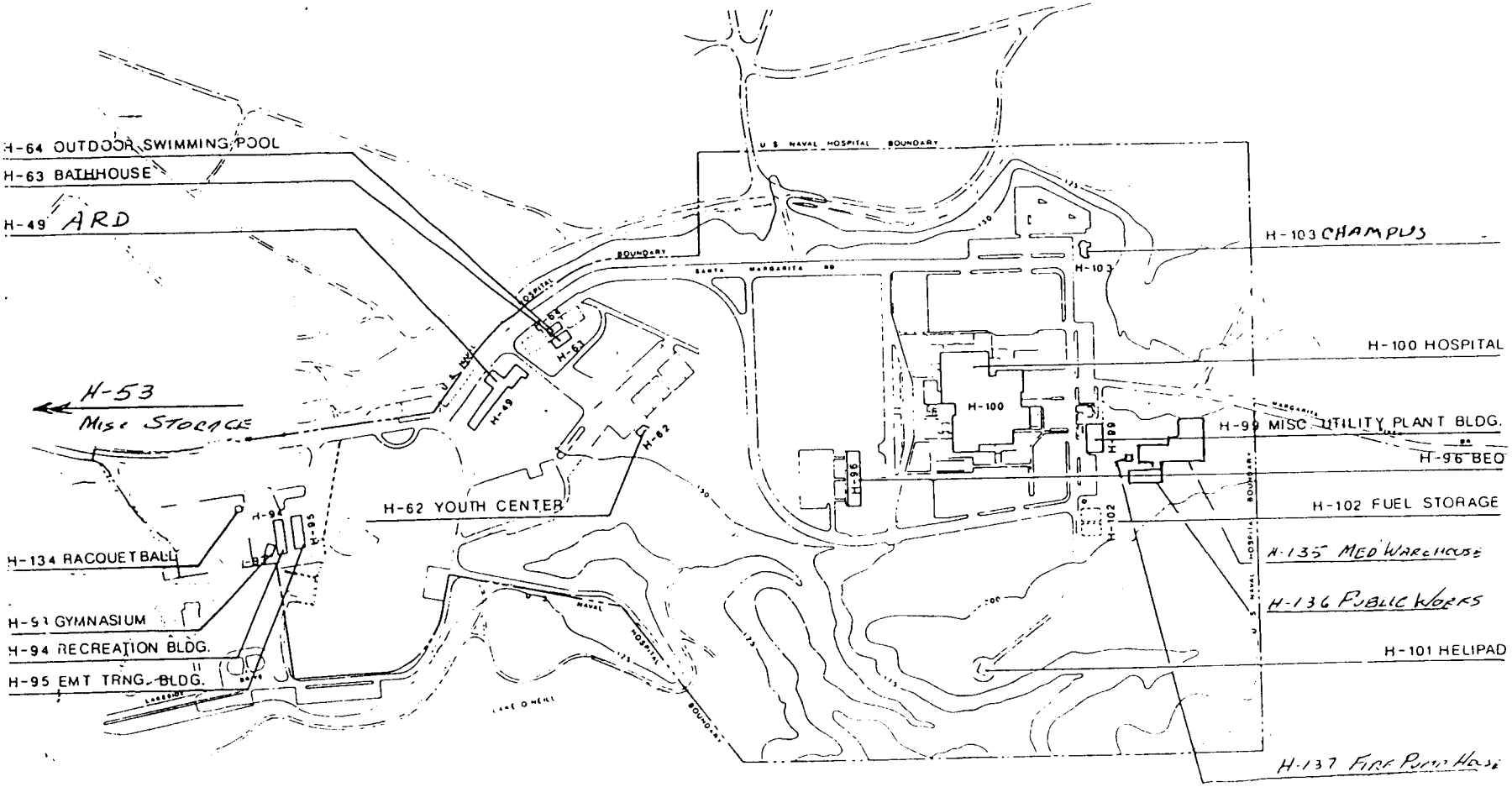
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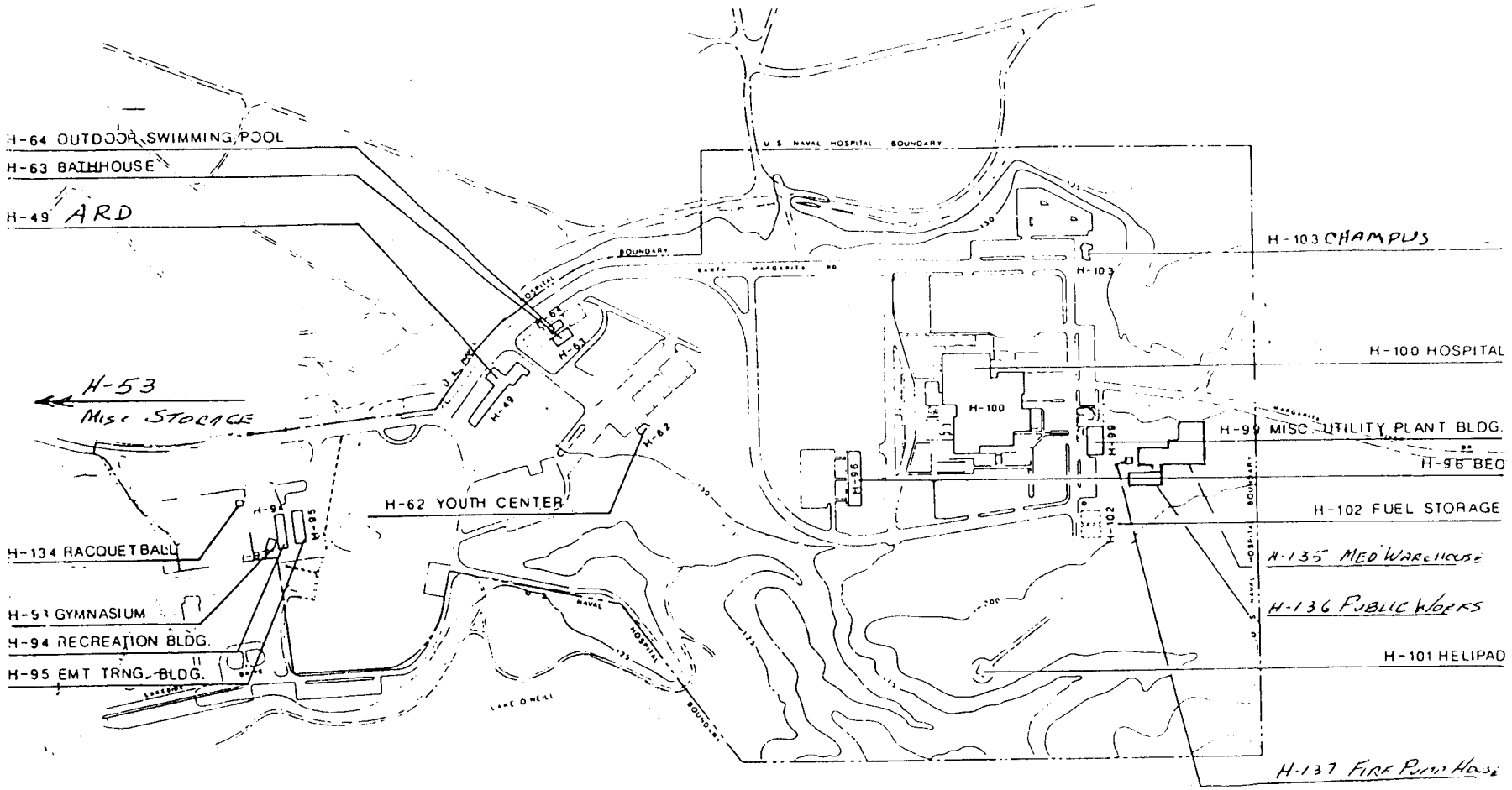
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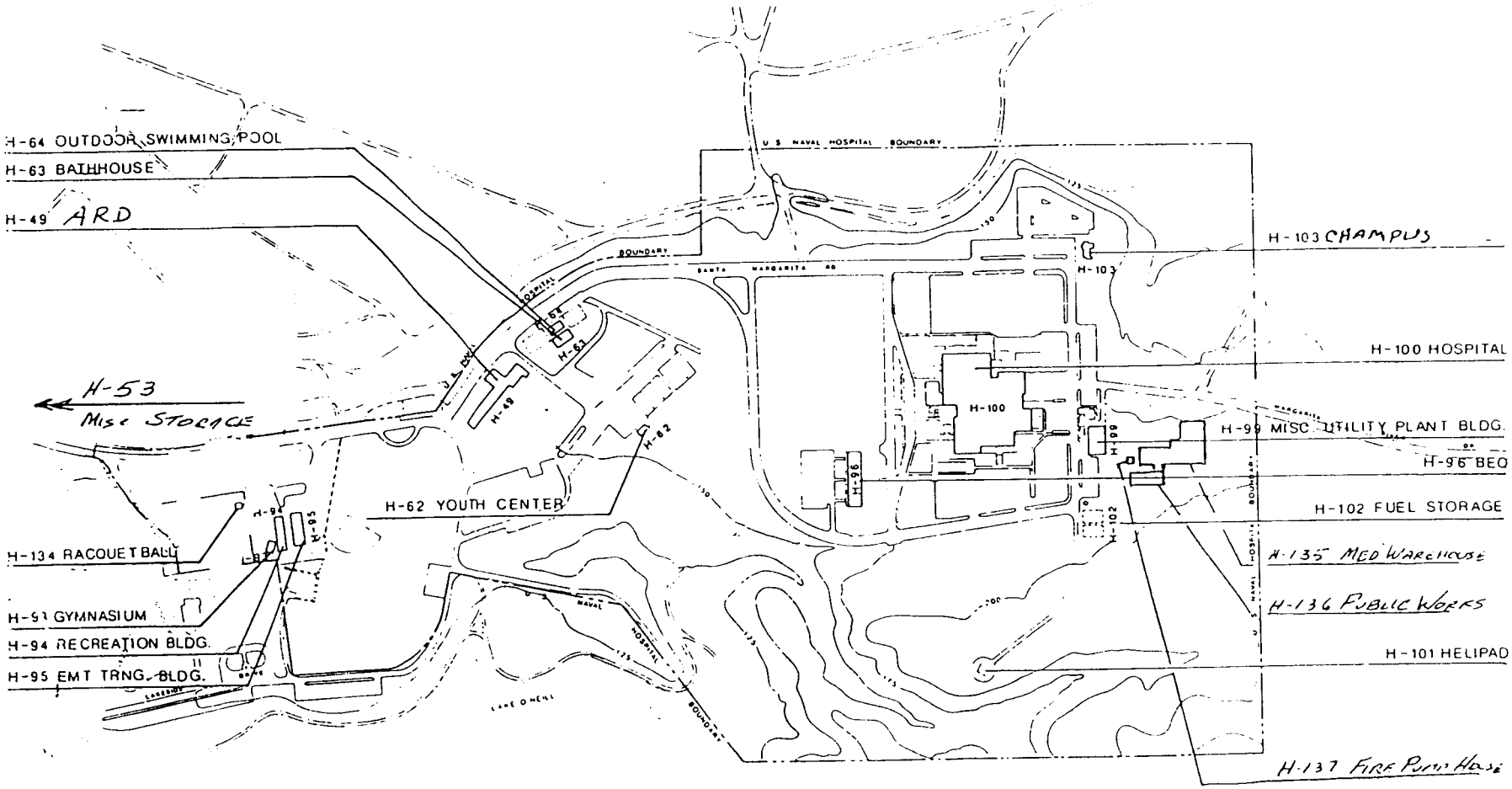
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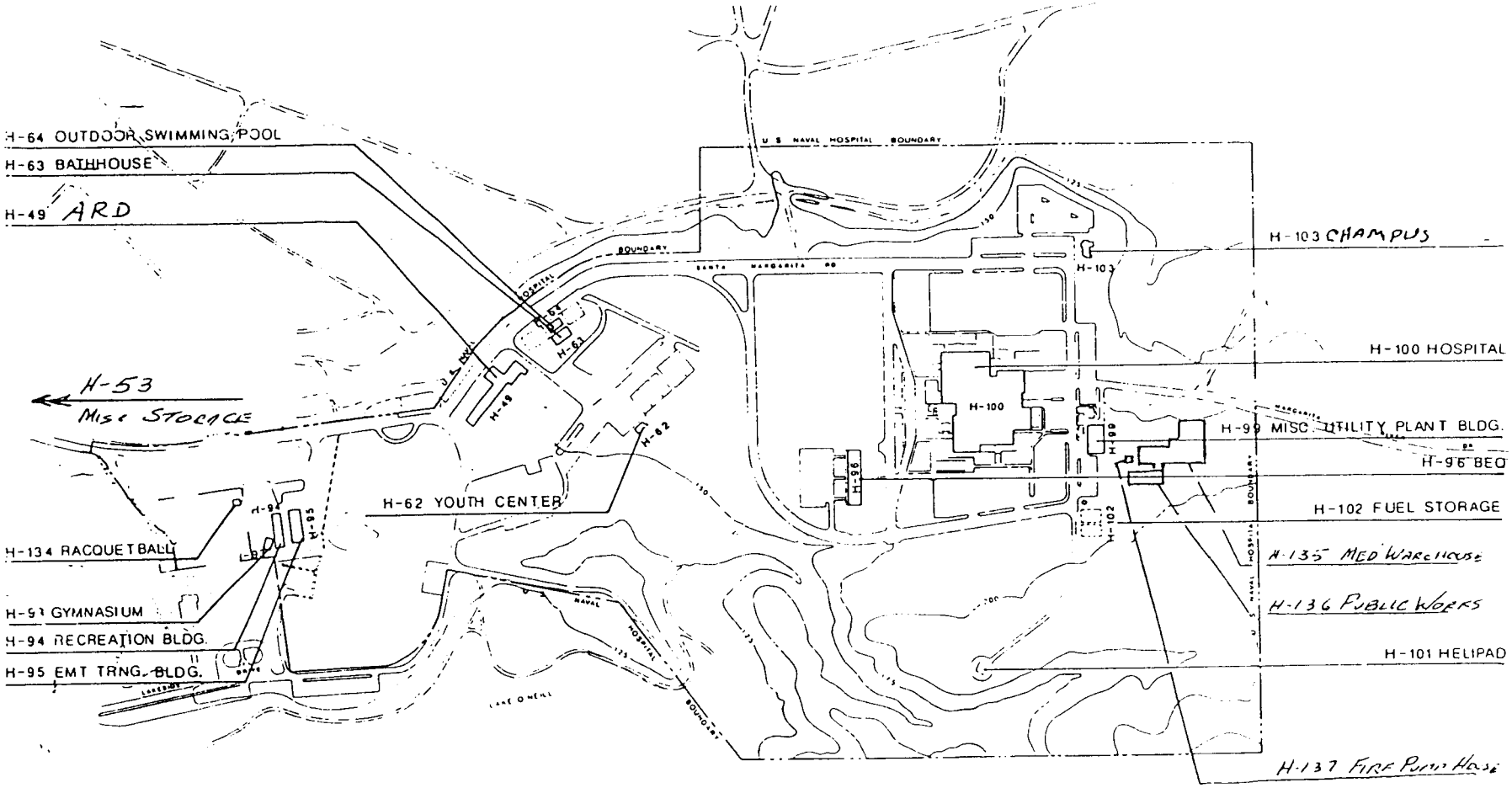
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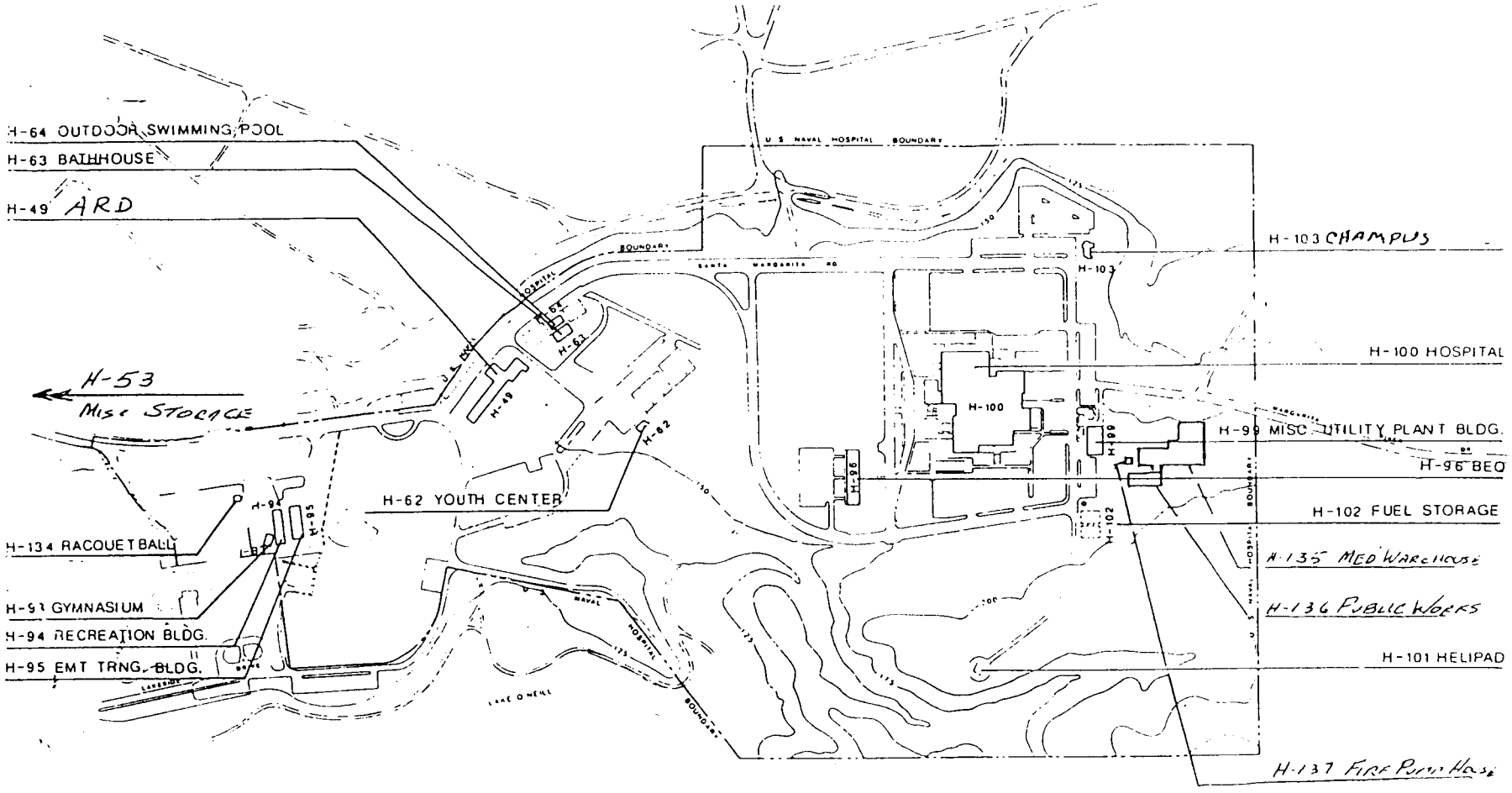
