DCN 1192

394

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Medical Clinic, Kings Bay, GA
ACTIVITY UIC: 48488

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The mission of the Naval Medical Clinic, Kings Bay, Georgia is to provide medical support to the Submarine Launched Ballistic Missile System personnel attached to the Naval Submarine Base, Kings Bay, and its tenant commands. Within the capabilities of space, facilities, and medical staff, the Naval Medical Clinic provides general clinic services for active duty members of other uniformed services and authorized persons as prescribed. Health care services, such as radiation casualty assistance and training in support of the operation of the Navy and Marine Corps shore activities, units of the operating forces, and Naval Reserve units, are also provided to ensure the highest possible degree of operational readiness of these forces and activities.

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)
COMSUBRON 16	45252	NSB KINGS BAY	860
TRIREFFAC	44466	NSB KINGS BAY	716
CANOPUS (AS-34)	04720	NSB KINGS BAY	591
TRITRAFAC	68701	NSB KINGS BAY	428
MCSFCO	68885	NSB KINGS BAY	375
NAVSUBASE	42237	NSB KINGS BAY	371
COMSUBGRU 10	55241	NSB KINGS BAY	262
OAKRIDGE ARDM-1	05369	NSB KINGS BAY	194
USS PENNSYLVANIA	45231	NSB KINGS BAY	171
USS TENNESSEE	45228	NSB KINGS BAY	171
USS KENTUCKY	45234	NSB KINGS BAY	170
USS TENNESSEE	45229	NSB KINGS BAY	169
USS MARYLAND	45671	NSB KINGS BAY	168
USS NEBRASKA	48567	NSB KINGS BAY	167

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MOTU-14	43117	NSB KINGS BAY	18
EOD DET TWO	42970	NSB KINGS BAY	7
EXPLOSIVE ORD DISPOSAL	55322	NSB KINGS BAY	6
ROICC	62467	NSB KINGS BAY	4
NLMOD (OCEAN DETACHMENT)	30830	NSB KINGS BAY	3
NAVY LEGAL SERVICE OFFICE	47706	NSB KINGS BAY	3
COOPMINEUNIT	55227	NSB KINGS BAY	3
NAVRESSO DET	68865	NSB KINGS BAY	2
FLEET INDUST SUPPORT	46450	NSB KINGS BAY	1
NAVY CAMPUS	46908	NSB KINGS BAY	1
TUG OPS	43592	NSB KINGS BAY	1
		NSB KINGS BAY	
		NSB KINGS BAY	
		NSB KINGS BAY	

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS NEBRASKA	48566	NSB KINGS BAY	167
USS WEST VIRGINIA	45232	NSB KINGS BAY	167
USS KENTUCKY	45235	NSB KINGS BAY	165
USS PENNSYLVANIA	45230	NSB KINGS BAY	162
USS MARYLAND	45670	NSB KINGS BAY	161
USS WEST VIRGINIA	45233	NSB KINGS BAY	158
SWFLANT	68733	NSB KINGS BAY	135
NAVAL MEDICAL CLINIC	48488	NSB KINGS BAY	122
SUBASE SECURITY	48173	NSB KINGS BAY	66
SUBRON 20	63976	NSB KINGS BAY	60
SUBRON 16	55432	NSB KINGS BAY	39
DENTAL CLINIC	48489	NSB KINGS BAY	34
PERSONNEL SUPPORT DET	42976	NSB KINGS BAY	34
SUBRON 16 SMMS DET	32814	NSB KINGS BAY	29

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	36701	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	176	N/A	N/A
TOTAL ACTIVE DUTY	N/A	36877		N/A
FAMILY OF AD	N/A	38633	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	*5007	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	*	N/A	N/A
OTHER	N/A	7056	N/A	N/A
TOTAL	N/A	87573		N/A

* Retired and family member not separated by age - data not collected. CHCS will be able to provide data in this manner when it comes on-line in October of this year.

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

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	82449	82737	82954	83184	83390	83390	83390
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

Projected workload determined using FY93 utilization rates multiplied by RAPS population projections through FY99. RAPS data adjusted through FY97 to include homeporting of new TRIDENT submarines not included in population projections.

