

336

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital Patuxent River
ACTIVITY UIC: 66098**

*See Complete
Revision*

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

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload	5
4. Projected Workload	6
5. Medical Support	7
6. Graduate Medical Education	8,9
Facilities	
7. Facilities Description	10,11,12,13,14,15
Location	
8. Geographic Location	16
9. Manpower and Recruiting Issues	16
Features and Capabilities	
10. Capabilities	17,18,19,20
11. Mobilization	21
12. Non Availability Statements	22
13. Supplemental Care	22
14. Costs	23,24,25
15. Quality of Life	26

MISSION REQUIREMENTS

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

Our mission is to ensure the wellness of our beneficiaries by providing availability to wide range of high quality health care services, while supporting National Defense by maintaining a ready force able to respond to contingencies.

Vision

Quality service through teamwork.

We serve a catchemnt area of approximately 40 miles. The non-overlapping catchment area contains approximately 14,700 beneficiaries. We provide health services to approx. 12,000 military and civilian employees on station, as well as emergency services to contract employees from 52 tenant commands.

Through our ASTC unit we provide aviation flight safety training, we provide flight medicine services to the Air Station. This base is a modified industrial facility with an increasing need for Occupational Health and Industrial Hygiene services due to previous BRAC.

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)
NRL Flight Support Detachment	31686	Pax	45
	48498	Pax	48
Naval Aviation Maintenance Office	45663	Pax	43
	68626	Pax	222
	68757	Pax	8
Naval Aviation Depot Operations Center	48912	Pax	1
	68520	Pax	259
Naval Hospital	66098	Pax	248
	47136	Pax	35
Marine Aviation Detachment	67356	Pax	103
Special Trials Unit	45705	Pax	16
	46007	Pax	24
Personnel Support Activity Detachment	42325	Pax	35
Defense Commissary Agency	49180	Pax	33
Resident Officer in Charge of Construction	44198	Pax	32
Naval Audit Service	31863	Pax	15
Coast Guard	30305	St Inigoes	21

Branch Dental Clinic	35751	Pax	15
Naval Oceanography Command Detachment	66124	Pax	14
DPS Det Branch Office	43629	Pax	12
Defense Reutilization and Marketing Office	68264	Pax	10
Aviation Board of Inspector and Survey	30904	Pax	8
Naval Investigative Service Regional Office	68896	Pax	8
Enlisted Educational Advmt Program	44880 49047	Pax Pax	7 1
Nat'l Weather Serv. Meteor. Observatory	62306	Pax	6
Defense Investigative Service	68181	Pax	4
NAES Unit Detachment	30343	Pax	2
Navy Exchange	39229	Pax	1
Air Test and Evaluation Squadron ONE	48101 52819 55600	Pax Pax Pax	16 10 475
Navy Recreation Center	66843	Solomons	17

Naval Reserve Recruiting Command Det.	47767	Pax	2
Marine Aviation Detachment	MAD	Pax	69
Swiss Air Force	42846	Pax	1
Royal Navy	44689	Pax	1
Royal Air Force	42846	Pax	1
Italian Air Force	42846	Pax	2
Canadian Forces	42846	Pax	2
Naval In-Service Engineering East Detachment	65981 45539 68558 47863	St. Inigoes St. Inigoes St. Inigoes St. Inigoes	352 10 9 1
Fleet Air Reconnaissance Squadron FOUR	49403	Pax	48
Fleet Composite Squadron SIX	46550 55243	Pax Pax	1 52

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	224	31448	2	1.01
ACTIVE DUTY NON N/MC	14	440	2	.01
TOTAL ACTIVE DUTY	238	31888		1.02
FAMILY OF AD	424	30728	2	1.95
RETIRED AND FAMILY MEMBERS UNDER 65	128	12740	2	.45
RETIRED AND FAMILY MEMBERS OVER 65	40	6460	2	.15
OTHER		4480	2	
TOTAL	830	86296		3.57

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 8/22/94
 9/29/94

What is your occupancy rate for FY 1994 to date? 25%

#7R 9/27/94 (NH Pax River In Co)
 CIDW Bureau #23
 9/29/94

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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	224	31448	2	N/A
ACTIVE DUTY NON N/MC	14	440	2	
TOTAL ACTIVE DUTY	238	31888		
FAMILY OF AD	424	30728	2	
RETIRED AND FAMILY MEMBERS UNDER 65	128	12740	2	
RETIRED AND FAMILY MEMBERS OVER 65	40	6460	2	
OTHER OCC HEALTH		4480	2	✓
TOTAL	830	86296		5

What is your occupancy rate for FY 1994 to date? 25%

BUMED-822, mjt
1 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS		+1220	+3620	+3620	+3620	+3620	+3620
ADMISS.	890	890	890	890	890	890	890

*

Please show all assumptions and calculations in the space below:

Base on current FY 94 % of reductions in Admissions

FY 96 Occ Health visits estimated increase 1220 OPVs

FY 97 Managed Care Impact - As a Primary Care Manager (PCM), the estimated 2400 OPV's to other MTF's for Specialty Care will drive an additional 2400 f/u visits to the PCM.

* Baseline = 93,490 "FY93 visits"

BUMED 822, mdt

1 Jun 94

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections/Training	60%	4
Marine Support	10%	6
Industrial Hygiene	100%	5
ASTC	100%	9

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): Not Applicable

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
510-10 *	3170 Clinics	5248	3	A
171-20	2165 Appl Inst Bldg	13760	2	A
143-10	1680 Emerg Veh Gar	1300	13	A
510-10	1370 Hospital	42938	25	A
510-77	458 Misc Med Storage	312	49	S
510-10	437 Clinic	594	51	S
510-10	736 Clinic	7472	51	S
510-77	408 Misc Med Storage	8849	51	S
510-10	404 Administration	3538	52	S
510-10	401 Clinic	1579	51	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.

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

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?

4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

* Relocatable authorized to FY 96.

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	VALU E
	None		

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
	None		
	BUMED-822		
	m11, 1 Jun 94		

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
	None		
	BUMED-822		
	m11, 1 Jun 94		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO	
1. FACILITY NAME Naval Hospital					
2. UIC 66098	3. CATEGORY CODE 510-10	4. NO. OF BUILDINGS 10			
5. SIZE	A. GSF 85,590	B. NORMAL BEDS 20	C. DTRS		
6. LOCATION	A. CITY Patuxent River	B. STATE Maryland			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100			D18, C17	
(2) ADMINISTRATION	16	84		D17, C15, B12	
(3) CENTRAL STERILE SVCS.		100		C15	
(4) DENTAL		100		C15, C04	
(5) EMERGENCY SVCS.	40	60		C15, C12, C04, B12	
(6) FOOD SERVICES		100		C15, C12, A17	
(7) LABORATORIES		100		C15, B12	
(8) LOGISTICS		100		D18, A09	
(9) INPATIENT NURSING UNITS		100		C15, C04, B12	
(10) LABOR-DEL-NURSERY		100		C15, C04	
(11) OUTPATIENT CLINICS	7	93		B12, D18, C15, A09	
(12) PHARMACY		100		C15, A01, B12	
(13) RADIOLOGY		100		C15, A01, C12, B12	
(14) SURGICAL SUITE		100		C15, C04	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	24	76		D17, A03, B12, C15	

(B) HVAC	24	76		A01, F01, B01
(C) PLUMBING	24	76		A02, F02
(D) ELECTRICAL SVCS.	24	76		F06, B06
(E) ELECTRICAL DISTRIBUTION	24	76		F05, F06, C05, C06
(F) EMERGENCY POWER		100		E07

FORM INSTRUCTIONS

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

DEFINITIONS

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

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

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

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion

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

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

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

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

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

DATE OF SURVEY: Exempt *

FULL ACCREDITATION: Yes/No

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

* Exempt do to less than 100,000 visits and less than 25 beds.

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? Hospital located on station, which is in a rural community.

b. What are the nearest air, rail, sea and ground transportation nodes? Air - Washington Natinal - 65 miles
Bus - Waldorf - 40 miles
Rail- 60 miles

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

Distance (in miles): 0

d. What is the importance of your location given your mobilization requirements? Not applicable

e. On the average, how long does it take your current clients/customers to reach your facility? 10 to 20 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?

- 1) Rural setting with significant travel to metropolitan area.
- 2) Small community with Air Station as primary employer and significant number of farmers, laborers and watermen.
- 3) Lack of opportunity for higher education.
- 4) Small employment pool of medically trained individuals with competition from local civilian hospitals.

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.

Drastically reduced access to medical care that is within an acceptable driving time. Due to rural area, and limited ability of local medical infrastructure to absorb all Navy and Marine Corp beneficiaries. Emergency Medical, Occupational Health and Industrial Hygiene support for modified industrial activities and Aviation Test and Evaluation Complex.

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.

Local community unable, at this time, to absorb all additional workload. Adequate bed capacity does exist; however, there is a significant gap in medical provider coverage. Specially:

- a. Only four local OB/GYN physicians who are presently working at approx. 100% capacity.
- b. Limited number of Family Practice and Pediatric physicians in area.

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

The local community health care infrastructure could probably handle the retirees that would remain, but it would stress the local system.

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:

See page 18

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS Guadalcanal	LPH-7	1
2D Marine Division		7
MAG-31, MCAS Beaufort		1
Flthosp #15		1
USNS Comfort	(T-AH 20)	9 *
Flthosp #20		3
2D Marine Air Wing		2
U.S. NAVHOSP Guantanamo Bay		8
U.S. NAVHOSP Naples		16
HQ FMFLANT Norfolk, VA		1
2D Force Service Support Group		15
Flthosp #3		6
Flthosp #4		3
Flthosp #5		16
USNH Keflavik Iceland		1
2D Mar Div Adv. Element		3

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2D FSSG Adv. Element		5
2D MAW Adv. Element		1

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

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

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

Number of "stubbed" expanded beds¹: *32 R *CFU BUMED-823 9/30/04*
¹ Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

* DEPMEDS UIC 47136 #35

**if "Y" connectors are used.
will be 20 if "Y" connectors are
not used.*

CFU BUMED-823

*25 R (9/30/04)
CFU BUMED-823*

2D FSSG Adv. Element		5
2D MAW Adv. Element		1

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

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

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

Number of "stubbed" expanded beds¹: 32

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

* DEPMEDS UIC 47136 #35

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	127	98	95
OUTPATIENT	121	123	76

Source: Local Database

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	73	8K	42	8K	*65	*41K
AD FAMILY	269	13K	292	70K	*140	*10K
OTHER	30	58K	41	8K	*24	*9K
TOTAL	372	79K	375	86K	*229	*60K

Source: Local Database

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

² The total cost in thousands of dollars.

* FY 94 data to 25 May 94

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

CATEGORY	FY 1992	FY 1993	FY 1994*
TOTAL COSTS	7,130,960 12,274,348	7,059,869 12,449,534	1,382,433
TOTAL OUTPATIENT VISITS	88498 80,825	93082 93,761	22214
AVERAGE COST PER VISIT	80.58 151.86	75.85 132.78	62.23

* 1st quarter expenses, this is not reflecting obligations made (but not expensed) in 1st quarter. FY 92 and 93 are finals.

BUMED-822, m11
1 Jun 94

Changes/ Additions
 BUMED-822, mms
 1 Jun 94

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

FISCAL YEAR 1994, 1ST QUARTER, EXPENSES DO NOT ACCURATELY REFLECT TRUE COST. OFFICIAL OBLIGATIONS ARE NOT REPORTED IN MEPRS.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	4,181,140	3,278,340	181,787

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	177,694	206,267 1,127,164	29,906
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	177,694	206,267 1,127,164	29,906
E. TOTAL E EXPENSES (ALL ACCOUNTS)	4,592,998 5,582,497	5,505,737 8,985,559	939,769
F. % SELECTED E EXPENSES (D÷E) ¹	.038688 .031831	.037464 .125442	.031823

¹ Record as a decimal to 6 digits.

Changes/Additions
 BUMED, msa
 -822-

1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	964,320 1,329,667	991,032 1,393,840	not avail.
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	37,307 42324.04	37,128 174845.7	↓
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	78,617	77,749	15,828
M. DECEDENT AFFAIRS (FDD)	234	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	78,851 78,851	77,749	15,828
Q. E EXPENSES INCLUDED IN ROW P	22,041 1079	24,775 415	423
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	3,050 34,345.17	2,912 52,058.31	13
S. OTHER F'S LESS E (P-R)	75,801 75,801	74,837 74,837	15,815

Changes/Additions
 BUMED-822, mka
 1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	765	679.99 724.60	171.7
U. TOTAL WORK UNITS (MWU) ²	2976.27	3223.10 3,077.41	731.6
V. PERCENT INPATIENT (IWU÷MWU)	• 25.7033	• 21.8974	23
W. FINAL OTHER F EXPENSES (S×V)	20258.49	17,360 392.03	3,637
X. FINAL F EXPENSES (K+W)	20258.49	17,360 392.03	3,637
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	4,163,542 4,159,074	3,259,172 3,119,886	not avail.
Z. NUMBER OF BIOMETRICS DISPOSITIONS	1136	1091	
AA. TOTAL MEPRS DISPOSITIONS	1140	1100 1113	
BB. ADJUSTED DISPOSITIONS (Z÷AA)	.996491	.996491 .980234	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	4,148,932 4,144,481	3,247,735 3,058,217	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	559.8072	610.1554	
EE. COST PER RWP (CC÷DD)	7403.408 7,424.62	5,012.194 5,722.79	
FF. TOTAL CATEGORY II RWPs ³	120.4436	182.0571	
GG. TOTAL CATEGORY II COST (EE×FF)	894,247.96 891,613.10	969,051.71 912,555.6	✓

Changes/Additions
 BUMED-822, MAS
 1 Jun 94

HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	3,252,788 3,254,684.04	2,145,712. 1,309,631.57	not avail
II. TOTAL CATEGORY III RWPs (DD-FF)	438.3636 439.3636	428.0983	
JJ. COST PER CATEGORY III RWP (HH÷II)	7,424.62 7,403.408	3,059.10 5,012.194	

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

³ Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	1602		
LL. CATEGORY II (AS DEFINED IN FF) OBDs	154		
MM. CATEGORY III OBDs (KK-LL)	1448 1450		
NN. AVERAGE DAYS/RWP (MM÷II)	3.2957 3.32		
OO. ADD ON PER RWP (NN×77)	253.77 256.1024		
PP. TOTAL COST PER RWP (JJ+OO)	7,657.175 7,936.82		
QQ. CIVILIAN PAY COST (PP×.15)	1148.570 1,190.52		
RR. MILITARY PAY COST (PP×.56)	4288.018 4,444.61		
SS. OTHER COSTS (PP×.29)	2220.581 2,301.67		

Changes/Additions
 BUMED-822, M.21
 1 Jun 94

TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	1226.448 1,271.23		
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	4,685.11 4520.045		
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	1,458.10 1802.879		
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	1,516.42 1874.994		
XX. MILITARY ASSET USE CHARGE (UU×1.04)	4,872.51 4700.847		
YY. OTHER ASSET USE CHARGES (SS×1.04)	2,393.73 2309.404		
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	2,592.41 2501.085		
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	8,981.34 9076.926		

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?

See Host Command's Response for pages 31-54
UIC # N00421, NAWC-AD Pax River, Data call #5 for BRAC 95

UIC # N00421, NAWC-AD Pax River, Data call #5 for BRAC 95

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) **BOQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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			

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BOQ BUILDING #406	76	76	1 IN USE	400				
BEQ BLDG# 1451-55,464 +	1126	N / A	44 IN USE	See Note 1 below				

3

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: N / A

- (1) FACILITY TYPE/CODE:
- (2) WHAT MAKES IT INADEQUATE?
- (3) WHAT USE IS BEING MADE OF THE FACILITY?
- (4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- (5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- (6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- (7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

Encl: (1)
 Note 1: BEQ buildings 1451-55, 464, and 1126 are being renovated at this time. Once completed all rooms will be considered adequate. Since the BEQs are currently under renovation, the square footage is not available. After renovation, all 44 rooms occupied by the enlisted in the BEQ will be adequate for pay grade as shown: E1- E4 90 sq. ft., E5 - E6 135 sq. ft., E-7 - E9 270 sq. ft., O1 - O2 250 sq. ft., O3-010 400 sq. ft. NAWCAD is following the NAVPERS 15606 regulation on billeting.
 2: NAWCAD provides birthing for our staff officer/enlisted. The hospital doesn't have rooms allocated i.e. out of 1126 beds in BEQS the hospital is assigned 44. It is on an as needed basis.
 3. Source is CWO Tenny, CBQ OFFICE, NAWCAD, PATUXENT RIVER, MD (301)862-5204.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. S. TIDBALL
NAME (Please type or print)
CAPTAIN, MEDICAL CORPS
ACTING COMMANDING OFFICER
Title
NAVAL HOSPITAL, PATUXENT RIVER
Activity


Signature
9-13-94
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

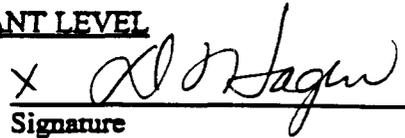
Date

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

X 
Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 9-19-94
Date

Title

BUREAU OF MEDICINE & SURGERY

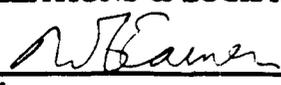
Activity

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

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

W. A. EARNER

NAME (Please type or print)


Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CHARLES HENDERSON, III
CAPT, MSC, USN
COMMANDING OFFICER



Signature

Date: 25 May 1994

Activity: NAVAL HOSPITAL, PATUXENT RIVER, MD

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X *D. F. Hagen*
Signature

CHIEF BUMED/SURGEON GENERAL

6-2-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

J. B. Greene Jr.
Signature

ACTING
Title

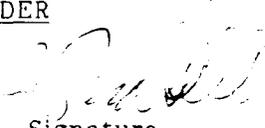
6/9/94
Date

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

ACTIVITY COMMANDER

J. S. TIDBALL, CAPT, MC, USN

NAME (Please type or print)


Signature

COMMANDING OFFICER, ACTING

30 SEP 94

Title

Date

NAVAL HOSPITAL, PATUXENT RIVER, MD 20670

Activity

CERTIFICATION FOR DATA CALL 27 QUESTION 11C

27

ENCL (3)

2

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

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.

ACTIVITY COMMANDER

J. S. TIDBALL, CAPT, MC, USN
NAME (Please type or print)


Signature

Commanding Officer, Acting
Title

Date 9/27/94

Naval Hospital, Patuxent River, MD
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X *D. F. Hagen*

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 10/3/94

Date

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)
ACTING

J. B. Greene Jr.

Signature

11 OCT 1994

Date

Title

Date

Document Separator

386

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

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

*See
Complete
Received Data
Call*

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

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

LOCATION

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

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	3,796	3,366		3,300	3,565	
FAMILY OF AD	9,234	5,280		7,900	5,420	
SUBTOTAL	25,000	8,646	N/A	11,200	8,985	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	9,096	5,014		8,367	3,933	
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	1,134	981		1,954	1,250	
OTHER	1,154	198		1,093	386	
TOTAL	24,414	14,839		22,614	14,550	

⁴ THIS SECTION MUST BE COMPLETED.

RAPS Data only projected through 1999. With relocation of NAWC-AD Warminster, NAWC-AD Trenton and NAVAIRSYSCOM to Patuxent River, a substantial increase to the retired community will take place. Catchment population is based on FY 92 Baseline 40 mile circle - BRAC not implemented. FY 2001 - Actual 1999

BUMED-822, msl
1 Jun 94

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

Operating Beds ¹ :	<u>20</u>
Set Up Beds ¹ :	<u>0</u>
Expanded Bed Capacity ² :	<u>32</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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	34,331	33,371	21,710	89,412
ADMISSIONS	206	398	120	724
LABORATORY TESTS (WEIGHTED) ¹	264,741	286,804	183,849	735,394
RADIOLOGY PROCEDURES (WEIGHTED) ¹	15,185	16,403	10,530	42,118
PHARMACY UNITS (WEIGHTED) ¹	62,625	67,855	43,497	173,987
OTHER (SPECIFY) OCC HEALTH	Not available →			4,480

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

BUMED-822, mss
1 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	35,000	34,000	22,000	91,000
ADMISSIONS	200	400	120	720
LABORATORY TESTS (WEIGHTED) ¹	265,000	287,000	184,000	736,000
RADIOLOGY PROCEDURES (WEIGHTED) ¹	15,200	16,400	10,500	42,100
PHARMACY UNITS (WEIGHTED) ¹	62,600	67,900	43,500	174,000
OTHER (SPECIFY) OCC HEALTH	not avail	—————→		4,500

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. Resources remain the same, only a small increase over FY 93 can be projected. The increase of 1500 outpatient visits would be attributed to empanalment of assigned beneficiaries.

BUMED-822 mlj
6 1 Jun 99

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	36,000	43,344	28,896	108,240
ADMISSIONS	502	962	461	1,925
LABORATORY TESTS (WEIGHTED) ¹	83,494	87,594	68,463	838,300
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,282.66	16,602	15,108	47,994
PHARMACY UNITS (WEIGHTED) ¹	67,294	68,615	62,450	198,360
OTHER (SPECIFY) OCC HEALTH	not avail. →		1,120	1,120

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.

Calculations based on assigned catchment area.

FY93 Direct and CHAMPUS Workload

Ancillary Services are FY93 Direct plus FY93 Direct x % of other visits.

Outpatient was obtained by Direct + CHAMPUS + estimated (2400 visits at other MTF's).

Admission was obtained by Direct + Non-avail statements + Admission at other MTF's

7
BUMED-822, mjd
1 Jun 94

PATUXENT RIVER, #26

Revised pg

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	15	15	12	12	12.8	12.8	12.8	12.8
SPECIALTY CARE ² *	9.7	9.7	9.7	9.7	9.7 φ	9.7 φ	9.7 φ	9.7 φ
PHYSICIAN EXTENDERS ³	1	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	27.7	28.7	25.7	25.7	25.7 12	25.7 12	25.7 12	25.7 12

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.

* Number includes 2 Optometrists + 2 Psychologists.

[Handwritten signature and date]

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	15	15	12	12	12	12	12	12
SPECIALTY CARE ² *	9.7	9.7	9.7	9.7	9.7	9.7	9.7	9.7
PHYSICIAN EXTENDERS ³	1	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	27.7	28.7	25.7	25.7	25.7	25.7	25.7	25.7

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

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

³ This includes Physician Assistants and Nurse Practitioners.

* Number includes 2 Optometrists + 2 Psychologists.

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	40
SPECIALTY CARE ²	41
PHYSICIAN EXTENDER ³	N/A
TOTAL	81

BUMED-822, mxj
1 Jun 94

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 228,500

Geographical Barriers, as defined by ^{CHAMPUS}~~CHAMPUS~~, are the Potomac River - Virginia and Chesapeake Bay - Eastern Shore Maryland

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
St. Mary's Hospital	Private	15	25	None
Calvert Memorial Hospital	Private	28	40	None
Physicians Hospital	Private	45	60	None

¹ Distance in driving miles from your facility

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

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
St. Mary's Hospital	107	Yes	66%	
Calvert Memorial Hospital	120	Yes	70%	
Physicians Memorial Hospital	131	Yes	71%	

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.

TO :
FROM :

PHONE NO. : 212026530877

MAY. 31. 1994 9:20AM P 1

TO :
FROM :

PHONE NO. : 1517

APR. 26. 1994 12:37PM P 1

ID:

APR 26 '94 12:59 No. 004 P. 02
M. G. [unclear]

e. 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
NAVHOSP/171-20	APTU Bldg	NAPTP/NAWSTP	1,444	7	10,108	1500	7	10500
NAVHOSP/171-20	Acromedical Lab							

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

TO :
FROM :

PHONE NO. : 212026530877

MAY. 31. 1994 9:21AM P 2

TO :
FROM :

PHONE NO. : 1517

APR. 26. 1994 12:30PM P 2

(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)	Capacity (Student HRS/YR)
NAVHOSP/171-20 (Appl Bldg)	218 (36)	36	74,160
NAVHOSP/171-20 (Nripm Lab)			

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

$$\begin{array}{r} 36 \text{ (PN)} \\ \times 8 \text{ hrs per day} \\ \hline 288 \text{ hrs per day} \\ \times 260 \text{ days a yr.} \\ \hline 74,160 \text{ st HRS/YR} \end{array}$$

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.

Page ___ of ___
UIC _____

25/14

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."

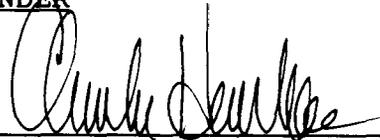
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

CHARLES HENDERSON, III
CAPT, MSC, USN
COMMANDING OFFICER



Signature

Date: 25 May 1994

Activity: NAVAL HOSPITAL, PATUXENT RIVER, MD

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 

Signature

NAME (Please type or print)

6-2-94

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

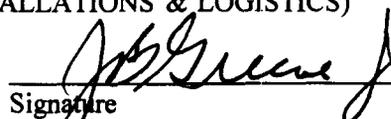
Activity

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

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

J. B. GROOME JR.

NAME (Please type or print)



Signature

ACTING

Title

8 JUNE 1994

Date

Cert for Renewed page

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D. F. Hagen

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

8-7-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

J. B. Greene Jr.

NAME (Please type or print)
ACTING

Signature

16 AUG 100A

Title

Date

Document Separator

**DATA CALL 63
FAMILY HOUSING DATA**

386

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

Installation Name:	NAVHOSP Pax River
Unit Identification Code (UIC):	66098
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	44%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget (\$000):	223.0
Total Number of Officer Housing Units:	1
Total Number of Enlisted Housing Units:	27

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

Enclosure (1)

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

MAJOR CLAIMANT LEVEL

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

COMMANDER
Title

NAVAL FACILITIES ENGINEERING COMMAND
Activity


Signature
7/20/94
Date

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

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

W. A. EARNER 

NAME (Please type or print)

Title


Signature

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

W.A. Waters, CAPT, CEC, USN
NAME (Please type of print)

Commanding Officer
Title

NORTHNAVFACENGCOM
Activity



Signature
7/7/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Naval Hospital, Patuxent River, MD</i>
Acronym(s) used in correspondence	<i>Nav Hosp Pax River</i>
Commonly accepted short title(s)	

- Complete Mailing Address

Naval Hospital,
Patuxent River, MD 20670

- PLAD

NAVHOSP PATUXENT RIVER MD

- PRIMARY UIC: N66098 (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): N47136 PURPOSE: Deployable Medical

Activity: N66098

2. PLANT ACCOUNT HOLDER:

• Yes No (check one)

Activity: N66098

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: N00421

• Primary Host (as of 01 Oct 1995) UIC: N00421

• Primary Host (as of 01 Oct 2001) UIC: N00421

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

Activity: N66098

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

As a result of BRAC-91, the Naval Air Warfare Center Aircraft Division, NAWCAD, Warminster, PA is being realigned to become the Aircraft Systems and Technology Group of NAWCAD Patuxent River. This is scheduled for a 1995 time frame and will bring 1800 civilian employees to Pax River. In addition the engineering staff of NAWCAD Trenton, NJ will relocate to Patuxent River in 94 bringing an additional 200 civilian employees.