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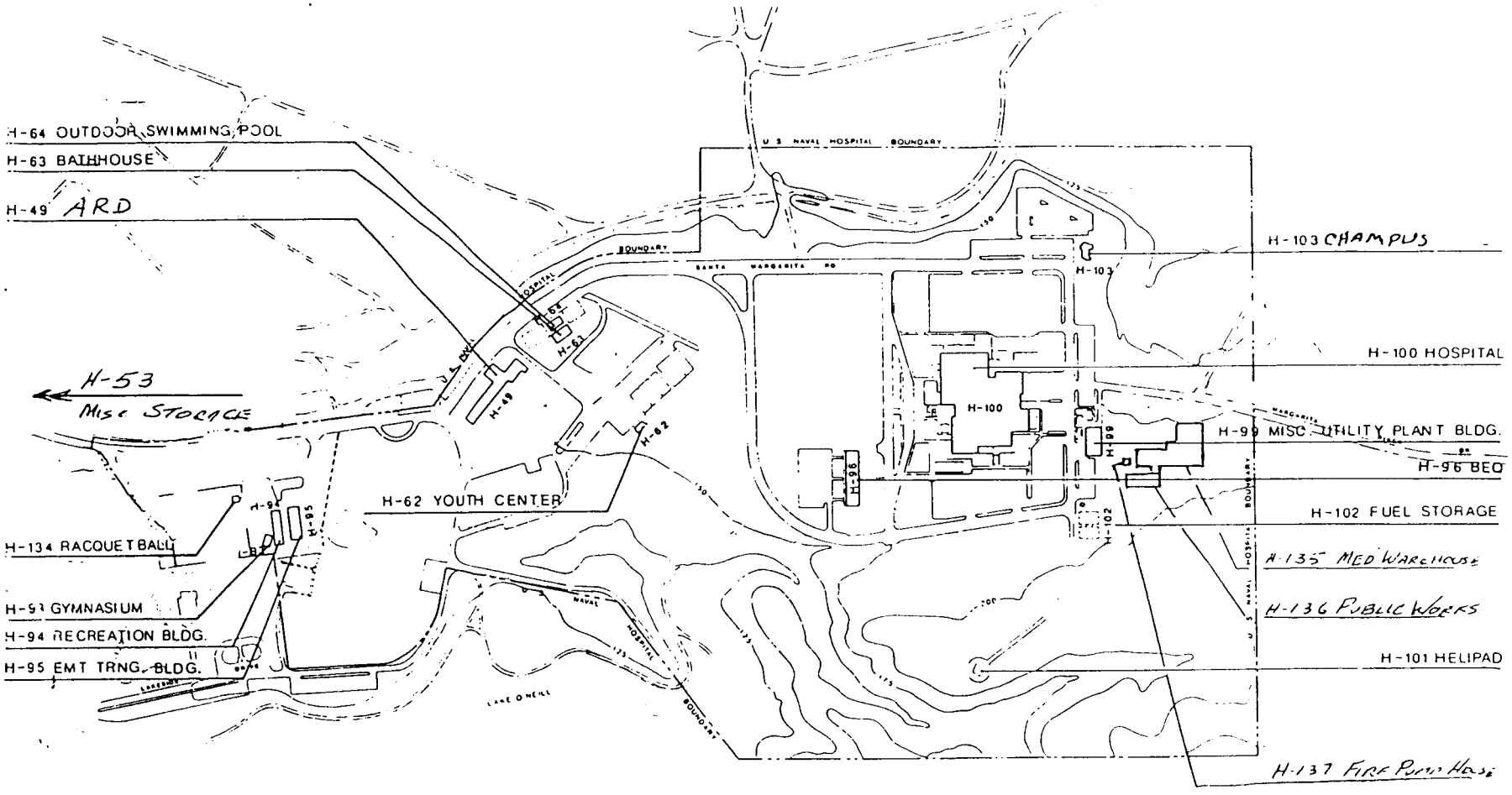
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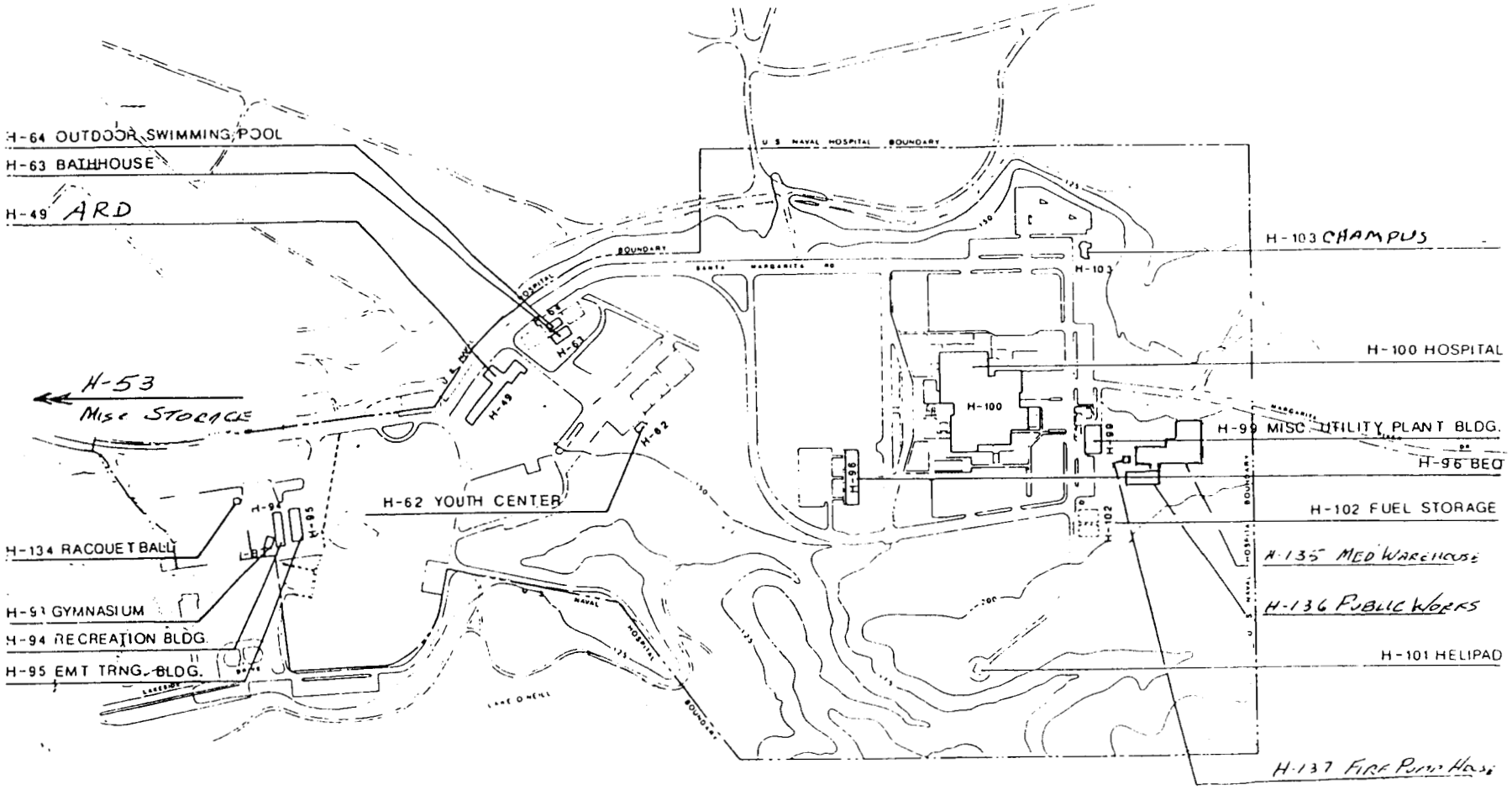
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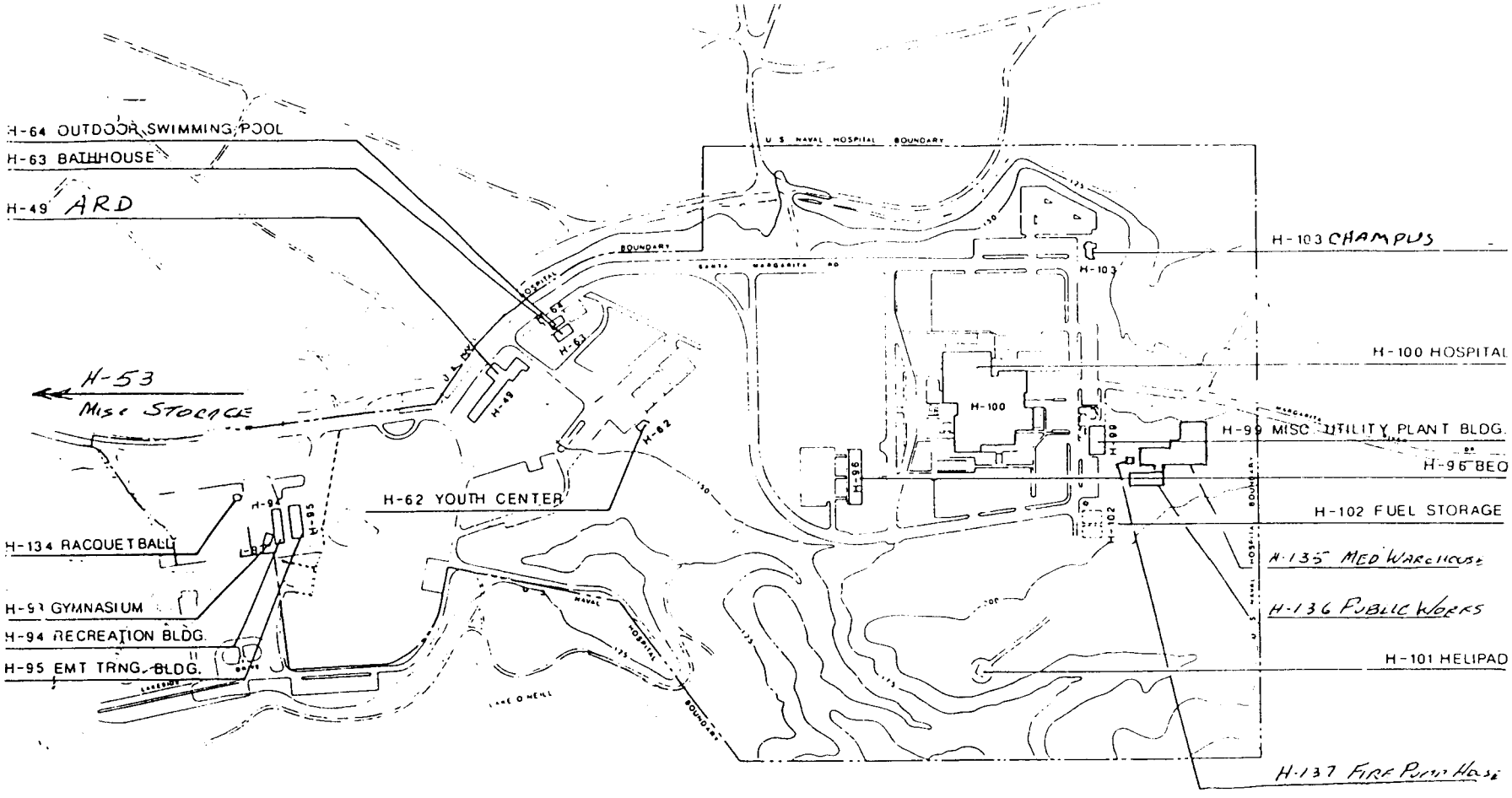
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Document Separator