Note: These projections are below actual FY93 workload data. Discrepancies are due to RAPS data inability to reflect beneficiaries served outside our area of responsibility - 20-mile radius.

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 ENVIRONMENTAL HEALTH	146 HOURS	1
INDUSTRIAL HYGIENE INSPECTIONS	684 HOURS	3
RADIATION HEALTH INSPECTIONS	160 HOURS	2
EMS CONTRACT INSPECTIONS	120 HOURS	1
USMC TRAINING/RIFLE RANGE	80 HOURS	1
CPR TRAINING CLASSES	28 HOURS	2
EMS STANDBY OPERATIONS	240 HOURS	2
HEALTH FAIRS	8 HOURS	1
DISASTER PREPAREDNESS DRILLS/TRAINING	80 HOURS	10

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550.10	MEDICAL CLINIC	46848	16	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C14-92	CLINIC ADDITION	95	$264K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: NAVAL MEDICAL CLINIC, KINGS BAY				
2. UIC: 48488	3. CATEGORY CODE 550.10	4. NO. OF BUILDINGS: 1		
5. SIZE 46848	A. GSF 46848	B. NORMAL BEDS 0		C.DTRS N/A
6. LOCATION NAVSUBASE	A. CITY KINGS BAY		B.STATE GA	

7. FACILITY ASSESSMENT

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

* Space needed to accommodate off-crew boat medical personnel of TRIDENT Submarines scheduled to arrive FY94 and subsequent years.

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

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

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

01 - Heating, Ventilating and Air Conditioning (HVAC)
02 - Plumbing Fixtures
03 - Fire Protection/Life Safety Code
04 - Medical Gases
05 - Lighting Fixtures
06 - Power Capacity
07 - Emergency Generators
08 - Communications
09 - Building or Structure (total)
10 - Seismic Design
11 - Roof/Ceiling
12 - Building Interior/Configuration
13 - Sound Proofing/Excessive Noise
14 - Compliance of Installation with Master Plan
15 - OSHA Deficiency
16 - JCAH Deficiency
17 - Functionality
18 - Site Location

19 - Mission of the Base
20 - None

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

DATE OF SURVEY: N/A

FULL ACCREDITATION: No

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

LOCATION:

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

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

The clinic is located onboard Naval Submarine Base, Kings Bay. The facility is central to the mission of the base and the beneficiary population it serves.

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

Jacksonville International Airport: 35 minutes
Rail - Jacksonville, Florida: 50 minutes
Ground Transportation: Long distance bus carrier service available, but no local ground commuter transportation.

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): 30 miles

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

None - ten personnel are assigned to a Fleet Hospital.

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

LOCATION	MINUTES
On base locations	3 - 5
Camden County locations	7 - 20
Other Georgia locations	15 - 45
Nassau County locations	35 - 45
Jacksonville locations	45 - 60

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?

Relative isolated location and travel time from large metropolitan area of Jacksonville, Florida makes it more difficult to hire trained medical 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.

Would result in loss of health care services to beneficiaries. Would also result in loss of Occupational Health and Industrial Hygiene services to the base.

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

The remaining infrastructure would have difficulty in absorbing the health care requirements of the beneficiary population. There is 40-bed facility located within minutes of the base and a 54-bed facility located 35 minutes from the base. Both of these facilities are running close to maximum capacity at the current time. The majority of outpatient services provided by this facility are pediatric and general medicine. The local community does not have the quantity of general medical physicians to meet the needs of the population currently served - 2 pediatricians and 7 family practice physicians. Other providers are specialty providers that are not currently available at this facility.

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.

It is likely that the local community would not have any problem meeting the need of the remaining beneficiary population. Less than twenty percent of the current beneficiary population is retirees, retiree dependents and survivors.

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

Not applicable. This facility does not have inpatient capability.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
HOSPITAL SHIP		9 CORPSMEN, 1 NURSE

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

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

None.