As a result of BRAC-93, the Naval Air Systems Command, Cristal City, VA will be relocating to the Patuxent River complex. This is scheduled for a 1997 - 1998 time frame. This will bring an additional 2000 civilians and 540 active duty navy to Pax River.

Activity: N66098

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

-
- Provides comprehensive inpatient and ambulatory health care services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code.
- Develops and maintains designated personnel and material assets in an operationally ready status in support of the Mobile Medical Augmentation Readiness System, USNS Comfort, and other contingency platforms.
- Maintains liaison with shore commands and units of the operating forces receiving medical and/or surgical and related care from the command.
- Conducts a patient education and public relations program to promote consumer awareness and satisfaction.
- Provides comprehensive Occupational Health and Industrial Hygiene services to all Activities at the Patuxent River, MD complex.
- Provides aeromedical personnel and facilities in support of aviation medicine, water survival training, physiological training, and aviator medical safety officer programs.

Projected Missions for FY 2001

-
- Same as above.
-
-
-

Activity: N66098

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

- Flight deck crew for USNS Comfort is attached to DEPMED UIC N47163.
-
-

Projected Unique Missions for FY 2001

- Same as above.
-
-

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

- | | |
|---------------------------------------|---------------|
| • Operational name | UIC |
| <u>NAWC-AD Patuxent River, MD</u> | <u>N00421</u> |
| • Funding Source | UIC |
| <u>Bureau of Medicine and Surgery</u> | <u>N00018</u> |

Activity: N66098

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>50</u>	<u>93</u>	<u>84</u> ⁸² _{65*}
Contracted		<u>53</u> *	
• Tenants (total)	<u>0</u>	<u>32</u>	<u>0</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>58</u> ⁵⁶ _{65A}	<u>106</u> ¹⁰⁴ _{65A}	<u>84</u> ⁸⁸ _{65A}
Contracted		<u>53</u> *	
• Tenants (total)	<u>0</u>	<u>35</u>	<u>0</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• COMMANDING OFFICER			
<u>CAPT C. Henderson, III</u>	301-826-1460	301-826-1502	301-863-2067
• Duty Officer	301-826-1418	301-826-1502	[N/A]
• COMPTROLLER			
<u>LT R. A. Carr</u>	301-826-1481	301-826-7550	410-535-1481

• PLANNING OFFICER

LT C. A. Lathan, III 301-826-1489 301-826-1502 301-373-5524
 Activity: N66098

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Deployable Medical Systems	N47136	0	35	0

• 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					

Activity: N66098

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
---------------	----------	--

<i>Naval Air Station</i>	<i>Patuxent River, MD</i>	<i>Provide Medical Services, Occupational Health Services to all activities on the Patuxent River Complex-ISSA</i>
<i>Naval Air Warfare Center Aircraft Division</i>	<i>Patuxent River, MD</i>	<i>ISSA # N00421-90017-009</i>
<i>Aviation Borad of Inspection and Survey</i>	<i>Patuxent River, MD</i>	
<i>Branch Dental Clinic</i>	<i>Patuxent River, MD</i>	
<i>Fleet Composite Squad Six</i>	<i>Patuxent River, MD</i>	
<i>Naval Research Lab Fleet Support Unit</i>	<i>Patuxent River, MD</i>	
<i>Naval Recreational Service Unit</i>	<i>Patuxent River, MD</i>	
<i>Personnel Support Activity Detachment</i>	<i>Patuxent River, MD</i>	
<i>Naval Electronic Systems Activity</i>	<i>St. Inigoes MD</i>	
<i>Naval Aviation Depot Operation Center</i>	<i>Patuxent River, MD</i>	
<i>Naval Air Maintenance Office</i>	<i>Patuxent River, MD</i>	
<i>Air Test and Evaluation Squad One</i>	<i>Patuxent River, MD</i>	
<i>Naval Education Training Support Center</i>	<i>Patuxent River, MD</i>	
<i>Naval Resale Activity</i>	<i>Patuxent</i>	

**TO BE PROVIDED BY NAVAL AIR WARFARE CENTER AIRCRAFT DIVISION,
PATUXENT RIVER, MD. ACTIVITY UIC: N00421**

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.)

Activity: N66098
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

CAPTAIN CHARLES HENDERSON, III, MSC, USN
NAME (Please type or print)

Signature



COMMANDING OFFICER
Title

Date

2/4/94

NAVAL HOSPITAL, PATUXENT RIVER, MD
Activity

Activity: N66098

NEXT ECHELON LEVEL (if applicable)

N/A
NAME (Please type or 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)

N/A
NAME (Please type or 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 Donald J. Hagen Signature
SURGEON GENERAL/CHIEF BUMED
Title Feb 8, 1994 Date
BUREAU OF MEDICINE & SURGERY
Activity

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

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

J. B. GREENE, JR
NAME (Please type or print) J. B. Greene Jr Signature
ACTING Date 16 FEB 94
Title

Document Separator

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

ACTIVITY COMMANDER

Gordon K. Dowery

NAME (Please type of print)
Director, DMFO

Title
OASD(HA)

Activity

Gordon K. Dowery

Signature
7/8/94

Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Patuxent River

Complete Revision

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

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

LOCATION

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

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED	REGION ³
AD	3,796	3,366		3,300	3,565	
FAMILY OF AD	9,234	5,280		7,900	5,420	
SUBTOTAL	13,030	8,646		11,200	8,985	
RETIRED AND FAMILY MEMBERS UNDER 65	8,796	5,023		8,367	4,687	
RETIRED AND FAMILY MEMBERS OVER 65	1,434	972		1,954	1,226	
OTHER	1,154	198		1,093	193	
TOTAL	24,414	14,839		22,614	15,091	

⁴ THIS SECTION MUST BE COMPLETED.

1 Utilized RAPS data FY 92 baseline version 5.12. RAPS only projects out to 1990. FY 2001 is the projection for 1999. RAPS data for 40 mile radius, FY 93 baseline with BRAC does not exist at this time. Therefore, the data that was utilized is the 40 mile radius FY 92 baseline without BRAC.

2 Utilized RAPS data FY93 baseline version 6.01. RAPS only projects out to 1999. FY 2001 is Projection for FY 1999.

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 :	<u>20</u>	
Set Up Beds ¹ :	<u>0</u>	
Expanded Bed Capacity ² :	<u>32*</u>	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.

* If "Y" connectors are used will be 20 beds if "Y" connectors are not used.

CJW BUMED-823
9/30/94

5
4R (#3052/1094)
CJW BUMED-823

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

Operating Beds ¹ :	<u>20</u>
Set Up Beds ¹ :	<u>0</u>
Expanded Bed Capacity ² :	<u>32</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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	34,330	33,415	21,708	89,453
ADMISSIONS	204	750	163	1,117
LABORATORY TESTS (WEIGHTED) ¹	294,442	286,540	186,193	767,175
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,532	16,088	10,454	43,074
PHARMACY UNITS (WEIGHTED) ¹	66,776	64,984	42,227	173,987
OTHER (SPECIFY) OCC HEALTH				3,629

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.

Active duty equals 38.38 percent of outpatient visits, dependants of active duty equals 37.35 percent of outpatient visits and retired and retired dependants equal 24.27 percent of outpatient visits. These percentages were used to distribute Lab, Radiology and

Pharmacy Weighted Units.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,330	33,415	21,708	89,453
ADMISSIONS	204	750	163	1,117
LABORATORY TESTS (WEIGHTED) ¹	294,442	286,540	186,193	767,175
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,532	16,088	10,454	43,074
PHARMACY UNITS (WEIGHTED) ¹	66,776	64,984	42,227	173,987
OTHER (SPECIFY) OCC HEALTH				3,629

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. If resources remain the same, no increase in workload can be projected.

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	35,269	40,430	30,400	106,099
ADMISSIONS	813	808	525	2,164
LABORATORY TESTS (WEIGHTED) ¹	295,721	339,150	255,052	889,923
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,604	19,042	14,320	49,966
PHARMACY UNITS (WEIGHTED) ¹	67,067	76,915	57,843	201,825
OTHER (SPECIFY) OCC HEALTH				3,629

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. Calculations based on assigned catchment area.

FY93 Direct and CHAMPUS Workload
Ancillary Services are FY93 Direct plus FY93 Direct x % of other visits.
Outpatient was obtained by Direct + CHAMPUS + estimated (2400 visits at other MTF's).
Admission was obtained by Direct + Non-avail statements + Admission at other MTF's

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 199 4	FY 199 5	FY 199 6	FY 199 7	FY 199 8	FY 199 9	FY 200 0	FY 200 1
PRIMARY CARE ¹	15	15	12	12	12	12	12 ⁸	12 ⁸
SPECIALTY CARE ² *	14	14	14	14	0 14	0 14	0 14	0 14
PHYSICIAN EXTENDERS ³	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	33	33	30	30	12 30	12 30	12 30	12 30

BUMED
825
GSA
8/30/94

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.

* Number includes 2 Optometrists + 2 Psychologists.

Based on commands official Efficiency Review dated 15 June 1993.

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	54
SPECIALTY CARE ²	104
PHYSICIAN EXTENDER ³	2
TOTAL	160

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

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

³ This includes Physician Assistants and Nurse Practitioners.

Information provided received from ST. Mary's County Medical Directory, 1994 edition, and Calvert Memorial Physicians Roster dated July 1994.

It should be noted that within the 40 mile catchment area some providers only practice part-time (1 to 3 days a week). This is based on expert knowledge and the January 1994 LaPlata-Lenoxtown C & P Telephone Directory and January 1994 Annapolis - Prince Frederick C & P Telephone Directory.

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: 228,500

Geographical Barriers, as defined by CHAMPUS, are the Potomac River - Virginia and Chesapeake Bay - Eastern Shore Maryland

Information provided by Mr. Alex Rocca, Tri-County Economic Group.

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

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP ²
St. Mary's Hospital	Private	15	25	None
Calvert Memorial Hospital	Private	28	40	None
Physicians Hospital	Private	45	60	None

¹ Distance in driving miles from your facility

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

Data Received from:	St. Mary's Hospital Ms. Winnie Capor (301) 475-8981	Calvert Memorial Ms. Ginny Bumgarner (410) 535-4000	Physicians Memorial Ms. Jan Black (301) 609-4000
---------------------	---	---	--

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

FACILITY	BEDS ¹	JCAHO APPROVE D	OCCUPANCY ¹	UNIQUE FEATURES ²
St. Mary's Hospital	107	Yes	66%	NONE
Calvert Memorial Hospital	120	Yes	70%	NONE
Physicians Memorial Hospital	131	Yes	71%	NONE

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

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

Data Received from: St. Mary's Hospital
Ms. Winnie Capor
(301) 475-8981

Calvert Memorial
Ms. Ginny Bumbgarner
(410) 535-4000

Physicians Memorial
Ms. Jan Black
(301) 609-4000

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.

BRAC 95 DATA CALL #27

CAPACITY IS DC 26

BUMED
MED 823
GSA
8/20/94

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

ACTIVITY COMMANDER

CHARLES HENDERSON, III



NAME (Please type or print)

Signature

COMMANDING OFFICER

22 JULY 1994

Title

Date

NAVAL HOSPITAL, PATUXENT RIVER

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.

ACTIVITY COMMANDER

J. S. TIDBALL, CAPT, MC, USN
NAME (Please type or print)



Signature

COMMANDING OFFICER, ACTING
30 SEP 94

Title

Date

NAVAL HOSPITAL, PATUXENT RIVER, MD 20670
Activity

CERTIFICATION FOR DATA CALL 26 QUESTION 2

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

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)
ACTING

J. B. Greene, Jr.

Signature

Title

10 OCT 1994

Date

Document Separator

286

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	NAVAL HOSPITAL, PATUXENT RIVER, MD
UIC:	66098
Host Activity Name (if response is for a tenant activity):	NAVAL AIR WARFARE CENTER, AIRCRAFT DIVISION
Host Activity UIC:	00421

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

**DATA CALL 66
INSTALLATION RESOURCES**

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:		UIC:	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	12		12
1b. Minor Construction	0		0
1c. Sub-total 1a. and 1b.	12		12
2. Other Base Operating Support Costs:			
2a. Utilities	194		194
2b. Transportation	32		32
2c. Environmental	40		40
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	142	1219	1361
2j. Other (Specify) COMMUNICATIONS/ENGINEERING SUPPORT	138		138
2k. Sub-total 2a. through 2j:	546	1219	1765
3. Grand Total (sum of 1c. and 2k.):	558	1219	1777

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
DHP	1003
MPN	774
TOTAL	1777

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NAVAL HOSPITAL PATUXENT RIVER, MD		UIC: 66098	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	0	0	0
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			

**DATA CALL 66
INSTALLATION RESOURCES**

4. Grand Total (sum of 1c., 2m., and 3.) :	0	0	0
---	---	---	---

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

Table 2 - Services/Supplies Cost Data	
Activity Name: NAVAL HOSPITAL PATUXENT RIVER	UIC: 66098
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	38
Material and Supplies (including equipment):	194
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	29
Other Purchases (Contract support, etc.):	5164
Total:	5425

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL HOSPITAL PATUXENT RIVER	UIC: 66098
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	29.8
Procurement:	0
Other:*	0
Total Workyears:	29.8

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

NONE

2) Estimated number of workyears which would be eliminated:

29.8

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

NONE

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

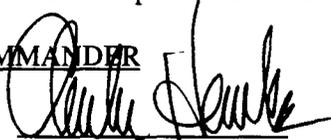
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

CHARLES HENDERSON
CAPT, MSC, USN
COMMANDING OFFICER
NAVAL HOSPITAL, PATUXENT RIVER, MD.



SIGNATURE

04 August 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

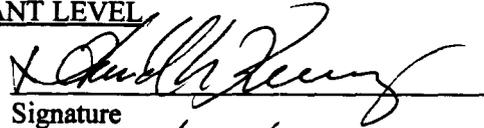
Activity

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN

NAME (Please type or print)


Signature

ACTING CHIEF BUMED _____

Title

8/15/94

Date

BUREAU OF MEDICINE AND SURGERY

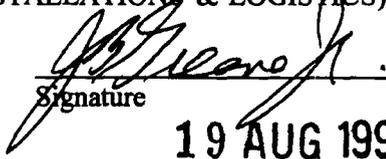
Activity

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

19 AUG 1994

Date

Title

Document Separator

PC#27 Resubmit 11/1/94

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL

FACILITY: NH Pay River
ACTIVITY UIC: 66098

376

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

April 4, 1994

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

Complete
Revised
Data Call



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
PATUXENT RIVER, MARYLAND, 20670-5370

5000
Ser 0010/ 01039
01 NOV 1994

From: Commanding Officer, Naval Hospital, Patuxent River, MD
To: Chief, Bureau of Medicine and Surgery, Attn: LCDR Witte
2300 E Street, NW, Washington, DC 20372-5300

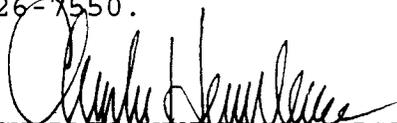
Subj: REVISED DATACALL 27, MILITARY VALUE ANALYSIS

Ref: (a) Telecon btn Ms. Sheehy, NAS and LT Riley, NAVHOSP,
PAX on 27 Oct 94
(b) Telecon btn LCDR Witte, BUMED and LT Riley, NAVHOSP,
PAX on 28 Oct 94

Encl: (1) Revised Datacall 27 with certification and supporting
documentation

1. Reference (a) informed my command that Datacall 27 needed to be re-worked with supporting documentation. Ms. Sheehy also informed us not to change items that were certified by BUMED. Reference (b) provided guidance on re-submitting the package. Per references (a) and (b) enclosure (1) is forwarded for appropriate action.

2. My point of contact is LT Riley at DSN 326-1481, commercial (301) 826-1481, or by fax (301) 826-7550.


CHARLES HENDERSON, III

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital Patuxent
River
ACTIVITY UIC: 66098

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

31 October 1994

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

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload	5
4. Projected Workload	6
5. Medical Support	7
6. Graduate Medical Education	8,9
Facilities	
7. Facilities Description	10,11,12,13,14,15
Location	
8. Geographic Location	16
9. Manpower and Recruiting Issues	16
Features and Capabilities	
10. Capabilities	17,18,19,20
11. Mobilization	21
12. Non Availability Statements	22
13. Supplemental Care	22
14. Costs	23,24,25
15. Quality of Life	26

MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities. Our mission is to ensure the wellness of our beneficiaries by providing availability to wide range of high quality health care services, while supporting National Defense by maintaining a ready force able to respond to contingencies.

Vision
Quality service through teamwork.

We serve a catchemnt area of approximately 40 miles. The non-overlapping catchment area contains approximately 14,700 beneficiaries. We provide health services to approx. 12,000 military and civilian employees on station, as well as emergency services to contract employees from 52 tenant commands.

Through our ASTC unit we provide aviation flight safety training, we provide flight medicine services to the Air Station. This base is a modified industrial facility with an increasing need for Occupational Health and Industrial Hygiene services due to previous BRAC.

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)
FTEG	00421	Pax	961
	49860	Pax	29
	42846	Pax	30
	44689	Pax	36
N A S	00421	Pax	306
	47608	Pax	63
	48711	Pax	2
	67283	Pax	72
	68122	Pax	5
AIRTEVRON-1	48101	Pax	15
	52819	Pax	8
	55600	Pax	444
Naval Hospital	66098	Pax	168
	47136	Pax	30
Marine Aviation Detachment	67356	Pax	113
Fleet Composite Squadron 6	46550	Pax	1
	55243	Pax	66
Naval Air Maint. Office (NAMO)	45663	Pax	33
	68626	Pax	60
	68757	Pax	8
Nvl Reserch Lab Flt Supp	31686	Pax	48
	48498	Pax	51
Fleet Air Recon sq 4	49403	Pax	36
	49659	Pax	20
P S D	42325	Pax	23
Special Trails Unit	45705	Pax	16
	46007	Pax	21

Nav Atl Meteor/Ocean	66124	Pax	15
Navy Rec Center	66843	Pax	14
NISE EAST Det	45539 47863 65980 68558	Pax Pax Pax Pax	13 1 16 7
BranchDental linic	35751	Pax	10
Enlisted Education	44880 49047	Pax Pax	9 1
ROIC	44198	Pax	6
INSURV	30904 49047	Pax Pax	5 1
NATC PMA	48301	Pax	4
DECA	49180	Pax	4
Nav Telcom	48906	Pax	3
NAWCAD	00421	Pax	2
OCEANDEVRON8	09004	Pax	2
Navy Exchange	39229	Pax	1
STU CDP	41334	Pax	1
Naval Res Ctr	47767	Pax	1
Swiss Air Force	42846	Pax	1
Royal Navy	44689	Pax	1
Royal Air Force	42846	Pax	1
Italian Air Force	42846	Pax	2
Canadian Forces	42846	Pax	2

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

85AR

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	224	31448	2	1.01
ACTIVE DUTY NON N/MC	14	440	2.	.01
TOTAL ACTIVE DUTY	238	31888		1.02
FAMILY OF AD	424	30728	2	1.95
RETIRED AND FAMILY MEMBERS UNDER 65	128	12740	2	.45
RETIRED AND FAMILY MEMBERS OVER 65	40	6460	2	.15
OTHER OCC HEALTH		4480	2	1.16
TOTAL	830	86296		4.73

R
↓

What is your occupancy rate for FY 1994 to date? 25%

7R STW PUMED-823
7 Nov 94

R

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	224	31448	2	N/A
ACTIVE DUTY NON N/MC	14	440	2	
TOTAL ACTIVE DUTY	238	31888		
FAMILY OF AD	424	30728	2	
RETIRED AND FAMILY MEMBERS UNDER 65	128	12740	2	
RETIRED AND FAMILY MEMBERS OVER 65	40	6460	2	
OTHER OCC HEALTH		4480	2	✓
TOTAL	830	86296		5

What is your occupancy rate for FY 1994 to date? 25%

BUMED-822, mdt
1 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS		+1220	+3620	+3620	+3620	+3620	+3620
ADMISS.	890	890	890	890	890	890	890

*

Please show all assumptions and calculations in the space below:

Base on current FY 94 % of reductions in Admissions

FY 96 Occ Health visits estimated increase 1220 OPVs

FY 97 Managed Care Impact - As a Primary Care Manager (PCM), the estimated 2400 OPV's to other MTF's for Specialty Care will drive an additional 2400 f/u visits to the PCM.

* Baseline = 93,490 "FY93 visits"

BUMED-822, mdt

1 Jun 94

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections/Training	60%	4
Marine Support	10%	6
Industrial Hygiene	100%	5
ASTC	100%	9

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): Not Applicable

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
510-10 *	3170 Clinics	5248	3	A
171-20	2165 Appl Inst Bldg	13760	2	A
143-10	1680 Emerg Veh Gar	1300	13	A
510-10	1370 Hospital	42938	25	A
510-77	458 Misc Med Storage	312	49	S
510-10	437 Clinic	594	51	S
510-10	736 Clinic	7472	51	S
510-77	408 Misc Med Storage	8849	51	S
510-10	404 Administration	3538	52	S
510-10	401 Clinic	1579	51	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.

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

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?

4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

* Relocatable authorized to FY 96.

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	VALU E
	None		

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
	None - BUMED-822		
	mtl, 1 Jun 94		

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
	None - BUMED-822		
	mtl, 1 Jun 94		

--	--	--	--

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME Naval Hospital					
2. UIC 66098	3. CATEGORY CODE 510-10	4. NO. OF BUILDINGS 10			
5. SIZE	A. GSF 85,590	B. NORMAL BEDS 20	C.DTRS		
6. LOCATION	A. CITY Patuxent River	B.STATE Maryland			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100			D18, C17	
(2) ADMINISTRATION	16	84		D17, C15, B12	
(3) CENTRAL STERILE SVCS.		100		C15	
(4) DENTAL		100		C15, C04	
(5) EMERGENCY SVCS.	40	60		C15, C12, C04, B12	
(6) FOOD SERVICES		100		C15, C12, A17	
(7) LABORATORIES		100		C15, B12	
(8) LOGISTICS		100		D18, A09	
(9) INPATIENT NURSING UNITS		100		C15, C04, B12	
(10) LABOR-DEL-NURSERY		100		C15, C04	
(11) OUTPATIENT CLINICS	7	93		B12, D18, C15, A09	
(12) PHARMACY		100		C15, A01, B12	
(13) RADIOLOGY		100		C15, A01, C12, B12	
(14) SURGICAL SUITE		100		C15, C04	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	24	76		D17, A03, B12, C15	

(B) HVAC	24	76		A01, F01, B01
(C) PLUMBING	24	76		A02, F02
(D) ELECTRICAL SVCS.	24	76		F06, B06
(E) ELECTRICAL DISTRIBUTION	24	76		F05, F06, C05, C06
(F) EMERGENCY POWER		100		E07

FORM INSTRUCTIONS

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

DEFINITIONS

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

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

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

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion

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

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

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

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

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

DATE OF SURVEY: Exempt *

FULL ACCREDITATION: Yes/No

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

* Exempt do to less than 100,000 visits and less than 25 beds.

R

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? Hospital located on station, which is in a rural community.

b. What are the nearest air, rail, sea and ground transportation nodes? Air - Washington Natinal - 65 miles
Bus - Waldorf - 40 miles
Rail- 60 miles

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

Distance (in miles): 61.5 mi. R

d. What is the importance of your location given your mobilization requirements? Not applicable

e. On the average, how long does it take your current clients/customers to reach your facility? 10 to 20 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?

- 1) Rural setting with significant travel to metropolitan area.
- 2) Small community with Air Station as primary employer and significant number of farmers, laborers and watermen.
- 3) Lack of opportunity for higher education.
- 4) Small employment pool of medically trained individuals with competition from local civilian hospitals.

19R COW BUMED - 823
7 Nov 94

LOCATION:

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

a. What is the importance of your location relative to the clients supported? Hospital located on station, which is in a rural community.

b. What are the nearest air, rail, sea and ground transportation nodes? Air - Washington Natinal - 65 miles
Bus - Waldorf - 40 miles
Rail- 60 miles

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

Distance (in miles): 0

d. What is the importance of your location given your mobilization requirements? Not applicable

e. On the average, how long does it take your current clients/customers to reach your facility? 10 to 20 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?

- 1) Rural setting with significant travel to metropolitan area.
- 2) Small community with Air Station as primary employer and significant number of farmers, laborers and watermen.
- 3) Lack of opportunity for higher education.
- 4) Small employment pool of medically trained individuals with competition from local civilian hospitals.

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.

Drastically reduced access to medical care that is within an acceptable driving time. Due to rural area, and limited ability of local medical infrastructure to absorb all Navy and Marine Corp beneficiaries. Emergency Medical, Occupational Health and Industrial Hygiene support for modified industrial activities and Aviation Test and Evaluation Complex.

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.

Local community unable, at this time, to absorb all additional workload. Adequate bed capacity does exist; however, there is a significant gap in medical provider coverage. Specially:

- a. Only four local OB/GYN physicians who are presently working at approx. 100% capacity.
- b. Limited number of Family Practice and Pediatric physicians in area.

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

The local community health care infrastructure could probably handle the retirees that would remain, but it would stress the local system.

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:

See page 20

* DATACALL 27 Q 11 R 31 OCTOBER 1994

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS Guadalcanal	LPH-7	0 R
2D Marine Division		7
MAG-27 MCAS, JACKSONVILLE		1
MAG-31, MCAS Beaufort		1
Flthosp #15		1
USNS Comfort	(T-AH 20)	10 R
Flthosp #20		34 R
2D Marine Air Wing		2
U.S. NAVHOSP Guantanamo Bay		8
U.S. NAVHOSP Naples		17 R
HQ FMFLANT Norfolk, VA		1
2D Force Service Support Group		15
Flthosp #3		6
Flthosp #4		4 R
Flthosp #5		16
USNH Keflavik Iceland		1

2D Mar Div Adv. Element		3
2D FSSG Adv. Element		3 R
2D MAW Adv. Element		1

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

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

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

Number of "stubbed" expanded beds¹: 32
¹ Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

* DEPMEDS UIC 47136 #31

DATACALL 27 Q 11 R 31 OCTOBER 1994

DATA CALL 27 Q13 R 17 NOV 94

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	60	61.8K	40	43.7K	49	53K
AD FAMILY	23	33.9K	49	86.7K	28	72.6K
OTHER	19	34.5K	24	53.2K	20	53.6K
TOTAL	102	130.2 K	113K	183.6K	97K	179.2 K

Source: Local Database

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

² The total cost in thousands of dollars.

DATACALL 27 Q 12 R 31 OCTOBER 1994

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	127	104 98 ^{sum} 80	155 R
OUTPATIENT	121	124 123 ^{sum} 80	124 R

Source: CHAMPUS Actuals

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	73	8K	42	8K	*65	*41K
AD FAMILY	269	13K	292	70K	*140	*10K
OTHER	30	58K	41	8K	*24	*9K
TOTAL	372	79K	375	86k	*229	*60K

Source: Local Database

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

² The total cost in thousands of dollars.

* FY 94 data to 25 May 94

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

CATEGORY	FY 1992	FY 1993	FY 1994*
TOTAL COSTS	7,130,960 12,274,348	7,059,869 12,449,534	1,382,433
TOTAL OUTPATIENT VISITS	88498 80,825	93082 93,761	22214
AVERAGE COST PER VISIT	80.58 151.86	75.85 132.78	62.23

* 1st quarter expenses, this is not reflecting obligations made (but not expensed) in 1st quarter. FY 92 and 93 are finals.