3'12 NAVHOSP C. PENDLETON

THE NAVAL HOSPITAL IS A TENANT OF
MARINE CORPS BASE, CAMP PENDLETON, UIC M00681.
THE HOST COMMAND IS RESPONSIBLE FOR THIS DATA CALL.

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

20 APRIL 1994

ENCLOSURE (2)

BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Ativities

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NOT APPLICABLE TO NAVAL HOSPITAL, CAMP PENDLETON. WE ARE A TENANT COMMAND OF MARINE CORPS BASE, CAMP PENDLETON WHICH IS RESPONSIBLE FOR ANSWERING THIS DATA CALL UNDER UIC M00681.

ENVIRONMENTAL DATA CALL

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

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

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

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

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

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

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	threatened	Federal	25	0
TO BE ANSWERED BY HOST COMMAND				

Source Citation: _____

1b.

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

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

1d.

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

1e.

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

NOT APPLICABLE TO NAVAL HOSPITAL, CAMP PENDLETON. WE ARE A TENANT COMMAND OF MARINE CORPS BASE, UIC M00681, WHICH IS RESPONSIBLE FOR ANSWERING THE ENVIRONMENTAL DATA CALL.

2. WETLANDS

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

2a.

Does your base possess federal jurisdictional wetlands?	YES/NO
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO
When was the survey conducted or when will it be conducted?_____/_____/____	
What percent of the base has been surveyed?	
What is the total acreage of jurisdictional wetlands present on your base?	

Source Citation:_____

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

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland?_____If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO

NOT APPLICABLE TO NAVAL HOSPITAL, CAMP PENDLETON. WE ARE A TENANT COMMAND OF MARINE CORPS BASE, UIC M00681, WHICH IS RESPONSIBLE FOR ANSWERING THE ENVIRONMENTAL DATA CALL.

3b.

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

3c.

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

4. ENVIRONMENTAL FACILITIES

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

4a.

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

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

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

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

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES / NO
Facility/Type of Operation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**

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

4d.

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

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

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4f.

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

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

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					YES / NO
ID/Location of WTP	**Operating (GPD)**		**Method of Treatment**	**Maximum Capacity**	**Permit Status**
	Permitted Capacity	**Daily Rate**			

List permit violations and projects/actions to correct deficiencies or improve the facility.

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

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4j.

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

4k.

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

4l.

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

Explain:

4m.

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

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain.

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5. AIR POLLUTION

5a.

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

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

Site: _____

AQCA: _____

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

1 Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

2 Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

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

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: _____

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

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: _____

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5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?

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6. ENVIRONMENTAL COMPLIANCE

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

Program	Survey Com-pleted ?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air							
Hazardous Waste							
Safe Drinking Water Act							
PCBs							
Other (non-PCB) Toxic Substance Control Act							
Lead Based Paint							
Radon							
Clean Water Act							
Solid Waste							
Oil Pollution Act							
USTs							
Other							
Total							

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos?_____ What % of your base has been surveyed for asbestos?_____ Are additional surveys planned? _____ What is the estimated cost to remediate asbestos ($K) _____. Are asbestos survey costs based on encapsulation, removal or a combination of both?

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6c. Provide detailed cost of operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98 -99	FY00 -01
O&MN								
HA								
PA								
Other (specify)								
TOTAL								

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

7. INSTALLATION RESTORATION

7a.

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

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

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

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

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

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

7d.

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

State scope and expected length of pump and treat operation.

7e.

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

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

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

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	

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8. LAND / AIR / WATER USE

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

Parcel Descriptor	Acres	Location

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

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands:
		All Others:
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		
Total Undeveloped land considered to be without development constraints		
Total Off-base lands held for easements/lease for specific purposes		
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	
	HERF	
	HERP	
	HERO	
	AICUZ	
	Airfield Safety Criteria	
	Other	

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. _____

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

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

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

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

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

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

8h.

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

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

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

8k.

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

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

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9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions?

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations.

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections.

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

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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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 6-8-94 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)

P.W. DRENNON

NAME (Please type or print) Signature

ACTING

Title 6/24/94 Date

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DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	CAMP PENDLETON
Unit Identification Code (UIC):	68094
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	39285	ENV Health/Industrial Hygiene	MCON	1,700
		Sub - Total 1996		**1,700**
2001	43458	Hospital Addimon/Alteration	MCON	26,000
		Sub - Total 2001		**26,000**
		Grand Total		**27,700**

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

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MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: NAVAL HOSPITAL, CAMP PENDLETON 92055

ACTIVITY UIC: 68094

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

April 4, 1994

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

ENCLOSURE (1)

TABLE OF CONTENTS

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13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

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

ACTIVITY: Naval Hospital, Camp Pendleton, Ca.

UIC: 68094

MISSION: The Naval Hospital, Camp Pendleton, located on the Marine Corps Base, is a shore activity in an active (fully operational) status which provides:

- A comprehensive range of emergency, outpatient and inpatient health care services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Ensures that all assigned military personnel are both, aware of and properly trained for the performance of their assigned contingency and wartime duties.

- Ensures that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provides, as directed, quality health care services and timely access in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces.

- Subject to the availability of space and resources, provides the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicablae directives.

- Conducts appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained.

- Conducts graduate and post-graduate education programs for navy medical students and Medical Department officers.

- Participates as an integral element of the Navy and Tri-Service Regional Health Care System.

- Cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies. Manage hospital resources appropriately.

- Maintains requisite quality health care standards so as to

ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations.

- Supports eleven (11) local area branch medical clinics and two (2) Deployable Medical Systems (DEPMEDS) units.

- Is the parent command to the outlying branch medical clinics of El Toro/Tustin, Barstow, Yuma, and Bridgeport Branch Medical Clinics.

- Naval Hospital Camp Pendleton provides postgraduate education and training to Navy physicians and dentists in residency and fellowship medical training, postdoctoral training in temporomandibular disorders, advanced clinical programs and physician GME programs.

- The Sports Medicine Department provides outpatient services to CHAMPUS eligible retired military and/or civilian dependents. Services provided include, but are not limited to: evaluation and rehabilitation services for musculoskeletal injuries; post-operative rehabilitation; on-site exercise testing and exercise prescriptions. The Department also supports the Command's Health Promotion Program through adjunctive services designed to encourage wellness, promote individual fitness and minimize disability. Graduate Medical Education is offered for residents training in Family Practive, Pediatrics, Internal Medicine and fellows in Adolescent and Sports Medicine. An active duty Sports Medicine Clinic is being developed through a joint effort with the Department of Orthopedics.

- The Naval Alcohol Rehabilitation and Education Department (NARED) provides inpatient care relative to the examination, diagnosis, treatment and disposition of active duty uniform service personnel, their dependents, and retirees suffering from various addictions. The department provides inpatient and outpatient counseling and group therapy; information regarding civilian agencies for treatment; provides addiction related therapy sessions and coordinates with the local chapters of the 12 Step programs. Conducts education for drug and alcohol abuse awareness, as well as abuse awareness of other psychoactive substances.

Revised pg

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)
STUDENT ADMIN CO SCHOOL OF INFANTRY	33353	MCB CAMPEN	1523
HQ BN	11001	1ST MARDIV	1422
1STBNN 4TH MAR	11120	1ST MARDIV	1221
2D BN 5TH MAR	11170	1ST MARDIV	1215
HQ AND SUPPORT BN	33060	MCB CAMPEN	1166
3D BN 5TH MAR31STMEU	11180	1ST MARDIV	1153
H&SBN 1ST FSSG	28301	1ST FSSG	1124
3D BN 1ST MAR	11130	1ST MARDIV	1019
1ST SUPBN 1ST FSSG	28310	1ST FSSG	1014
7TH ENGRSPT BN	21300	1ST FSSG	977
NAVAL HOSPITAL CAMP PENDLETON	68094	NAVAL HOSPITAL CAMP PENDLETON	928
1ST MAINTEN 1ST FSSG	28321	1ST FSSG	902
BLT 2/9	13220	1ST MARDIV	892
H&S CO 1ST SRI GROUP	20371	1ST SRI GROUP	873

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MAR DIV FORCES HQ Bn		**MCB CAMPEN Maneuver Units**	**1,175**
1st MAR	**20371**		**275**
1/1	**NA**		**998**
1/4	**NA**		**998**
3/1	**NA**		**998**
1/9	**NA**		**998**
5th MAR	**NA**		**275**
1/5	**NA**		**998**
2/5	**NA**		**998**
3/5	**NA**		**998**
2/9	**NA**		**998**
3/9	**NA**		**998**
11th MAR	**NA**		**343**
1/11	**NA**		**619**

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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)
1STBN 1STMAR	11110	1ST MARDIV	832
9TH COMM BN	21670	1ST SRI GROUP	803
3RD ASLT AMPHIB BN	21820	1ST MARDIV	785
1ST BN 5TH MAR	11160	1ST MARDIV	686
1ST BN 9TH MAR	13210	1ST MARDIV	677
SCHOOL OF INFANTRY (SOI)	33350	MCB CAMPEN	671
3DBN 9THMAR	13230	1ST MARDIV	658
1ST CBTENGR BN	11400	1ST MARDIV	650
1ST LANDING SUPPORT BN 1ST FSSG	28370	1ST FSSG	606
1ST LIGHT ARMORED RECON BN	11700	1ST MARDIV	598
7TH MT BN 1ST FSSG	28280	1ST FSSG	596
MALS 39 MAG 39	01158	3RD MAW	575
5THBN 11THMAR	11340	1ST MARDIV	561
FREST (INSTRUCTOR)	01303	3RD MAW	533

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE DIV FORCES		**Maneuver Units**	
2/11	**NA**		**619**
5/11	**NA**		**763**
1st CEB	**NA**		**887**
1st RECON	**NA**		**956**
3s4	**NA**		**998**
3rd AABn	**NA**		**1,151**
1st MARRECON	**NA**		**99**
5th MARRECON	**NA**		**99**
MCB CAMPEN TOTAL			**17,241**
7th MAR	**NA**		**331**
1/7	**NA**		**998**
2/7	**NA**		**998**
3/7	**NA**		**998**

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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)
SECURITY BN	33120	MCB CAMPEN	515
1ST BN 11THMAR	11310	1ST MARDIV	491
SEPARTION CO HQ SUPPORT BN	33149	MCB CAMPEN	440
WPNS TRNG BN MCRDEP EDSON RANGE	33710	MCB CAMPEN 31 AREA	406
MCSFCO	53027	OTHER	391
HQ CO 5TH MAR	11154	1ST MARDIV	390
MWSS 372 MWSG 37	00372	3RD MAW	361
HQ CO 1ST MAR	11104	1ST MARDIV	351
HQ BTRY 11TH MAR	11303	1ST MARDIV	342
1ST MED BN	28290	1ST FSSG	318
2ND BN 11TH MAR	11320	1ST MARDIV	294
PERS UNIT SCHOOLS CO SCHOOLS BN	33818	MCB CAMPEN	287
MARINE CORPS DETACHMENT	54060	OTHER	279
HQ 3D LAAD BN 3D MAW	00930	3RD MAW	266

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1st TK Bn	**NA**		**788**
3rd LAI Bn	**NA**		**956**
3d AA Bn	**NA**		**261**
29 Palms Inclusive TOTAL	**NA**		**22571**
FORCE SERVICE GROUP FORCES (endstrength)		**Units**	
H&S	**NA**		**1,615**
Maintenance	**NA**		**1,711**
Supply	**NA**		**1,290**
Engineering	**NA**		**1,378**
LSB	**NA**		**945**
Motor T	**NA**		**945**
Medical	**NA**		**239**
Dental	**NA**		**5**
TOTAL			**8,128**

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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)
MARCORPS TACTICAL SYS SPT ACT	30425	OTHER	262
LFTCPAC CORONADO CALIF	56001	OTHER	251
CCO USS OGDEN	56001	OTHER	251
MSSG 15	28392	1ST FSSG	250
MSSG 11	28390	1ST FSSG	249
HMLA 267 MAG-39	01267	3RD MAW	245
HMLA 169 MAG-39	01173	3RD MAW	244
MSSG 13	28391	1ST FSSG	229
H&HS MCAS	02208	MCAS CAMPEN	212
SCHOOLS CO SCHOOLS BN	33808	MCB CAMPEN	202
MATSG	06015	OTHER	199
PASD MAG-39	00039	3RD MAW	194
1ST ANGLICO 1ST SRI GROUP	21610	1ST SRI GROUP	193
MACS-1 MACG-38	00971	3RD MAW	174

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE AIRCRAFT WING FORCES (endstrength)		**ACE Units**	
H&HS	**NA**		**155**
MWSS-372	**NA**		**490**
MATCS-38	**NA**		**60**
MAG-39 (H&S)	**NA**		
MALS-39	**NA**		**799**
MALS-39 PDR	**NA**		
HMT-303	**NA**		**242**
HMM-(VMO-2)	**NA**		**224**
HMM-(MASS-2)	**NA**		**216**
HMLA-169	**NA**		**305**
HMLA-267	**NA**		**310**
HMLA-367	**NA**		**249**
HMLA-(MACS-1)	**NA**		**175**

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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)
MASS-3 HQ MACG 38	00830	3RD MAW	166
HMLA 369 MAG 39	01369	3RD MAW	162
HMLA-367 MAG-38	01367	3RD MAW	158
CE, 11TH MEU	20177	IMEF	157
MATSG	06041	OTHER	157
15TH MEU	20310	IMEF	155
SU1 HQCO HQBN	41002	1ST MARDIV	151
1ST FORCE RECON CO 1ST SRI GROUP	28350	1ST SRI GROUP	132
HQ 13TH MEU FMF	20173	IMEF	130
MAG-46 DET B 4TH MAW	03021	OTHER	130
1ST DENTAL BN	28380	1ST FSSG	88
NAVAL DENTAL CENTER	62594	MCB CAMPEN	88
MAG-46 DET C 4TH MAW	03041	MARRESFOR	80
MAD	06117	OTHER	75