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

Not applicable

Number of "stubbed" expanded beds[1]: N/A

[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	Not applicable	Not applicable	Not applicable
OUTPATIENT	Not applicable	Not applicable	Not applicable

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	106	103052	107	99482	34	53816
AD FAMILY	19	11101	32	5309	2	90
OTHER	1	1090	1	255		0
TOTAL	126	115243	140	105046	36	53906

[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	N/A	6,307,706	*NOT AVAILABLE
TOTAL OUTPATIENT VISITS		85,682	
AVERAGE COST PER VISIT		73.62	

* This data has been reported, but year-to-date reports have not been received for EAS III.

BUMED-822
mad, 1 Jun 94 TABLE 14a - "N/A"

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	Not applicable	Not applicable	Not applicable

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]	Not applicable	Not applicable	Not applicable
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)	Not applicable	Not applicable	Not applicable
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M] -F)	Not applicable	Not applicable	Not applicable
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life.

This information provided by Naval Submarine Base, Kings Bay, UIC 42237, "Data Call 37: Military Value Analysis".

a. Military Housing

(1) Family Housing:

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

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

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

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

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

designation on your BASEREP?

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

T. L. RUFFIN — T. L. Ruffin 5/24/94

CAPT, MSC, USN

NAME (Please type or print) — Signature

COMMANDING OFFICER — 24 MAY 1994

Title — Date

NAVAL MEDICAL CLINIC, KINGS BAY, GA

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-2-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GROONE JR. NAME (Please type or print) _____ Signature

ACTING Title 6/9/94 Date

Document Separator

48488
GSA

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Medical Clinic, Kings Bay, GA*
Acronym(s) used in correspondence	*NAVMEDCLINIC, Kings Bay, GA*
Commonly accepted short title(s)	*NMCL Kings Bay, GA*

- Complete Mailing Address

Naval Medical Clinic
881 USS JAMES MADISON Road
Kings Bay, GA 31547

- PLAD

NAVMEDCLINIC KINGS BAY GA

- PRIMARY UIC: 48488 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

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

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

  - Yes ____ No __X__ (check one)

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

  - Yes __X__ No ____ (check one)
  - Primary Host (current) UIC: 42237
  - Primary Host (as of 01 Oct 1995) UIC: 42237
  - Primary Host (as of 01 Oct 2001) UIC: 42237

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

  - Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

48488
USA

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.

Not affected

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

Current Missions

- Provide primary care and health related services for 6486 active duty beneficiaries; supporting 48 shore and sea commands and activities.

- 8 HM NEC 8402 billets established to serve secondary responsibilities of emergency-fill billets aboard submarines and to serve on inspection teams.

- Provide Occupational Health/Radiation Health services to all shore/sea activities (population 17,216), including active duty, civil service, and contractors.

- Provide general medical care and health related services to approximately 16,066 active duty dependents, retirees, and dependents of retirees, as resources permit.

- Anticipated changes include: Homeporting of one TRIDENT submarine in summer 1994, approximate increase in beneficiaries: +1000. Loss of AS-34 in summer 1994, estimated loss of beneficiaries: -4000. Replacement tender in summer 1994, estimated increase in beneficiaries: +4726. Additional TRIDENT submarines scheduled to be homeported here, one each FY 95, 96, and 97. Estimated increase in beneficiaries: +3000 total.

Projected Missions for FY 2001

- Same as above

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65a

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

Current Unique Missions

- Unique to this base are the Occupational Health/Radiation Health requirements to support the highly industrial Strategic Weapons Facility, Atlantic (SWFLANT). The Radiation Health Department provides individual dosimetry monitoring for 500 personnel.

- Comprehensive Industrial Hygiene support, including workplace monitoring, is also provided to 8 fleet units and 8 shore commands.

-

Projected Unique Missions for FY 2001

- Same as above.