BUMED-822, M11

1 Jun 94

Changes/Additions
 BUMED-522, rmj
 1 Jun 94

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

FISCAL YEAR 1994, 1ST QUARTER, EXPENSES DO NOT ACCURATELY REFLECT TRUE COST. OFFICIAL OBLIGATIONS ARE NOT REPORTED IN MEPRS.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	4,181,140	3,278,340	181,787

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	177,694	206,267 1,127,164	29,906
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	177,694	206,267 1,127,164	29,906
E. TOTAL E EXPENSES (ALL ACCOUNTS)	4,592,998 5,582,497	5,505,737 8,985,559	939,769
F. % SELECTED E EXPENSES (D÷E) ¹	.031831 .038688	.037464 .125442	.031823

¹ Record as a decimal to 6 digits.

Changes/Additions

BUMED, msa
-822-

1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	964,320 1,329,667	991,032 1,393,840	not avail.
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	37,307 42324.04	37,128 174845.7	↓
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	78,617	77,749	15,828
M. DECEDENT AFFAIRS (FDD)	234	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	78,857 78,851	77,749	15,828
Q. E EXPENSES INCLUDED IN ROW P	22,041 ¹⁰⁷⁷	24,775 ⁴¹⁵	423
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	3,050 3434517	2,912 52,05831	13
S. OTHER F'S LESS E (P-R)	75,807 78816.65	74,857 77616.94	15,815

Changes/Additions

BUMED-822, mkl
1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	765	679.99 724.60	171.7
U. TOTAL WORK UNITS (MWU) ²	2976.27	3223.10 3,077.41	731.6
V. PERCENT INPATIENT (IWU÷MWU)	25.7033 26	210974 24	23
W. FINAL OTHER F EXPENSES (S×V)	20258.49 19,709	16,392.03 17,960	3,637
X. FINAL F EXPENSES (K+W)	20258.49 19,709	16,392.03 17,960	3,637
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	4,163,542 4,159,074	3,259,172 3,119,886	not avail.
Z. NUMBER OF BIOMETRICS DISPOSITIONS	1136	1091	
AA. TOTAL MEPRS DISPOSITIONS	1140	1100 1113	
BB. ADJUSTED DISPOSITIONS (Z÷AA)	.996491	.996491 .980234	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	4,148,932 4,144,481	3,247,735 3,058,217	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	559.8072	558.8072 610.1554	
EE. COST PER RWP (CC÷DD)	7403.408 7,424.62	5,012.194 5,322.79	
FF. TOTAL CATEGORY II RWPs ³	120.4436	182.0571	
GG. TOTAL CATEGORY II COST (EE×FF)	894,247.96 891,613.10	969,051.71 912,505.6	✓

Changes/ Additions
 BUMED-822, mtd
 1 Jun 94

HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	3,252,788 3,254,684.04	2,145,712 1,309,631.57	not avail
II. TOTAL CATEGORY III RWP's (DD-FF)	438.3636 439.3636	428.0983	
JJ. COST PER CATEGORY III RWP (HH+II)	7,424.62 7,403.408	3,059.18 5,012.194	

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

³ Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDS (OCCUPIED BED DAYS)	1602		
LL. CATEGORY II (AS DEFINED IN FF) OBDS	154		
MM. CATEGORY III OBDS (KK-LL)	1448 1450		
NN. AVERAGE DAYS/RWP (MM+II)	3.2452 3.32		
OO. ADD ON PER RWP (NNx77)	253.77 256.1024		
PP. TOTAL COST PER RWP (JJ+OO)	7,657.175 7,936.82		
QQ. CIVILIAN PAY COST (PPx.15)	1148.576 1,190.52		
RR. MILITARY PAY COST (PPx.56)	4288.018 4,444.61		
SS. OTHER COSTS (PPx.29)	2220.581 2,301.67		

BUMED 82.2, m. 2
1 Jun 94

TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	1226.448 1,271.23		
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	4,685.11 4520.045		
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	1,458.10 1802.879		
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	1,516.42 1874.994		
XX. MILITARY ASSET USE CHARGE (UU×1.04)	4,872.51 4700.847		
YY. OTHER ASSET USE CHARGES (SS×1.04)	2,393.73 2309.404		
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	2,592.41 2501.085		
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	8,981.34 9076.926		

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?

See Host Command's Response for pages 31-57
UIC # N00421, NAWC-AD Pax River, Data call #5 for BRAC 95

UIC # N00421, NAWC-AD Pax River, Data call #5 for BRAC 95

(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?

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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			

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X *D. F. Hagen*

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 11/12/94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

11/3/94

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

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

H. M. Koenig

Signature

ACTING CHIEF BUMED
Title

11/8/94

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

11/15/94

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

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Nov 21, '94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

11/30/94

Date

R

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

ACTIVITY COMMANDER

CHARLES HENDERSON, III, CAPT, MSC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title
Naval Hospital
NAS, Patuxent River, MD 20670
Activity

Date 18 November 1994

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**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

Activity Name:	NAVAL HOSPITAL PATUXENT RIVER, MARYLAND
UIC:	66098
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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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:	32,793
--	---------------

Source of Data (1.a. Salary Rate): ACTIVITY PAYROLL RECORDS

**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		Percent age of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
SEE HOST COMMAND'S DATA CALL #65 FOR BRAC 95, UIC# N00421, NAMC-AD PAX RIVER						

For Analysis

= 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:

Source of Data (1.b. 1) & 2) Residence Data):
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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 HOST COMMAND'S RESPONSE		

Source of Data (i.e. Metro Areas):

**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	3	3.7
25 - 34 Years	17	20.99
35 - 44 Years	29	35.8
45 - 54 Years	24	29.63
55 - 64 Years	8	9.88
65 or Older	0	0
TOTAL	81	100 %

Source of Data (1.d.) Age Data): PERSONNEL DATABASE

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

e. Education Level of Civilian Workforce

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	2	2.47
9th through 11th Grade	4	4.94
12th Grade or High School Equivalency	41	50.62
1-3 Years of College	13	16.05
4 Years of College (Bachelors Degree)	9	11.11
5 or More Years of College (Graduate Work)	3	3.70
TOTAL	81 *	100 %

* DOCTOR DEGREE 1 1.23%

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
---------------	-------------------------------------

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	8
Associate Degree	UNKNOWN
Bachelor Degree	9
Masters Degree	3
Doctorate	1

**Source of Data (1.e.1) and 2) Education Level Data):
PERSONNEL DATABASE**

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.

******* SEE HOST COMMAND'S RESPONSE FOR REMAINING INFORMATION,
UIC# NO0421, NAWC-AD PAX RIVER, DATA CALL #65 FOR BRAC 95 *******

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Code s	No. of Civi lian s	% of Civi lian s
1. Agriculture, Forestry & Fishing	01- 09		
2. Construction (includes facility maintenance and repair)	15- 17		
3. Manufacturing (includes Intermediate and Depot level maintenance)	20- 39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	vari ous		
3e. Other Manufacturing not included in 3a. through 3d.	vari ous		
Sub-Total 3a. through 3e.	20- 39		
4. Transportation/Communications/Utilities	40- 49		

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**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Industry	SIC Code s	No. of Civi lian s	% of Civi lian s
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42		
4c. Water Transportation (includes organizational level maintenance)	44		
4d. Air Transportation (includes organizational level maintenance)	45		
4e. Other Transportation Services (includes organizational level maintenance)	47		
4f. Communications	48		
4g. Utilities	49		
Sub-Total 4a. through 4g.	40- 49		
5. Services	70- 89		
5a. Lodging Services	70		

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Industry	SIC Code s	No. of Civi lian s	% of Civi lian s
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73		
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		
5h. Health Services	80		
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83		
5l. Museums	84		

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Industry	SIC Code s	No. of Civi lian s	% of Civi lian s
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87		
5n. Other Misc. Services	89		
Sub-Total 5a. through 5n.:	70- 89		
6. Public Administration	91- 97		
6a. Executive and General Government, Except Finance	91		
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92		
6c. Public Finance	93		
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL			100 %

Source of Data (1.f.) Classification By Industry Data):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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**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 Civili an Employ ees	Percen t of Civili an Employ ees
1. Executive, Administrative and Management		
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research		
2d. Life Scientists		
2e. Physical Scientists		

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Occupation	Number of Civili an Employ ees	Percen t of Civili an Employ ees
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners		
2h. Social & Recreation Workers		
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)		
2l. Health Assessment & Treating (Nurses, Therapists, Pharmacists, Nutritionists, etc.)		
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:		
3. Technicians and Related Support		
3a. Health Technologists and Technicians		
3b. Other Technologists		
Sub-Total 3a. and 3b.:		
4. Administrative Support & Clerical		

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Occupation	Number of Civili an Employ ees	Percen t of Civili an Employ ees
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.		
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)		
TOTAL		100 %

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

- A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.
- B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.
- C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

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

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

Category	20% Incr e	50% Incr se	100% Incr e
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			

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Incr ^e as	50% Incr ^{se} ea	100% Incr ^e as
Hazardous/Toxic Waste Disposal			
Recreational Activities			

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

Category	20% Incr e	50% Incr e	100% Incr e
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			

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Increas e	50% Increa se	100% Increas e
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreation Facilities			

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

3. Public Facilities Data:

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

Rental Units:

Units for Sale:

Source of Data (3.a. Off-Base Housing):
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**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

c. Transportation.

1) Is the activity served by public transportation?

	<u>Yes</u>	<u>No</u>
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**

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**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?

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

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

b) Do access roads transit residential neighborhoods?

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

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

e. **Police Protection.**

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

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

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

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

- 5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

f. Utilities.

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

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

Employer	Product/Service	No. of Employees
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Source of Data (4. Business Profile):
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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."

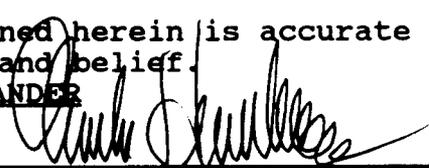
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

CHARLES HENDERSON, III
CAPT, MSC, USN
COMMANDING OFFICER



Signature

Date: 11 July 1994

Activity: NAVAL HOSPITAL, PATUXENT RIVER, MD

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x D. F. Hagen
Signature

CHIEF BUMED/SURGEON GENERAL

Title

July 15, 1994
Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner
Signature

Title

8/11/94
Date

Document Separator

DC#65 Rev submission -
SFCO BUMED-823
11/8/94 complete
revision

**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 Patuxent River, Maryland 20670-5370
UIC:	66098
Major Claimant:	Bureau of Medicine and Surgery

General Instructions/Background:

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

Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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:	28,672.00
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.a. Salary Rate): Healthcare Support Office,
Norfolk, Virginia Budget Civilian Personnel Trail dated 23 May
1994

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			
St. Mary's	MD	183	68	91%	20	10
Calvert	MD	4	8	4%	30	30
Charles	MD	1	2	1%	30	30
* Other		7	3	4%	40+	60+

= 100%

* Other = Montgomery, Prince Georges, Anne Arundel and Hartford Counties in Maryland. Alexandria County in Virginia. And civilian employees that are on leave without pay and living in Decatur, Alabama and Neenah, Wisconsin.

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.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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:

St. Mary's County, Maryland

Source of Data (1.b. 1) & 2) Residence Data): Military Data Source - Naval Air Warfare Center Aircraft Division, Patuxent River, Maryland Personnel Support Detachment Personnel Database as of 31 October 1994. Civilian Data Source - Naval Air Warfare Center Aircraft Division, Patuxent River, Maryland Human Resource Office Personnel Database as of 29 August 1994.

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 Host Command's Data Call #65 for BRAC 95, UIC N00421, Naval Air Warfare Center Aircraft Division, Patuxent River, Maryland		

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

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	2.47%
25 - 34 Years	14	17.28%
35 - 44 Years	32	39.51%
45 - 54 Years	25	30.86%
55 - 64 Years	8	9.88%
65 or Older	0	0%
TOTAL	81	100%

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Source of Data (1.d.) Age Data): Naval Air Warfare Center Aircraft Division, Patuxent River, Maryland Human Resource Office Personnel Database as of 29 August 1994.

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**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

e. Education Level of Civilian Workforce

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	2	2.47%
9th through 11th Grade	4	4.94%
12th Grade or High School Equivalency	47	58.03%
1-3 Years of College	14	17.28%
4 Years of College (Bachelors Degree)	9	11.11%
5 or More Years of College (Graduate Work)	5	6.17%
TOTAL	81	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.)	8
Associate Degree	0
Bachelor Degree	9
Masters Degree	4
Doctorate	1

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Source of Data (1.e.1) and 2) Education Level Data): Naval Air Warfare Center Aircraft Division, Patuxent River, Maryland Human Resource Office Personnel Database as of 29 August 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. R

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

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

9R
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0%
Sub-Total 3a. through 3e.	20-39	0	0%
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0%
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	3	3.7%
4c. Water Transportation (includes organizational level maintenance)	44	0	0%
4d. Air Transportation (includes organizational level maintenance)	45	0	0%
4e. Other Transportation Services (includes organizational level maintenance)	47	0	0%
4f. Communications	48	0	0%
4g. Utilities	49	0	0%
Sub-Total 4a. through 4g.	40-49	3	3.7%
5. Services	70-89		
5a. Lodging Services	70	0	0%
5b. Personal Services (includes laundry and funeral services)	72	1	1.2%
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	12	14.8%
5d. Automotive Repair and Services	75	0	0%
5e. Other Misc. Repair Services	76	0	0%
5f. Motion Pictures	78	0	0%

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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5g. Amusement and Recreation Services	79	0	0%
5h. Health Services	80	41	50.6%
5i. Legal Services	81	0	0%
5j. Educational Services	82	0	0%
5k. Social Services	83	3	3.7%
5l. Museums	84	0	0%
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	8	9.9%
5n. Other Misc. Services	89	0	0%
Sub-Total 5a. through 5n.:	70-89	65	80.2%
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	13	16.1%
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0%
6c. Public Finance	93	0	0%
6d. Environmental Quality and Housing Programs	95	0	0%
Sub-Total 6a. through 6d.		13	16.1%
TOTAL		81	100 %

Source of Data (1.f.) Classification By Industry Data): Naval Air Warfare Center Aircraft Division, Patuxent River Human Resource Office Personnel Database as of 4 August 1994.

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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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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	6	7.4%
2. Professional Specialty		
2a. Engineers	0	0%
2b. Architects and Surveyors	0	0%
2c. Computer, Mathematical & Operations Research	2	2.5%
2d. Life Scientists	0	0%
2e. Physical Scientists	0	0%
2f. Lawyers and Judges	0	0%
2g. Social Scientists & Urban Planners	0	0%
2h. Social & Recreation Workers	3	3.7%
2i. Religious Workers	0	0%
2j. Teachers, Librarians & Counselors	0	0%
2k. Health Diagnosing Practitioners (Doctors)	2	2.5%
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	6	7.4%

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**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	0	0%
2n. Visual Arts	0	0%
Sub-Total 2a. through 2n.:	13	16.1%
3. Technicians and Related Support		
3a. Health Technologists and Technicians	8	9.9%
3b. Other Technologists	8	9.9%
Sub-Total 3a. and 3b.:	16	19.8%
4. Administrative Support & Clerical	32	39.5%
5. Services		
5a. Protective Services (includes guards, firefighters, police)	0	0%
5b. Food Preparation & Service	0	0%
5c. Dental/Medical Assistants/Aides	3	3.7%
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	10	12.3%
Sub-Total 5a. through 5d.	45	55.5%
6. Agricultural, Forestry & Fishing	0	0%
7. Mechanics, Installers and Repairers	0	0%
8. Construction Trades	0	0%
9. Production Occupations	0	0%
10. Transportation & Material Moving	0	0%
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	1	1.2%
TOTAL	81	100 %

23
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.g.) Classification By Occupation Data): Naval Air Warfare Center Aircraft Division, Patuxent River, Maryland Human Resource Office Personnel Database as of 4 August 1994.

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.

14
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

1. Percentage of Military Employees Who Are Married:	74.42%
2. Percentage of Military Spouses Who Work Outside of the Home:	64.06%
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:	24.39%
3b. Employed "On-Base" - Non-Appropriated Fund:	9.76%
3c. Employed "Off-Base" - Federal Employment:	4.88%
3d. Employed "Off-Base" - Other Than Federal Employment	60.97%

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Source of Data (1.h.) Spouse Employment Data): Survey of Naval Hospital military personnel conducted 4 - 8 August 1994.

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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.

21
21 R

**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			

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

29
23R

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			
Wastewater Treatment			
Storm Water Collection			
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreation Facilities			

21
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

72
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

3. Public Facilities Data:

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

Rental Units:

Units for Sale:

Source of Data (3.a. Off-Base Housing):
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**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

b. Education.

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

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	

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

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

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):

25
29R
30R

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

c. Transportation.

1) Is the activity served by public transportation?

	<u>Yes</u>	<u>No</u>
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

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8 Nov 94

**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?

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

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

b) Do access roads transit residential neighborhoods?

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

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

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

- e. **Police Protection.**

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

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

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

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

- 5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

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

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

Employer	Product/Service	No. of Employees
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Source of Data (4. Business Profile):

BRAC-95 CERTIFICATION

**DATA CALL #65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Reference: SECNAVNOTE 11000 of 08 December 1993

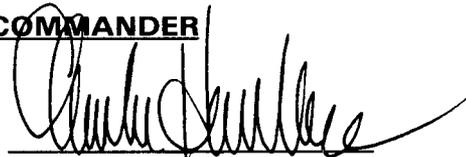
In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate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



SIGNATURE

08 November 1994

DATE

CHARLES HENDERSON, III
CAPT, MSC, USN
COMMANDING OFFICER
NAVAL HOSPITAL
PATUXENT RIVER, MD

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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)

H. M. Koenig

Signature

ACTING CHIEF BUMED _____

Title

11-16-94

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)

W. A. Earner

Signature

Title

12/2/94

Date

1386

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	NAVAL HOSPITAL, PATUXENT RIVER, MD
UIC:	66098
Host Activity Name (if response is for a tenant activity):	NAVAL AIR WARFARE CENTER
Host Activity UIC:	00241

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name:		UIC:	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	12 32		12 32
1b. Minor Construction	0 75		0 75
1c. Sub-total 1a. and 1b.	12 107		12 107
2. Other Base Operating Support Costs:			
2a. Utilities	194		194
2b. Transportation	32 42		32 42
2c. Environmental	40		40
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	142	1229	1371
2j. Other (Specify) COMMUNICATIONS ^{OTHER ENGINEERING SUPPORT}	126		126
2k. Sub-total 2a. through 2j:	546 544	1229	1775 1773
3. Grand Total (sum of 1c. and 2k.):	558 654	1229	1,787 1880

CHANGES MADE PER PHONECON BTWN RICHARD BROWN, HSG
NORFOLK AND BILL MILLER, NH PAX RIVER ON
18 JUL 94

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>	
DHP	1106 1,003	CHANGES MADE PHONECON BTWN RICHARD BROWN, HSD NORFOLK AND BILL MILLER, NH PAX RIVER ON 18 JULY 94
MPN	774 784	
TOTAL	1880 1,787	

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: NAVAL HOSPITAL PATUXENT RIVER	UIC: 66098
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	38
Material and Supplies (including equipment):	194 1836
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	29 42
Other Purchases (Contract support, etc.):	5,124 4927
Total:	5,425 6843

CHANGES MADE PER PHONE CON BTWN RICHARD BROWN, HSONARFOLK
AND BILL MILLER, NH PATUX RIVER ON 18 JULY 94

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL HOSPITAL PATUXENT RIVER	UIC: 66098
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	54.55
Procurement:	0
Other:*	0
Total Workyears:	54.55

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

NONE

2) Estimated number of workyears which would be eliminated:

54.55

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

NONE

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

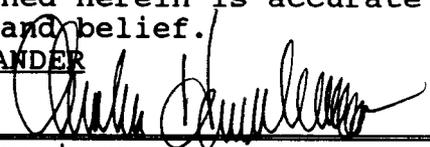
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

CHARLES HENDERSON, III
CAPT, MSC, USN
COMMANDING OFFICER



Signature

Date: 13 July 1994

Activity: NAVAL HOSPITAL, PATUXENT RIVER, MD

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

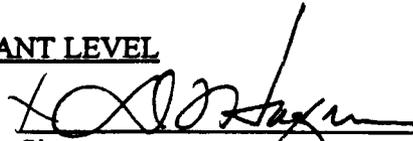
Date

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



Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-27-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER



Signature

NAME (Please type or print)

06 AUG 1994

Date

Title

Document Separator

5 - 23 - MED - 0387

00203

NAVHOSP PENSACOLA

BUMED

Medical

PERSONNEL SUPPORT/OTHER

NAVHOSP PENSACOLA

387

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

20 APRIL 1994

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

INDEX

<u>Section</u>	
<u>Page</u>	
GENERAL INSTRUCTIONS	2
ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT	3
WETLANDS	5
CULTURAL RESOURCES	5
ENVIRONMENTAL FACILITIES	6
AIR POLLUTION	10
ENVIRONMENTAL COMPLIANCE	13
INSTALLATION RESTORATION	14
LAND/AIR/WATER USE	16
WRAP-UP	20

ENVIRONMENTAL DATA CALL

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

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

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

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

Provide a list of the tenant activities with UICs that are covered in this response.

N/A

BUMED-822, mjl

7 Jun 94

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

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

SPECIES (plant or animal)	Designation (Threatened / Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: <i>Haliaeetus leucocephalus</i> - bald eagle				
At present, no sightings of any category I plant and/or animal species have been observed at Naval Hospital, Pensacola.				
There are no water bodies within jurisdiction of Naval Hospital, Pensacola.				

Source Citation: N/A

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 <input checked="" type="radio"/> 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 <input checked="" type="radio"/> NO

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

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES <input checked="" type="radio"/> 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 <input checked="" type="radio"/> NO
---	---

2. WETLANDS

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

2a.

Does your base possess federal jurisdictional wetlands? No defined wetland.	YES <input checked="" type="radio"/> NO
Has a wetlands survey in accordance with established standards been conducted for your base?	<input checked="" type="radio"/> YES / NO
When was the survey conducted or when will it be conducted? Survey was done before construction of the hospital.	5/89
What percent of the base has been surveyed?	100%
What is the total acreage of jurisdictional wetlands present on your base?	0

Source Citation: Survey was done before construction of the hospital.

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

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

YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

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

No archaeological or historical sites known to exist within Naval Hospital, Pensacola jurisdiction.

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 <input checked="" type="radio"/> NO
--	---

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	YES <input checked="" type="radio"/> 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 / <input checked="" type="radio"/> 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. N/A

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

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES / <input checked="" type="radio"/> NO
Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments
Incinerator	93 lb/hr Max permitted ant.		100 lb/hr	Temporary	Waiting for HCL test results for final permit

List any permit violations and projects to correct deficiencies or improve the facility. A NEW INCINERATOR HAS BEEN INSTALLED TO COMPLY WITH CAA REQUIREMENTS.

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					YES / <input checked="" type="radio"/> NO
ID/Loc of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built

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

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

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					YES / <input checked="" type="radio"/> NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status

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

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

4h.

Does your base operate drinking Water Treatment Plants (WTP)?				YES / <input checked="" type="radio"/> 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. N/A

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.

Naval Hospital, Pensacola is supplied with a 12" underground line from NTTC Corry Station. Line enters Naval Hospital, Pensacola from northeast side. The water is pumped from wells located on board NTTC. Capacity is adequate for present functions.

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	YES <input type="radio"/> NO <input checked="" type="radio"/>
--	---

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES <input type="radio"/> NO <input checked="" type="radio"/>
If NO, why not and provide explanation of plan to achieve permitted status.	Not required

4l.

YES/NO

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

Explain: N/A

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 <input type="radio"/> NO <input checked="" type="radio"/>
---	---

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. N/A

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. No.

5. AIR POLLUTION

5a.

<p>What is the name of the Air Quality Control Areas (AQCA) in which the base is located?</p> <p style="text-align: center;">Northwest District</p>
<p>Is the installation or any of its OLFs or non-contiguous base properties located in different AQCA? No. List site, location and name of AQCA. N/A</p>

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: N/A AQCA: _____

Pollutant	Attainment	Non-Attainment	Maint	Target Attain Year ¹	Comments
CO	X				
Ozone	X				
PM-10	X				
SO ₂	X				
NO ₂	X				
Pb	X				

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

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

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. N/A

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

Source Document: A Pollution Control Report (PCR) has been submitted to NAVFAC and approved for FY95 for an emission source inventory and emission source tests, to comply with CAA.

5d. For your base, determine the total FY93 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. N/A

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

Source Document: N/A

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.

None Expected.

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

Yes. National parks.

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

No.

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

No.

6. ENVIRONMENTAL COMPLIANCE

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

Program	Survey Completed?	Costs in \$K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	P C R Submitted	0					
Hazardous Waste	1993	0					
Safe Drinking Water Act	PCR Submitted	2700					
PCBs	N/A - PWC Program	0					
Other (non-PCB) Toxic Substance Control Act	N/A	0					
Lead Based Paint	N/A	0					
Radon	1990	0					
Clean Water Act	PWC Program	0					
Solid Waste	1993	0					
Oil Pollution Act	PWC Program	0					
USTs	N/A	0					
Other	N/A	0					
Total		2700					

Provide a separate list of compliance projects in progress or

required, with associated cost and estimated start/completion date.

6b.

Does your base have structures containing asbestos? Yes. What % of your base has been surveyed for asbestos? All buildings. Are additional surveys planned? No. What is the estimated cost to remediate asbestos (\$K) Friable Asbestos - none found. Non-friable asbestos - \$790/year maintenance cost. Are asbestos survey costs based on encapsulation, removal or a combination of both? Maintenance only.

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

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98 -99	FY00 -01
O&MN	36	82	82	32	32	32	32	32
HA								
PA	19	106						
Other (specify)								
TOTAL	36	82	82	32	32	32	32	32

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

7. INSTALLATION RESTORATION

7a.

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

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

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

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

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

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

No.

7d.

Is there a groundwater treatment system in place?	YES <input type="radio"/> NO <input checked="" type="radio"/>
Is there a groundwater treatment system planned?	YES <input type="radio"/> NO <input checked="" type="radio"/>

State scope and expected length of pump and treat operation.

7e.

Has a RCRA Facilities Assessment been performed for your base?	YES <input type="radio"/> NO <input checked="" type="radio"/>
--	---

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

No.

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

No.

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

No.

7i.

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

7j. Have any base operations or development plans been restricted due to Installation Restoration considerations? N/A

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions. N/A

8. LAND / AIR / WATER USE

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

Parcel Descriptor	Acres	Location
Naval Hospital	42.5	southwest corner of NTTC Corry Station

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.)		29.52
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)	Wetlands:	0
	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		0
Total Undeveloped land considered to be without development constraints		13
Total Off-base lands held for easements/lease for specific purposes		0
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. 0

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. N/A

The helopad located on the east side of the the hospital, southwestern portion of NTTC serves Naval Hospital, Pensacola. Its frequency of use does not justify designation as an AICUZ.

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

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

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

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

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

8h.