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE AIRCRAFT WING FORCES (ENDSTRENGTH) CONT'D		**ACE Units**	
NAESU	**NA**		**4**
AH-1W TSSA	**NA**		
HMLA-(R)	**NA**		
TOTAL			**3229**
MARINE CORPS BASE UNITS (endstrength)		**Base Units**	
H&S Bn	**NA**		**849**
Security Bn	**33120**		**406**
School of Infantry	**33350**		**534**
SCOLS	**NA**		**331**
Reserve Support Unit	**NA**		**9**
MWTC *	**NA**		
Total			**2,129**

*** MWTC Population reported separately.**

Revised pg

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)
MATCS-38 DET C MACG-38	01293	3RD MAW	73
4TH LAAM BN 4TH MAW	03040	OTHER	73
MARINE CORPS DETACHMENT	54071	OTHER	69
SUB UNIT 1 SCTY BN	33124	MCB CAMPEN	60
4TH LAAM BN DET MARRESFOR	03030	OTHER	56
I&I STF 23D MAR/HQCO 23D MAR	87195	OTHER	53
SU1 1ST FSSG	68302	1ST FSSG	51
I-I STF 5THBN 14THMAR/HQBTRY /3D CAG	87230	OTHER	47
RESERVE SUPPORT UNIT	33103	MCB CAMPEN	47
I&I STF 1ST BN 14TH MAR	87191	OTHER	42
NAVAL HOSPITAL CAMP PENDLETON TRAINING COMMAND	48458	NAVAL HOSPITAL CAMP PENDLETON	42
I&I 4TH LSBN 4TH FSSG	87229	OTHER	39
MARINE DETACHMENT	50074	OTHER	34
MARINE DETACHMENT	50095	OTHER	34

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
OTHER MARINE CORPS AND NAVY TENANT UNITS (endstrength)		**Tenant Units**	
ACU-5	**46587**	**31 Area**	**650**
FASMO	**NA**		**22**
Fleet Hospital	**46488**		**46**
MCAAT	**NA**		**11**
MCTSSA *	**30425**	**31 Area**	**210**
WFT Bn	**33710**	**31 Area**	**407**
MCNAFAS	**NA**		**22**
Food Service MLT TM	**NA**		**6**
Naval Hospital	**68094**		**778**
Dental	**62594**	**13 Area**	**88**
Total			**2,240**

*** With contractor personnel MCTSSA personnel loading is 748**

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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 DETACHMENT	50075	OTHER	33
MARINE DETACHMENT	50093	OTHER	32
DEPMEDS FH 1&2	46865	NAVAL HOSPITAL CAMP PENDLETON	32
MARINE DETACHMENT	50099	OTHER	31
I&I 6TH BULK FUEL CO 6TH ENGRSPTBN	87243	OTHER	30
I&I STF DET 4TH FORCE RECON CO 4TH MARDIV	87237	OTHER	25
I&I STF B&POPCO/4LSBND ET2/HQSVCO/BN	87247	OTHER	23
I&I STF 1/3D LNGSHRMANPLT 1STB&P OPSCO	87227	OTHER	21
PERSONNEL SUPPORT DETACHMENT (PSD)	43118	NAVAL HOSPITAL CAMP PENDLETON	19
DEPMEDS FH-6	47544	NAVAL HOSPITAL CAMP PENDLETON	17
I&I STF BULK FUEL CO 6TH ENGSPTBN	87263	OTHER	17

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

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

Revised pg

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)
I&I STF CO C (REIN) 4THTKBN FMFUSMCR	87296	OTHER	16
I&I STF CO A 6TH ENGRSPTBN	87242	OTHER	15
I&I STF CO B 4TH RECON BN 4TH MARDIV	87248	OTHER	15
I&I STF MTMAINTCO 4THMNBN	87262	OTHER	15
I&I STF BTRY B 1ST BN 14THMAR 4THMARDIV	87232	OTHER	14
I&I STF CO C 4TH LAI BNMCRTC	85240	OTHER	14
I&I STF CO F 2DBN 23RD MAR	87238	OTHER	13
I&I STF CO E	87225	OTHER	13
I&I STF 3D&4TH BULK FUEL PLT 5TH BULK FUEL CO	87281	OTHER	12
I&I STF 6TH BRIDGE CO 6TH ENGRSPTBN	87244	OTHER	11

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

Revised pg

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)
FIELD MEDICAL SERVICE SCHOOL	33950	MCB CAMPEN	10
I&I STF LDGSPT CO	87226	OTHER	10
CASUAL/TRANSIENT SEC	53002	OTHER	09
1ST FSSG	46621	MCB CAMPEN	03

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.
SOURCE: Manpower Info Systems Support (MISSO) MISSO BASE POP REPORT OF 07/06/94, AND NAVAL HOSPITAL, CAMP PENDLETON STANDARD PERSONNEL MANAGEMENT SYSTEM (SPMS) REPORT OF 07/28/94.

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	3948	104771	4.4	48.7
ACTIVE DUTY NON N/MC	66	1703	2.7	.4
TOTAL ACTIVE DUTY	4014	106474		49.1
FAMILY OF AD	3920	137150	2.7	28.8
RETIRED AND FAMILY MEMBERS UNDER 65	772	26210	3.9	8.3
RETIRED AND FAMILY MEMBERS OVER 65	616	23920	3.4	5.8
OTHER	28	10932	2.8	.2
TOTAL	9350	304686		92.2

NOTES & REMARKS:

- **Newborns are included in Family of Active Duty.**
- **FY-94 Projection outpatient visits are based from the 1st two quarters of outpatient visits workload of FY-94.**
- **Retirees that are less than 65 and those that are 65 or greater was based on RAPS data.**

What is your occupancy rate for FY-1994 to date? 77%

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ENCLOSURE (1)

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	4014	106482	4.4	49.2
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	4014	106482		49.2
FAMILY OF AD	3920	137150	2.6	28.8
RETIRED AND FAMILY MEMBERS UNDER 65	1388	50122	3.6	14.2
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	28	10934	3.0	.2
TOTAL	9350	304688		92.4

NOTES & REMARKS:

Newborns are included in Family of Active Duty.
FY-94 Projection outpatient visits are based from the 1st two quarters of outpatient visits workload of FY-94
Active Duty Non-Military data could not be obtained.
NA - Unable to identify.

What is your occupancy rate for FY-1994 to date? 77%

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	311648	308136	323108	324918	326616	See remarks	See remarks
ADMISS.	9294	9190	9636	9669	9741	See remarks	See remarks

Please show all assumptions and calculations in the space below:

Notes and Remarks:

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.)

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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	311318	307809	322764	324574	326270	See remarks	See remarks
ADMISS.	8901	8801	9229	9280	9329	See remarks	See remarks

Please show all assumptions and calculations in the space below:

Notes and Remarks:

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.)

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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
PRT Testing	**4wks/bi-annualy**	**1per25 tested**
Hearing Conservation:		
Site Visits to clinics-Health Record Audit	**03 days**	**1**
Tech Training	**01 day**	**2**
Hearing Conserv. Class	**40 hours**	**6**
HCP Training	**02 hours**	**1**
Preventive Medicine:		
Conduct sanitation insp.	**32 days**	**3**
Collect water/ice samples **Pneumonia Surveillance**	**12 days** **18 hrs**	**1** **2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Conduct Tick Surveys (Lyme)	**20 hrs/ season**	**1**
Provide TAV's to br clinics	**09 days**	**3**
Provide TAV's to BAS's	**36 days**	**1**
Conduct swimming pool insp	**21 hours**	**1**
Conduct comm. disease lectures	**06 days**	**1**
Inspect base horse stables	**03 hours**	**1**
Inspect on-base child care homes	**90 hours**	**1**
Inspect base trailer park	**03 hours**	**2**
Inspect beach facilities	**12 hours**	**2**

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
PRT Testing	**4wks/bi-annualy**	**1per25 tested**
Hearing Conservation:		
Site Visits to clinics	**02 days**	**2**
Tech Training	**01 day**	**2**
Hearing Conserv. Class	**40 hours**	**6**
HCP Training	**02 hours**	**1**
Preventive Medicine:		
Conduct sanitation insp.	**36 days**	**3**
Collect water/ice samples **Pneumonia Surveillance**	**24 days** **18 hrs**	**1** **2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Conduct Tick Surveys (Lyme)	**20 hrs/ season**	**1**
Provide TAV's to br clinics	**09 days**	**3**
Provide TAV's to BAS's	**36 days**	**1**
Conduct swimming pool insp	**42 hours**	**1**
Conduct comm. disease lectures	**06 days**	**1**
Inspect base horse stables	**03 hours**	**1**
Inspect on-base child care homes	**27 hours**	**1**
Inspect base trailer park	**12 hours**	**2**
Inspect beach facilities	**12 hours**	**2**

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NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Inspect base recreation areas	06 hours	2
Conduct Prev Med Training	23 hours	4
Dental: Lectures & Presentations	04 hours	1
Radiology:		
Admin of Dosemitry Program	20 days	2
Admin of exposure records	15 days	1
Radiation health insp of outlying clinics	05 days	1
Radiation health tech assist visits	05 days	1
Outreach training	03 days	1
Inhouse training	06 days	1

NHCP PMD expects to pick up inspections (sanitation) responsibility from El Toro/Tustin in the next 2-3 months. There are 23/mo inspections at El Toro and 12/mo inspections at Tustin. El Toro has 52 water samples/mo and Tustin has 10 watser samples/mo.

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Inspect base recreation areas	**12 hours**	**2**
Conduct Prev Med Training	**24 hours**	**4**
Dental: Lectures & Presentations	**04 hours**	**1**
Radiology:		
Admin of Dosemitry Program	**20 days**	**2**
Admin of exposure records	**15 days**	**1**
Radiation health insp of outlying clinics	**05 days**	**1**
Radiation health tech assist visits	**05 days**	**1**
Outreach training	**03 days**	**1**
Inhouse training	**06 days**	**1**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Physical Therapy Department:		
Provide back injury/sp med lectures	**04 hours**	**1**
MCB Health Fair	**8 hrs/yr**	**1-2**
Industrial Hygiene:		
Conducts asbestos surveys, noise surveys, non-ionizing radiation surveys; responds to chemical emergencies; conducts air sampling; presents consultation lectures on IH matters; conducts IH surveys of all base commands (except 1st FSSG) which includes Naval Weapons Station, MCAS El Toro, MCLB Barstow, MCAS Yuma, Bridgeport and Camp Pendleton.	**Fulltime**	**13**
Lectures and course presentations	**04 hours**	**1**
Occ Safety & Health	**Full time**	**4**
Environmental Protection	**Full time**	**1**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Family Practice:		
Patient Education Classes (Prenatal; diabetes)	**8 hrs/mo**	**1-2**
Residents and staff teaching school classes	**9 hrs/mo**	**1-2**
PRT Coordinator	**10 hrs 2x/yr**	**3**
TQL working groups/PATs/facilitators	**1 hr/wk**	**11**
Teaching ACLS/PALS	**16 hrs/qtr**	**12**
Precepting/lecturing/faculty/rotation coordinator	**6 hrs/wk**	**11**
Triage F.P.C.	**9 hrs/day**	**1**
OB Registration	**10 hrs/wk**	**1-2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Command Committees, Dept liaison	**1 hr/mo 1 hr/wk**	**11 Res 11 Staf**
Typing fitreps, pt letters, recommendations, staff awards, evals	**80 hrs/qtr**	**11**
Medical record reviews	**3 hrs/wk**	**11**
Obtaining results of labs, x-rays	**3 hrs/wk**	**50**
Attending lectures	**2 hrs/day**	**50**
Participating in health fairs	**6 hrs 2x/yr**	**2-6**

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
Family Practice	**31**	**37**	**39**	**39**	**39**	**39**	**39**	**39**
Sports Medicine **	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
Podiatry **	**3**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Physician Assistant Program **	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**
OR Nurse	**13**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
Physical Therapy Technicians	**6**	**6-9**	**6-9**	**6-9**	**6-9**	**6-9**	**6-9**	**6-9**
LVN Students **	**30**	**30**	**45**	**45**	**45**	**45**	**45**	**45**
Emergency Medicine Technicians	**216**	**216**	**216**	**216**	**216**	**216**	**216**	**216**
Optometry **	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
General Practice Residency in Dentistry	**4**	**4**	**4-5**	**4-5**	**4-5**	**4-5**	**4-5**	**4-5**

**** Rotation offered at this facility for programs based elsewhere.**

Revised pg

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
Family Practice	36	36	36	36	36	36	36	36
Sports Medicine **	0	1	1	2	2	2	2	2
Podiatry **	2	2	1	1	1	1	1	1
Physician Assistant Program **	12	13	12	12	12	12	12	12
OR Nurse	20	20	20	20	20	20	20	20
Physical Therapy Technicians	6	10	10	12	12	12	12	12
LVN Students **	30	30	45	45	45	45	45	45
Emergency Medicine Technicians	216	216	216	216	216	216	216	216
Optometry **	4	4	4	4	4	4	4	4
General Practice Residency in Dentistry	4	4	4-5	4-5	4-5	4-5	4-5	4-5

**ROTATION OFFERED AT THIS FACILITY FOR PROGRAMS BASED ELSEWHERE.

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
Nursing Service: Intravenous Therapy	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
Family Advocacy Training	**140**	**140**	**140**	**140**	**140**	**140**	**140**	**140**
HIV/AIDS	**720**	**720**	**720**	**720**	**720**	**720**	**720**	**720**
ACLS-Advanced Cardiac Life Support-Provider	**125**	**125**	**125**	**125**	**125**	**125**	**125**	**125**
ACLS-Advanced Cardiac Life Support-Instructor	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
PALS-Pediatric Advance Life Suport-Provider	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**
PALS-Pediatric Advance Life Support-Instructor	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
Basic Life Support "C" /"B"	**400/ 90**	**400/ 90**	**400/ 90**	**400/ 90**	**400/ 90**	**400/ 90**	**400/ 90**	**400/ 90**
Emergency Vehicle Operator Course	**133**	**133**	**133**	**133**	**133**	**133**	**133**	**133**
Follow-On Training	**200**	**200**	**200**	**200**	**200**	**200**	**200**	**200**

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Hospital Corpsman Inservice	750	750	750	750	750	750	750	750
Command Orientation	720	720	720	720	720	720	720	720
Navy Rights and Responsibilities	420	420	420	420	420	420	420	420
Navy Rights and Responsibilities Update	800	800	800	800	800	800	800	800

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Total Quality Leadership Awareness	**165**	**165**	**165**	**165**	**165**	**165**	**165**	**165**
Team Approach	**720**	**720**	**720**	**720**	**720**	720	720	720
Annual Update Fire, Safety, Infection Control	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**
Petty Officer Indoctrination	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**
Chief Petty Officer Indoctrination	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
Sexual Harrassment, EEO, Fratination	**800**	**800**	**800**	**800**	**800**	**800**	**800**	**800**
***Southern Illinois University**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**

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Patient Education:								
Diabetes	180	180	180	180	180	180	180	180
Tobacco	120	120	120	120	120	120	120	120
Asthma	60	60	60	60	60	60	60	60
Respiratory	60	60	60	60	60	60	60	60
Community Wellness	100	100	100	100	100	100	100	100
Tobacco Cessation Facilitator	48	48	48	48	48	48	48	48
Emergency Medical	50	50	50	50	50	50	50	50
General Military Training	800	800	800	800	800	800	800	800

* Rotation offered at this facility for programs based elsewhere.