-

-

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

• Operational name	UIC
Commander, Submarine Group 10	55421

• Funding Source	UIC
Bureau of Medicine and Surgery	00018

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GSA

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	29	57	29*
			15**

*Includes 10 Co-op students
**Contracted

• Tenants (total)	0	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~29~~ 28 GSA	67	~~21~~ 20 GSA
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
• Commanding Officer			
CAPT T. L. Ruffin, MSC, USN	912-673-4230	912-673-2362	904-264-4611
• Duty Officer			
Command Duty Officer	912-673-4262	912-673-2362	[N/A]
• The preparer of this document			
B. C. Hart, LT, MSC, USNR	912-673-4229	912-673-2362	904-771-1870

48483
GSA

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

48488
OSN

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Defense Printing Agency (DPA)	*Various locations throughout state of Georgia.*	*Industrial Hygiene support, assist visits, and inspections for 10 DPA offices in the State of Georgia - MOU (estimated start date summer 1994).*

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.)

- N/A. Information to be provided by SUBASE Kings Bay.

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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

T. L. Ruffin, CAPT MSC USN
NAME (Please type or print)

T. L. Ruffin
Signature

Commanding Officer
Title

1/28/94
Date

Naval Medical Clinic, Kings Bay GA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL MEDICAL CLINIC, KINGS BAY, GA
UIC 48488

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993 *			PROJECTED FY 1999 **		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	5927	5871		6631	6578	
FAMILY OF AD	7123	6608		7967	7508	
SUBTOTAL	13050	12479		14598	14086	
RETIRED AND FAMILY MEMBERS UNDER 65	3069	2390		3005	2339	
RETIRED AND FAMILY MEMBERS OVER 65[4]	385	266		491	239	
OTHER	210	132		234	145	
TOTAL	16714	15267	N/A	***18328	***16909	N/A

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

* Baseloading figures (6361) for active duty personnel does not agree with RAPS data for FY93. SUBASE ratio of family members to active duty is 1.88 versus 1.2 shown in RAPS. Since RAPS data used FY92 baseline, it is likely that homeporting of additional TRIDENT submarine for FY93 is not included in this data.

** FY99 RAPS data used with a FY92 baseline. FY93 baseline data not available for clinics. Data also not available on RAPS through 2001 for clinics. "Catchment" data reported for 20-mile circle on RAPS and "Assigned" reported for PRISM concept clinic on RAPS.

*** RAPS data does not include increases in population for homeporting of additional TRIDENT Submarines through FY97. The additional population for active duty members was included for FY94-FY97 at 326 A/D members per year (1304). Population projections for family of active duty used the current ratio of family members to active duty indicated by RAPS FY93 data (1.20 per A/D member - 1565 total)

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

Operating Beds[1]:	N/A
Set Up Beds[1]:	_____
Expanded Bed Capacity[2]:	_____

[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	36298	39013	4964	*80275
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	**	**	**	494102
RADIOLOGY PROCEDURES (WEIGHTED)[1]	**	**	**	22190
PHARMACY UNITS (WEIGHTED)[1]	**	**	**	150686
OTHER (SPECIFY)***	**	**	**	4342

[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 total does not include category of "Other" (other eligible beneficiaries not included in the above three categories e.g. survivors, etc.). "Other" category includes 5407 additional visits for a total of 85682 for FY93.

** Data is not collected in this manner.

*** Includes Pulmonary Function testing and ECGs provided by this facility.

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	36877	38633	5007	*80517
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	**	**	**	596141
RADIOLOGY PROCEDURES (WEIGHTED)[1]	**	**	**	21636
PHARMACY UNITS (WEIGHTED)[1]	**	**	**	160749
OTHER (SPECIFY)***	**	**	**	3922

[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 data determined using actual FY94 data through April 1994 and projected through end of FY94. This total does not include other eligible beneficiaries that do not fall into the three categories indicated. "Other" includes 7056 additional visits for a maximum capacity of 87573.

** Data not collected in this manner.

*** Includes Pulmonary Function testing and ECGs provided by this facility.

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	39574	31506	6784	*77864
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	**	**	**	576468
RADIOLOGY PROCEDURES (WEIGHTED)[1]	**	**	**	22374
PHARMACY UNITS (WEIGHTED)[1]	**	**	**	155444
OTHER (SPECIFY) ***	**	**	**	3793

[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.