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

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

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

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	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. N/A

9. WRAPUP

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

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations. Yes. Incinerator Permit for Clean Air Act.

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

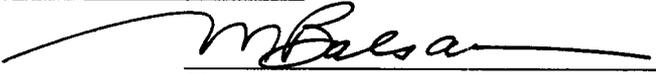
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

31 May 94
Date

NAVAL HOSPITAL, PENSACOLA FL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

6-7-94

Title

Date

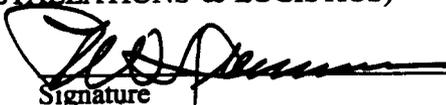
BUREAU OF MEDICINE & SURGERY

Activity

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

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

P. W. Drennon
NAME (Please type or print)



ACTING
Title

6/24/94
Date

Document Separator

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

● Name

Official name	<i>Naval Hospital Pensacola Florida</i>
Acronym(s) used in correspondence	<i>NH Pensacola</i>
Commonly accepted short title(s)	<i>NH Pensacola</i>

● Complete Mailing Address

*Naval Hospital
6000 West Highway 98
Pensacola Florida 32512-0003*

● PLAD

NAVHOSP Pensacola Fl

PRIMARY UIC: 00203 (Plant Account UIC for Plant Account Holder)

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

- ALL OTHER UIC(s): 31039 PURPOSE: Inservice Training
46888 PURPOSE: Flt Hosp #4
47536 PURPOSE: Flt Hosp #15
48454 PURPOSE: Graduate Medical Education (GME)

Refer to questions # 5 and 9 for other pertinent UICs.

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: _____

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

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

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

• Yes No (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		

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

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

Name	UIC	Location	Host name	Host UIC
<i>Branch Medical Clinic, Naval Air Station, Whiting Field</i>	<i>32558</i>	<i>Milton, FL</i>	<i>NAS Whiting Field</i>	<i>60508</i>
<i>Branch Medical Clinic, Naval Air Station, Meridian</i>	<i>39167</i>	<i>Meridian, MS</i>	<i>NAS Meridian</i>	<i>63043</i>
<i>Branch Medical Clinic, Naval Construction Battalion Center, Gulfport</i>	<i>39375</i>	<i>Gulfport, MS</i>	<i>CB CEN GULFPORT</i>	<i>62604</i>
<i>Branch Medical Clinic, Naval Coastal Systems Center, Panama City</i>	<i>41430</i>	<i>Panama City, FL</i>	<i>NCOSYSCEN Panama City</i>	<i>61331</i>
<i>Branch Medical Clinic, Naval Station, Pascagoula</i>	<i>47435</i>	<i>Pascagoula, MS</i>	<i>NS Pascagoula</i>	<i>68890</i>
<i>Branch Medical Clinic, Naval Station, Mobile</i>	<i>47434</i>	<i>Mobile, AL</i>	<i>NS Mobile</i>	<i>68889</i>
<i>Branch Medical Clinic, NTTC Pensacola</i>	<i>32561</i>	<i>Pensacola, FL</i>	<i>NTTC Corry Station</i>	<i>63082</i>
<i>Branch Medical Clinic, NAS Pensacola</i>	<i>32557</i>	<i>Pensacola, FL</i>	<i>NAS Pensacola</i>	<i>00204</i>

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.

BRAC93 impacted the hospital and several branch medical clinics.

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

- *Branch Medical Clinic Mobile will be disestablished when NS Mobile closes in FY94.*

- *Branch Medical Clinic Pascagoula will see their active duty and active duty dependent beneficiaries increased by approximately 560 and 896, respectively. This population increase is the result of a homeport change of two ships from Mobile to Pascagoula in FY94.*

- *Branch Medical Clinic Panama City anticipates 40 more active duty and 64 active duty dependents in FY94. The active duty are part of a EOD contingent relocating into the area - possible non-BRAC issue.*

BRAC93 will significantly impact the Pensacola complex. Branch Medical Clinic NTTC Corry Station will receive an additional 100 additional active duty as a result of Instructor Training School consolidation in FY94. NAS Pensacola is the receiving site for several enlisted training schools that are scheduled to relocate from Memphis, Tennessee. Approximately 6,600 active duty and 3,134 active duty dependents will migrate into the Pensacola area by FY94. NTTC Corry Station should accommodate the slight increased workload projected without additional resources. Plans to support the population at NAS Pensacola are still being developed. In addition to the care required at branch clinics, future planning must consider the fact that new population will require services from NH Pensacola. Projections indicate a demand for 14% more outpatient visits and 17% more admissions. However, the hospital cannot meet this new demand without additional resources and space.

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

Current Missions

- *Ensure beneficiaries access to quality, affordable health care.*
- *Provide inpatient and outpatient primary and specialty medical care.*
- *Contract with civilian health care providers to augment treatment of beneficiaries (Health care Partnerships and Health care Contracts.)*
- *Coordinate medical evacuations.*
- *Manage CHAMPUS program within the catchment area.*
- *Provide occupational health surveillance and monitoring to naval commands throughout the region.*
- *Coordinate the Decedent Affairs Program.*
- *Provide funds, staff and management to eight branch medical clinics located in Florida, Alabama and Mississippi.*
- *Provide appropriate medical support in response to a civil or military exigency.*
- *Conduct medical boards when directed.*

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

Projected Missions for FY 2001

Our future mission will include the above with emphasis on the following:

- *Maintain readiness of Combat-Ready Force.*
- *Ensure beneficiaries greater equity in access, quality, cost and benefits.*
- *Optimize resources.*
- *Emphasize wellness/prevention.*

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

- *NH Pensacola is one of five naval activities conducting Graduate Medical Education (GME) training in Family Practice.*

Projected Unique Missions for FY 2001

- *Same as above.*

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

- | | |
|--|--------------|
| ● Operational name | UIC |
| <u>Chief of Naval Education and Training</u> | <u>00062</u> |
| ● Funding Source | UIC |
| <u>Bureau of Medicine and Surgery</u> | <u>00018</u> |

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

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>249</u>	<u>478</u>	<u>319</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
● Federal Prison Inmates			<u>11</u>
● Contracted			<u>72*</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	234 <u>203</u> <small>870</small>	439 <u>396</u> <small>870</small>	<u>350</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
● Federal Prison Inmates			<u>0</u>
● Contracted			<u>80*</u>

NOTE: The onboard and authorized positions include NH Pensacola (00203) and the personnel assigned to branch medical clinics NAS Pensacola (UIC 32557) and NTTC Corry Station (UIC 32516).

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
<u>CAPT M. BALSAM, MC, USN</u>	<u>Comm (904) 452-6611</u>	<u>Comm (904) 452-6808</u>	<u>N/A</u>
	<u>DSN 922-6611</u>	<u>DSN 922-6808</u>	
● Duty Officer			
<u>OOD</u>	<u>Comm(904)452-6601/2/3</u>	<u>Comm(904)452-6808</u>	<u>N/A</u>
	<u>DSN 922-6601/2/3</u>	<u>DSN 922-6808</u>	

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

NH Pensacola BRAC Response Coordinator

LCDR Lefferts, MSC, USN Comm(904)452-6079 Comm(904)452-6927 Comm(904)994-2885

DSN 922-6079 DSN 922-6927

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>VA MED CENTER</i>	<i>JACKSON, MS</i>	<i>SA</i>
<i>VA OUTPATIENT CLINIC</i>	<i>PENSACOLA, FL</i>	<i>SA</i>
<i>USA AEROMEDICAL CENTER</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>SHORE INTERMEDIATE MAINT ACTIVITY</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>DRMO</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>FEDERAL PRISON CAMP, SAUFLEY</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>NAVAL AEROSPACE MEDICAL INST</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>NAVHOSP CHARLESTON</i>	<i>CHARLESTON, SC</i>	<i>ISSA</i>
<i>NAVAL AEROSPACE MEDICAL RESEARCH LAB</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>NAVAL HOME</i>	<i>GULFPORT, MS</i>	<i>ISSA</i>
<i>NAVMED CLINIC</i>	<i>NEW ORLEANS, LA</i>	<i>ISSA</i>
<i>NAVRESCEN</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>NAVAL BIODYNAMICS LAB</i>	<i>NEW ORLEANS, LA</i>	<i>ISSA</i>
<i>NETPEMSA</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>SHIPBUILDING AND CONVERSION</i>	<i>PASCAGOULA, MS</i>	<i>ISSA</i>

<i>USHS, BETHESDA</i>	<i>BETHESDA, MD</i>	<i>ISSA</i>
<i>DEFENSE COMMISSARY AGENCY (DECA)</i>	<i>MONTGOMERY, AL</i>	<i>ISSA</i>
<i>NAVAL SERVICE GROUP</i>	<i>MAYPORT, FL</i>	<i>ISSA</i>
<i>NAVAL AVIATION SCHOOLS COMMAND</i>	<i>PENSACOLA, FL</i>	<i>ISSA</i>
<i>NAVSTA PASCAGOULA</i>	<i>PASCAGOULA, MS</i>	<i>ISSA</i>
<i>ESCAMBIA CO HEALTH DEPT</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>NAVAL SPECIAL WARFARE COMMAND</i>	<i>WASHINGTON, DC</i>	<i>MOU</i>
<i>NAVCOMPLEX AMERICAN RED CROSS</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>BAPTIST HEALTH CARE</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>BAPTIST HOSPITAL</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>USAF REGIONAL HOSPITAL</i>	<i>EGLIN, AFB,</i>	<i>MOU</i>
<i>ESCAMBIA CO SHERIFF'S DEPT</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>ESCAMBIA COUNTY EMS</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>THE FRIARY ON THE SHORE</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>SACRED HEART HOSPITAL</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>DEPT HEALTH/REHAB SERVICES</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>LAKEVIEW CENTER, INC.</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>MARYLAND HOSPITAL ASSOC., INC</i>	<i>BALTIMORE, MD</i>	<i>MOU</i>
<i>NW FLORIDA BLOOD CENTER</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>

<i>SACRED HEART HOSPITAL</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>TRAWING SIX</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>UNITED BLOOD SERVICES</i>	<i>MERIDIAN, MS</i>	<i>MOU</i>
<i>NSHS, BETHESDA</i>	<i>BETHESDA, MD</i>	<i>MOU</i>
<i>HOSPICE OF NEW FLORIDA</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>LAUREL WOOD CENTER</i>	<i>MERIDIAN, MS</i>	<i>MOU</i>
<i>KEESLER TECH TRNG/MED CENTER</i>	<i>KEESLER, AFB</i>	<i>MOU</i>
<i>SANTA ROSA EMERGENCY MED SERVICES</i>	<i>PENSACOLA, FL</i>	<i>MOU</i>
<i>NAVAL COMMANDS INCLUDING RESERVE CENTERS</i>	<i>ALABAMA, SOUTHERN MISSISSIPPI AND NORTHWEST FLORIDA</i>	<i>NH PENSACOLA HAS REGIONAL RESPONSIBILITY TO PROVIDE OCCUPATIONAL HEALTH/PREVENTIVE MEDICINE SERVICES</i>

Customer/supplier relationship exists with the following non-Government Owned/Contractor Operated facilities:

Pensacola Junior College (PJC), Pensacola, Fl, MOU
University of South Alabama, MOU
University of Southern Mississippi, MOU
G. R. Aycock, MD, Pensacola, Fl MOU
Robert H. Cohan, MD, Pensacola, Fl MOU
Daniel Scott Finelli, MD, Pensacola, Fl MOU
Johnathon Greer, MD, Pensacola, Fl MOU
Louis Makarowski, MD, Pensacola, Fl MOU
Dr. Thomas Schneider, MOU
Scott Williams, MD, Pensacola, Fl MOU
Dr. Justin Shields, MOU

**** The above information is current as of 22 December 1993.**

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

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.)

** NAS Pensacola (UIC 00204) and NTTC Corry Station (UIC 63082) will provide the above information. The hospital is situated 3 miles east of NAS Pensacola and adjacent to NTTC Corry Station.*

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. LOCKHART
NAME (Please type or print)
COMMANDING OFFICER, ACTING
Title
NAVAL HOSPITAL PENSACOLA, FL
Activity


Signature
940208
Date

BRAC-95 DC 1/NAVAL HOSPITAL, PENSACOLA/00203

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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)

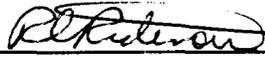
NAME (Please type or print) Signature _____

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 x 
ACTING CHIEF BUMED
Title Date 11 FEB 1994
BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

ACTING
Title

J. B. Greene Jr
Signature

16 FEB 99
Date

Document Separator

271

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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

Activity Name:	NAVHOSP Pensacola
UIC:	00203
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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

General Instructions/Background (Continued):

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

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

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

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

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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:	\$24,600
--	-----------------

Source of Data (1.a. Salary Rate): Based on current rate plus projected inflation (Comptroller Office, NH Pensacola)

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".

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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			
Escambia Co. (Less zip codes 32506, 32507, 32508)	FL	383	175	57.9	10	17.10
(Zip codes 32506, 32507 and 32508 only *)		235	99	34.6	5	8.55
Escambia County total		618	274	92.5		12.83
Baldwin Co.	AL	6	11	1.8	12	20.52
Other (includes unknown and those listed outside reasonable commuting distance)	---	41	14	5.7	---	---
total		665	299	100.0		

= 100%

* Zip codes 32506, 32507, and 32508 are the zip codes surrounding NH Pensacola (including NAS Pensacola and NTTC Corry Station) with commute distance of 5 miles.

NOTE: Residency data is for UIC 00203 and includes staff working at NH Pensacola and branch medical clinics at NAS Pensacola and NTTC Corry Station. All remaining questions in this data call concerning personnel includes civilian employees at NH Pensacola, BRMEDCL NAS Pensacola, BRMEDCL Corry Station, BRMEDCL NAS Whiting Field, BRMEDCL Panama City and BRMEDCL NAS Meridian unless indicated otherwise.

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.

Source of Data (1.b. 1) Residence Data): HOSPITAL STANDARD PERSONNEL MANAGEMENT SYSTEM (SPMS) 8 JUL 94

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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 (2) Residence Data): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

NOTE: The following data includes civilian employees at NH Pensacola, BRMEDCL NAS Pensacola, BRMEDCL Corry Station, BRMEDCL NAS Whiting Field, BRMEDCL Panama City and BRMEDCL NAS Meridian.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	2	.6
20 - 24 Years	2	.6
25 - 34 Years	29	9.2
35 - 44 Years	115	36.3
45 - 54 Years	107	33.8
55 - 64 Years	53	16.7
65 or Older	9	2.8
TOTAL	317	100 %

Source of Data (1.d.) Age Data): HRO Pensacola

e. Education Level of Civilian Workforce

NOTE: The following data includes civilian employees at NH Pensacola, BRMEDCL NAS Pensacola, BRMEDCL Corry Station, BRMEDCL NAS Whiting Field, BRMEDCL Panama City and BRMEDCL NAS Meridian.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0
9th through 11th Grade	4	1.3
12th Grade or High School Equivalency	182	57.4
1-3 Years of College	21	6.6
4 Years of College (Bachelors Degree)	47	14.8
5 or More Years of College (Graduate Work)	63	19.9
TOTAL	317	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").

NOTE: The following data includes civilian employees at NH Pensacola, BRMEDCL NAS Pensacola, BRMEDCL Corry Station, BRMEDCL NAS Whiting Field, BRMEDCL Panama City and BRMEDCL NAS Meridian.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	5
Associate Degree	19
Bachelor Degree	46
Masters Degree	14
Doctorate	3

**Source of Data (1.e.1) and 2) Education Level Data): HRO
PENSACOLA, FL**

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

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

NOTE: The following data includes civilian employees at NH Pensacola, BRMEDCL NAS Pensacola, BRMEDCL Corry Station, BRMEDCL NAS Whiting Field, BRMEDCL Panama City and BRMEDCL NAS Meridian.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	2	.6
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	4	1.3
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	4	1.3
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	0	0
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	0	0
4f. Communications / ADP	48	11	3.5
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	11	3.5
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	0	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	22	7.0
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	0	0
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	0	0

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Industry	SIC Codes	No. of Civilians	% of Civilians
5h. Health Services	80	132	41.6
5i. Legal Services	81	0	0
5j. Educational Services/library	82	1	.3
5k. Social Services	83	8	2.5
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	1	.3
5n. Other Misc. Services / admin	89	133	42.0
Sub-Total 5a. through 5n.:	70-89	297	93.7
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	3	.9
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	0	0
Sub-Total 6a. through 6d.		3	.9
TOTAL		317	100 %

Source of Data (1.f.) Classification By Industry Data): HRO PENSACOLA, FL - DEFENSE CIVILIAN PERSONNEL DATA SYSTEM (DCPDS) LISTING

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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE 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.

NOTE: The following data includes civilian employees at NH Pensacola, BRMEDCL NAS Pensacola, BRMEDCL Corry Station, BRMEDCL NAS Whiting Field, BRMEDCL Panama City and BRMEDCL NAS Meridian.

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	3	.9
2. Professional Specialty		
2a. Engineers	1	.3
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	10	3.2
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	8	2.5
2i. Religious Workers	0	0
2j. Teachers, Librarians & Counselors	1	.3
2k. Health Diagnosing Practitioners (Doctors)	2	.6
2l. Health Assessment & Treating (Nurses, Therapists, Pharmacists, Nutritionists, etc.)	110	34.7
2m. Communications	1	.3
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	133	42.0
3. Technicians and Related Support		
3a. Health Technologists and Technicians	20	6.3
3b. Other Technologists	0	0
Sub-Total 3a. and 3b.:	20	6.3
4. Administrative Support & Clerical	133	42.0
5. Services		
5a. Protective Services (includes guards, firefighters, police)	0	0
5b. Food Preparation & Service	0	0

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
5c. Dental/Medical Assistants/Aides	0	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	22	6.9
Sub-Total 5a. through 5d.	22	6.9
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	2	.6
8. Construction Trades	0	0
9. Production Occupations	0	0
10. Transportation & Material Moving	4	1.3
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	0	0
TOTAL	317	100 %

**Source of Data (1.g.) Classification By Occupation Data):
DEFENSE CIVILIAN PERSONNEL DATA SYSTEM (DCPDS) LISTING**

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

- 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.** Bus drivers; material moving equipment operators; rail transportation occupations; truck drivers; 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

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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:	46 *
2. Percentage of Military Spouses Who Work Outside of the Home:	**
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	**
3a. Employed "On-Base" - Appropriated Fund:	**
3b. Employed "On-Base" - Non-Appropriated Fund:	**
3c. Employed "Off-Base" - Federal Employment:	**
3d. Employed "Off-Base" - Other Than Federal Employment	**

* Martial status is relatively new field in the SPMS data base. Of the 665 records 304 showed an entry in the martial field. The estimated number of married based on the sample is 46% (139/304=.457 or 46%).

** Unable to answer this question. This breakout of data does not exist in either the hospital's personnel system or HRO's.

Source of Data (1.h.) Spouse Employment Data): HOSPITAL SPMS of 8 Jul 94
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2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

- A -** Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.
- B -** Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.
- C -** Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

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

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

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

a. Table A: Ability of the 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% Increas e	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Category	20% Increase	50% Increase	100% Increase
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities (See note 1)			
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.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Source of Data (2.a. 1) & 2) - Local Community Table): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

NOTE 1: NH Pensacola (UIC 00203) data call #27 discusses capacity of local community to support DOD beneficiaries, While preliminary assessment may indicate excess capacity, further analysis is recommended to determine the quantity of additional workload the community can provide and quantify DOD costs for civilian healthcare.

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 (See note 1)			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Category	20% Increase	50% Increase	100% Increase
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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

NOTE 1: NH Pensacola (UIC 00203) data call #27 discusses capacity of local community to support DOD beneficiaries, While preliminary assessment may indicate excess capacity, further analysis is recommended to determine the quantity of additional workload the community can provide and quantify DOD costs for civilian healthcare.

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:

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Units for Sale:

Source of Data (3.a. Off-Base Housing): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

b. Education.

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

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	

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

Source of Data (3.b.1) Education Table): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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 :

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Source of Data (3.b.3) Colleges): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

c. Transportation.

1) Is the activity served by public transportation?

	<u>Yes</u>	<u>No</u>
Bus:	_____	_____
Rail:	_____	_____
Subway:	_____	_____
Ferry:	_____	_____

Source of Data (3.c.1) Transportation): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

4) How many carriers are available at this airport?

**Source of Data (3.c.4) Transportation): REFER TO NAVAL
TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA
(UIC: 63082) BRAC DATA CALL 65.**

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): REFER TO NAVAL
TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA
(UIC: 63082) BRAC DATA CALL 65.**

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.)

- Southeast and southwest entrances provide access from US-98, two lane highway. West gate provides access from helicopter pad located on NTTC Corry Station (UIC: 63082). All roads paved. US-98 may be congested during peak commuting times.

b) Do access roads transit residential neighborhoods?

No.

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

No.

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

No.

**Source of Data (3.c.6) Transportation): NAVAL TECHNICAL
TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC:
63082) BRAC DATA CALL 65.**

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

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.

Service is provided through ISSA with NTTC Corry Station (UIC: 63082)

**Source of Data (3.d. Fire/Hazmat): NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082)
BRAC DATA CALL 65.**

e. Police Protection.

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

- Legislative jurisdiction is proprietary.

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

- Jurisdiction is shared with the State of Florida and Escambia County Sheriff's Department. MOU exists with Escambia County Sheriff's Department for law enforcement.

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

- An Intra-service support agreement (ISSA) exists with NTTC Corry Station (UIC: 63082) for Security Police support and a MOU exists with Escambia County. The State of Florida accepted law enforcement responsibility for the compound in 1976.

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.

- See # 3 above.

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

covering such services and briefly describe the level of support received.

- The command has a physical security watch only but is augmented by Security Police from NTTC Corry Station (UIC: 63082) (ISSA) and Escambia County Sheriff's Department. MCIS support is available from services aboard NAS Pensacola (UIC: 00203

Source of Data (3.e. 1) - 5) - Police): OPERATING MANAGEMENT DEPARTMENT, NH PENSACOLA
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f. Utilities.

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

WATER/SEWER: Controlled by Navy through NTTC Corry Station.

POWER: Gulf Power provides under a tariff rate approved by the Public Service Commission contract administered by S. Div.

GAS: Supplier is Production Gathering, Inc.; Transmission Systems owned by Koch. Contract administered by DLA via Defense Fuel Supply Center.

REFUSE: Mark Dunning Industries collects refuse. Contract administered by ROICC FSC Branch. Medical waste is incinerated.

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.

None

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

None

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**Source of Data (3.f. 1) - 3) Utilities): PWC Utilities
Division, Pensacola, FL**

- 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.		

Source of Data (4. Business Profile): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65

- 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): REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION, PENSACOLA, FLORIDA (UIC: 63082) BRAC DATA CALL 65.

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

NAVHOSP Pensacola actively contributes to the local community as demonstrated by the following sample of activities and functions:

- have representation to Escambia County Emergency/Disaster Planning Committee.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

- have assisted planning, implementation and follow-through for major disaster drill involving all segments of Escambia County, Florida, emergency management departments, including three civilian hospitals.
- have partnership in Education with Bellview Middle School.
- have provided health screening to local participants at Armed Forces Day celebration.
- have provided medical support for DOD sponsored community activities including marathons and Blue Angel Air Show.
- have supported Escambia County 'Special Olympics' program.
- have assisted in building a house through 'Habitat for Humanity.'
- have provided medical coverage to local Boy Scout Chapters during training and summer scout camps.
- have contributed to the local economy and established professional relationship with healthcare professionals.

Source of Data (6. Other): NAVHOSP Pensacola Public Affairs Officer; Plans, Operations and Medical Intelligence Officer; Command Master Chief; and Executive Assistant.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

19 July 94
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

DATA CALL #65 - ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

7-20-94

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

8/6/94

Date

Document Separator

387

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name: NAVAL HOSPITAL, PENSACOLA
 UIC: 00203
 Host Activity Name (if response is for a tenant activity): NAVAL HOSPITAL, PENSACOLA
 Host Activity UIC: 00203

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

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

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

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

Activity Name: NAVHOSP PENSACOLA

UIC: 00203

Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total

**DATA CALL 66
INSTALLATION RESOURCES**

1. Real Property Maintenance Costs:

1a. Maintenance and Repair	1175	163	1338
1b. Minor Construction	3	0	3
1c. Sub-total 1a. and 1b.	1178	163	1341

2. Other Base Operating Support Costs:

2a. Utilities	2213	0	2213
2b. Transportation	48	0	48
2c. Environmental	49	0	49
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	10	195	205
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	414	4271	4685
2j. Other (Specify) FD, FN, FK, FV, V2, RA	672	770	1442
2k. Sub-total 2a. through 2j:	3406	5236	8642
3. Grand Total (sum of 1c. and 2k.):	4584	5399	9983

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
MPN	3614
O&M	1622

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)

Activity Name: NAVHOSP PENSACOLA

UIC: 00203

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

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

N/A

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)
COMPTROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

18 July 1994

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

7-18-94

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
Signature

Date

8-1-94

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

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

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

Title

[Signature]
Signature

Date

8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER



M. BALSAM
NAME (Please type or print)



Signature

COMMANDING OFFICER
Title

14 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #66 FOR NAVHOSP PENSACOLA (UIC: 00203) - INSTALLATION RESOURCES

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387

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL,
PENSACOLA, FLORIDA
ACTIVITY UIC: 00203**

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

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements

1. Mission	3
2. Customer Base	5
3. Workload	8
4. Projected Workload	9
5. Medical Support	10
6. Graduate Medical Education	11

Facilities

7. Facilities Description	13
---------------------------------	----

Location

8. Geographic Location	22
9. Manpower and Recruiting Issues	22

Features and Capabilities

10. Capabilities	23
11. Mobilization	28
12. Non Availability Statements	30
13. Supplemental Care	30
14. Costs	31
15. Quality of Life	36

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.

Our mission is healthcare, health promotion, readiness, and training.

We provide comprehensive healthcare to prevent illness and injury and to restore optimal health through effective management and coordination of resources including actively participating in regional Lead Agent initiatives and healthcare services multipliers to enhance access to and quality of care while controlling cost.

We preserve and maintain readiness by ensuring the health of the military forces entrusted to our care in order to maintain a dynamic capability to contribute fully to the Total Force Medical Requirements of the Navy and Marine Corps in support of its worldwide mission.

We maintain an effective medical readiness capability to quickly respond to contingency takings including medical personnel and supply support to combat operations; humanitarian relief efforts, both locally and missions in and out CONUS; local and regional emergency disaster relief support; and the capability to assist other DOD medical commands during periods of acute personnel shortages.

We maintain, refine, and hone our unique military and medical skills in order to provide trained personnel for Surgical Team Seven, Medical Regulating Team Seven, Fleet Hospital FIFTEEN and other Fleet Hospitals, USNS COMFORT (T-AH 20), Amphibious Task Force, and other deployable units as identified by the Medical Personnel Augmentation System (MPAS).

We serve as a mobilization and training site for reserve units, provide administrative and clinical training to reserve personnel, and take full advantage of reserve personnel to extend our clinical capabilities.

We provide direct medical support to operating forces, training elements of operating forces, and other units in the area which carry out missions in direct support of operational elements.

We promote healthcare team excellence by supporting professional development, education, and training.