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Family Practice	**F**	**100%**	
General Practice Residency in Dentistry	**F**	**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.

ADDITIONAL TRAINING PROGRAMS

TRAINING PROGRAM	NUMBER TRAINED ANNUALLY
Nursing Service: Intravenous Therapy	20
Family Advocacy Training	140
HIV/AIDS	720
ACLS- Advanced Cardiac Life Support-Provider	125
ACLS- Advanced Cardiac Life Support-Instructor	20
PALS- Pediatric Advance Life Support-Provider	70
PALS- Pediatric Advance Life Support-Instructor	10
Basic Life Support "C" / "B"	400/90
Emergency Vehicle Operator Course	132
Follow-On Training	200
Hospital Corpsman Inservice	750
Command Orientation	720
Navy Rights and Responsibilities	420
Navy Rights and Responsibilities Update	800
Total Quality Leadership Awareness	315
Team Approach	720
Annual Update Fire, Safety, Infection Control	1400
Petty Officer Indoctrination	40
Chief Petty Officer Indoctrination	20
Sexual Harrassment, EEO, Fratination	800
*Southern Illinois University	40
Patient Education: Diabetes	180
Tobacco	120
Asthma	60
Respiratory	60
Community Wellness	100
Tobacco Cessation Facilitator	48
Emergency Medical Technition-Refresher	50
General Military Training	800

* Rotation offerred at this facility for programs based elsewhere.

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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]
730-81	Navy Addictions Rehabilitation & Education Dept., H-49	16,665	51	A
510-77 441-30	H-53 Hospital/Medical Storage (misc)	23,400	51	I
740-88	H-62 Boy Scout Center	1,102	48	I
740-89	H-63 Bath House	3,200	48	S

[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.

7.a. 510-77 (H-53) - Action has been taken to turn this building over to MCB. H-53 is no longer used by Naval Hospital and may be in use by MCB (Bldg 2612). We must carry the building until the finalized paperwork is received.

740-89 (H-63) - Due to the "mothballing" of H-64 Swimming Pool, H-63 is not being used as a bath house. It will be used by the NARED staff for people in their program.

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

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]
730-81	**Navy Addictions Rehabilitation & Education Dept., H-49**	**16,665**	**51**	**A**
510-77 441-30	**H-53 Hospital/Medical Storage (misc)**	**23,400**	**51**	**I**
740-88	**H-62 Boy Scout Center**	**1,102**	**48**	**A**
740-89	**H-63 Bath House**	**3,200**	**48**	**S**

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

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

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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?

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cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
750-30	H-64 Outdoor Swimming Pool	N/A	48	A
750-10	H-69 Tennis Courts	2 each	39	S
750-10	H-72 Basketball Court	N/A	39	S

750-30 (H-64 - Outdoor Swimming Pool) will be "mothballed". Personnel do not use and costs are too great to maintain an empty pool.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-43	H-93 Gymnasium	1,728	44	S
740-43	H-94 Recreation Center Gym/Rec Room	4,100	27	S
740-37	Special Services Issue Office	1,500	27	S
171-45	H-95 EMT Training	5,600	27	A

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?

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
750-30	**H-64 Outdoor Swimming Pool**	**N/A**	**48**	**S**
750-10	**H-69 Tennis Courts**	**2 each**	**19**	**A**
750-10	**H-72 Basketball Court**	**N/A**	**19**	**A**

750-30 (H-64 - Outdoor Swimming Pool) will be "mothballed". Personnel do not use and costs are too great to maintain an empty pool.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-43	**H-93 Gymnasium**	**1,728**	**44**	**S**
740-43	**H-94 Recreation Center Gym/Rec Room**	**4,100**	**27**	**S**
740-37	**Special Services Issue Office**	**1,500**	**27**	**S**
171-45	**H-95 EMT Training**	**5,600**	**27**	**A**

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
721-11	H-96 BEQ E1/E4	37,290	21	A
833-10	H-98 Incinderator, Exterior	N/A	20	I
890-09	Hosp Serv Bldg/Util 2-00170, H-99	11,483	20	A
	H-100 Naval Hospital, Camp Pendleton-Hospital		20	A

833-10 (H-98) Facility is no longer required and is to be demolished. All parts to be removed as Hazardous Waste. Ground around the incinerator will be tested and appropriate action taken to clean up, if deemed necessary.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
117-17	TV Center/Instruction Matter	286	20	A
540-10	Dental Clinic	5,775	20	A
610-10	Personnel Support Acty Detachment	2,700	20	A
610-20	Data Processing Center	2,200	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-83	Chapel	3,100	20	A
730-85	Post Office	350	20	A
740-01	Exchange Retail Store	1,745	20	A
740-04	Exchange Cafeteria	1,916	20	A

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
721-11	H-96 BEQ E1/E4	37,290	21	A
833-10	H-98 Incinderator, Exterior	N/A	20	I
890-09	Hosp Serv Bldg/Util 2-00170, H-99	11,483	20	S
	H-100 Naval Hospital, Camp Pendleton-Hospital		20	S

833-10 (H-98) Facility is no longer required and is to be demolished. All parts to be removed as Hazardous Waste. Ground around the incinerator will be tested and appropriate action taken to clean up, if deemed necessary.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
117-17	TV Center/Instruction Matter	286	20	S
540-10	Dental Clinic	5,775	20	S
610-10	Personnel Support Acty Detachment	2,700	20	S
610-20	Data Processing Center	2,200	20	S

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-83	Chapel	3,100	20	S
730-85	Post Office	350	20	S
740-01	Exchange Retail Store	1,745	20	S
740-04	Exchange Cafeteria	1,916	20	S

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-09	Exchange Service Outlet	609	20	A
740-19	Credit Union	375	20	A
740-25	Family Services Center (misc)	688	20	A
740-76	Library	1,026	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-88	Education Services Office	9,494	20	A
510-10	Hospital	397,694	20	A
	TOTAL H-100	427,958		
111-20 136-10 136-65	H-101 Pad Helicopter Landing	1,964	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-102, 30 Day Standby Fuel Storage	N/A	19	A
730-81	H-103 CHAMPUS	2,255	19	A
412-45	H-104 Misc Liquid Storage, (Lox-Breath-Oxygen)	N/A	20	A
811-60	H-105 Stand-by Generator Plant	N/A	20	A

821-60 (H-102) Facility no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-09	Exchange Service Outlet	609	20	S
740-19	Credit Union	375	20	S
740-25	Family Services Center (misc)	688	20	S
740-76	Library	1,026	20	S

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-88	Education Services Office	9,494	20	S
510-10	Hospital	397,694	20	S
	TOTAL H-100	427,958		
111-20 136-10 136-65	H-101 Pad Helicopter Landing	1,964	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-102, 30 Day Standby Fuel Storage	N/A	19	A
730-81	H-103 CHAMPUS	2,255	19	A
412-45	H-104 Misc Liquid Storage, (Lox-Breath-Oxygen)	N/A	20	A
811-50	H-105 Stand-by Generator Plant	N/A	20	A

821-60 (H-102) Facility no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
823-20	H-106 Gas Storage Tank (Propane)	N/A	18	A
441-30	H-107 Flamable Store House	100	16	I
821-60	H-108 Heating Fuel Oil Storage for H-99	N/A	20	A
821-60	H-114 Dist Htg Oil Storage/BEQ-H-96	NA	19	A

821-60 (H-108 - Fuel Tanks) are now in use, but are scheduled to be removed in 1995 and replaced with new above ground tanks through a MCB, Camp Pendleton contract.

821-60 (H-114) Facility no longer required. Under contract for removal 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-115 Heating Fuel Oil Storage for H-94	N/A	19	A
821-60	H-116 Heating Fuel Oil Storage	N/A	19	A
821-60	H-117 Distillate Heat Oil Storage	N/A	19	A
124-50	H-118 Motor Gasoline Storage	N/A	51	I

821-60 (H-115) is in use and operational. It is scheduled to be removed not later than 1998 and a new tank installed.

821-60 (H-116) and (H-117) are no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

124-50 (H-118) is no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
823-20	H-106 Gas Storage Tank (Propane)	N/A	18	A
441-30	H-107 Flamable Store House	100	16	A
821-60	H-108 Heating Fuel Oil Storage for H-99	N/A	20	A
821-60	H-114 Dist Htg Oil Storage/BEQ-H-96	NA	19	A

821-60 (H-108 - Fuel Tanks) are now in use, but are scheduled to be removed in 1995 and replaced with new above ground tanks through a MCB, Camp Pendleton contract.

821-60 (H-114) Facility no longer required. Under contract for removal 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-115 Heating Fuel Oil Storage for H-94	N/A	19	A
821-60	H-116 Heating Fuel Oil Storage	N/A	19	A
821-60	H-117 Distillate Heat Oil Storage	N/A	19	A
124-50	H-118 Motor Gasoline Storage	N/A	51	I

821-60 (H-115) is in use and operational. It is scheduled to be removed not later than 1998 and a new tank installed.

821-60 (H-116) and (H-117) are no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

124-50 (H-118) is no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
411-82	H-119 Contaminated Fuel Storage	N/A	51	I
690-10	H-121 Flagpole/Billboard Marker	55	20	A
821-09	H-123 Heating Plant Bldg by H-94/95	476	19	I
821-09	H-124 Heating Plant for H-49	280	19	A

411-82 (H-119) Facility no longer used. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
813-20	H-125 Substation	N/A	20	A
441-30	H-127 Hazardous/Flammable Storage	100	15	I
750-20	H-128 Softball Field	N/A	14	A
730-66	H-129 Bus Shelter, BEQ, H-96	72	13	A

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
411-82	H-119 Contaminated Fuel Storage	N/A	51	I
690-10	H-121 Flagpole/Billboard Marker	55	20	A
821-09	H-123 Heating Plant Bldg by H-94/95	476	19	A
821-09	H-124 Heating Plant for H-49	280	19	A

411-82 (H-119) Facility no longer used. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
813-20	H-125 Substation	N/A	20	A
441-30	H-127 Hazardous/Flammable Storage	100	15	A
750-20	H-128 Softball Field	N/A	14	A
730-66	H-129 Bus Shelter, BEQ, H-96	72	13	A

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-66	H-130 Bus Shelter, South	81	13	A
730-66	H-131 Bus Shelter, North	81	13	A
750-20	H-132 Soccer Field	N/A	16	A
740-84	H-134 Racquetball Court	1,764	8	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-77	H-135 Medical Storage	61,600	3	A
219-77	H-136 Public Works	10,400	3	A
843-20	H-137 Fire Pump House	N/A	3	A

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-89	Renovate Building-Upgrade for ARD H-49	93	784K
CR2-88	Alter/Repair Med Tech Training School H-95	94	275K
R2-87	Repair Bachelors Quarters H-96 (87-2380	89	794K

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-66	**H-130 Bus Shelter, South**	**81**	**13**	**A**
730-66	**H-131 Bus Shelter, North**	**81**	**13**	**A**
750-20	**H-132 Soccer Field**	**N/A**	**16**	**A**
740-84	**H-134 Racquetball Court**	**1,764**	**8**	**A**

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-77	**H-135 Medical Storage**	**61,600**	**3**	**A**
219-77	**H-136 Public Works**	**10,400**	**3**	**A**
843-20	**H-137 Fire Pump House**	**N/A**	**3**	**A**

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-89	**Renovate Building-Upgrade for ARD H-49**	**93**	**800K**
CR2-88	**Alter/Repair Med Tech Training School H-95**	**94**	**273K**
R2-87	**Repair Bachelors Quarters H-96 (87-2380**	**89**	**182K**

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PROJECT	DESCRIPTION	FUND YEAR	VALUE
R3-89	Replace Cooling Towers H-99	94	446K
C8-85	Fluorescent Ballast Replacement H-100	90	132K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	Replace Kathabar System H-100	92	460K
P-961	Fire Protection System (Dampers) H-100	93	1.4M
RC2-87 R1-82	Painting of Bldg H-96 and H-100 (87-2637)	87	38K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
80-074-89	PCB Replacement-Transformer H-125	91	36K

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-510	Replace Chillers H-99	95	1.28M
C1-94	Construct Additional Parking Lot H-100	97	220K
R5-94	Replace Walk-in Reefers H-100	96	400K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	Repair Hospital Elevators H-100	95	527K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-82	**Painting Exterior of H-96 (87-2637)**	**87**	**38K**
R3-89	**Replace Cooling Towers H-99**	**94**	**420K**
C8-85	**Fluorescent Ballast Replacement H-100**	**90**	**130K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	**Replace Kathabar System H-100**	**92**	**460K**
P-961	**Fire Protection System (Dampers) H-100**	**94**	**1.7M**
RC2-87	**Painting of Bldg H-96 and H-100 (87-2637)**	**87**	**38K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
80-074-89	**PCB Replacement-Transformer H-125**	**91**	**200K**

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-510	**Replace Chillers H-99**	**95**	**1.28M**
C1-94	**Construct Additional Parking Lot H-100**	**97**	**220K**
R5-89	**Replace Walk-in Reefers H-100**	**96**	**165K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	**Repair Hospital Elevators H-100**	**95**	**520K**

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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.

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.

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

1. FACILITY NAME Naval Hospital, Camp Pendleton, CA			
2. UIC N68094	3. CATEGORY CODE	4. NO. OF BUILDINGS 15	
5. SIZE	A. GSF 427,958	B. NORMAL BEDS	C.DTRS
6. LOCATION	A. CITY Camp Pendleton	B.STATE CA	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B20	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	90	10		C15	
(6) FOOD SERVICES	85	15		A17	
(7)LABORATORIES	80	20		C01	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		C15	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	50		50	B09	
(12) PHARMACY	100				
(13) RADIOLOGY	95	5		A01	
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	10	15	A12 C10	
(B) HVAC	20	80		A01	
(C) PLUMBING	70	30		A02	
(D) ELECTRICAL SVCS.	75	25		F06	
(E) ELECTRICAL DISTRIBUTION	75	25		F06	

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
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FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
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(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	90	10		C15	
(6) FOOD SERVICES	85	15		A17	
(7)LABORATORIES	80	20		C01	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		C15	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	50		50	B09	
(12) PHARMACY	100				
(13) RADIOLOGY	95	5		A01	
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	10	15	A12 C10	
(B) HVAC	20	80		A01	
(C) PLUMBING	70	30		A02	
(D) ELECTRICAL SVCS.	75	25		F06	
(E) ELECTRICAL DISTRIBUTION	75	25		F06	

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(F) EMERGENCY POWER	50		50	C06	C07	

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

(F) EMERGENCY POWER	50		50	C06 C07	

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% 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

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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

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.