* Information derived from FY93 utilization rates and RAPS population data for FY94 to include homeporting of one additional TRIDENT Submarine not included in RAPS data. Total figure does not include visits for other eligible beneficiaries not included in the other three categories. "Other" visits includes an additional 8606 for a total capacity of 86470. Maximum capacity is based on RAPS data and does not include beneficiaries outside of this 20-mile radius that use this facility. Due to the unique location of this facility and appointment system available to all eligible beneficiaries, estimate maximum capacity at approximately 90,000.

** Data not collected in this manner.

*** Includes Pulmonary Function Testing and ECGs provided by this facility.

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]	10	10	9	9	9	9	9	9
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	~~5~~ 2	~~5~~ 2	~~5~~ 2	~~5~~ 2	~~5~~ 2	~~5~~ 2	~~5~~ 2	~~5~~ 2
INDEPENDENT DUTY CORPSMEN	7	8	8	8	8	8	8	8
TOTAL	~~22~~ 19	~~23~~ 20	~~22~~ 19	~~22~~ 19	~~22~~ 19	~~22~~ 19	~~22~~ 19	~~22~~ 19

[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.

BUMED-822, mds
1 Jun 94

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	25
SPECIALTY CARE[2]	26
PHYSICIAN EXTENDER[3]	10
TOTAL	61

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: *73756

* Census data includes 20-mile radius of this facility - Nassau County and Camden County.

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]
CAMDEN MEDICAL CENTER	SOUTHEAST GEORGIA REGION MEDICAL CENTER BRUNSWICK, GA	4 MILES	5 MINUTES	NONE
NASSAU GENERAL HOSPITAL	BAPTIST MEDICAL CENTER	30 MILES	35-40 MINUTES	MOU FOR ACTIVE DUTY MATERNITY CARE

[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]
CAMDEN MEDICAL CENTER	40	* see note	22.4 PER DAY	N/A
NASSAU GENERAL HOSPITAL	58	1994 RE-CERT FOR 3 YEARS	18-22 PER DAY	N/A

* Camden Medical Center is a new facility and is in the process of applying for JCAHO accreditation CY95.

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

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

c. Training Facilities:

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

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

T. L. RUFFIN
CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 MAY 1994
Date

NAVAL MEDICAL CLINIC, KINGS BAY, GA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR. | Jr.

NAME (Please type or print) | Signature

ACTING | 8 JUNE 1994

Title | Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:
NAVAL MEDICAL CLINIC
KINGS BAY GA

UIC:N48488

Host Activity Name
(if response is for a
tenant activity):
NAVAL SUBMARINE BASE
KINGS BAY GA

Host Activity
UIC:N42237

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

Activity Name:NAVAL MEDICAL CLINIC KINGS BAY GA **UIC:N48488**

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	43	0	43
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	43	0	43
2. Other Base Operating Support Costs:			
2a. Utilities	145	0	145
2b. Transportation	35	0	35
2c. Environmental	~~0~~	0	~~0~~ Ø
2d. Facility Leases	0	0	0

Above corrections made @ MSO Jacksonville
BUMED-822
MJ, 25 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	3	0	3
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	~~99~~ 61	910	~~1009~~ 971
2j. Other (Specify)			
(1) Other Engineering Support	232	51	283
(2) Retail Supply Operations	9	87	96
(3) Base Communications	25	0	25
2k. Sub-total 2a. through 2j:	~~556~~ 510	1048	~~1604~~ 1558
3. Grand Total (sum of 1c. and 2k.):	~~599~~ 553	1048	~~1647~~ 1601

Above corrections made by HSO Jacksonville.
BUMED-822,
MM, 25 Jul 94

Above "pen & ink" corrections made by NMCL Kings Bay.
BUMED-822
MM, 19 Jul 94

BUMED-822
MM, 25 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&M	~~784~~ 738
MPN	863

Above corrections made by MSO Jacksonville BUMED-822 MSA 25 Jul 94

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs
(DBOF Overhead)
Activity Name: NAVAL MEDICAL CLINIC KINGS BAY GA **UIC:N48488**