We maintain an environment which promotes continuous improvement, encourages information flow at all levels, and eliminate barriers to communication.

We train Hospital Corpsmen and other enlisted personnel ratings and Medical, Dental, Medical Service, Nurse, and other Corps to function effectively and efficiently in the Navy and DOD healthcare system as well as in the military service.

We provide a wide range of inpatient and outpatient healthcare services in the core hospital at Pensacola, Florida and outpatient services at seven branch medical clinics in Florida and Mississippi.

We provide regional occupational health surveillance and monitoring, preventive medicine, and industrial health in Pensacola and the Gulf Coast from New Orleans, Louisiana to Panama City, Florida.

We provide specialized services such as conducting medical boards, coordinating the Decedent Affairs Program, and coordinating aeromedical evacuations.

We provide a level II emergency room and an ambulance service in support of the military commands and beneficiaries in the Pensacola area. At branch medical clinics in Florida and Mississippi, we provide ambulance services which includes emergency response to medical emergencies as well as support to Navy flight line and base operations.

We contract and enter into partnerships with civilian healthcare providers in order to expand services to beneficiaries.

We provide an accredited Family Practice Residency Program which emphasizes Family Practice Principles and medical care that is consistent with current practices and takes into account training that is unique to the military environment in order to produce primary care physicians fully prepared to serve in the multiple roles of Naval Medical Officers.

We conduct research, as appropriate for training purposes and consistent with resource constraints.

We develop and implement strategic plans, goals, and objectives to more effectively utilize personnel and material resources and respond to changes in the healthcare marketplace. We provide analysis and information to higher authority in response to data calls and in order to identify present and projected workload as well as accompanying budgetary, personnel, equipment, and military construction requirements.

We provide a hospital-based residential alcohol rehabilitation service for active duty personnel and other beneficiaries on a space available basis.

We operate and maintain for our enlisted staff a Bachelor Enlisted Quarters.

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)
NAVTECHTRACEN	63082	NTTC CORRY STATION	2006
NAVAVSCOLCOMD	30500/ 62229	NAS PENSACOLA	1425
NAS PENSACOLA	00204	NAS PENSACOLA	767
NAVHOSP	00203/ 32561	NTTC CORRY STATION	675
NAS WHITING FIELD	60508	NAS WHITING FIELD	507
NORU	39088	NAS PENSACOLA	363
TRARON TEN	0614A	NAS PENSACOLA	305
HELTRARON EIGHTEEN	52838	NAS WHITING FIELD	289
HELTRARON EIGHT	0411A	NAS WHITING FIELD	289
NAMI	0751A/ 30642	NAS PENSACOLA	257
TRARON TWO	0393A	NAS WHITING FIELD	243
TRARON SIX	0397A	NAS WHITING FIELD	240
TRARON THREE	0394A	NAS WHITING FIELD	237
NETPMSA	68322	SAUFLEY FIELD	231
DODPHOTOSCHOOL	HQ0045	NAS PENSACOLA	201
TRARON EIGHTY-SIX	52902	NAS PENSACOLA	180
HC-16	35935/ 53826/ 42433	NAS PENSACOLA	172
NSGA	46829	NTTC CORRY STATION	122
NAVFLIGHTDEMRON	30929	NAS PENSACOLA	118
MATSG	M67389	NAS PENSACOLA	100
CNET	00062/ 45986	NAS PENSACOLA	69
CBU-402	66610	NAS PENSACOLA	59
TRAWING FIVE	52813	NAS WHITING FIELD	58

TRARON FOUR	0395A	NAS PENSACOLA	57
NAVHOSPBRCLIN	32558	NAS WHITING FIELD	52
NAVDENCENTER	45937/ 68441	NAS PENSACOLA	51
NAVHOSPBRCLIN	00203/ 32557	NAS PENSACOLA	47
TRAWING SIX	52814/ 45593	NAS PENSACOLA	43
NAMRL	66452	NAS PENSACOLA	41
US COAST GUARD DET	236239	NAS PENSACOLA	37
PERSUPPDET	43081	NAS PENSACOLA	36
NCTS	68142/ 33281/ 47634	NAS PENSACOLA	33
NADEP PENSACOLA	65889	NAS PENSACOLA	33
NREC	63011	NAS PENSACOLA	24
NAVLEGSVCOFF	68366	NSA PENSACOLA	23
FISC	68860/ 46727	NAS PENSACOLA	21
PERSUPPACT	68609	NAS PENSACOLA	21
PERSUPPDET	43082	NTTC CORRY STATION	21
PERSUPACTDET	43083	NAS WHITING FIELD	20
NOCD PENSACOLA	65779	NAS PENSACOLA	19
NAVRESCEN	61949	SAUFLEY FIELD	16
DECACOMSTO	DCSR19/ 49225	NAS PENSACOLA	14
NPWC	65114	NAS PENSACOLA	11
VET CLINIC	W2MQ07	NAS PENSACOLA	11
BRDENCLINIC	39069	NAS WHITING FIELD	11
NATMSACTCAU	49152/ 68929	NAS PENSACOLA	10
NOCD WHITING FIELD	65782	NAS WHITING FIELD	10
NAVDENCENTER	68441	NTTC CORRY STATION	8
TSC-JOAP	HQ0046	NAS PENSACOLA	6
NATMSACTDET	49155	NAS WHITING FIELD	5

NETSAFA	68870	NAS PENSACOLA	5
COOPMINE-2211	46473	NAS PENSACOLA	4
NEX	39231/ 66265	NAS PENSACOLA	4
OICC/ROICC	62467	NAS PENSACOLA	4
DECA	49224	NAS WHITING FIELD	4
NETSAFADET	47565	NAS PENSACOLA	3
MATSG	67389	NAS WHITING FIELD	2
NCTS	33283	NAS WHITING FIELD	2
DDPF	49360/ SB3515	NAS PENSACOLA	2
NETSAFA	48575	NAS WHITING FIELD	1
NAVAIRSYSOMPRGMGR	46775	NAS PENSACOLA	1
NAVY CAMPUS	49309	NAS PENSACOLA	1
ROICC	64461	NAS WHITING FIELD	1
NAVMCTRLJUD	32106	NAS PENSACOLA	1

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

Source: CNET Economic Impact Report of 4 May 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	1624	32,319	5.30	24
ACTIVE DUTY NON N/MC	104	1,701	2.64	1
TOTAL ACTIVE DUTY	1728	34,020		25
FAMILY OF AD	2125	94,950	2.23	13
RETIRED AND FAMILY MEMBERS AND OTHERS UNDER 65	1245	78,760	3.44	12
RETIRED AND FAMILY MEMBERS AND OTHERS OVER 65	948	20,383	4.22	11
OTHER	*	*	2.70	****
TOTAL	6046	228,113		61

SOURCE: RAPS FY94 PROJECTED WORKLOAD BASED UPON FY92 BASE YEAR UTILIZATION (LOCAL AND NON-LOCAL ORIGIN WORKLOAD INCLUDED)

What is your occupancy rate for FY 1994 to date? 51.9%

*RAPS PROJECTION COMBINE RET/RET FAM/OTHER IN WORKLOAD PROJECTION.

**ALOS BASED ON FY93 HISTORICAL DATA AS REPORTED BY RCMAS.

***ADPL DETERMINED BY ALOS X ADMISSIONS/12 (MONTHS PER YEAR)/30.438 (AVERAGE DAYS IN A MONTH).

****OTHER ADPL INCLUDED WITH RET/RET DEP PROJECTIONS

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
OUTPATIENT VISITS	292,094	292,440	292,522	292,518	292,518	N/A	N/A
ADMISSIONS	4,563	4,588	4,808	4,804	4,804	N/A	N/A

Please show all assumptions and calculations in the space below:

Source of information is RAPS model projection report. RAPS does not project beyond FY99. Outpatient visits is NAVHOSP PENSACOLA rollup which includes NAVHOSP Pensacola and branch clinics NAS Pensacola, NTTCC Corry Station and NAS Whiting Field. Admission projection for dispositions vice admissions.

RAPS projection does not reflect the additional active duty and active duty dependents scheduled to come to Pensacola under BRAC between FY95 and FY97. Current plans include construction of another medical/dental clinic at the new NAS Pensacola "Campus" to treat active duty personnel, and expanding the existing hospital to compensate for current shortfalls as well as treating both the new active duty and active duty dependents. Workload beyond the capacity of the hospital would require referral to civilian providers under CHAMPUS. Preliminary estimates in earlier BRAC planning projected hospital outpatient visits to increase approximately 14% and admissions to increase by 17%. Outpatient workload increase projected for NAS Pensacola is estimated at 141%. Workload projections will fluctuate according to the number of beneficiaries calculated for relocation to Pensacola under BRAC.

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 (HRS)	FTE PER QTR
Support Services (MEPRS Code E)	158090.94	941.02
Special Programs (MEPRS Code F)	30671.76	182.57
Readiness Planning and Admin (MEPRS Code G)	2532.18	15.07

NOTE: - MEPRS codes E, F, and G provide the most available and reliable source to account for time not spent in direct patient care. MEPRS codes E, F, G may include time not providing medical support, but we cannot ascertain an exact figure. Original column heading "STAFF NEEDED/EVENT" changed to "FTE PER QTR" to reflect MEPRS data.

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 Residency	6	8*	8	8	8	8	8	8

*Anticipated for FY 95 and outyears, if no academic difficulties encountered

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

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
Family Practice Residency	F	100	

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
51010	NAVHOSP PENSACOLA	283635	19	ADEQUATE
51077	WAREHOUSE	17890	19	ADEQUATE
72111	BEQ	17908	19	ADEQUATE
44130	FLAMMABLE/HAZARDOUS STOWAGE	800	14	ADEQUATE
74078	PICNIC PAVILION	1536	15	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: N/A

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
MILCON P604	EXPAND NAVAL HOSPITAL, PENSACOLA	UNKNOWN	\$11.1M
21-872	AUTOMATIC SPRINKLER SYSTEM, NAVHOSP	UNKNOWN	\$1.5M

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

Note - Facility Condition Assessment Document (FCAD) DD Form 2407: Naval Hospital, Pensacola has recently had a basic facilities requirement (BFR) assessment conducted by HSO Jacksonville, FL. This assessment, based on the new DoD criteria, preliminarily indicates over a 200,000 square foot deficiency. This command has since requested a \$300K study and has received approval to update the engineering evaluation, functional analysis and deficiency tabulation of the existing facility. In order to complete DD form 2407 prior to the completion of the detailed study, a rough evaluation was performed by the NAVHOSP Pensacola staff. The gross square footage of all existing spaces was compared against a reasonable interpretation of the requirements outlined in the HSO Jacksonville BFR study. The results of this evaluation are indicated.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 038
1. FACILITY NAME NAVAL HOSPITAL PENSACOLA FL					
2. UIC N00203	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 283,635	B. NORMAL BEDS 161		C. DTRS 4	
6. LOCATION	A. CITY PENSACOLA		B. STATE FL		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	%ADEQUATE	%SUBSTANDARD	%INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	85	15		B-17	
(2) ADMINISTRATION	80	20		B-12	
(3) CENTRAL STERILE SVCS	85	15		B-12	
(4) DENTAL	60	40		B-12	
(5) EMERGENCY SVCS.	60	40		B-12	
(6) FOOD SERVICES	90	10		B-12	
(7) LABORATORIES	75	25		B-12	
(8) LOGISTICS	85	15		B-12	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	60	40		B-12	
(11) OUTPATIENT CLINICS	60	40		B-12	
(12) PHARMACY	50	50		B-12	
(13) RADIOLOGY	60	40		B-12	
(14) SURGICAL SUITE	60	40		B-12	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	25		C-17	
(B) HVAC	75	25		C-17	
(C) PLUMBING	75	25		C-17	
(D) ELECTRICAL SVCS.	75	25		C-17	
(E) ELECTRICAL DISTRIBUTION	75	25		C-17	
(F) EMERGENCY POWER	75	25		C-17	



M. BALSAM
CAPTAIN, MEDICAL CORPS
UNITED STATES NAVY
COMMANDING OFFICER

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD- H(A)1707	DMIS ID NO 038	
1. FACILITY NAME NAVAL HOSPITAL, MEDICAL STORAGE WAREHOUSE, PENSACOLA, FL					
2. UIC 00203	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1			
5. SIZE	A. GSF 17,890	B. NORMAL BEDS N/A		C. DTRS N/A	
6. LOCATION	A. CITY PENSACOLA	B. STATE FL			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				



M. BALSAM
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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD- H(A)1707	DMIS ID NO 038	
1. FACILITY NAME BACHELOR ENLISTED QUARTERS, NAVAL HOSPITAL, PENSACOLA, FL					
2. UIC 00203	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1			
5. SIZE	A. GSF 17,908	B. NORMAL BEDS N/A		C. DTRS N/	
6. LOCATION	A. CITY PENSACOLA		B. STATE FL		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	60	40		A-11,B-17	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				


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 UNITED STATES NAVY
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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD- H(A)1707	DMIS ID NO 038	
1. FACILITY NAME NAVAL HOSPITAL, FLAM/HAZARDOUS STOWAGE, PENSACOLA, FL					
2. UIC 00203	3. CATEGORY CODE 44130	4. NO. OF BUILDINGS 1			
5. SIZE	A. GSF 800	B. NORMAL BEDS N/A		C.DTRS N/A	
6. LOCATION	A. CITY PENSACOLA	B. STATE FL			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				



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UNITED STATES NAVY
COMMANDING OFFICER

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 038	
1. FACILITY NAME NAVAL HOSPITAL, PICNIC PAVILION, PENSACOLA, FL					
2. UIC 00203	3. CATEGORY CODE 74078	4. NO. OF BUILDINGS 1			
5. SIZE	A. GSF 1,536	B. NORMAL BEDS N/A		C.DTRS N/A	
6. LOCATION	A. CITY PENSACOLA		B. STATE FL		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				


 M. BALSAM
 CAPTAIN, MEDICAL CORPS
 UNITED STATES NAVY
 COMMANDING OFFICER

FORM INSTRUCTIONS

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: 11/7-8/91

FULL ACCREDITATION: Yes

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

LOCATION:

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

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

Location is very important. The hospital is centrally located to support the numerous commands in the Pensacola complex area (NAS Pensacola, NAS Whiting Field and NTTC Corry Station) as well as shore and sea based commands located in Mississippi and northwest Florida.

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

Pensacola, Florida

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

Distance (in miles): 7 (NAS PENSACOLA)

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

N/A - Location not strategic to filling mobilization requirements.

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

The average commute time for the majority of patients is 15 to 20 minutes. Many patients reside or work within just minutes of the facility.

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

Non-specialty trained personnel are available and eagerly seek employment in the civil service. Pensacola's moderate climate and low cost of living significantly help recruiting from outside the area.

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.

While the basic medical needs of most catchment area beneficiaries could be met through a combination of the branch clinics remaining at NAS Pensacola (active duty only), NTTC Corry Station (active duty only), NAS Whiting Field and civilian healthcare services available locally, the following adverse effects would result from loss of capabilities of Naval Hospital Pensacola. Without NAVHOSP Pensacola, approximately 250,000 additional outpatient visits and 6,200 admissions would be referred annually to the local community or, with difficulty because of distance, to other DOD facilities. At the current CHAMPUS rate of (approximately) \$6,000.00 per admission and \$70.00 per outpatient visit, the catchment area costs could increase by \$37,200,000 per year for inpatient services and \$17,500,000 for outpatient services. The costs could be much higher since loss of the MTF would remove the major supplier of health care services for DOD beneficiaries, resulting in a civilian monopoly (and resulting increased cost per unit of service). Approximately 20 active duty personnel per month are received from commands worldwide for the 4 week program in Alcohol Rehabilitation. The Alcohol Rehabilitation Unit has recently expanded access to include some non-active duty beneficiaries. We, furthermore, are entertaining a proposal, now just in its infancy, to initiate a TRISERVICE Alcohol Rehabilitation Unit, as a residential program. Further analysis is needed to fully develop the impact of hospital closure on active duty readiness.

NAVHOSP Pensacola is one of five naval activities conducting graduate medical training in Family Practice. Loss of Family Practice training in Pensacola would decrease the number of family practitioners available to support DoD beneficiaries worldwide.

NAVHOSP Pensacola has regional responsibility to naval commands and reserve units for Safety and Occupational Health Programs and coordination of decedent affairs program for naval personnel. NAVHOSP Pensacola provides oversight, funding and administrative support to branch medical clinics located at seven naval commands situated from northwest Florida to Mississippi. The clinic in Mobile, Alabama closed in FY94 under BRAC.

NAVHOSP Pensacola is a receiving site for combat casualties. In addition, the hospital serves as a platform for augmentation of DOD units and civilian efforts during contingency and operational commitments.

NAVHOSP Pensacola provides in-hospital support for hyperbaric medicine at the Naval Aerospace and Operational Medical Institute.

The importance of the hospital will be accentuated with the addition of about 6,500 active duty and 3,100 active duty dependents scheduled to arrive in Pensacola in FY97 under BRAC.

The negative impact of 18,000 (projected number of personnel processed through Pensacola yearly) active duty personnel being required to seek inpatient and outpatient services from civilian sources is difficult to ascertain; decreased morale, increased time from work and personnel difficulties with medical boards would be expected.

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

The local health care infrastructure appears to have capacity to meet most medical needs of current catchment area beneficiaries if the MTF closed, with the significant adverse effects noted in answer to question 10, including increased costs; increased time from duty; problems with administrative medical processes (e.g. medical boards); training and readiness losses. RAPS workload projections and medical resources available locally are shown below. Workload projections assume the core hospital closes and branch clinics remain open at NAS Whiting Field, NTTC Corry Station and NAS Pensacola. Inpatient projection excludes nonlocal destination workload that is already being referred outside the area. THE FOLLOWING DOES NOT REFLECT THE ADDITIONAL ACTIVE DUTY AND ACTIVE DUTY DEPENDENTS COMING TO PENSACOLA UNDER BRAC.

* Total outpatient services projected by RAPS for current population: 271,129

The community appears to have sufficient number of providers to support current outpatient workload. The estimated number of community providers within our 40 mile catchment area are shown below. 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. No consolidated listing of providers for this area exists. The data shown below was collected from the Managed Care Query Application Program and reflects providers having accepted CHAMPUS claim(s) in the Pensacola catchment area during FY93. This listing excludes DOD and civilian providers who did not accept CHAMPUS during the year.

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	428
SPECIALTY CARE ²	368
TOTAL	796

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

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

* The following shows inpatient workload projection for all beneficiary categories and inpatient capacity within the local community. The community appears to have the capacity and specialty services to support beneficiaries.

Projected workload:

BENEFICIARY	RAPS PROJECTED BEDDAYS	YEARLY BED REQUIREMENT (BEDDAYS PROJECTION/365)
Active Duty	4394	13
Dep Act < 65	9600	27
Others < 65	10587	30
Over 64	3958	11
Total	28,539	81

Inpatient capacity of regional community hospitals:

FACILITY	BEDS *	OCCUPANCY	EXCESS BED CAPACITY	UNIQUE FEATURES
West Florida Regional Medical Center	562	51 %	275	Provides services all of NW Florida Hospital. They also have only Rehabilitation Services in a 40 mile radius
Baptist Hospital	546	55.2 %	244	Provides a specialized trauma center within a 50 mile radius of Naval Hospital. Not able to do Cardiothoracic Surgery
Sacred Heart Hospital	391	74.4 %	100	Regional center for high-risk pregnancies, neonatal and pediatric care
Santa Rosa Medical Center	129	45 %	70	
Thomas Hospital	150	50 %	75	
Gulf Breeze Hospital	60	36.8%	37	
South Baldwin	82	53 %	39	
Jay	55	45.2%	30	Provides extended nursing care - swing bed system
	total 1975		total 870	

* Civilian institutions provided information concerning their institution. NAVHOSP Pensacola cannot validate data accuracy.

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.

PARAMETERS: - Facility includes NAVHOSP Pensacola and all medical clinics (NAS Pensacola, NAS Whiting Field and NTTC Corry Station) in the Pensacola complex area.
- All active duty and active duty dependents depart the Pensacola complex area.

The local health care infrastructure appears to have the capacity to absorb any workload required by the residual catchment area population if the MTFs closed and all active duty and active duty dependents departed the area. Per RAPS, workload projection of residual population includes 139,415 outpatient visits and 14545 beddays (2350 dispositions) of inpatient services. See question 10a showing capacity in community to meet demand. The negative effects of this scenario would be increased CHAMPUS cost in excess of current MTF costs, and decreased morale of the numerous retirees in this area. (Pensacola is said to have the highest retiree concentration of all zip codes.)

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:

See responses to question 10 and 10a.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSPITAL #8	45392	83
FLEET HOSPITAL #15	45399	107
MAG-27	09167	1
ASMRO	64216	1
NAVHOSP ROOSEVELT ROADS	65428	14
NAVHOSP ROTA SPAIN	66101	18
FLEET HOSPITAL #4	68684	63
3D FSSG	67436	11
FLEET HOSPITAL #5	68685	19
1ST MARINE BRIGADE	67339	35

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

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

Additional workload can not be quantified for the above requirements, without knowing types of provider involved or demand for services by specialty at the time of training and time personnel are away from the command. However, during FY'93 the command sent 3 Medical Officers, 5 Medical Service Corps Officers, 15 Nurse Corps Officers, 26 Hospital Corpsman and 14 Non-medical personnel to the Fleet Hospital Orientation Course at Camp Pendelton, CA. During the same period the command received 549 Selected Naval Reserve (25 Medical Corps, 5 Dental Corps, 34 Medical Service Corps, 127 Nurse Corps, 17 Dental Technicians and 341 Hospital Corpsman) for annual training.

Revised pg

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

Number of "stubbed" expanded beds¹: 161 (see note below)

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

R
JCU
BUMED-823
(20 Sept 94)

Note: By using portable oxygen and suction to supplement embedded support, our expanded beds for contingencies is 184 beds.

29 R (23 Sept 94)
JCU BUMED-823

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

Number of "stubbed" expanded beds¹: 184 221 BUMED
MED-825 GSA
7/14/94
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 (30 APR 94)
INPATIENT	1474	1102	604
OUTPATIENT	699	525	331

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994 (30APR94)	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	636	\$290K	700	\$305K	398	\$166K
AD FAMILY	275	\$86K	157	\$76K	78	\$31K
OTHER	169	\$71K	95	\$47K	131	\$66K
TOTAL	1080	\$447K	952	\$428K	607	\$263K

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 (1st QTR)
TOTAL COSTS	24,179,050	29,373,711	6,212,924
TOTAL OUTPATIENT VISITS	228,769	240,577	57,158
AVERAGE COST PER VISIT	105.69	121.01	107.66

FY'94 cost reflect 1st QTR only.

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:

SEE PAGE 32 R

BUMED
65A
MED-025
7/14/94

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	18,153,843	21,665,171	4,338,527

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	-0-	-0-	*16,546
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	585,206	762,714	154,005
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	585,206	762,714	170,551
E. TOTAL E EXPENSES (ALL ACCOUNTS)	17,199,715	21,718,946	3,869,195
F. % SELECTED E EXPENSES (D÷E) ¹	3.402417	3.511745	4.407919

¹ Record as a decimal to 6 digits.

*FY 94 COSTS REFLECTS CHANGE IN ACCOUNTING PROCEDURES.

BUMED
MED-825
GSA
7/14/94

SEE PAGE 32R

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	4,209,051.00	4,862,635.00	778,311.00
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	143,209.46	170,763.34	34,307.32
I. AREA REFERENCE LABORATORIES (FAA)	-0-	-0-	-0-
J. CLINICAL INVESTIGATION PROGRAM (FAH)	-0-	-0-	-0-
K. TOTAL SELECTED F (I+J)	-0-	-0-	-0-
L. CONTINUING HEALTH EDUCATION (FAL)	156,812.00	95,027.00	21,248.00
M. DECEDENT AFFAIRS (FDD)	36,593.00	74,714.00	11,102.00
N. INITIAL OUTFITTING (FDE)	-0-	-0-	-0-
O. URGENT MINOR CONSTRUCTION (FDF)	-0-	-0-	-0-
P. TOTAL (L+M+N+O)	193,405.00	169,741.00	32,350.00
Q. E EXPENSES INCLUDED IN ROW P	10,343.00	10,002.00	2,747.00
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	351.91	351.24	121.09
S. OTHER F'S LESS E (P-R)	193,053.09	169,389.76	32,228.91

Table D:

SEE PAGE 32R

BUMED
MED-825GSA
7/14/94

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
T. INPATIENT WORK UNIT (IWU)	6,705.00	6,691.8516	1,561.6503
U. TOTAL WORK UNITS (MWU) ²	16,434.00	12,978.6871	3,072.8151
V. PERCENT INPATIENT (IWU+AWU)	68.92	106.44	103.34
W. FINAL OTHER F EXPENSES (S×V)	133,052.18	180,298.46	33,305.36
X. FINAL F EXPENSES (K+W)	133,052.18	180,298.46	33,305.36
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	17,877,581.36	21,314,109.20	4,270,914.32
Z. NUMBER OF BIOMETRICS DISPOSITIONS	6,095	6,024	1,407
AA. TOTAL MEPRS DISPOSITIONS	6,144	6,132	1,431
BB. ADJUSTED DISPOSITIONS (Z÷AA)	.992025	.982387	.983229
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	17,735,007.65	20,938,703.79	4,199,286.82
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	4,707.0176	4,534.2866	1,100.4661
EE. COST PER RWP (CC÷DD)	3,767.78	4,617.86	3,815.92
FF. TOTAL CATEGORY II RWPs ³	1,744.00	1,852.00	443.00
GG. TOTAL CATEGORY II COST (EE×FF)	6,571,008.32	8,552,276.72	1,690,452.56
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC- GG)	11,163,999.33	12,386,427.07	2,508,834.26
II. TOTAL CATEGORY III RWPs (DD-FF)	2,963.0176	2,682.2866	657.4661
JJ. COST PER CATEGORY III RWP (HH÷II)	3,767.78	4,617.86	3,815.91

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

³ Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
KK. TOTAL OBDs (OCCUPIED BED DAYS)	24,518	22,303	4,845
LL. CATEGORY II (AS DEFINED IN FF) OBDs	6,882	3,796	1,046
MM. CATEGORY III OBDs (KK-LL)	17,636	18,507	3,799
NN. AVERAGE DAYS/RWP (MM+II)	5.95	6.90	5.78
OO. ADD ON PER RWP (NN×77)	458.15	531.30	445.06
PP. TOTAL COST PER RWP (JJ+OO)	4,225.93	5,149.16	4,260.97
QQ. CIVILIAN PAY COST (PP×.15)	633.89	772.37	639.15
RR. MILITARY PAY COST (PP×.56)	2,366.52	2,853.53	2,396.14
SS. OTHER COSTS (PP×.29)	1,225.52	1,493.26	1,235.68
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	676.87	824.74	682.48
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	2,494.57	3,039.55	2,515.26
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	776.37	945.98	782.80
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	807.42	983.82	814.12
XX. MILITARY ASSET USE CHARGE (UU×1.04)	2,594.35	3,161.14	2,615.87
YY. OTHER ASSET USE CHARGES (SS×1.04)	1,274.54	1,552.94	1,285.11
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	1,380.33	1,681.89	1,391.77
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	4,782.10	5,826.85	4,821.76

SEE PAGE 32 R

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GSA
7/14/94

TABLE A: NH PENSACOLA

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	18153843	22063348	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	585206	811076	
D. TOTAL EXP EBE AND EBF	585206	811076	0
E. TOTAL E EXPENSES	17199715	22313193	
F. % SELECTED E EXPENSES (D/E)	0.034024	0.036350	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	2139758	3292641	
H. E EXPENSES TO REMOVE FROM A (FxG)	72803.49	119686.2	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)	156812	95159	
M. DECEDENT AFFAIRS (FDD)	36593	75448	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	193405	170607	0
E EXPENSE (FAL)	1941	437	
E EXPENSE (FDD)	8402	10431	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	10343	10868	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	351.912	395.0476	ERR
S. OTHER F'S LESS E (P-R)	193053.1	170212	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	6704.84	5883.6	
U MWU	13193.2	12170.35	
V PERCENT INPATIENT	0.508204	0.483437	ERR
W. FINAL OTHER F EXP (SxV)	98110.4	82286.79	ERR
X FINAL F EXP (K+W)	98110.4	82286.79	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	18179150	22025949	ERR
Z NUMBER BIOMETRICS DISPOS	6095	6059	
AA. TOTAL MEPRS DISP	6144	6132	
BB. ADJ DISPOS (Z/AA)	0.992025	0.988095	ERR
CC ADJ MERPS EXP (YxBB)	18034166	21763735	ERR
DD. TOTAL RWP	4707	4642.772	
EE COST PER RWP (CC/DD)	3831.35	4687.66	ERR
CATEGORY II RWPS			
(DXNNH)	8.4806	19.9946	
(PAS)	1114.8	1216.392	
(ADELS)	106.7412	19.2803	
FF. TOTAL CAT II RWPS	1230.022	1255.666	0
GG. TOTAL CAT II COST (EExFF)	4712643	5886137	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	13321523	15877598	ERR
II. TOTAL CAT III RWPS (DD-FF)	3476.979	3387.106	0
JJ. COST PER CAT III RWP (HH/II)	3831.35	4687.66	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	21651	19492	
CAT II OBDS			
(DXNNH)	46	84	
(PAS)	3226	2837	
(ADELS)	79	160	
LL TOTAL CAT II OBD	3351	3081	0
MM CAT III OBDS (KK-LL)	18300	16411	0
NN. AVG DAYS/RWP (MM/II)	5.26319	4.83543	ERR
OO. ADD ON PER RWP (NNx77)	405.2657	371.6258	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4236.616	4359.339	ERR
QQ. CIVILIAN PAY COST (PPx.15)	635.4924	755.8034	ERR
RR. MILITARY PAY COST (PPx.56)	2372.505	2432.496	ERR
SS. OTHER COSTS (PPx.29)	1228.619	1467.02	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	678.5781	810.2494	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2500.882	2495.314	ERR
VV. UNFUNDED CIV RET (TTx1.47)	997.5098	1191.007	ERR
WW. CIVILIAN ASSET USE CHARGE (VVx1.04)	1037.41	1238.703	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2600.918	2595.326	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1277.763	1525.701	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1383.818	1652.331	ERR
ADJ CAT III COST/RWP	5022.146	5000.843	ERR

32 R

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AED-825
7/14/94

15. Quality of Life. REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION (UIC: 63082) BRAC DATA CALL 23 EXCEPT FOR QUESTION 15. a. (2) (a) thru (e) of this section as it applies to BEQ facilities maintained by this activity.