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- 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: **7/30/92**
FULL ACCREDITATION: **Yes**
LIFE SAFETY MANAGEMENT SCORE: **3** (Record as 1,2,3,4,or 5)

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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 critical to ensure prompt access to care. Naval Hospital, Camp Pendleton and its branch medical clinics are conveniently located near or about close distance to on-base housing. However, clients living off base find it more difficult to reach our services. Distance between the core hospital and any of the base gates range from 10 to 16 miles. (Only 30% of our beneficiaries live on-base).

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

City bus transportation is available to beneficiaries that do not own private vehicles.

Medivac'd patients are flown into Miramar NAS and then transported to the hospital via ambulance or van as indicated.

The closest commercial airport is Palomar, located approximately 30 miles from the hospital.

Amtrack (rail services) is located in the city of Oceanside - 5 miles from the hospital. Amtrack also has a station in San Clemente - 8 miles from the San Onofre Gate

No sea transportation is available to clients.

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): 3

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

The current Marine Corps Mobilization plan allows increases of personnel loading aboard MCB Camp Pendleton to increase by 750 additional marines per week, up to 15,000 in a 90 day period. Health Care requirements for this increase are best met by a local facility during mobilization due to logistical requirements.

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 critical to ensure prompt access to care. Naval Hospital, Camp Pendleton and its branch medical clinics are conveniently located near or about close distance to on-base housing. However, clients living off base find it more difficult to reach our services. Distance between the core hospital and any of the base gates range from 10 to 16 miles. (Only 30% of our beneficiaries live on-base).

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

City bus transportation is available to beneficiaries that do not own private vehicles.

Medivac'd patients are flown into Miramar NAS and then transported to the hospital via ambulance or van as indicated.

The closest commercial airport is Palomar, located approximately 30 miles from the hospital.

Amtrack (rail services) is located in the city of Oceanside - 5 miles from the hospital. Amtrack also has a station in San Clemente - 8 miles from the San Onofre Gate

No sea transportation is available to clients.

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): **3**

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

The hospital provides mobilization support to both IMEF and Fleet Hospital Six. In mobilization for IMEF, a significant pool of 8404 corpsmen are assigned to the hospital as staff and can be recalled in a short time span. Fleet Hospital mobilization is usually accomplished in a 48 hour time frame making the geographic location less of an issue.

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

Beneficiaries living on base can reach the facility in 5-20 minutes. Off base beneficiaries take 20 minutes or longer.

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 problem currently is the pay for medical positions, not the location. Federal salaries for medical professionals is the biggest recruiting problem we have; however, special salary rates and now the ability to offer recruitment and retention bonuses should help alleviate this problem.

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, Camp Pendleton (NHCP) provides the medical support for Navy and Marine Corps operational forces based on Marine Corps Base, Camp Pendleton, the Naval Weapons Station, Fallbrook, Marine Corps Mountain Warfare Training Center, Bridgeport, Marine Corps Logistic Base, Barstow, Marine Corps Air Station, Tustin/El Toro and Marine Corps Air Station, Yuma, Arizona.

The hospital provides training support for El Toro, Bridgeport, Yuma and Barstow; training for Advanced Lab Students from Naval Medical Center, San Diego; and is currently planning a lab training program for the Oceanside Regional Occupational Program (ROP).

Additionally, NHCP conducts drives for the Armed Services Worldwide Blood (ASWBL) Program and Western Association of Blood Banks (WABS), and provides pathology services for Yuma, El Toro/Tustin and 29 Palms. A provision for pathology services to Port Hueneme is now in the negotiation process.

Naval Hospital, Camp Pendleton provides Industrial Hygiene support for food inspections, water samples, Pneumonia Surveillance, Tick Surveys, HIV instruction, technical assistance visits, conducts inspection of dining facilities, delicatessens, fast food concessions, cafeterias, mobile food vendors, public lavatories, gyms, laundry, and waste management plants at Bridgeport, Barstow, Yuma and El Toro.

The hospital supply system provides vault storage for narcotic and controlled substances, orders supplies through the Navy system and open purchase, provides storage in our warehouse for supplies, delivers the supplies, provides supply training, and certifies invoices and pays bills for Naval Hospital, Camp Pendleton, Barstow, Bridgeport, El Toro and Yuma.

Naval Hospital, Camp Pendleton initiated all necessary measures to provide medical support for combat casualties during Desert Storm/Shield and has, more recently, augmented Fleet Hospital (FH6) which mobilized to Zagreb.

Marine Corps Base, Camp Pendleton, of which NHCP is a tenant provides response in the event of nuclear accidents at the San Onofre Nuclear Generating Station (SONGS).

The regional Composite Health Care System (CHCS) main frame was recently installed at Naval Hospital, Camp Pendleton and services 29 Palms, China Lake, Long Beach, Point Mugu, Port Hueneme, Barstow and Yuma. In addition to all the foregoing capabilities that would be lost, the entire CHCS consisting of over 800 drops and more than 400 terminals would have to be relocated at an initial cost of $2-3 million. (These figures do not include the funds expended by Marine Corps Base, Camp Pendleton for communications cable.)

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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.

If Naval Hospital, Camp Pendleton were to close without any change in assigned beneficiary population the local health care infrastructure would be capable of absorbing the workload of approximately 39,997 active duty dependents and 29,277 retirees, retiree dependents and other eligible beneficiaries (based on RAPS for FY 93) at a tremendous increase in costs for Champus expenditures and for manning, equipment and supplies at the only existing military hospital in the area.

The civilian infrastructure within the 40 mile catchment area of the base consists of 3,047 primary care physicians, 3,840 specialty care physicians, 368 physician assistants and nurse practictioners, and 26 civilian hospitals with a total of 5,952 beds.

The twenty-six (26) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

(The local civilian health care infrastructure would also be capable of providing emergent care to active duty personnel as required.)

One 355-bed VA hospital, located in La Jolla, supports the disabled military community and has an occupancy rate of 77.5%.

The only existing military hospital within the region to support the assigned active duty population of 36,421 or the total eligible population of 105,695 is Naval Medical Center, San Diego. Naval Medical Center, San Diego has 442 beds with a current average occupancy of 99.7%. It is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hamper efficiency and productivity.

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.

If Naval Hospital, Camp Pendleton were to close without any change in beneficiary population the local health care infrastructure would be capable of absorbing the workload of approximately 39,997 active duty dependents and 29,277 retirees, retiree dependents and other eligible beneficiaries (based on RAPS for FY 93) at a tremendous increase in costs for Champus expenditures and for manning, equipment and supplies at the only existing military hospital in the area.

The civilian infrastructure within the 40 mile catchment area of the base consists of 3,208 primary care physicians, 4,034 specialty care physicians, 368 physician assistants and nurse practictioners, and 31 hospitals with a total of 6,850 operating beds.

Twenty-three (23) of the thirty-one (31) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

The local civilian health care infrastructure would also be capable of providing emergent care to active duty personnel as required.

The only existing military hospital within the 40 mile catchment area to support the active duty population of 36,421 or the total eligible population of 105,695 is Naval Medical Center, San Diego. Naval Medical Center, San Diego has a 393 bed capacity with a current average occupancy of 88%. It is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hamper efficiency and productivity.

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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 Naval Hospital, Camp Pendleton were to close and its 1,674 active duty Navy and their 4,083 dependents (based on FY 93 RAPS) were to leave the area, the local community health care system would be able to support the residual assigned eligible population of 32,903 active duty personnel, 34,509 dependents and 32,526 retirees, retiree dependents and other eligible beneficiaries. This would, however, generate tremendous increases in Champus expenditures and in manning, equipment, and supplies at the only existing military hospital (Naval Medical Center, San Diego) in the area.

The local community health care system within a 40 mile catchment area consists of 3,047 civilian primary care providers, 3,840 civilian specialty care providers, 368 civilian physician assistants and nurse practitioners and 26 civilian hospitals with 5,952 beds.

The twenty-six (26) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

(The local community health care system would also be capable of providing emergent care to active duty personnel as required.)

One 355-bed VA hospital, located in La Jolla, supports the disabled military community and has an occupancy rate of 77.5%.

The only existing military hospital within the region to support the residual assigned active duty personnel of 32,903, or the total eligible beneficiary population of 99,938, is Naval Medical Center (NMC), San Diego. NMC, which has 442 beds and an occupancy rate of 99.7%, is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have enrironmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hinder efficiency and productivity.

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 Naval Hospital, Camp Pendleton were to close and the 1,674 active duty Navy and their 4,083 dependents (based on FY 93 RAPS) were to leave the area, the local community health care system would be able to support the residual eligible population of 32,903 active duty personnel, 34,509 dependents and 32,526 retirees, retiree dependents and other eligible beneficiaries. This would, however, generate tremendous increases in Champus expenditures and in manning, equipment, and supplies at the only existing military hospital (Naval Medical Center, San Diego) in the area.

The local community health care system within a 40 mile catchment area consists of 3,208 civilian primary care providers, 4,034 civilian specialty care providers, 368 civilian physician assistants and nurse practitioners and 31 civilian hospitals with 6,850 operating beds.

Twenty-three (23) of the thirty-one (31) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

The local community health care system would also be capable of providing emergent care to active duty personnel as required.

The only existing military hospital within the 40 mile catchment area to support the residual active duty personnel of 32,903, or the total eligible beneficiary population of 99,938, is Naval Medical Center (NMC), San Diego. NMC is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have enrironmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hinder efficiency and productivity.

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

If Naval Hospital, Camp Pendleton inpatient care capability were to close, the local community would be able to absorb the current inpatient workload of 39,997 assigned active duty dependents, 18,155 retirees, 8,303 retiree dependents, and 2,821 other eligible beneficiaries (based on FY 93 RAPS) at an increase in Champus and Supplemental Care costs for civilian care, and an increase in costs for additional medical resources at the only military hospital in the catchment area.

The total admissions for FY 93 was 9,609 and the projected admissions for FY 94 is 9,350 for Naval Hospital, Camp Pendleton.

The local civilian community has twenty-six (26) inpatient care facilities with 5,952 beds for trauma, pediatric, psychiatric, AIDS/ARC, and community healthcare services. The average current occupancy rate is 60.3%. One (1) VA hospital in La Jolla supports the disabled military community with 355 beds and maintains 77.5% occupancy.

The only existing military hospital for active duty personnel and eligible beneficiaries is located one hour from Camp Pendleton. Naval Medical Center, San Diego has 442 beds with a current average occupancy of 99.7%.

In addition to the expenses required to increase the manning, equipment and supplies of the Naval Medical Center, San Diego to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Absences from work to cover travel time to this facility would decrease job efficiency and productivity.

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

If Naval Hospital, Camp Pendleton inpatient care capability were to close, the local community would be able to absorb the current inpatient workload of 39,997 active duty dependents, 18,155 retirees, 8,303 retiree dependents, and 2,821 other eligible beneficiaries (based on FY 93 RAPS) at an increase in Champus and Supplemental Care costs for civilian care, and an increase in costs for additional medical resources at the only military hospital in the catchment area.

The total admissions for FY 93 was 8,476 and the projected admissions for FY 94 is 9,350 for Naval Hospital, Camp Pendleton.

The local civilian community has twenty-two (22) inpatient care facilities with 6,495 operating beds for trauma, pediatric, psychiatric, AIDS/ARC, and community healthcare services. The average current occupancy rate is 60.3%. One (1) VA hospital in La Jolla supports the disabled military community with 355 operating beds and maintains 77.5% occupancy.

The only existing military hospital for active duty personnel and eligible beneficiaries is located one hour from Camp Pendleton. Naval Medical Center, San Diego has a 393 bed capacity with a current average occupancy of 88%.

In addition to the expenses required to increase the manning, equipment and supplies of the Naval Medical Center, San Diego to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Absences from work to cover travel time to this facility would decrease job efficiency and productivity.

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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 Tripoli	**07198**	**0**
USS New Orleans	**07202**	**3**
USS Belleau Wood	**20633**	**0**
USS Essex	**21533**	**0**
3rd MAW, CAPEN	**31053**	**1**
USNS Mercy	**46245**	**22**
1st MAW	**57079**	**1**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MAW	**57081**	**4**
HQ, Camp Smith, HI	**67025**	**0**
3D Marine Division	**67360**	**3**
3D FSSG	**67436**	**30**
1st FSSG	**67446**	**42**
1st Marine Division	**67448**	**41**
NAVHOSP Guam	**68096**	**24**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVMEDClinic Pearl Harbor	**68098**	**11**
NAVHOSP Yokosuka	**68292**	**31**
NAVHOSP Okinawa	**68470**	**38**
NAVDENCEN Okinawa	**68582**	**1**
Fleet Hospital #1	**68681**	**8**

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 Tripoli	**07198**	**4**
USS New Orleans	**07202**	**31**
USS Belleau Wood	**20633**	**1**
USS Essex	**21533**	**1**
3rd MAW, CAPEN	**31053**	**3**
USNS Mercy	**46245**	**56**
1st MAW	**57079**	**2**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MAW	**57081**	**5**
HQ, Camp Smith, HI	**67025**	**1**
3D Marine Division	**67360**	**6**
3D FSSG	**67436**	**25**
1st FSSG	**67446**	**18**
1st Marine Division	**67448**	**89**
NAVHOSP Guam	**68096**	**21**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVMEDClinic Pearl Harbor	**68098**	**7**
NAVHOSP Yokosuka	**68292**	**30**
NAVHOSP Okinawa	**68470**	**44**
NAVDENCEN Okinawa	**68582**	**4**

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Fleet Hospital #2	**68682**	**51**
Fleet Hospital #6	**68686**	**216**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MARDIV (Advance Party)	**MPS3D**	**5**
3rd FSSG (Advance Party)	**MPS3F**	**20**
1st MAW (Advance Party)	**MPS3W**	**1**
NEPMU-6 PEARL HARBOR	**0545A**	**1**
DET 3D MAW, YUMA	**31055**	**1**
1ST MARDIV (ADV ELEMENT)	**MPSID**	**8**
1ST FSSG (ADV ELEMENT)	**MPSIF**	**5**

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.

All members assigned to Fleet Hospitals are required to attend a two week training course. 468 personnel currently assigned.

80 x 468 = 37,440 - 168 (=1 FTE) = 222 total FTE
26 Physicians
26 x 80 hrs = 2080 hrs - 168 = 12.3 provider FTE

All members with Marine augmentation platforms are required to attend a one week Field Medical Service Support training course. 174 personnel currently assigned.