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data
Activity Name: NAVAL MEDICAL CLINIC KINGS BAY GA

UIC:N48488

Cost Category	FY 1996 Projected Costs ($000)
Travel:	72
Material and Supplies (including equipment):	1247
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	35
Other Purchases (Contract support, etc.):	~~2231~~ 2435
Total:	~~3585~~ 3789

Above corrections made by HSO Jacksonville
BUMED-822
mss, 25 Jul 99

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 MEDICAL CLINIC KINGS BAY GA UIC:48488

Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	40.55
Procurement:	N/A
Other: *	N/A
Total Workyears:	40.55

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

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

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):40.55

2) Estimated number of workyears which would be eliminated: 0

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity

T.L. Ruffin

CAPT T.L. RUFFIN, MSC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

Date 7/13/94

NAVAL MEDICAL CLINIC, KINGS BAY GA
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-28-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

04 AUG 1994
Date

5-23-MED-0395

32539

NAVMEDCL LONG BEACH
BUMED
Medical
PERSONNEL SUPPORT/OTHER

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Medical Clinic Long Beach
UIC:	32539
Host Activity Name (if response is for a tenant activity):	Long Beach Naval Shipyard
Host Activity UIC:	60258

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Naval Medical Clinic Long Beach		UIC:32539	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	12	0	12
1b. Minor Construction	56	0	56
1c. Sub-total 1a. and 1b.	68	0	68
2. Other Base Operating Support Costs:			
2a. Utilities	192	0	192
2b. Transportation	67	0	67
2c. Environmental	8	0	8
2d. Supply Operations	54	214	268
2e. Communications	66	0	66
~~2f. Federal Employee Comp Act~~	0 ~~200~~	0	0 ~~200~~
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	141	2031	2172
2j. Other Engineering Support	17	330	347
2k. Sub-total 2a. through 2j:	745	2575	3320
3. Grand Total (sum of 1c. and 2k.):	813	2575	3388

2j OTHER FEDERAL EMPLOYEE COMP ACT 200 0 200

BUMED
MED BJS
GSA
7/25/94

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
N/A BUMED MED BOS GSA 7/25/94	

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Naval Medical Clinic Long Beach		**UIC:32539**	
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.	0	0	0
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:	0	0	0

DATA CALL 66
INSTALLATION RESOURCES

3. Depreciation			
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 Medical Clinic Long Beach	**UIC:**32539
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	119
Material and Supplies (including equipment):	4744
Industrial Fund Purchases (other DBOF purchases):	86
Transportation:	47
Other Purchases (Contract support, etc.):	3684
Total:	8680

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 Medical Clinic Long beach	UIC:32539
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated:N/A

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT J. M. LAMDIN
NAME (Please type or print)

J. M. Lamdin
Signature

Commanding Officer
Title

7/13/94
Date

Naval Medical Clinic Long Beach
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

2-25-94

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)

Signature

Title

8/30/94

Date

Document Separator

375

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NMC Long Beach, Branch Clinic NWS Seal Beach
UIC:	32540
Host Activity Name (if response is for a tenant activity):	Naval Weapons Station Seal Beach
Host Activity UIC:	47615

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: NMCLB Branch Clinic, NWSSB		UIC:32540	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	10	0	10
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Other Engineering Support	27	0	27
2e. Communications	6	0	6
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	0	0	0
2j. Other (Specify)	0	0	0
2k. Sub-total 2a. through 2j:	43	0	43
3. Grand Total (sum of 1c. and 2k.):	43	0	43

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)

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: NMCLB Branch Clinic, NWSSB		UIC:32540	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1e. Sub-total 1a. through 1d.			
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:	0	0	0

DATA CALL 68
INSTALLATION RESOURCES

3. Depreciation			
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: NMCLB Branch Clinic, NWSSB	**UIC:32540**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	0
Material and Supplies (including equipment):	2
Industrial Fund Purchases (other DBOF purchases):	25
Transportation:	0
Other Purchases (Contract support, etc.):	16
Total:	43