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on

your BASEREP?

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	72.5%
Substandard	N/A
Inadequate	N/A

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? YES If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? Yes. As of 01 October 1993 square footage standards for E-4 and below increased by 5 square foot per individual. This renders NAVHOSP BEQ inadequate for 3 persons per room. E-4 and below adequate berthing is two per room, lowering rack allowance from 120 to 80. A fitness center was installed in the BEQ lowering the number of racks further to 72. Program School Input (PSI) personnel normally housed at BEQ for 12 weeks or less have been eliminated due to "C" school quota limitations, however, staff members are being assigned directly from "A" school. The number of E-4 and below personnel have not decreased. This has resulted in the BEQ being occupied at over 100% with 23% housed in inadequate quarters (3 to a room).

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

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

$$AOB = \frac{1 \times 365}{365} = 1$$

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	N/A	N/A	
Spouse Employment (non-military)	N/A	N/A	
Other	01	100	PENDING DIVORCE
TOTAL	01	100	

(e) How many geographic bachelors do not live on base? Unable to determine.

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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 - Ordinance (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			

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NAVAL HOSPITAL PENSACOLA
UIC: 00203

15. Quality of Life

UIC 63082 9/18/94

a. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-02, 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, BLDG 2277, E1-E4	70	35	70	255	0	0	0	0
BEQ, BLDG 2277, E5-E6	2	1	2	255	0	0	0	0

NOTE: BEQ is located on hospital grounds and is used by E6 and below staff. E7 and above staff use BEQ at NTTC Corry Station (UIC 63082) and NAS Pensacola (UIC 00204). Staff officers use BOQ at NAS Pensacola (UIC 00204).

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: N/A

- (1) FACILITY TYPE/CODE:
- (2) WHAT MAKES IT INADEQUATE?
- (3) WHAT USE IS BEING MADE OF THE FACILITY?
- (4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- (5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- (6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- (7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

13 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #27 - MILITARY VALUE ANALYSIS

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

July 15, 1994

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

7/30/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

9 Sept 94
Date

NAVAL HOSPITAL PENSACOLA FL
Activity

DATA CALL #27 AMENDMENT 2

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN

NAME (Please type or print)

H. M. Koenig

Signature

ACTING CHIEF BUMED _____

Title

5-16-94

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)

W. A. Earner

Signature

Title

10/5/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

23 Sept 94
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

DATA CALL #27, QUESTION 11.C. - MILITARY VALUE ANALYSIS

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X *D. F. Hagen*

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 10/3/94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)
ACTING

J. B. Greene, Jr.

Signature

11 OCT 1994

Date

Title

Date

Document Separator

DC#26

387

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Hospital, Pensacola, Florida (UIC: 00203)**

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

- 1. Population3
- 2. Bed Capacity4
- 3. Workload5,6,7,8
- 4. Staffing9

LOCATION

- 5. Community Providers.....10
- 6. Regional Population.....11
- 7. Regional Community Hospitals12,13

ADDENDUM - TRAINING.....14,15

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 1999 (RAPS doesn't project beyond this year.)		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD (See note 5)	12468	12589		11247	18613	
FAMILY OF AD (See note 5)	20956	21225		18877	29156	
SUBTOTAL	33424	33814		30124	47769	
RETIRED AND FAMILY MEMBERS UNDER 65	25153	25153		24520	24520	
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	7433	7433		9437	9437	
OTHER (includes Survivors, med elg NG, RES and their dependents)	3996	3975		4558	4537	
TOTAL	70006	70375	N/A	68639	86263	N/A

Source: RAPS MODEL FY92 BASELINE POPULATION ESTIMATE, REDEFINED. NAVHOSP PENSACOLA CATCHMENT AREA INCLUDES BRANCH CLINICS NAS PENSACOLA, NTTC CORRY STATION AND NAS WHITING FIELD.

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. (additive: PROJECTION DOES NOT INCLUDE BRAC CHANGES)

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

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

⁴ THIS SECTION MUST BE COMPLETED.

Note 5: RAPS FY92 baseline projections do not reflect the homeport change of the USS FORRESTAL (AVT-59). The ship departed Pensacola in FY92 and the active duty and active duty dependent census decreased by 2,072 and 2,320, respectively. Under BRAC III Pensacola is a gaining site and the anticipated active duty and active duty dependent census is expected to exceed the FY91 level by FY97.

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 :	104	
Set Up Beds ¹ :	57 117	VR BUMED 24 11/13/94 R = STW BUMED - 823
Expanded Bed Capacity ² :	161 (see note below)	R 9/23/94

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

² The number of beds that can be used in wards or rooms designed for patient 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: By using portable oxygen and suction to supplement embedded support, our expanded beds for contingencies is 184 beds.

4R STW (23 Sep 94)
(9/23/94) BUMED - 823

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

Operating Beds¹:	104		
Set Up Beds¹:	57	117	BUMED-822
Expanded Bed Capacity²:	184	221	MZA, 6 Jul 94

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	56,210	89,598	85,413/9356	240,577
ADMISSIONS	1,683	2,463	1,853/121	6,120
LABORATORY TESTS (WEIGHTED) ¹ (See note)	N/A	N/A	N/A	2,649,848
RADIOLOGY PROCEDURES (WEIGHTED) ¹ (see note)	↓	↓	↓	174,765
PHARMACY UNITS (WEIGHTED) ¹ (See note)	↓	↓	↓	758,792
OTHER (SPECIFY) (See note)	↓	↓	↓	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.

Notes: - Laboratory, Radiology and Pharmacy do not report work by beneficiary group.
 - The above figures represent workload reported for the core hospital only.

BUMED-822
 mss, 6 Jul 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/OTHER	TOTAL OF EACH ROW (Note 6)
OUTPATIENT VISITS (note 1 and 2)	34,020	94,950	99,143	228,113
ADMISSIONS (note 2 and 3)	1,728	2,125	2,192	6,045
LABORATORY TESTS (WEIGHTED) ¹ (note 4 and 5)	N/A	N/A	N/A	2,521,881
RADIOLOGY PROCEDURES (WEIGHTED) ¹ (note 4 and 5)	↓	↓	↓	175,619
PHARMACY UNITS (WEIGHTED) ¹ (note 4 and 5)	↓	↓	↓	695,449
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.

Assumption: RAPS calculations optimize MTF.

BCMED-822
MMA, 6 Jul 93

- Notes:
- (1) Outpatient visits reflect maximum capacity as defined by RAPS. RAPS allocation of care to MTF, is first to active duty. Projections then optimize facility, with no prioritization of other beneficiary types. RAPS is intended as a planning tool and projections may not accurately reflect true utilization of the MTF.
 - (2) NAVHOSP Pensacola catchment area beneficiary population decreased between FY92 and FY93 due to homeport change of USS FORRESTAL (AVT-59). Loss of the vessel reduced Pensacola active duty and active duty dependent census by 2,072 and 2,320, respectively.
 - (3) Admissions equal RAPS projected beddays divided by FY93 actual average length of stay reported by RCMAS. Beddays - 8866 AD, 4739 ADD and 8024 all other. ALOS- 5.13 AD, 2.23 ADD and 3.66 for all others. Beddays projected by RAPS reflect maximum capacity.
 - (4) Laboratory, Radiology and Pharmacy do not report work by beneficiary group.
 - (5) Laboratory, Radiology and Pharmacy projections based on FY92 and FY93 average utilization in proportion to sum of outpatient visits and admissions reported.
 - (6) Workload represents core hospital only.

LAB	TOTAL VISITS/ADMS	TOTAL REPORTED WORKLOAD	WORKLOAD TO VISITS/ADMS	FY92/93 AVERAGE WORKLOAD TO VISITS/ADMS
FY92	256,841	2,771,439	10.79	
FY93	246,697	2,649,848	10.74	10.77

RAD	TOTAL VISITS/ADMS	TOTAL REPORTED WORKLOAD	WORKLOAD TO VISITS/ADMS	FY92/93 AVERAGE WORKLOAD TO VISITS/ADMS
FY92	256,841	203,689	.79	
FY93	246,697	174,765	.71	.75

PHAR	TOTAL VISITS/ADMS	TOTAL REPORTED WORKLOAD	WORKLOAD TO VISITS/ADMS	FY92/93 AVERAGE WORKLOAD TO VISITS/ADMS
FY92	256,841	735,331	2.86	
FY93	246,697	758,792	3.08	2.97

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	85,352	157,151	186,681	429,184
ADMISSIONS	1,143	4,537	4,970	10,650
LABORATORY TESTS (WEIGHTED) ¹	N/A	N/A	N/A	4,737,012
RADIOLOGY PROCEDURES (WEIGHTED) ¹	↓	↓	↓	329,876
PHARMACY UNITS (WEIGHTED) ¹	↓	↓	↓	1,306,307
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.

- Notes: - Radiology, pharmacy and laboratory workload cannot be provided by beneficiary category. BUMED 822
MVA, 6 Jul 99
- See question 3a for utilization factors developed for projecting radiology, pharmacy and laboratory workload.
 - See question 3a for methodology in calculating admissions.
 - Outpatient visits and beddays reported by RAPS include direct care and indirect care for local origin and nonlocal destination care. RAPS projection represents total demand of catchment area beneficiaries.
 - MTF cannot provide services beyond the level indicated in question 3a without additional resourcing.

SERVICE	PROJECTED TOTAL OUTPATIENT VISITS AND ADMISSIONS	WORKLOAD FACTOR	PROJECTED WORKLOAD
Laboratory	439,834	10.77	4,737,012
Radiology	439,834	.75	329,876
Pharmacy	439,834	2.97	1,306,307

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 *	44	44	44	44	44	44	44	44
SPECIALTY CARE ² **	25	25	25	25	25	25	25	25
PHYSICIAN EXTENDERS ³ *	17	17	17	17	17	17	17	17
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	89	89	89	89	89	89	89	89

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

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

³ This includes Physician Assistants and Nurse Practitioners.

Staffing reflects authorized billets for core hospital (UIC 00203 less branch clinics NAS Pensacola and NTTC Corry Station). Potential increases as a result of previous BRAC actions not considered. Interns and Residents not included.

* INCLUDES PROVIDERS FOR EMERGENCY MEDICINE/ACUTE CARE CONTRACT TO START 01 SEPTEMBER 1994, THIS CONTRACT HAS 4.5 OPTION YEARS IN WHICH THE NUMBER OF PROVIDERS MAY INCREASE AS PATIENT VISITS INCREASE. TO DETERMINE THE NUMBER OF PROVIDERS FOR THE EMERGENCY ROOM PORTION OF THE CONTRACT IT WAS ASSUMED THAT IF THE EMERGENCY ROOM WAS MANNED 24 HOURS A DAY/7 DAYS A WEEK BY ONE PROVIDER IT WOULD EQUATE TO 730.464 MONTHLY MANHOURS OF COVERAGE. THE CONTRACTOR ESTIMATES THAT 1,880 HOURS OF PRODUCTIVE TIME EQUALS ONE FULL TIME EQUIVALENT. THIS WOULD EQUATE TO 156.666 MONTHLY MANHOURS (1,880/12) OR 4.66 (730.464/156.666) OR 5 PROVIDERS. THE AMBULATORY CARE CLINIC PORTION OF THE CONTRACT REQUIRES 611.324 MONTHLY MANHOURS FOR A PROVIDER AND 495.098 FOR A PHYSICIAN EXTENDER, THIS WOULD EQUATE TO 4 PROVIDERS (611.324/156.666) AND 3 PHYSICIAN EXTENDERS (495.098/156.666). ONE PROVIDER FOR OB/GYN CONTRACT WAS ALSO ADDED, THIS CONTRACT HAS OPTIONS FOR ADDITIONAL PROVIDERS IF WORKLOAD INCREASES.

** DOES NOT INCLUDE RADIOLOGICAL INTERPRETATION CONTRACT WHICH EQUATES TO ONE PHYSICIAN.

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	163
SPECIALTY CARE ²	161
PHYSICIAN EXTENDER ³	NOTE A
TOTAL	324

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

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

³ This includes Physician Assistants and Nurse Practitioners.

NOTE A : PHYSICIAN EXTENDER - UNABLE TO CAPTURE DATA AT THIS TIME. DATA OBTAINED FROM PHONE DIRECTORY. BOUNDARY UTILIZED WAS SANTA ROSA AND ESCAMBIA COUNTIES IN FLORIDA AND BALDWIN COUNTY IN ALABAMA.

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: 344,406 (U. S. CENSUS REPORT, 1990)

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
West Florida Regional Medical Center	Northwest Florida Columbia/HCA Network	14 miles	30 minutes	MOU FOR TRANSFER OF PATIENTS
Baptist Hospital	Baptist Health Care Network	7 miles	15 minutes	MOU FOR LIFEFLIGHT SUPPORT AND SUPPORT FOR INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Sacred Heart Hospital	Daughters of Charity	10 miles	20 minutes	MOU FOR SUPPORT OF INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Santa Rosa Medical Center	HCA - Health Corporation of America	35 miles	50 minutes	N/A
Thomas Hospital	Baldwin County Eastern Shore Care Authority	30 miles	30-40 minutes	N/A
Gulf Breeze Hospital	Baptist Health Care Network	18 miles	20-25 minutes	N/A
Naval Hospital Pensacola	U. S. Navy	0		N/A
South Baldwin	Affiliate of the South Baldwin County Hospital Association	25 miles	30 minutes	N/A
Jay	Baptist Health Care Network	38 miles	50 minutes	N/A

¹ Distance in driving miles from your facility

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

EUMEN-822
MAY, 27 JUL 1984

Revised
pages →

Call # 26
NAVHOSP
Pensacola, 00203

Revised pg

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
West Florida Regional Medical Center	Northwest Florida Columbia/HCA Network	14 miles	30 minutes	MOU FOR TRANSFER OF PATIENTS
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Sacred Heart Hospital	Daughters of Charity	18 miles	20 minutes	MOU FOR SUPPORT OF INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Santa Rosa Medical Center	HCA - Health Corporation of America	35 miles	50 minutes	N/A
Thomas Hospital	Baldwin County Eastern Shore Care Authority	30 miles	30-40 minutes	N/A
Gulf Breeze Hospital	Baptist Health Care Network	18 miles	20-25 minutes	N/A
Naval Hospital Pensacola	U. S. Navy	0		N/A
Jay	Baptist Health Care Network	38 miles	50 minutes	N/A

¹ Distance in driving miles from your facility

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

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

FACILITY *	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
West Florida Regional Medical Center	577	yes	51%	Provides the most comprehensive services of all NW Florida Hospital. They also have only Rehabilitation Services in a 40 mile radius
Baptist Hospital	562	yes	55.2%	Provides the only specialized trauma center within 50 mile radius. Not able to do Cardiothoracic Surgery
Sacred Heart Hospital	411	yes	74.4%	Regional center for high-risk pregnancies, neonatal and pediatric care
Santa Rosa Medical Center	149	yes	45%	
Thomas Hospital	164	yes	50%	
Gulf Breeze Hospital	60	yes	36.8%	
Naval Hospital Pensacola	104**	yes	51.9%	Family Practice GME program
South Baldwin	92	yes	53%	8 million dollar expansion project for new labor/delivery/post partum unit, Radiology Suite, etc.
Jay	55	yes	45.2%	Provides extended nursing care - swing bed system

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.

* Civilian institutions provided information concerning their institution. NAVHOSP Pensacola cannot validate data accuracy.

** Operating Beds as defined by BUMEDINST 6320.69 and 6321.3. Does not include 20 bassinets. The occupancy rate of 51.9%, is occupancy of 104 operating beds and does not include an average census of 5 newborns.

Revised PG

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
West Florida Regional Medical Center	577	yes	51%	Provides the most comprehensive services of all NW Florida Hospital. They also have only Rehabilitation Services in a 40 mile radius
Baptist Hospital	562	yes	55.2%	Provides the only specialized trauma center within 50 mile radius. Not able to do Cardiothoracic Surgery
Sacred Heart Hospital	411	yes	74.4%	Regional center for high-risk pregnancies, neonatal and pediatric care
Santa Rosa Medical Center	149	yes	45%	
Thomas Hospital	164	yes	50%	
Gulf Breeze Hospital	60	yes	36.8%	
Naval Hospital Pensacola	104**	yes	51.9%	Family Practice GME program
Jay	55	yes	42.5%	Provides extended nursing care - swing bed system

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.

* Civilian institutions provided information concerning their institution. NAVHOSP Pensacola cannot validate data accuracy.

** Operating Beds as defined by BUMEDINST 6320.69 and 6321.3. Does not include 20 bassinets. The occupancy rate of 51.9%, is occupancy of 104 operating beds and does not include an average census of 5 newborns.

c. Training Facilities:

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

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

A = STUDENTS PER YEAR

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

C = A x B

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

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

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

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

N/A

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

M. BALSAM

NAME (Please type or print)



Signature

COMMANDING OFFICER

Title

24 June 94

Date

NAVAL HOSPITAL PENSACOLA FL (UIC 00203)

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

July 6, 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

7/30/94

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

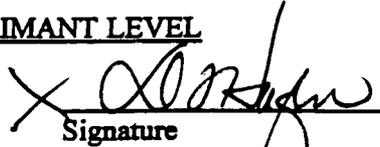
Date

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

X  Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-27-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

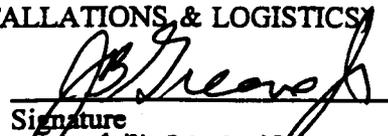
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

 Signature

17 AUG 1994

Title

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

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


Signature

COMMANDING OFFICER, ACTING
Title

940725
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

Resubmission for question 7. and 7.a.:

Provides information regarding South Baldwin Community Hospital which was not available at the time of the original submission and to correct the transposition of numbers concerning the occupancy rate for Jay Hospital.

DATA CALL #26 - CAPACITY ANALYSIS

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

23 Sept 94
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

DATA CALL #26, QUESTION 2 - CAPACITY ANALYSIS

Document Separator

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X *D. F. Hagen*

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 10/3/94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

J. B. Greene, Jr.

Signature

ACTING

Title

10 OCT 1994

Date

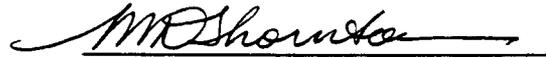
Document Separator

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

CDR, CEC, USN
Title



Signature



Date

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

MAJOR CLAIMANT LEVEL

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

COMMANDER
Title

NAVAL FACILITIES ENGINEERING COMMAND
Activity


Signature

12/9/94
Date

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

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

W. A. EARNER

NAME (Please type or print)

Title


Signature

12/17/94
Date

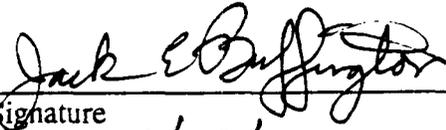
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

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

COMMANDER
Title

NAVAL FACILITIES ENGINEERING COMMAND
Activity


Signature
7/13/94
Date

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

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

W. A. EARNER

NAME (Please type or print)

Title


Signature
7/18/94
Date

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

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

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,
2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,
3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

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

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

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

Projects with projected CWE amount greater than \$15M.

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

Document Separator

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
NAME (Please type of print)
Director, DMFO
Title
OASD(HA)
Activity

Gordon K. Dowery
Signature
7/8/94
Date

Document Separator

DATA CALL 63 FAMILY HOUSING DATA

387

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

Installation Name:	NH Pensacola
Unit Identification Code (UIC):	N00203
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	30.9
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget (\$000):	\$854
Total Number of Officer Housing Units:	29
Total Number of Enlisted Housing Units:	86

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

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

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

MAJOR CLAIMANT LEVEL

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

COMMANDER
Title

NAVAL FACILITIES ENGINEERING COMMAND
Activity


Signature
7/20/94
Date

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

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

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

Title


Signature
7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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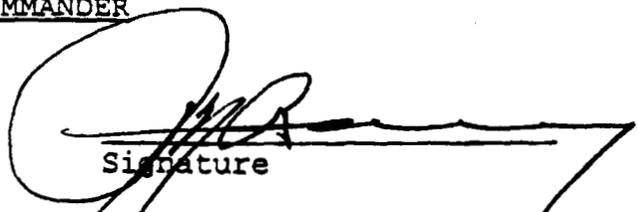
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I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)
CAPT. CEC, USN
COMMANDING OFFICER
Title


Signature
27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

Document Separator

5-23-MED-0388

65428

NAVHOSP ROOSEVELT ROADS

BUMED

Medical

PERSONNEL SUPPORT/OTHER

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload	5
4. Projected Workload	6
5. Medical Support	7
6. Graduate Medical Education	8,9
Facilities	
7. Facilities Description	10,11,12,13,14,15
Location	
8. Geographic Location	16
9. Manpower and Recruiting Issues	16
Features and Capabilities	
10. Capabilities	17,18,19,20
11. Mobilization	21
12. Non Availability Statements	22
13. Supplemental Care	22
14. Costs	23,24,25
15. Quality of Life	26

MISSION REQUIREMENTS

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

NAVAL HOSPITAL ROOSEVELT ROADS, PR IS THE PRIMARY MILITARY MEDICAL INPATIENT TREATMENT FACILITY IN THE CARRIBEAN AREA OF OPERATIONS. AS SUCH, THE FACILITY:

- GENERAL AND SPECIALIZED INPATIENT AND OUTPATIENT SERVICES TO ACTIVE DUTY PERSONNEL, DEPENDENTS, AND OTHER ELIGIBLE BENEFICIARIES AS AUTHORIZED IN TITLE 10 U.S.C.

- PERFORMS MEDICAL AREA COORDINATION, AEROMEDICAL EVACUATION MANAGEMENT, AND FLEET LIAISON RESPONSIBILITIES, AND PROVIDES MEDICAL LOGISTICAL SUPPORT TO U.S. AND ALLIED SHIPS, DEPLOYED UNITS, AND BASES OPERATING THROUGHOUT THE CARRIBEAN.

- PROVIDES PREVENTIVE MEDICINE, INDUSTRIAL HYGIENE, AND OCCUPATIONAL SUPPORT TO SHIPS AND OVERSEAS BASES OPERATING WITHIN THE CARRIBEAN.

- PROVIDES GENERALIZED MEDICAL SUPPORT TO U.S. COAST GUARD, U.S. CUSTOMS, DEPARTMENT OF TRANSPORTATION, AND OTHER U.S. GOVERNMENT AGENCIES LOCATED IN PUERTO RICO AS PERMITTED BY LAW AND CURRENT GUIDANCE.