40 x 174 = 6,960 - 168 (=1 FTE) = 41.42 total FTE
18 Physicians
18 x 40 hrs = 720 hrs - 168 = 4.28 provider FTE

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

Fleet Hospital #1	**68681**	**4**
Fleet Hospital #2	**68682**	**17**
Fleet Hospital #6	**68686**	**447**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MARDIV (Advance Party)	**MPS3D**	**1**
3rd FSSG (Advance Party)	**MPS3F**	**12**
1st MAW (Advance Party)	**MPS3W**	**12**

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.

All members assigned to Fleet Hospitals are required to attend a two week training course. 468 personnel currently assigned.

80 x 468 = 37,440 - 168 (=1 FTE) = 222 total FTE
26 Physicians
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All members with Marine augmentation platforms are required to attend a one week Field Medical Service Support training course. 174 personnel currently assigned.

40 x 174 = 6,960 - 168 (=1 FTE) = 41.42 total FTE
18 Physicians
18 x 40 hrs = 720 hrs - 168 = 4.28 provider FTE

c. Please provide the total number of your expanded beds[1]

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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]: 265 R

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

Revised pg

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]: ~~584~~ 623 BUMED MED 82 S GSA 9/1/94

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

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]: **265**

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

Operating beds = **120**
Set up beds = ~~**145**~~ 102
Total "Stubbed" Expanded Capacity = **265***

BUMED-822
MJL, 14 Jun 94

*** Naval Hospital, Camp Pendleton has a 623 expanded bed capacity. 265 of these beds are stubbed.**

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (Oct-Mar)
INPATIENT	**3079**	**1925**	**1135**
OUTPATIENT	**1098**	**721**	**339**

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	**1064**	**940**	**595**	**682**	**245**	**411**
AD FAMILY	*					
OTHER	*					
TOTAL	**1064**	**940**	**595**	**682**	**245**	**411**

*** DO NOT HAVE THE RESOURCES TO BREAK OUT DEPENDENTS FROM OTHER.**

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

[2] The total cost in thousands of dollars.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (Oct-Mar)
INPATIENT	**3079**	**1925**	**1135**
OUTPATIENT	**1098**	**721**	**339**

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	**1,940**	**772**	**1,266**	**673**	**630**	**368**
AD FAMILY	*					
OTHER	*					
TOTAL	**1,940**	**772**	**1,266**	**673**	**630**	**368**

*** DO NOT HAVE THE RESOURCES TO BREAK OUT DEPENDENTS FROM OTHER.**

[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	29577483	28474257	27941794
TOTAL OUTPATIENT VISITS	296894	300557	304688
AVERAGE COST PER VISIT	$99.62	$94.73	$91.71

NOTE: The projections are based on both 1ST QTR AND 2ND QTR Outpatient visits FY-94 Data.

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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	29577483	28471252	27056460
TOTAL OUTPATIENT VISITS	266689	300557	304688
AVERAGE COST PER VISIT	$110.91	$94.73	$88.80

NOTE: The projections are based on both 1ST QTR AND 2ND QTR Outpatient visits FY-94 Data.

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Lumped pg

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.
SOURCE: MEPRS REPORT PART I FY93 & FY92 AND MEPRS COMPUTATION SUMMARY REPORT FY92 & 93.
Table A: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24,468,284	25,476,883	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	47977	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,155,499	1,088,847	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,226,063	1,136,824	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26,710,859	26,718,031	
F. % SELECTED E EXPENSES (D÷E)[1]	.045901	.042548	

[1] Record as a decimal to 6 digits.

N/A

See pg 50R
BUMED 824 VR
22 Sep 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.
SOURCE: MEPRS REPORT PART I FY93 & FY92 AND MEPRS COMPUTATION SUMMARY REPORT FY92 & 93.
Table A: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24,468,284	25,476,883	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	47977	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,155,499	1,088,847	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,226,063	1,136,824	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26,710,859	26,718,031	
F. % SELECTED E EXPENSES (D÷E)[1]	.045901	.042548	

[1] Record as a decimal to 6 digits.

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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: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24488266	24054964	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	49564	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1155496	1162473	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1226060	1212037	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26713753	26636879	
F. % SELECTED E EXPENSES (D÷E)[1]	4.589621	4.55022	

[1] Record as a decimal to 6 digits.

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N/A

(See p. 50 R)

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Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6,305,099	6,497,860	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	289,410	276,471	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557809	669,829	
M. DECEDENT AFFAIRS (FDD)	40250	37,603	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598059	707,432	
Q. E EXPENSES INCLUDED IN ROW P	41752	60,242	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	1,916	2,5638	
S. OTHER F'S LESS E (P-R)	596143	704869	

NA - Means Services are not provided at this MTF.

NA
See pg 50R
BUMED 824 VR
9/22/94

Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6,305,099	6,497,860	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	289,410	276,471	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557809	669,829	
M. DECEDENT AFFAIRS (FDD)	40250	37,603	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598059	707,432	
Q. E EXPENSES INCLUDED IN ROW P	41752	60,242	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	1,916	2,5638	
S. OTHER F'S LESS E (P-R)	596143	704869	

NA - Means Services are not provided at this MTF.

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Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6317527	5548075	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	28995054	25244961	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557807	671724	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598094	706934	
Q. E EXPENSES INCLUDED IN ROW P	41787	59744	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	191786	271848	
S. OTHER F'S LESS E (P-R)	406308	435086	

NA - Means Services are not provided at this MTF.

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NIA

(See p. 50R.)
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Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU+AWU)	.542956	.566149	
W. FINAL OTHER F EXPENSES (S×V)	323679	399061	
X. FINAL F EXPENSES (K+W)	323679	399061	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	24502553	25599473	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7960	8466	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z+AA)	N/A	.999882	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
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).
BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

N/A pg 50R
See BUMED 824/R
9/22/94

Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU÷AWU)	.542956	.566149	
W. FINAL OTHER F EXPENSES (S×V)	323679	399061	
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Y. TOTAL CATEGORY III EXPENSES (A-H+X)	24502553	25599473	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7960	8466	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z÷AA)	N/A	.999882	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
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).

BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

Revised pg

Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU+AWU)	54.295677	56.614927	
W. FINAL OTHER F EXPENSES (S×V)	22060767	24632362	
X. FINAL F EXPENSES (K+W)	22060767	24632362	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	17553979	23442365	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7602	8953	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z+AA)	.95	1.057399	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
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).
BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

N/A (See p. 50R)
BUMED-822
MAA 14 Jun 94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

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

NA
See pg 50 R
Bureau 824
VR 9/26/94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

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

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TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

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

(See p. SOR)

N/A

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MSS, 14 Jun 94

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NH CAMP PENDELTON

TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	24488266	24053923	

*FY 94 NOT CURRENTLY AVIALABLE

R

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	70564	49564	
C. EDUCATION AND TRAINING (EBF)	1113740	1121426	
D. TOTAL EXP EBE AND EBF	1184304	1170990	0
E. TOTAL E EXPENSES	22202851	21925792	
F. % SELECTED E EXPENSES (D/E)	0.053340	0.053407	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	4310125	4209696	
H. E EXPENSES TO REMOVE FROM A (FxG)	229902.8	224827.1	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)	557807	625966	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	598094	661176	0
E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	41787	59744	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2228.926	3190.746	ERR
S. OTHER F'S LESS E (P-R)	595865.1	657985.3	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7118.52	7776.83	
U MWU	14712.75	15706.02	
V PERCENT INPATIENT	0.483833	0.49515	ERR
W. FINAL OTHER F EXP (SxV)	288299.4	325801.2	ERR
X FINAL F EXP (K+W)	288299.4	325801.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	24546663	24154897	ERR
Z NUMBER BIOMETRICS DISPOS	7840	8400	
AA. TOTAL MEPRS DISP	7960	8473	
BB. ADJ DISPOS (Z/AA)	0.984925	0.991384	ERR
CC ADJ MERPS EXP (YxBB)	24176612	23946788	ERR
DD. TOTAL RWP	6008.696	6199.4	
EE COST PER RWP (CC/DD)	4023.604	3862.759	ERR
CATEGORY II RWPS			
(DXNNH)	17.2773	25.9122	
(PAS)	1574.402	1511.99	
(ADELS)	46.5322	20.9748	
FF. TOTAL CAT II RWPS	1638.211	1558.877	0
GG. TOTAL CAT II COST (EExFF)	6591512	6021565	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	17585100	17925223	ERR
II. TOTAL CAT III RWPS (DD-FF)	4370.485	4640.523	0
JJ. COST PER CAT III RWP (HH/II)	4023.604	3862.759	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114		
CAT II OBDS			
(DXNNH)	257		
(PAS)	4514		
(ADELS)	735		
LL TOTAL CAT II OBD	5506		
MM CAT III OBDS (KK-LL)	25608		
NN. AVG DAYS/RWP (MM/II)	5.859304		
OO. ADD ON PER RWP (NNx77)	451.1664		
PP. TOTAL COST PER RWP (JJ+OO)	4474.77		
QQ. CIVILIAN PAY COST (PPx.15)	671.2155		
RR. MILITARY PAY COST (PPx.56)	2505.871		
SS. OTHER COSTS (PPx.29)	1297.683		
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	716.7232		
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465		
VV. UNFUNDED CIV RET (TTx1.47)	1053.583		
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726		
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124		
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591		
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607		
ADJ CAT III COST/RWP	5304.457		

50R COW BUMED-827 10/5/94

Revised pg

NH CAMP PENDELTON

TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	24488266	24053923	

FY 94 NOT CURRENTLY AVIALABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	70564	49564	
C. EDUCATION AND TRAINING (EBF)	1113740	1121426	
D. TOTAL EXP EBE AND EBF	1184304	1170990	0
E. TOTAL E EXPENSES	22202851	21925792	
F. % SELECTED E EXPENSES (D/E)	0.053340	0.053407	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	4310125	4209696	
H. E EXPENSES TO REMOVE FROM A (FxG)	229902.8	224827.1	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)	557807	625966	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	598094	661176	0
E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	41787	59744	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2228.926	3190.746	ERR
S. OTHER F'S LESS E (P-R)	595865.1	657985.3	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7118.52	7776.83	
U MWU	14712.75	15706.02	
V PERCENT INPATIENT	0.483833	0.49515	ERR
W. FINAL OTHER F EXP (SxV)	288299.4	325801.2	ERR
X FINAL F EXP (K+W)	288299.4	325801.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	24546663	24154897	ERR
Z NUMBER BIOMETRICS DISPOS	7840	8400	
AA. TOTAL MEPRS DISP	7960	8473	
BB. ADJ DISPOS (Z/AA)	0.984925	0.991384	ERR
CC ADJ MERPS EXP (YxBB)	24176612	23946788	ERR
DD. TOTAL RWP	6008.696	6199.4	
EE COST PER RWP (CC/DD)	4023.604	3862.759	ERR
CATEGORY II RWPS			
(DXNNH)	17.2773	25.9122	
(PAS)	1574.402	1511.99	
(ADELS)	46.5322	20.9748	
FF. TOTAL CAT II RWPS	1638.211	1558.877	0
GG. TOTAL CAT II COST (EExFF)	6591512	6021565	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	17585100	17925223	ERR
II. TOTAL CAT III RWPS (DD-FF)	4370.485	4640.523	0
JJ. COST PER CAT III RWP (HH/II)	4023.604	3862.759	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114	29500	
CAT II OBDS			
(DXNNH)	257	287	
(PAS)	4514	3818	
(ADELS)	735	892	
LL TOTAL CAT II OBD	5506	4577	0
MM CAT III OBDS (KK-LL)	25608	24923	0
NN. AVG DAYS/RWP (MM/II)	5.859304	5.370731	ERR
OO. ADD ON PER RWP (NNx77)	451.1664	413.4463	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4474.77	4276.305	ERR
QQ. CIVILIAN PAY COST (PPx.15)	671.2155	641.4458	ERR
RR. MILITARY PAY COST (PPx.56)	2505.871	2394.731	ERR
SS. OTHER COSTS (PPx.29)	1297.683	1240.129	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	716.7232	684.9351	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465	2524.311	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1053.583	1006.655	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726	1047.129	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124	2627.205	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591	1289.734	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607	1396.785	ERR
ADJ CAT III COST/RWP	5304.457	5068.194	ERR

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TABLE A: NH CAMP PENDELTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	24488266	24053923	

FY 94 NOT CURRENTLY AVIALABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	70564	49564	
C. EDUCATION AND TRAINING (EBF)	1113740	1121426	
D. TOTAL EXP EBE AND EBF	1184304	1170990	0
E. TOTAL E EXPENSES	22202851	21925792	
F. % SELECTED E EXPENSES (D/E)	0.053340	0.053407	ERR

TABLE C:

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H. E EXPENSES TO REMOVE FROM A (FxG)	229902.8	224827.1	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)	557807	625966	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	598094	661176	0
E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	41787	59744	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2228.926	3190.746	ERR
S. OTHER F'S LESS E (P-R)	595865.1	657985.3	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7118.52	7776.83	
U MWU	14712.75	15706.82	
V PERCENT INPATIENT	0.483833	0.49515	ERR
W. FINAL OTHER F EXP (SxV)	288299.4	325801.2	ERR
X FINAL F EXP (K+W)	288299.4	325801.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	24546663	24154897	ERR
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GG. TOTAL CAT II COST (EExFF)	6591512	6021565	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	17585100	17925223	ERR
II. TOTAL CAT III RWPS (DD-FF)	4370.485	4640.523	0
JJ. COST PER CAT III RWP (HH/II)	4023.604	3862.759	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114	29500	
CAT II OBDS			
(DXNNH)	257	267	
(PAS)	4514	3818	
(ADELS)	735	392	
LL TOTAL CAT II OBD	5506	4577	0
MM CAT III OBDS (KK-LL)	25608	24923	0
NN. AVG DAYS/RWP (MM/II)	5.859304	5.370731	ERR
OO. ADD ON PER RWP (NNx77)	451.1664	413.3463	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4474.77	4276.305	ERR
QQ. CIVILIAN PAY COST (PPx.15)	671.2155	641.4458	ERR
RR. MILITARY PAY COST (PPx.56)	2505.871	2394.731	ERR
SS. OTHER COSTS (PPx.29)	1297.683	1240.129	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	716.7232	684.9351	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465	2524.311	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1053.583	1006.955	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726	1047.129	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124	2625.283	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591	1289.734	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607	1396.782	ERR
ADJ CAT III COST/RWP	5304.457	5069.194	ERR

50R

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

15. Quality of Life.

a. Military Housing
(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

Lunch pg

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: 721-14	924	44	0	0	880	79200	44	9900
BEQ: 721-15	8740	0	5214	375408	0	0	3526	317340
BOQ: 724-11	110	110	0	0	0	0	110	29267
BOQ: 724-12	58	58	0	0	0	0	58	14968

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: BEQ, Class A Students, 721-14.
(2) WHAT MAKES IT INADEQUATE? Shared toilets, capacity standards.
(3) WHAT USE IS BEING MADE OF THE FACILITY? Student billeting.
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD? $1.25 mil. *
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST? Admin.
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING: Use.
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP? No.