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)
Atlantic Fleet Weapons Trng Facility	0017A	Ceiba, PR	136
Naval Computer Telecommunication Station	00743	Ceiba, PR	175
Commander Fleet Air, Caribbean	09003	Ceiba, PR	24
Patrol Squadron VP-8	09661	Ceiba, PR	314
Fleet Composite Squadron VC-8	09948	Ceiba, PR	211
Fleet Imaging Center	30047	Ceiba, PR	7
Explosive Ord. Disposal Group 2 Det	30714	Ceiba, PR	9
2ND NCB Det.	35182	Ceiba, PR	4
Naval Legal Serv. Office Detachment	35496	Ceiba, PR	8
Navy Broadcasting Serv	42021	Ceiba, PR	10
Personnel Sup. Acty. Det.	43334	Ceiba, PR	48
Naval Branch Med. Clinic Vieques	43680	Ceiba, PR	4
USCINCLANT (DEPT CFAC)	45099	Ceiba, PR	2
Tactical Support Ctr	47229	Ceiba, PR	34

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
US Coast Guard Greater Antille Sect.	48424	Ceiba, PR	1
Antisubmarine Warfare Comm. Detachment	48846	Ceiba, PR	20
Defense Commissary Agency	49220	Ceiba, PR	17
Commander Naval Surf Gp	49735	Ceiba, PR	3
Nav. Special Warfare Ut.4	60701	Ceiba, PR	10
Naval Criminal Invest.Serv.Of	63121	Ceiba, PR	10
Naval Mobile Construct.Bat.	63829	Ceiba, PR	628
Naval Hospital	65428	Ceiba, PR	403
Naval Oceanography Comm.Detach.	65877	Ceiba, PR	18
Marine Corps Security Force Company Detach	67411	Ceiba, PR	112
Def. Printing Serv. Det.	68018	Ceiba, PR	6
Naval Educa- ion Trng Supp.	68322	Ceiba, PR	2
Naval Dental Center	68445	Ceiba, PR	34
Naval Reserve Ctr	68702	Ceiba, PR	19

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Resident Officer In Charge of Const.	68762	Ceiba, PR	36
Special Boat Unit 20	68975	Ceiba, PR	8
Antilles Consolidated School Syst.	EPRAN	Ceiba, PR	350
437th Mil. Airlift Wing (MAC)	FB44XX	Ceiba, PR	2
Def.Reutilization & Marketing Office	SY2652	Ceiba, PR	12
US Army Veterinary Serv	W3QM18	Ceiba, PR	8
699th CO,USGA, FT Buchanan	WRZNAA	Ceiba, PR	14
390th CO, USAG,Ft Buchanan	WVGQAA	Ceiba, PR	8
Defense Fin. Accounting Serv.	XDRROOSR /DS	Ceiba, PR	9
US Customs	None	Ceiba, PR	11

o Tenants Residing on main complex (homeported units)

TENANT COMMAND NAME	UIC	LOCATION	NUMBER OF PERSONNEL
COMSOLANT	57061	CEIBA, PR	25
US COAST GUARD	Z76140	CEIBA, PR	58

o Tenants Residing in Special Areas

TENANT COMMAND NAME	UIC	LOCATION	NUMBER OF PERSONNEL
Federal Bureau of Prisons	None	San Juan, PR	6
Naval Reserve Recruiting Command Det 4	47766	San Juan, PR	3
US Department of Agriculture	None	San Juan, PR	4
Food & Drug Administration	None	San Juan, PR	6

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	458	31,907	2.94	3.69
ACTIVE DUTY NON N/MC	142	5,447	3.06	1.19
TOTAL ACTIVE DUTY	600	37,354		4.88
FAMILY OF AD	522	33,201	2.83	4.05
RETIRED AND FAMILY MEMBERS UNDER 65	258	15,338	2.86	2.02
RETIRED AND FAMILY MEMBERS OVER 65	86	4,401	3.03	.72
OTHER	26	3,364	3.35	.24
TOTAL	1492	93,658		11.91

. What is your occupancy rate for FY 1994 to date? 12

8

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	417	29,747	2.94	3.36
ACTIVE DUTY NON N/MC	134	5,208	3.05	1.12
TOTAL ACTIVE DUTY	551	34,955		4.48
FAMILY OF AD	580	28,351	2.97	4.72
RETIRED AND FAMILY MEMBERS UNDER 65	367	17,847	2.96	2.98
RETIRED AND FAMILY MEMBERS OVER 65	*	*		
OTHER	24	3,076	3.79	.25
TOTAL	1,522	84,229		12.43

What is your occupancy rate for FY 1994 to date? 12
 FY-94 Actual Workload for sevens month actuals, and five projected months based upon FY93 actual workload.

* This activity is not able to break out data for retirees and their dependents 65 years and over.

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	84,229	84,229	84,229	84,229	84,229	84,229	84,229
ADMISS.	1,522	1,522	1,522	1,522	1,522	1,522	1,522

Please show all assumptions and calculations in the space below:

RAPS could not be accessed to obtain official projected workload due to basewide communication problems during the submission period. There are currently no BRAC decisions or force reduction actions approved which would affect outyear workload projections. The reported workload has been straight-lined to indicate that no change in workload or medical requirements is currently expected in the outyears.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	360	3
ENVIRONMENTAL HEALTH INSPECTIONS	40	2
WASTE WATER MANAGEMENT	10	1
WATER AND ICE SURVEILLANCE	120	2
PUBLIC HEALTH INSPECTIONS	20	1
COMMUNICABLE DISEASE SURVEILLANCE	120	2
SEXUALLY TRANSMITTED DISEASE CONTACT	120	2
FOOD BORNE ILLNESS	30	3
QUARANTINE INSPECTIONS	24	1

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
DERATIZATION INSPECTIONS	24	1
BIO HAZARDOUS MATERIAL CONTROL	232	2
INSTITUTIONAL HEALTH MONITORING	16	1
INDUSTRIAL CONTRACT REVIEWS	40	1
ILLUMINATION SURVEYS	10	1
PUBLIC HEALTH SURVEILLANCE	24	2
PROGRAM ADMINISTRATION	288	1
EMPLOYEE HEALTH PROGRAM	15	1
PEST CONTROL OVERSIGHT	192	1
-----	----	---
ASSIST VISITS	45	2
SUPPLY	72	2
FAMILY HOME DAY CARE	30	2
DATA BASE MANAGEMENT	24	3
PUBLIC HEALTH EDUCATION	36	1
BLOOD BORNE PATHOGEN PROGRAM	18	2
INFECTION CONTROL \ INDUSTRIAL HYGIENE EDUCATION	6/20	3
OCCUPATIONAL HEALTH TRAINING	12	2
INDUSTRIAL HYGIENE INSPECTIONS	100	3

MEDICAL SURVEILLANCE PROGRAM	600	4
LASER SAFETY INSPECTIONS	1	1
NON-IONIZING RADIATION SURVEYS	2	1
HAZARD IDENTIFICATION	120	2
RADIOLOGICAL CONTROL PROGRAM	15	1
WORKPLACE STRESSOR MONITORING	60	2
HAZARDOUS MATERIALS MANAGEMENT	100	3
PERSONNEL PROTECTIVE EQUIPMENT	100	3
CHEMICAL PROTECTIVE CLOTHING	50	3
ENVIRONMENTAL ASSESSMENTS	60	6
VENTILATION ASSESSMENTS	10	3
EMERGENCY RESPONSE TEAM	4	6
DISASTER SURVEILLANCE TEAMS	12	3
HURRICANE RESPONSE TEAMS	3	4
COMMUNITY EVENTS OVERSIGHT	15	1
RESPIRATORY PROTECTION PROGRAM	20	4
RADIATION HEALTH PROGRAM	10	3
HEARING CONSERVATION	60	3
ASBESTOS IDENTIFICATION LABORATORY	100	3
EQUIPMENT MAINTENANCE AND CALIBRATION	60	1
SIGHT CONSERVATION PROGRAM	40	3
ERGONOMICS	30	4
REPORT GENERATION	150	8
IMMUNIZATION OVERSIGHT/MASS	483	2
NON-IONIZING RADIATION MONITORING	2	3
CERTIFICATION OF AUDIOMETRIC TEST CHAMBERS	10	2

PEDIATRIC LEAD POISONING PROTECTION PROGRAM	72	6
HEALTH PROMOTION PROGRAM	30	2
EPIDEMIOLOGY	12	3
N/A		

Note: Data derived from quantity, frequency and relative difficulty of processes in question. Personnel required are actual numbers of individuals performing task.

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
NO PROGRAMS AUTHORIZED.....								

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

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
None			

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
510-77	HOSPITAL/PATIENT CARE ADMIN, LABS	130,906	21	S
510-77	MISC. MEDICAL STORAGE	6,300	26	S
219-77	MAINTENANCE STORAGE	1,800	16	A
111-20	HELICOPTER LANDING PAD	10,000	19	A
721-11	BEQ, E1-E4*	12,422	21	S

*All facilities are plant inventoried under Naval Station Roosevelt Roads, PR and is not owned by the Naval Hospital; however, as replacement planning is the responsibility of ASD(HA), the information is reported here to ensure accuracy. The BEQ is also carried under the Naval Station Roosevelt Roads UIC, however, it is used solely for hospital personnel and is therefore reported. The reporting of these facilities as part of this submission is being done with the concurrence of the Naval Station.

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:

NOT APPLICABLE. ALL FACILITIES ARE CONSIDERED ADEQUATE.

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 YR	VALUE
04700024	REPAIR/IMPROVE SANITARY SEWER AND GREASE TRAP	92	150,000
R1-90	HURRICANE HUGP REPAIRS HOSPITAL ROOF	90	975,842
9470043	PROVIDE FIRE SPRINKLER SYSTEM BLDG 1810	91	29,939

Note: Repairs over \$500,000 have been included. The above improvements/repairs were not the result of BRAC realignments or closures.

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RA26-92	REPAIR BEQ, BLDG 1791	97	600,000
R26-91	REPLACE FRIABLE ASBESTOS	97	1,071,000
RR4-803	RELOCATE EMERGENCY GENERATOR	95	80

* Note: Repairs over \$500,000 have been included.

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

THE NAVAL STATION IS NOT AWARE OF ANY PLANNED BRAC RELATED CAPITAL IMPROVEMENTS PLANNED FOR THE YEARS 1995 THROUGH 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
-NONE-			

7e. Please complete the following Facility Condition Document:

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME Naval Hospital, Bldg. 1790					
2. UIC N65428	3. CATEGORY CODE 510-10	4. NO. OF BUILDINGS: 1			
5. SIZE 130,906 SF	A. GSF: 130,906 SF	B. NORMAL BEDS: 120 (note 1)	C.DTRS		
5. LOCATION NAVSTA Roosevelt Roads,	A. CITY Ceiba	B.STATE PR			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100			Note 1	
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	50		50	A26,G26 Note 2	
(6) FOOD SERVICES	100				
(7) LABORATORIES	50		50	A26,G26 Note 2	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100			Note 1	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	99		1	A26,G26 Note 2	
(12) PHARMACY	50		50	A26,G26 Note 2	
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC		100		A03	

(B) HVAC		100		F03
(C) PLUMBING	100			
(D) ELECTRICAL SVCS.	100			
(E) ELECTRICAL DISTRIBUTION	100			
(F) EMERGENCY POWER				



DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707		DMIS ID NO
1. FACILITY NAME Misc Medical Storage, Bldg 1731					
2. UIC N65428		3. CATEGORY CODE 510-77		4. NO. OF BUILDINGS:	
5. SIZE 300 SF		A. GSF:		B. NORMAL BEDS:	
6. LOCATION NAVSTA Roosevelt Roads,		A. CITY Ceiba		B. STATE PR	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A	N/A	N/A		
(2) ADMINISTRATION					
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7) LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					

(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER					

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A) 1707	DMIS ID NO
1. FACILITY NAME Misc Medical Storage Bldg. 1810					
2. UIC N65428	3. CATEGORY CODE 510-77		4. NO. OF BUILDINGS:		
5. SIZE 6,000 SF	A. GSF: 6,000		B. NORMAL BEDS:		C.DTRS
6. LOCATION NAVSTA Roosevelt Roads,		A. CITY Ceiba		B. STATE PR	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A	N/A	N/A		
(2) ADMINISTRATION					
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7) LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC		100		A03	
(C) PLUMBING	100				

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)		DD-H(A)1707	DMIS ID NO		
1. FACILITY NAME Maintenance Storage Bldg. 1810					
2. UIC N65428	3. CATEGORY CODE 219-77	4. NO. OF BUILDINGS: 1			
5. SIZE 1,800 SF	A. GSF: 1,800	B. NORMAL BEDS: N/A	C.DTRS		
6. LOCATION NAVSTA Roosevelt Roads,	A. CITY Ceiba	B.STATE PR			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A	N/A	N/A		
(2) ADMINISTRATION					
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7) LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707		DMIS ID NO
1. FACILITY NAME Helicopter Landing Pad, Bldg 1805					
2. UIC N65428		3. CATEGORY CODE		4. NO. OF BUILDINGS:	
5. SIZE 1,112 SY		A. GSF: 10,000		B. NORMAL BEDS: N/A	C.DTRS
6. LOCATION NAVSTA Roosevelt Roads,		A. CITY Ceiba		B.STATE PR	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A	N/A	N/A		
(2) ADMINISTRATION					
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7) LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	N/A	N/A	N/A		
(C) PLUMBING	N/A	N/A	N/A		

(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	N/A	N/A	N/A		
(F) EMERGENCY POWER					

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO	
1. FACILITY NAME Corpsman BEQ, Bldg 1791					
2. UIC N65428	3. CATEGORY CODE	4. NO. OF BUILDINGS: 1			
5. SIZE 12,422 SY	A. GSF: 12,422	B. NORMAL BEDS: N/A		C.DTRS	
6. LOCATION NAVSTA Roosevelt Roads,	A. CITY Ceiba	B. STATE PR			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				

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

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: Oct. 4/5, 1993

FULL ACCREDITATION: -Yes-

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

LOCATION:

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

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

Naval Hospital Roosevelt Roads is located at Naval Station, Roosevelt Roads, Ceiba, PR. Ninety Percent of the entire client base (including fleet support) is located on the Naval Station.

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

Naval Station Roosevelt Roads has a military harbor and airport. The closest international harbor and airport is in San Juan, PR, approx. 45 miles. Nearest main highway is route 3 which is less than 5 miles away. There are no railways in Puerto Rico.

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): 4 miles

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

Naval Hospital Roosevelt Roads has no specified mobilization requirements.

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

5 to 20 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?

None. There are no unique aspects of our facility's location that help or hinder in the hiring of qualified civilian personnel.

FEATURES AND CAPABILITIES

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

NAVAL HOSPITAL ROOSEVELT ROADS, PR IS THE ONLY ACCESSIBLE FULL SERVICE MILITARY MEDICAL TREATMENT FACILITY IN THE CARRIBEAN AREA OF OPERATIONS. THE PRIMARY CLIENT, NAVAL STATION ROOSEVELT ROADS, PR PROVIDES AN EXTENSIVE LEVEL OF FLEET WEAPONS TESTING SUPPORT WHICH IS CRITICAL TO THE NAVY TESTING PROGRAM.

CLOSURE OF THE NAVAL HOSPITAL WOULD SIGNIFICANTLY IMPACT GENERAL NAVAL STATION AND CARRIBEAN FLEET OPERATIONS SINCE AN EQUIVALENT LEVEL OF INPATIENT AND OUTPATIENT MEDICAL CARE IS NOT READILY AVAILABLE. ALTHOUGH GENERAL MEDICAL SERVICES ARE AVAILABLE IN THE LOCAL AREA, THE LEVEL OF MEDICAL CARE IS CONSIDERED BELOW PAR BY CONUS STANDARDS. ACCESS TO CARE OFF-BASE IS FURTHER HINDERED BY A LANGUAGE BARRIER, HEAVY TRAFFIC PATTERNS, AND A HIGH CRIME RATE IN THE LOCAL COMMUNITY.

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. NAVAL HOSPITAL ROOSEVELT ROADS, PR IS THE ONLY ACCESSIBLE FULL-SERVICE MILITARY MEDICAL TREATMENT FACILITY IN THE CARRIBEAN. AS SUCH, THE HOSPITAL PROVIDES AN EXTENSIVE PROGRAM OF GENERAL AND SPECIALIZED MEDICAL SERVICES WHICH ARE INTEGRATED AND COORDINATED TO PROVIDE AN OPTIMUM LEVEL OF QUALITY PATIENT CARE. BY CONTRAST, PUERTO RICAN FACILITIES TEND TO BE EITHER INDEPENDENT MEDICAL PROVIDERS OR ISOLATED CENTERS OF SPECIALIZED MEDICAL SERVICES--A FACTOR WHICH PREVENTS THE PUERTO RICAN FACILITIES FROM ACHIEVING THE MULTIDISCIPLINARY APPROACH TO MEDICINE WHICH IS CONSIDERED THE CURRENT STANDARD OF MEDICAL CARE. THIS IS FURTHER AGGRAVATED BY THE GENERALLY LOWER OVERALL STANDARD OF MEDICAL CARE IN THE COMMUNITY AND ACCESS PROBLEMS ASSOCIATED WITH CULTURAL AND LINGUISTIC BARRIERS, HEAVY TRAFFIC PATTERNS, AND AN EXTREMELY HIGH CRIME RATE. CONSIDERING THESE POINTS, IT IS FELT THAT CLOSING THE FACILITY WITHOUT REDUCING THE BENEFICIARY POPULATION WOULD SEVERELY IMPACT THE PUERTO RICAN HEALTH CARE INFRASTRUCTURE AND PREVENT ELIGIBLE BENEFICIARIES FROM OBTAINING REQUIRED MEDICAL CARE IN A TIMELY FASHION.

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.

NO. ALTHOUGH DEFINITIVE SUPPORTING EVIDENCE COULD NOT BE OBTAINED IN THE TIMEFRAME PROVIDED FOR THIS REPORT, IT IS FELT THE RESULTING PATIENT CARE WORKLOAD COULD NOT BE HANDLED BY THE MEDICAL COMMUNITY. PUERTO RICAN MEDICAL FACILITIES ARE ALREADY INUNDATED AND CAN NOT PROVIDE EITHER ROUTINE OR EMERGENCY MEDICAL SUPPORT IN A TIMELY MANNER. ACCESS IS FURTHER CONSTRAINED BY CULTURAL AND LINGUISTIC BARRIERS, HEAVY TRAFFIC PATTERNS, AND THE LACK OF ANY MODERN FORM OF RAPID TRANSIT SYSTEMS. WHEN MEDICAL CARE CAN BE OBTAINED, THE RESULTING LEVEL OF MEDICAL CARE WOULD BE CONSIDERED SUBSTANDARD IN CONUS. SHIPS AND DEPLOYED UNITS WOULD ENCOUNTER CHRONIC DELAYS, TYPICALLY WEEKS OR EVEN MONTHS, IN OBTAINING REQUIRED MEDICAL SERVICES FROM THE ECONOMY.

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

NO. ALTHOUGH DEFINITIVE SUPPORTING EVIDENCE COULD NOT BE OBTAINED IN THE TIMEFRAME PROVIDED FOR THIS REPORT, IT IS FELT THE RESULTING PATIENT CARE WORKLOAD COULD NOT BE HANDLED BY THE MEDICAL COMMUNITY. PUERTO RICAN MEDICAL FACILITIES ARE ALREADY INUNDATED AND CAN NOT PROVIDE EITHER ROUTINE OR EMERGENCY MEDICAL SUPPORT IN A TIMELY MANNER MEETING OUR QUALITY STANDARDS. ACCESS IS FURTHER CONSTRAINED BY CULTURAL AND LINGUISTIC BARRIERS, HEAVY TRAFFIC PATTERNS, AND THE LACK OF ANY MODERN FORM OF RAPID TRANSIT SYSTEMS. SHIPS AND DEPLOYED UNITS WOULD ENCOUNTER CHRONIC DELAYS, TYPICALLY WEEKS OR EVEN MONTHS, IN OBTAINING REQUIRED MEDICAL SERVICES FROM THE LOCAL AREA. WHEN MEDICAL CARE CAN BE OBTAINED, THE RESULTING LEVEL OF MEDICAL CARE WOULD BE CONSIDERED SUBSTANDARD IN CONUS. MANY OF THE FACILITIES DO NOT PROVIDE EVEN THE MINIMUM LEVEL OF PATIENT CARE AMENITIES SUCH AS TOWELS, SHEETS, ETC.

Revised pg

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

NAVAL HOSPITAL ROOSEVELT ROADS IS NOT CURRENTLY ASSIGNED A SPECIFIC MOBILIZATION MISSION.

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
-NONE-		

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

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

NOT APPLICABLE

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

Number of "stubbed" expanded beds¹: 75
¹ Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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Revised pg

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

NAVAL HOSPITAL ROOSEVELT ROADS IS NOT CURRENTLY ASSIGNED A SPECIFIC MOBILIZATION MISSION.

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
-NONE-		

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

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

NOT APPLICABLE

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

Number of "stubbed" expanded beds¹: 124

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

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

NAVAL HOSPITAL ROOSEVELT ROADS IS NOT CURRENTLY ASSIGNED A SPECIFIC MOBILIZATION MISSION.

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
-NONE-		

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

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

NOT APPLICABLE

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

Number of "stubbed" expanded beds¹:

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	40	41	35
OUTPATIENT	5	8	3

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	135	28,665	141	25,779	130	27,000
AD FAMILY	20	4,078	25	5,485	23	4,800
OTHER	10	2,450	10	1,986	10	2,200
TOTAL	165	35,193	176	33,250	163	34,000

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	9,558,419	7,721,391	2,543,027
TOTAL OUTPATIENT VISITS	76,374	63,384	20,351
AVERAGE COST PER VISIT	125	122	125

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE	6,682,351	5,090,332	1,691,518

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PAGE 39R

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Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A ¹	10,487	12,851	3,528
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA) ¹		61,523	27,162
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD) ¹	611,370	198,305	60,111
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC) ¹			
F. TOTAL (B+C+D+E)	621,857	272,679	90,801

¹ These costs are actual.

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)	62,490	117,575	16,300
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)	62,490	117,575	16,300

WRONG TABLE
SEE PAGE 39R

BUMED
MED-826
GSA
6/2/94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)	6,222,984	4,935,228	1,617,017
O. TOTAL CATEGORY III RWPS	**		
P. UNIT COST (N÷O)			

** NAVAL HOSPITAL ROOSEVELT ROADS, PR DOES NOT HAVE THE CAPABILITY TO PROVIDE "RWPS" INFORMATION. PER LT. SCHAFFER, THIS WILL BE PROVIDED BY BUMED.

U. S. NAVAL HOSPITAL, ROOSEVELT ROADS, PR

UIC: 65428

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)	6,682,351	5,090,332	1,691,518

Table B:

INCOMPLETE
TABLE
SEE PAGE 39R
BUMED
MED 825
65A 6/2/94

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	319,575	669,495	215,114
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	319,575	669,495	215,114
E. TOTAL E EXPENSES (ALL ACCOUNTS)	8,147,348	7,336,618	2,170,187
F. % SELECTED E EXPENSES (D÷E) ¹	3.9224	9.1254	9.9122

¹ Record as a decimal to 6 digits.

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	8,147,348	7,336,618	2,170,187
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	319,572	669,496	215,113
I. AREA REFERENCE LABORATORIES (FAA)		SEE PAGE 39R FOR INFORMATION	BUMED. MED-825
J. CLINICAL INVESTIGATION PROGRAM (FAH)		REGARDING THIS TABLE.	65A 6/2/94
K. TOTAL SELECTED F (I+J)			
L. CONTINUING HEALTH EDUCATION (FAL)	62,490	117,575	16,300
M. DECEDENT AFFAIRS (FDD)			
N. INITIAL OUTFITTING (FDE)			
O. URGENT MINOR CONSTRUCTION (FDF)			
P. TOTAL (L+M+N+O)	62,490	117,575	16,300
Q. E EXPENSES INCLUDED IN ROW P	62,490	117,575	16,300
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	2,451	10,729	1,616
S. OTHER F'S LESS E (P-R)	60,039	106,846	14,684

Table D:

INCOMPLETE SEE TABLE ON PAGE 39 R

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	1,399	1,082	336
U. TOTAL WORK UNITS (MWU) ²	3,595	2,734	881
V. PERCENT INPATIENT (IWU+AWU)	.64	.65	.62
W. FINAL OTHER F EXPENSES (S×V)	38,425	69,450	9,104
X. FINAL F EXPENSES (K+W)	38,425	69,450	9,104
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	6,401,204	4,490,286	1,485,509
Z. NUMBER OF BIOMETRICS DISPOSITIONS	1,648	1,523	**
AA. TOTAL MEPRS DISPOSITIONS	1,639	1,302	404
BB. ADJUSTED DISPOSITIONS (Z+AA)	1.01	1.17	1.00
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	6,465,216	5,253,635	1,485,509
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC+DD)			
FF. TOTAL CATEGORY II RWPs ³			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH+II)			

BUMED
MED 825
65A
6/2/94

** FY-94 No calculation or record.

² Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

³ Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

INCOMPLETE SEG PAGE 39 R

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	4,965	3,653	1,030
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)			

BUMED
MED-825
65A
6/2/94

TABLE A: ROOSEVELT ROADS

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	6682351	7451096	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	319575	917840	
D. TOTAL EXP EBE AND EBF	319575	917840	0
E. TOTAL E EXPENSES	8147348	11212927	
F. % SELECTED E EXPENSES (D/E)	0.039224	0.081856	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	841363	1465674	
H. E EXPENSES TO REMOVE FROM A (FxG)	33001.98	119973.5	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)	62490	146209	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	62490	146209	0
E EXPENSE (FAL)	0	19635	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	0	19635	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	0	1607.233	ERR
S. OTHER F'S LESS E (P-R)	62490	144601.8	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1398.81	1436.22	
U. MWU	3405.51	3514.34	
V. PERCENT INPATIENT	0.410749	0.408674	ERR
W. FINAL OTHER F EXP (SxV)	25667.71	59095.01	ERR
X. FINAL F EXP (K+W)	25667.71	59095.01	ERR
Y. TOTAL CATEGORY III EXP (A-H+X)	6675017	7390217	ERR
Z. NUMBER BIOMETRICS DISPOS	1640	1723	
AA. TOTAL MEPRS DISP	1639	1694	
BB. ADJ DISPOS (Z/AA)	1.00061	1.017119	ERR
CC. ADJ MERPS EXP (YxBB)	6679089	7516732	ERR
DD. TOTAL RWP	1136.571	1159.61	
EE. COST PER RWP (CC/DD)	5876.526	6482.121	ERR
CATEGORY II RWPS			
(DXNNH)	0	0	
(PAS)	346.2235	383.7995	
(ADELS)	5.4641	1.2534	
FF. TOTAL CAT II RWPS	351.6876	385.0529	0
GG. TOTAL CAT II COST (EExFF)	2066701	2495960	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4612388	5020773	ERR
II. TOTAL CAT III RWPS (DD-FF)	784.8834	774.5571	0
JJ. COST PER CAT III RWP (HH/II)	5876.526	6482.121	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	4047	3717	
CAT II OBDS			
(DXNNH)	0	6	
(PAS)	941	858	
(ADELS)	60	11	
LL. TOTAL CAT II OBD	1001	875	
MM. CAT III OBDS (KK-LL)	3046	2746	
NN. AVG DAYS/RWP (MM/II)	3.880831	3.847834	ERR
OO. ADD ON PER RWP (NNx77)	298.824	273.1882	ERR
PP. TOTAL COST PER RWP (JJ+OO)	6175.35	6768.304	ERR
QQ. CIVILIAN PAY COST (PPx.15)	926.3025	1015.200	ERR
RR. MILITARY PAY COST (PPx.56)	3458.196	3753.07	ERR
SS. OTHER COSTS (PPx.29)	1790.852	1999.034	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	989.1048	1041.466	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3645.321	3897.589	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1453.984	1530.334	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1512.143	1591.139	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3791.134	4053.495	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1862.486	2079.4	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	2017.072	2253.504	ERR
ADJ CAT III COST/RWP	7320.349	8007.535	ERR

15. Quality of Life.

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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?

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(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+		

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

¹As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

Top Five Factors Driving the Demand for Base Housing	
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ **DISTANCE** _____

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

²Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
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		

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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?

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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).

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(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)

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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		

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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)			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(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)	

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(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.

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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)

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(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		Graduat
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

(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)				Graduate
		Adult High School	Vocational/ Technical	Undergraduate Courses only	Degree Program	
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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.

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

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			

NAVHOSP IS A TENANT AT NAVAL STATION, ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST IN BRAC 95 DATA CALL NUMBER 37.