* Based on Area Cost Factor: $126/SF x 9,900 SF = $1,247 mil.

Revised pg

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: Recruit Barracks, 721-15.
(2) WHAT MAKES IT INADEQUATE? Quonset huts.
(3) WHAT USE IS BEING MADE OF THE FACILITY? Billeting
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD? $37.13 mil.
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST? None
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING: P-999 (FY-97).
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP? No.

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: BOQ, 724-12.
(2) WHAT MAKES IT INADEQUATE? Size standards.
(3) WHAT USE IS BEING MADE OF THE FACILITY? BOQ Billeting.
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD? $1.75 mil. *
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST? 724-11.
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING: None.
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP? No.

* Based on Area Cost Factor: $117/SF x 14,968 SF = $1.75 mil.

Revised pg

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-96 721-11	216	72	216	37290	0	0	0	0
BEQ: 721-11*	7316	5915	5570	880060	618	97644	1128	101520
BEQ: 721-12*	753	753	658	148050	95	21375	0	0
BEQ: 721-13	258	258	200	58000	58	9280	0	0

* Note: Above adequate data for CCN 721-11 / 721-12 includes 194,400 SF for three BEQs under construction for MILCON project P-923.

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: BEQ (E-1 through E-4), 721-11.
(2) WHAT MAKES IT INADEQUATE? Seismic, gang toilets, fire protection.
(3) WHAT USE IS BEING MADE OF THE FACILITY? Billeting
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD? $13.0 mil. *
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST? Admin.
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING: P-889 (FY-96).
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP? No.

* Based on Area Cost Factor: $128/SF x 101,520 SF = $12.995 mil.

UIC 68094

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

J. L. Staiger
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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

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

question 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

RICHARD L. ANDERSON
NAME (Please type or print)

Signature

Acting, Commanding Officer
Title

8-25-94
Date

Naval Hospital, Camp Pendleton
Activity

question 3

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title x 9-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

J. L. Staiger
Signature

Commanding Officer
Title

19 Aug 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X 9-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-22-94

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 10/5/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

12 Sept 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

9/16/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

10/5/94
Date

DATA CALL #27
9-23-94 REVISION
TO QUESTION 11.c

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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

30 Sept 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X Oct 6, 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Signature

ACTING

Title 13 OCT 1994 Date

Document Separator

2

1CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, CAMP PENDLETON, CALIFORNIA
~~92055~~ 68094 BUMED-822, MA
3 Jun 94

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

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

Encl (1)

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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 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	126076	39997		112853	37577	
SUBTOTAL	253957	76418	NA	227239	74874	NA
RETIRED AND FAMILY MEMBERS UNDER 65	80170	18153		78035	22609	
RETIRED AND FAMILY MEMBERS OVER 65[4]	31533	8303		39865	13346	
OTHER	12465	2821		15764	4601	
TOTAL	378125	105695	NA	360903	115430	NA

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

***RAPS does not project out past FY-99

BUMED-822 MJS 3 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]:	120	
Set Up Beds[1]:	~~145~~ 102 WRBUMED 8241014194	R
Expanded Bed Capacity[2]:	265	R

[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.

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]:	120
Set Up Beds[1]:	102
Expanded Bed Capacity[2]:	~~584~~ 623 BUMED MED BJS GSA 9/1/94

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

ENCLOSURE(1)

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

Operating Beds[1]:	120
Set Up Beds[1]:	102
Expanded Bed Capacity[2]:	623*

[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 623* EXPANDED BED CAPACITY ANNOTATED ABOVE WAS DONE SO IN CONJUNCTION WITH FY93 REPORTING. WITH THE FY94 CONSOLIDATION OF OUR ALCOHOL REHABILITATION DEPARTMENT WITH THAT OF LONG BEACH AND ITS MOVE FROM THE NAVAL HOSPITAL TO BUILDING H-49, OUR EXPANDED BED CAPACITY HAS GROWN TO 637.

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	109041	130423	61093	300557
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	3570	1480	8476
LABORATORY TESTS (WEIGHTED)[1]	3252584	NA	NA	3252584
RADIOLOGY PROCEDURES (WEIGHTED)[1]	235581	NA	NA	235581
PHARMACY UNITS (WEIGHTED)[1]	569265	NA	NA	569265
OTHER (SPECIFY)	***			

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

Radiology Weighted Procedures total includes 20,544 Nuclear Medicine Weighted Procedures.

*** 361 Audiograms; 27818 Immunizations; 248 EEGs; 148 EMGs; and 9467 EKGs were completed.

Ancillary Procedures are not reported by patient category.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	109041	130423	61093	300557
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	3570	1480	8476
LABORATORY TESTS (WEIGHTED)[1]	3252584	N/A	N/A	3252584
RADIOLOGY PROCEDURES (WEIGHTED)[1]	235581			235581
PHARMACY UNITS (WEIGHTED)[1]	569265			569265
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.

Nuclear Medicine Weighted Procedures are included in Radiology Weighted Procedures Total.

*** 361 Audiograms; 27818 Immunizations; 248 EEGs; 148 EMGs; and 9467 EKGs were completed.

Ancillary Procedures are not reported by patient category.

BUMED-82
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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	113141	314486	145247	572874
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	8332	1964	13722
LABORATORY TESTS (WEIGHTED)[1]	3361498	NA*	NA*	3361498
RADIOLOGY PROCEDURES (WEIGHTED)[1]	289942	NA*	NA*	289942
PHARMACY UNITS (WEIGHTED)[1]	727686	NA*	NA*	727686
OTHER (SPECIFY)	N/A	721*	N/A	→

*WAS UNABLE TO PROVIDE BY PATIENT CATEGORY.

CHAMPUS, NAVCARE AND NAS WORKLOAD FOR BOTH INPATIENT AND OUTPATIENT CARE ARE INCLUDED AS FOLLOWS:

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Admissions includes 3321 Champus, 1925 NAS;
Outpatient Visits includes 150572 Champus, 121745 NAVCARE;
Lab includes 108914 NAVCARE
X-Ray includes 54361 NAVCARE
Pharmacy includes 158421 NAVCARE

Camp Pendleton
August 26, 1994
Corrected Copy LR

B/A

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	31	31	31	31	31	31	31
SPECIALTY CARE[2]	42	42	42	42	42	42	42	42
PHYSICIAN EXTENDERS[3]	8	8	8	8	8	8	8	8
INDEPENDENT DUTY CORPSMEN	14	14	14	14	14	14	14	14
TOTAL	95	95	95	95	95	95	95	95

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

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~39~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31
SPECIALTY CARE[2]	45	48	48	48	48	48	48	48
PHYSICIAN EXTENDERS[3]	~~20~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3
INDEPENDENT DUTY CORPSMEN	~~5~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14
TOTAL	~~109~~ 93	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96

The above chart includes physician providers only under Primary Care and Specialty Care. The figures include military authorizations, civilian authorizations/end strength and contract and resource sharing on board. FY 1995 increase reflects Naval Hospital, Long Beach (NHLB) military staff shift. The chart does not include sixteen (16) GMEs, twelve (12) Interns, and four (4) Adv Dent Educ for a total of thirty-two (32) under UIC 48458, NAVHOSP Training Camp Pendleton, CA. Also, this chart does not include the local area branch clinics.

BUMED-822 MSS, 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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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]	3047
SPECIALTY CARE[2]	3840
PHYSICIAN EXTENDER[3]	368
TOTAL	7255

[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.

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

Region Population: 2,768,902

Zip codes included in NHCP catchment area were provided by Region 9 Tricare, Naval Medical Center, San Diego, California.

Census population sources:
California Public Sector. Publisher: California Public Sector Publications, 1992.
(Reference book available from Carlsbad Public Library.)

California Almanac. Publisher: Pacific Data Resources, 5th Edition, 1991.
(Reference book available from Marine Corps Base Library, Camp Pendleton.)

The World Almanac and Book of Facts. Publisher: World Almanac, an imprint of Pharos Books, a Scripps Howard Company, New York, 1993.
(Reference book available from Marine Corps Base Library, Camp Pendleton.)

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

Region Population: 1,873,564

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Alvarado Med Ctr	Nat'l Med Ent	44	59	NONE
Childrens Hosp and Health Ctr	Same	37	49	NONE
Coronado Hosp	Sharp HealthCare Grp	47	63	NONE *
Fallbrook Hosp	Fallbrook District	12	16	NONE *
Green Hospital of Scripps	Scripps Memorial	33	44	NONE
Grossmont	Sharp Healthcare Grp	44	59	NONE *
Harbor View	Ornda Healthcorp	41	55	NONE
Inland Valley Reg Med Ctr	Universal Health Svcs	25	33	NONE
Irvine Med Ctr	American Med Int'l	49	65	NONE *
Kaiser Foundation	Kaiser Foundation Hosp	49	65	NONE

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

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

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]
Menifee Valley Med Ctr	Community Psychiatry	38	51	NONE *
Mercy Hospital/ Med Ctr	Catholic Healthcare West	41	55	NONE *
Mission Bay Memorial Hospital	Epic Healthcare Group	40	53	NONE
Mission Hosp/Reg Med Ctr	St. Joseph Health System	44	59	NONE
Naval Med Ctr San Diego	Dep of Navy	44	59	NONE
Palomar Med Ctr	Palomar Pomerado Health System	17	23	NONE *
Pomerado	Palomar Pomerado Health System	28	37	NONE *
Saddleback Memorial Med Ctr	Memorial Health Svcs	39	52	NONE *
Samaritan Med Ctr	Samaritan Health System	28	37	NONE
Scripps Memorial La Jolla	Scripps Memorial Hosp	33	44	NONE *
Scripps Memorial Encinitas	Scripps Memorial Hosp	22	29	NONE *

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

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

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):

Sharp Cabrillo	Sharp Healthcare	44	59	NONE *
Sharp Healthcare Murrieta	Sharp Healthcare	24	32	NONE
Sharp Memorial	Sharp Healthcare	37	49	NONE *
South Coast Med Ctr	Same	35	47	NONE
Tri-City Med Ctr	Same	20	27	NONE *
UCSD	University of CA Systemwide Administration	33	44	NONE

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

* CHAMPUS CONTRACT NETWORK PROVIDER (AETNA)

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

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

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]
VA La Jolla	Dept of Veteran Affairs	33	44	NONE

Milage distance - The Thomas Guide 1992, plus calculated 11 miles from Naval Hospital Camp Pendleton to entrance of route 5.

Driving time (not during rush hour)

$$\text{Time} = \frac{\text{distance x 60 minutes}}{\text{average speed 45 mph}}$$

Relationship - Naval Hospital Camp Pendleton doesn't have Partnerships, MOU's, Contracts, etc. with the facilities listed above

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

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

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

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Alvarado Med Ctr	231	Y	51.5	Open-heart Surgery
Childrens Hospital and Health Ctr	154	Y	83.0	GME,Open-heart Surgery, Trauma Ctr
Coronado Hospital	203	Y	N/A	
Fallbrook Hospital	50	Y	48.0	
Green Hospital of Scripps	173	Y	67.1	Cancer Program, Open-heart Surgery
Grossmont	438	Y	61.2	Cancer Program, Open-heart Surgery
Harbor View	130	Y	60.8	
Inland Valley Reg Med Ctr	80	Y	52.5	
Irvine Med Ctr	141	Y	31.2	

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

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

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

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]
Kaiser Foundation	343	Y	72.8	GME
Menifee Valley Med Ctr	84	Y	71.8	
Mercy Hospital/Med Ctr	417	Y	62.4	GME, Open-heart Surgery, Trauma Ctr
Mission Bay Memorial	113	Y	46.0	Burn Care Unit
Mission Hospital Reg Med Ctr	175	Y	N/A	Trauma Center
Naval Hospital San Diego	442	Y	99.7	GME, Cancer Program Open-heart Surgery
Palomar Med Ctr	396	Y	70.1	Cancer Program, Open-heart Surgery, Trauma Ctr
Pomerado	247	Y	72.	Cancer Program
Saddleback Memorial Medical Center	221	Y	62.7	Cancer Program, Trauma Ctr, GME
Samaritan Med Ctr	86	Y	34.9	
Scripps Memorial La Jolla	433	Y	49.4	Cancer Program, Open-heart Surgery Trauma Ctr

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

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

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

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]
Scripps Memorial Encinitas	158	Y	45.6	Cancer Program
Sharp Cabrillo	219	Y	53.0	Cancer Program
Sharp Healthcare Murrieta	90	Y	96.7	
Sharp Memorial	385	Y	81.8	Cancer Program, GME, Open-heart Surgery
South Coast Med Ctr	191	Y	25.8	
Tri-City	382	Y	68.1	Cancer Program, GME, Open-heart Surgery
UCSD	412	Y	79.6	Cancer Program, GME Open-heart Surgery, Trauma Ctr
VA La Jolla	355	Y	77.5	GME, Open-heart Surgery

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

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

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

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

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

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

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

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c. Training Facilities:

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

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
H-95 EMT/171-45	EMT	EMERGENCY MEDICAL TECH	226	119	26894	216	119	25704
H-100 Hospital/510-10	Follow-on Trng	Follow-on Trng for Corpsmen/ Clinical Orientation Program	151	160	24160	183	160	29280

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

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

The only FORMAL training we provide is for our medical staff and our supporting branch medical clinics.

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
H-95 EMT/171-45	EMT	EMERGENCY MEDICAL TECH	226	119	26894			
H-100 Hospital/510-10	Follow-on Trng	Follow-on Trng for Corpsmen/Clinical Orientation Program	180	160	28800			

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

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

The only FORMAL training we provide is for our medical staff and our supporting branch medical clinics.

No change is anticipated in the size of the training for FY2001.

(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)
H-95 EMT / CCN 171-45	1	40	80,000
H-100 Hospital / CCN 510-10	1	20	40,000

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

THE STUDENT HRS/YR VALUE WAS DERIVED IN ACCORDANCE WITH YOUR EXAMPLE; HOWEVER WE USED 250 DAYS INSTEAD OF 300.

```
 365 DAYS/YR
-104 WEEKEND DAYS
-  11 HOLIDAYS
 250
```

[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 68094

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

27 May 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 6-3-94 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 8 JUNE 1994 Date

Corrected
Camp Pendleton

BRAC-95 CERTIFICATION

pg 8

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

Tamara L. Rollins
NAME (Please type or print)

Tamara L. Rollins
Signature

Hospital Analyst
Title

26 August 1994
Date

BUMED-312
Division

BUMED-31
Department

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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 9/1/94

Pg 4, 9, 10, 11 - 17, 19

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

16 Aug 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 9-6-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W A Earner

Signature

Title

9/12/94

Date

DATA CALL #26
9-23-94 REVISION
TO QUESTION 2

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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

30 Sept 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ 10 OCT 1994 Date