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-02, 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 #1791 72111	56	30	56	12422	0	0	0	0
BOQ #726 72411	92	23	23	21207	0	0	0	0
BOQ #1688 72411	230	85	85	48445	0	0	0	0

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

- (1) FACILITY TYPE/CODE:
- (2) WHAT MAKES IT INADEQUATE?
- (3) WHAT USE IS BEING MADE OF THE FACILITY?
- (4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- (5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- (6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- (7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR

BASEREP?

ENCL (1)

*Conrad
pg*

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.

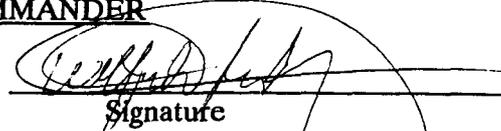
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT WILFREDO RODRIGUEZ
NAME (Please type or print)

COMMANDING OFFICER
Title

USNH ROOSEVELT ROADS, P.R.
Activity


Signature

20 MAY 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D. F. Hagen
Signature

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

6-2-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GRODNE JR.
NAME (Please type or print)

J. B. Grodne Jr.
Signature

ACOMG
Title

6/9/94
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

D. F. Hagen
Signature
6-21-94
Date

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

R. R. Sareeram
Signature

NAME (Please type or print)

29 JUN 1994

ACTING

Title

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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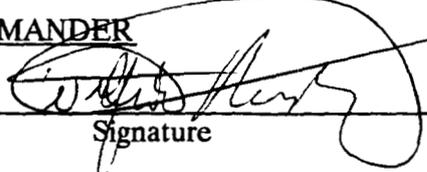
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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT WIFREDO RODRIGUEZ
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

19 AUGUST 1994
Date

USNH ROOSEVELT ROADS, P. R.
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)


Signature

ACTING CHIEF BUMED _____
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Signature

Title

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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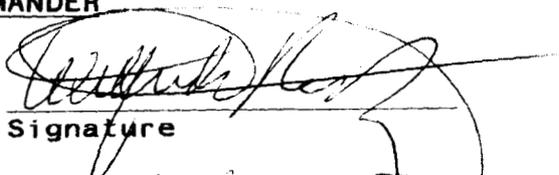
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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

WILFREDO RODRIGUEZ



Signature

COMMANDING OFFICER

Title

21 Sept 94

Date

USNH ROOSEVELT ROADS, P.R.

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

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

9-22-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

10/5/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPI WILFREDO RODRIGUEZ, MC, USN

NAME (Please type or print)


Signature

COMMANDING OFFICER

Title

29 Sept 94
Date

U.S. NAVHOSP ROOSEVELT ROADS, PR

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

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 10/3/94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

J. B. Greene, Jr.

Signature
10 OCT 1994

Title

Date

Document Separator

**DATA CALL 63
 FAMILY HOUSING DATA**

388

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	NAVHOSP Roosevelt Roads PR
Unit Identification Code (UIC):	N65428
Major Claimant:	NAVMEDCOM

Percentage of Military Families Living On-Base:	69.56%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget (\$000):	\$966.5
Total Number of Officer Housing Units:	72
Total Number of Enlisted Housing Units:	72

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

The number of officer and enlisted units reflected above are this activity's share of the family housing assets in the total survey complex, based on data extracted from the FY96 Family Housing Survey (DD Form 1377) and the Current Personnel Summary. These units are not necessarily located at this particular activity. If this activity were to close, the housing assets could still be utilized by other activities located in the survey complex.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Jack Buffington
Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

W A Earner

Signature

7/25/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

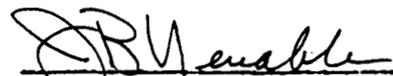
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I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

THOMAS A. DAMES
NAME (Please type of print)
Rear Admiral, CEC, USN
Title
LANTNAVFACENGCOM
Activity


Signature J.B. VENABLE
Acting
Date JUL 06 1994

ENCLOSURE(2)

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

PC Paulette C. Brown
Name (Please type or print)

P. J. R. Hindstaff
Signature

Head, Operations & Projects Branch
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVEACENGCOM
Activity

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

J. Richard Grindstaff
Name (Please type or print)

J. Richard Grindstaff
Signature

Head. Requirements & Acquisition Branch
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

Mark D. Raker
Name (Please type or print)

Mark D. Raker
Signature

Housing Management Specialist
Title

7/6/94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

for Moses L. Meadows
Name (Please type or print)

for J. Richard Hundstett
Signature

Director
Title

7-6-99
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

Document Separator

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

● HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

● Yes _____ No X (check one)

● TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

● Yes X No _____ (check one)

- Primary Host (current) UIC: 00389
- Primary Host (as of 01 Oct 1995) UIC: 00389
- Primary Host (as of 01 Oct 2001) UIC: 00389

● 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
NOT APPLICABLE		

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
BRMEDCL VIEQUES PR	43680	VIEQUES PR	AMMUNITION SUPP FACILITY VIEQUES, U. S. NAVSTA ROOSEVELT ROADS PR	00389
BRMEDCL SABANA SECA PR	32650	SABANA SECA PR	U.S. NAVSECGRUACT SABANA SECA PR	66754
BRMEDCL ANTIGUA	41806	ANTIGUA	US. NAVAL SUPPORT FACILITY, ANTIGUA	57049

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.

NO.

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 INPATIENT AND OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES IN PUERTO RICO, ANTIGUA, VIEQUES, AND THE SURROUNDING CARIBBEAN AREA.
- PERFORM NAVY OFFICE OF MEDICAL AFFAIRS COORDINATION FUNCTIONS PERTAINING TO THE HOSPITALIZATION OF ACTIVE DUTY PERSONNEL IN CIVILIAN FACILITIES WITHIN THE CARIBBEAN AREA.
- PROVIDE INDUSTRIAL HYGIENE, OCCUPATIONAL HEALTH, PREVENTIVE MEDICINE, AND VETERINARY FOOD SERVICE SUPPORT TO NAVAL STATION ROOSEVELT ROADS, PR.
- THE ACTIVITY MISSION HAS NOT BEEN AFFECTED BY PREVIOUS BRAC DECISIONS.

Projected Missions for FY 2001

- PROVIDE INPATIENT AND OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES IN PUERTO RICO, ANTIGUA, VIEQUES, AND THE SURROUNDING CARIBBEAN AREA.
- PERFORM NAVY OFFICE OF MEDICAL AFFAIRS COORDINATION FUNCTIONS PERTAINING TO THE HOSPITALIZATION OF ACTIVE DUTY PERSONNEL IN CIVILIAN FACILITIES WITHIN THE CARIBBEAN AREA.
- PROVIDE INDUSTRIAL HYGIENE, OCCUPATIONAL HEALTH, PREVENTIVE MEDICINE, AND VETERINARY FOOD SERVICE SUPPORT TO NAVAL STATION ROOSEVELT ROADS, PR.

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

- U.S. NAVAL HOSPITAL ROOSEVELT ROADS PROVIDES REGIONAL MEDICAL SUPPORT AS THE ONLY DOD MILITARY MEDICAL INPATIENT TREATMENT FACILITY IN THE CARIBBEAN THEATER OF OPERATIONS.
- THE NAVAL HOSPITAL DOES NOT HAVE ANY NATIONAL COMMAND AUTHORITY OR CLASSIFIED MISSION RESPONSIBILITIES.

Projected Unique Missions for FY 2001

- U.S. NAVAL HOSPITAL ROOSEVELT ROADS PROVIDES REGIONAL MEDICAL SUPPORT AS THE ONLY DOD MILITARY MEDICAL INPATIENT TREATMENT FACILITY IN THE CARIBBEAN THEATER OF OPERATIONS.
- THE NAVAL HOSPITAL DOES NOT HAVE ANY NEW UNIQUE MISSIONS PROJECTED FOR FY 2001.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

● Operational name	UIC
<u>U.S. NAVAL STATION ROOSEVELT ROADS, PR</u>	<u>00389</u>
● Funding Source	UIC
<u>HEALTHCARE SUPPORT OFFICE, JACKSONVILLE, FL</u>	<u>68907</u>

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian
● Reporting Command			
NAVHOSP ROOSEVELT ROADS	95	233	85
BRMEDCL SABANA SECA	2	8	0
BRMEDCL VIEQUES	0	2	0
● Tenants (total)	0	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
● Reporting Command			
NAVHOSP ROOSEVELT ROADS	90	210 217 GSA	95 105 GSA
BRMEDCL SABANA SECA	2	6	0
BRMEDCL VIEQUES	2 0 GSA	2	0
● 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.

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
●	CO- CAPT WILFREDO RODRIGUEZ	831-5761	831-5719	(809)865-1532
●	XO- CAPT VICTORIA J. KARRAT	831-5761	831-5719	(809)865-0132
●	COMPROLLER- LCDR H. L. HILL	831-5777	831-5710	(809)865-1587
●	DUTY OFFICER-	831-5767	831-5719	[N/A]

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of 30 September 1994, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n
NOT APPLICABLE					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n
NOT APPLICABLE					

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>ARMED FORCES WEAPONS TEST FACILITY (AFWTP)</i>	<i>CEIBA, PR</i>	<i>PROVIDE GENERAL MEDICAL CARE (BASE SUPPORT)</i>
<i>COMFLTAIRCARIB</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>ACSS</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>NAVDENGEN</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>NAVCOMTELSTA</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>US. NAVSECGRUACT</i>	<i>SABANA SECA, PR</i>	<i>ISSA</i>
<i>ROICC/LANTDIV</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>NAVLEGSVCBR</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>NAVBCST DET TWELVE</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>NPPSOBO DET</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>NAVCONSTBAT LANTFLTDET</i>	<i>CEIBA, PR</i>	<i>(BASE SUPPORT)</i>
<i>ANTIGUA</i>	<i>ANTIGUA</i>	<i>MOU</i>
<i>VIEQUES</i>	<i>VIEQUES, PR</i>	<i>MOU</i>

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

PROVIDED IN HOST FACILITY (00389 - NAVSTA ROOSEVELT ROADS PR) BRAC SUBMISSION.

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)

PROVIDED IN HOST FACILITY (00389 - NAVSTA ROOSEVELT ROADS PR) BRAC SUBMISSION.

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)

PROVIDED IN HOST FACILITY (00389 - NAVSTA ROOSEVELT ROADS PR) BRAC SUBMISSION.

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

PROVIDED IN HOST FACILITY (00389 - NAVSTA ROOSEVELT ROADS PR) BRAC SUBMISSION.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

NAME: WILFREDO RODRIGUEZ
CAPT, MC, USN

TITLE: COMMANDING OFFICER
NAVAL HOSPITAL
ROOSEVELT ROADS, PR

DATE: 2 FEB 1994

65428

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

x 
Signature

ACTING CHIEF BUMED
Title

11 FEB 1994

Date

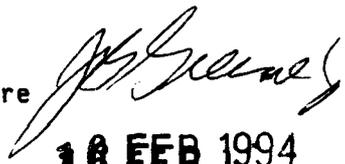
BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.
NAME (Please type or print)

Signature


10 FEB 1994

ACTING

Document Separator

103

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 ROOSEVELT ROADS PR
UIC:	65428
Major Claimant:	BUREAU OF MEDICINE AND SURGERY (BUMED)

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.

Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

**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:	\$36,690.27
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Source of Data (1.a.): CT2 BUDGET PROJECTION DATED 05/26/94
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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
CEIBA	PR	233	38	63.5	2	10
FAJARDO	PR	52	25	18.0	5	13
NAGUABO	PR	21	3	5.6	8	15
HUMACAO	PR	8	3	2.6	17	25
JUQUILLO	PR	18	10	6.5	12	20
ALL OTHERS	PR	8	8	3.7	32	55

Note: Puerto Rico is not subdivided into counties. Areas listed above are towns where the majority of our employees currently reside.

= 100%

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:
 CEIBA, PR (NAVSTA ROOSEVELT ROADS PR [UIC: 00389])

<p>Source of Data (1.b. 1) & 2) Residence Data): Ms. A. Morales, Management Analyst -Standard Personnel Management System (SPMS) Report of 11 JUL 1994</p>
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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)
San Juan	PR	50
Carolina	PR	40

**Source of Data (l.c. Metro Areas): FROMMERS Comprehensive Travel Guide,
Puerto Rico 93-94 edition, ISDN 0-13-333758-8**

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	2
25 - 34 Years	11	13
35 - 44 Years	27	31
45 - 54 Years	29	33
55 - 64 Years	18	21
65 or Older	0	0
TOTAL	87	100 %

Source of Data (1.d.) Age Data): Defense Consolidated Personnel Data System (DCPDS) Employee report of 11 JUL 1994 - Provided by HRO, NAVSTA ROOSEVELT ROADS PR

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

e. Education Level of Civilian Workforce

1) **Education Level Table.** Complete the following table, identifying the education level of the activity's civil service workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	2	2
9th through 11th Grade	6	7
12th Grade or High School Equivalency	41	47
1-3 Years of College	16	18
4 Years of College (Bachelors Degree)	17	20
5 or More Years of College (Graduate Work)	5	6
TOTAL	87	100 %

2) **Degrees Achieved.** Complete the following table for the activity's civil service workforce.

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	0
Associate Degree	6
Bachelor Degree	19
Masters Degree	2
Doctorate	1

Source of Data (1.e.1) and 2) Education Level Data): DCPDS Employee Report of 11 JUL 1994 - Provided by HRO, NAVSTA ROOSEVELT ROADS PR

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. Leave shaded areas blank.

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	0	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	0	0
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 3a. through 3e.	20-39	0	0
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	0	0
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	0	0
4f. Communications	48	0	0
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	0	0
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	0	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	10	11
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	0	0
5f. Motion Pictures	78	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5g. Amusement and Recreation Services	79	0	0
5h. Health Services	80	23	26
5i. Legal Services	81	0	0
5j. Educational Services	82	0	0
5k. Social Services	83	1	1
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	1	1
5n. Other Misc. Services	89	0	0
Sub-Total 5a. through 5n.:	70-89	35	40
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	52	60
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	0	0
Sub-Total 6a. through 6d.		52	60
TOTAL		87	100 %

Source of Data (1.f.) Classification By Industry Data): DCPDS Employee Report of 11 JUL 1994 - Provided by HRO, NAVSTA ROOSEVELT ROADS PR

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by civil service employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. Leave shaded areas blank.

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	8	9
2. Professional Specialty		
2a. Engineers	0	0
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	1	1
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	1	1
2i. Religious Workers	0	0
2j. Teachers, Librarians & Counselors	0	0
2k. Health Diagnosing Practitioners (Doctors)	1	1

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	14	17
2m. Communications	1	1
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	18	21
3. Technicians and Related Support		
3a. Health Technologists and Technicians	10	11
3b. Other Technologists	0	0
Sub-Total 3a. and 3b.:	10	11
4. Administrative Support & Clerical	22	26
5. Services		
5a. Protective Services (includes guards, firefighters, police)	0	0
5b. Food Preparation & Service	18	21
5c. Dental/Medical Assistants/Aides	0	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	10	11
Sub-Total 5a. through 5d.	28	33
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	0	0
8. Construction Trades	0	0
9. Production Occupations	0	0
10. Transportation & Material Moving	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	1	1
TOTAL	87	100 %

**Source of Data (1.g.) Classification By Occupation Data): DCPDS Employee report
of 11 JUL 1994 - Provided by HRO, NAVSTA ROOSEVELT ROADS PR**

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilers.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning military spouses who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	55
2. Percentage of Military Spouses Who Work Outside of the Home:	
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	
3b. Employed "On-Base" - Non-Appropriated Fund:	
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	

Source of Data (1.h.) Spouse Employment Data): Married Military Employee acquired from SPMS Report of 11 JUL 1994. See BRAC 95 Data Call 65 submission for UIC: 00389 - NAVSTA ROOSEVELT ROADS PR for Items 2 & 3.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

- A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.
- B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.
- C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

a. **Table A: Ability of the local community to meet the expanded needs of the base.**

1) Using the A - B - C rating system described above, complete the table below.

See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 - NAVSTA ROOSEVELT ROADS PR

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			
Wastewater Treatment			
Storm Water Collection			
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreational Activities			

Remember to mark with an asterisk any categories which are wholly supported on-base.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

Source of Data (2.a. 1) & 2) - Local Community Table):

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the A - B - C rating system described above, complete the table below. See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 - NAVSTA ROOSEVELT ROADS PR

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			
Wastewater Treatment			
Storm Water Collection			
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreation Facilities			

Remember to mark with an asterisk any categories which are wholly supported on-base.

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

Source of Data (2.b. 1) & 2) - Regional Table):
--

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

3. Public Facilities Data:

- a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units:

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

Units for Sale:

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

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 Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 - NAVSTA ROOSEVELT ROADS PR

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.

Source of Data (3.b.2) On-Base Schools):

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

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 Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

Source of Data (3.b.4) Vo-tech Training:

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

c. Transportation.

1) Is the activity served by public transportation?

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

	<u>Yes</u>	<u>No</u>
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.

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

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.

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

Source of Data (3.c.3) Transportation):

4) How many carriers are available at this airport?

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

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?

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

Source of Data (3.c.5) Transportation):

6) Access to Base:

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

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):

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

- d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR

Source of Data (3.d. Fire/Hazmat):

- e. **Police Protection.**

See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR

- 1) What is the level of legislative jurisdiction held by the installation?

- 2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

- 3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

- 4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

- 5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

Source of Data (3.e. 1) - 5) - Police):

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

f. Utilities.

**See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR**

- 1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

- 2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

- 3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Source of Data (3.f. 1) - 3) Utilities):

**DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

See Host Facility BRAC 95 DATA CALL 65 submission for UIC: 00389 -
NAVSTA ROOSEVELT ROADS PR

Employer	Product/Service	No. of Employees
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Source of Data (4. Business Profile):

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 WILFREDO RODRIGUEZ, MC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER

Title

12 July 94
Date

U.S. NAVHOSP ROOSEVELT ROADS, PR

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

July 15, 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

8/11/94

Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

25

Activity Information:

Activity Name: U. S. NAVAL HOSPITAL, ROOSEVELT ROADS
UIC: 65428

Host Activity Name (if response is for a tenant activity):

Naval Station Roosevelt Roads

Host Activity UIC: *N00389*

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: U. S. NAVAL HOSPITAL

UIC: 65428

Category	FY 1996 BOS Costs (\$000)
----------	---------------------------------

**DATA CALL 66
INSTALLATION RESOURCES**

	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	311		311
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	311		311
2. Other Base Operating Support Costs:			
2a. Utilities	579		579
2b. Transportation	23		23
2c. Environmental		50	50
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	65	2,117	2,182
2j. Other (Specify)			
Engineering Support	26	131	157
Retail Supply Operations	67	679	746
Base Communications	118	30	148
Physical Security	2	221	223
Hazardous Waste	13		13
Other Personnel Support	5	113	118
Injury Compensation	17		17
2k. Sub-total 2a. through 2j:	915	3,341	4,256
3. Grand Total (sum of 1c. and 2k.):	1,226	3,341	4,567

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M	2,165
MPM	2,402

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

DATA CALL 66
INSTALLATION RESOURCES

" N/A "
BUMED-822
MK, 19 Jul 94

**Table 1B - Base Operating Support Costs
(DBOF Overhead)**

Activity Name:

UIC:

	FY 1996 Net Cost From UC/FUND-4 (\$000)		
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1e. Sub-total 1a. through 1d.			
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 1e., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data
Activity Name: U. S. NAVAL HOSPITAL

UIC:65428

Cost Category	FY 1996 Projected Costs (\$000)
Travel:	138
Material and Supplies (including equipment):	1,219
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	6
Other Purchases (Contract support, etc.):	1,443
Total:	2,806

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

<u>Table 3 - Contract Workyears</u>		UIC: 65428
Activity Name:	U. S. NAVAL HOSPITAL	FY 1996 Estimated Number of Workyears On-Base
	Contract Type	
Construction:		
Facilities Support:		4
Mission Support:		
Procurement:		
Other:*		
Total Workyears:		4

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

DATA CALL 66
INSTALLATION RESOURCES

b. **Potential Disposition of On-Base Contract Workyears.** If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

4

2) Estimated number of workyears which would be eliminated:

N/A

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

N/A

DATA CALL 66
INSTALLATION RESOURCES

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

No. of Additional
Contract Workyears
Which Would Be
Eliminated

General Type of Work Performed on Contract (e.g.,
engineering support, technical services, etc.)

0

No. of Additional
Contract Workyears
Which Would Be
Relocated

General Type of Work Performed on Contract (e.g.,
engineering support, technical services, etc.)

0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

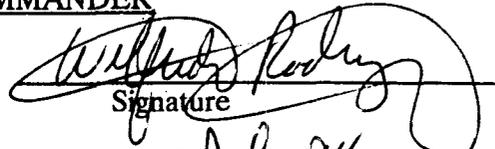
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT WILFREDO RODRIGUEZ, MC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

13 July 94
Date

U.S. NAVHOSP ROOSEVELT ROADS, PR
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)
COMPTROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

18 July 1994

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

7-18-94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE & SURGERY
Activity

[Signature]
Signature

Date

7-24-94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Title

[Signature]
Signature

Date

04 AUG 1994

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

328

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).

Installation Name:		Roosevelt Roads, NH		
Unit Identification Code (UIC):		65428		
Major Claimant:		Defense Agencies (DMFO)		
Project FY	Project No.	Description	Appn	Project Cost Avoid (\$000)
2001		Hospital Addition/Alteration	MCON	14,400
		Sub -Total 2001		14,400
		Grand Total		14,400

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

NAME (Please type of print)
Director, DMFO

Title
OASD(HA)

Activity

Gordon K. Dowery

Signature
7/8/94

Date

Document Separator

388

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: U.S. Naval Hospital Roosevelt Roads, PR**

**Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers**

*******If any responses are classified, attach separate
classified annex*******

TABLE OF CONTENTS

MISSION REQUIREMENTS

- 1. Population3
- 2. Bed Capacity4
- 3. Workload5,6,7
- 4. Staffing8

LOCATION

- 5. Community Providers.....9
- 6. Regional Population.....10
- 7. Regional Community Hospitals11,12

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	2638	2703 2721	N/A	2380	2703 2880	N/A
FAMILY OF AD	2375	2694 2346		2124	2694 2325	
SUBTOTAL	5013	5397 5067		4504	5397 5205	
RETIRED AND FAMILY MEMBERS UNDER 65	2407	2199 2407		2481	2199 2481	
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	292	* 292		383	* 383	
OTHER	671	617 671		596	617 596	
TOTAL	8383	8213 8437	✓	7964	8213 8665	✓

* This activity is not able to break out data for retirees/dependents 65 years and older. RAPS COULD NOT BE ACCESSED TO OBTAIN OFFICIAL PROJECTED WORKLOAD DUE TO BASEWIDE COMMUNICATION PROBLEMS DURING THE SUBMISSION PERIOD. THERE ARE CURRENTLY NO BRAC DECISIONS ARE PLANNED FORCE REDUCTIONS WHICH WOULD AFFECT OUTYEAR WORKLOAD PROJECTIONS.

NUMBERS FROM RAPS FY 92 BASELINE

BUMED
MED-825
GSA
6/2/94

BUMED
MED 825
GSA
6/2/94

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 :	35
Set Up Beds ¹ :	24
Expanded Bed Capacity ² :	75

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.

R
VR
AWED
8-24
9/20/94

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds ¹ :	<u>35</u>	
Set Up Beds ¹ :	<u>24</u>	
Expanded Bed Capacity ² :	<u>75</u>	124

BUMED 826
MED 6A 6/2/94

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

² The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,198	26,454	17,273	77,925
ADMISSIONS	569	569	344	1,482
LABORATORY TESTS (WEIGHTED) ¹	520,367	312,220	208,147	1,040,734
RADIOLOGY PROCEDURES (WEIGHTED) ¹	30,630	18,378	12,250	61,259
PHARMACY UNITS (WEIGHTED) ¹	112,359	67,415	44,943	224,717
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.

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	44,952	25,920	21,396	92,268
ADMISSIONS	576	840	360	1,776
LABORATORY TESTS (WEIGHTED) ¹	650,718	390,431	260,287	1,301,436
RADIOLOGY PROCEDURES (WEIGHTED) ¹	35,004	21,003	14,001	70,008
PHARMACY UNITS (WEIGHTED) ¹	179,088	107,453	71,635	358,176
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.

Maximum capacity figures were developed using the highest month workload factor from the past 12 months workload projected over the fiscal year.

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	34,955	28,351	17,847	81,153
ADMISSIONS	551	580	367	1,498
LABORATORY TESTS (WEIGHTED) ¹	519,711	311,826	207,884	1,039,421
RADIOLOGY PROCEDURES (WEIGHTED) ¹	03,137	18,082	12,055	60,274
PHARMACY UNITS (WEIGHTED) ¹	109,556	65,733	43,822	219,111
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.

Current workload figures were developed using sevens months actual workload and five months projected using FY-93 actual data.

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	15	15	15	15	15	15	15	15
SPECIALTY CARE ²	12	12	12	12	12	12	12	12
PHYSICIAN EXTENDERS ³	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	32	32	32	32	32	32	32	32

¹This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

² This is all other physician providers not included in the primary care category.

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	15
SPECIALTY CARE ²	12
PHYSICIAN EXTENDER ³	3
TOTAL	30

¹ This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

² This is all other physician providers not included in the primary care category.

³ This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 559,612

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
FAJARDO HOSP	Puerto Rico	7 miles	15 min.	MOU
HUMACAO HOSP	Puerto Rico	36 miles	35 min.	
CAROLINA HSP	Puerto Rico	35 miles	35 min.	

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
FAJARDO HOSPITAL	180	10/93	63.3	
HUMACAO HOSPITAL	230	10/93	61.0	
CAROLINA HOSPITAL	118	N/A	55.1	

¹ Use definitions as noted in the American Hospital Association publication Hospital Statistics.

² Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

UIC: 65428

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN) ¹	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

¹ Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

UIC: 65428

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

- A = STUDENTS PER YEAR
- B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
- C = A x B

BRAC-95 CERTIFICATION

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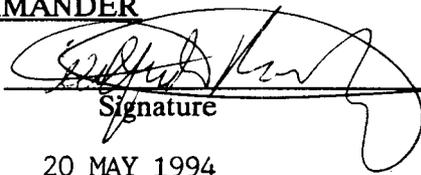
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT WILFREDO RODRIGUEZ
NAME (Please type or print)

COMMANDING OFFICER
Title

USNH ROOSEVELT ROADS, P.R.
Activity


Signature
20 MAY 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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Signature

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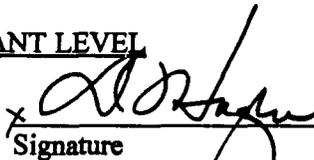
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x 
Signature

CHIEF BUMED/SURGEON GENERAL

6-2-94

Title

Date

BUREAU OF MEDICINE & SURGERY

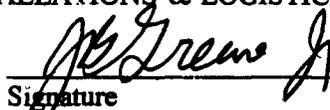
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DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR.

NAME (Please type or print)


Signature

ACTING

Title

8 June 1994

Date

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ACTIVITY COMMANDER

CAPT WILFREDO RODRIGUEZ, MC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

29 Sept 94
Date

U.S. NAVHOSP ROOSEVELT ROADS, PR
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

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

10 OCT 1994

Date