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: NMCLB Branch Clinic, NWSSB	**UIC:32540**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated:N/A

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. M. LAMDIN
NAME (Please type or print)

J M Lamdin
Signature

COMMANDING OFFICER
Title

18 July 1994
Date

NAVAL MEDICAL CLINIC LONG BEACH
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-24-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

8/4/94

Title

Date

ENCLOSURE(11)

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

NOTE: NAVMEDCLINIC Long Beach will be established concurrently with NAVHOSP Long Beach's closure on 31 Mar 94. NAVMEDCLINIC is not at same geographic location or address as the hospital, the address listed reflects the new address of NAVMEDCLINIC, Long Beach and will be effective 01 Apr 94.

Official name	*Naval Medical Clinic, Long Beach*
Acronym(s) used in correspondence	NAVMEDCLINIC Long Beach (NMCLB)
Commonly accepted short title(s)	*NMC Long Beach*

• Complete Mailing Address (Effective 01 Apr 94)

Naval Medical Clinic, Long Beach
Bldg 831
Naval Station, Long Beach
Long Beach, CA 90822-5000

• PLAD To be assigned prior to 01 Apr 94 (unknown at present)

• PRIMARY UIC: 32539 NMCLB (parent UIC) (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): 32540 PURPOSE: Branch Medical Clinic, Seal Beach (To be attached to NMCLB)

47542 DEPMED FH-6 (To be attached to NMCLB)

PLANT ACCOUNT HOLDER: (check one) • Yes _____ No XX

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 __XX__ (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 3"Yes," provide best known information for your primary host only.

· Yes __XX__ No _____ (check one)

· Primary Host (current) Naval Station, Long Beach UIC: 68311

· Primary Host (as of 01 Oct 1995) Naval Shipyard, Long Beach
UIC: 60258

· Primary Host (as of 01 Oct 2001) Naval Shipyard, Long Beach
UIC: 60258

• 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 __XX__ (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. (Class 1 = Land; Class 2=Facilities/Bldgs)

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

The 1991 Base Realignment and Closure selected the Naval Hospital, Long Beach for closure by FY96. Subsequent budget decrements accelerated its closure to 31 March 1994. Since active duty components at the Naval Shipyard and in the Los Angeles area, as well as a significant beneficiary population, will remain in the Long Beach area after hospital closure, BUMED/OPNAV approved the establishment of a Naval Medical Clinic to provide family practice-type care, occupational health services, and pharmaceutical support to the Los Angeles/Long Beach catchment area. On 01 April 1994, the existing Branch Medical Clinic, Naval Station, Long Beach will be converted to Naval Medical Clinic, Long Beach. Branch Medical Clinic at Seal Beach and Branch Medical Clinic Annex at Corona will continue under the jurisdiction of the Naval Medical Clinic, Long Beach.

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

As result of BRAC-91, the Naval Hospital. Long Beach is being closed on 31 Mar 94 and will be replaced by a Naval Medical Clinic on 01 April 1994 - This clinic will:

- Provide primary care (outpatient services only) to active duty personnel of all uniformed services within the Los Angeles/Long Beach catchment area. (Dependents and retirees will be served on a space available basis.) (Projected FY95 beneficiary population: 105,000 -includes approximately 10,000 ACDU of all services)

- Provide full range of occupational health care support (environmental health; industrial hygiene; and occupational medicine, optometry, and audiology services) to active duty and civil service employees assigned to the Naval Station and Naval Shipyard, Long Beach; Seal Beach Naval Weapons Station; Corona Naval Construction Battalion Center, as well as other shore and fleet activities.

- Provide pharmaceutical support to all categories of beneficiaries within the catchment area. (Includes support to approx 70,000 retirees/survivors)

- Establish a local managed care network to coordinate and provide specialized health care to active duty beneficiaries via agreements (MOUs/ISAs) with Veterans's Affairs (VA) facilities, other military MTFs, commercial medical facilities, resource sharing institutions, etc.

- Establish an in-house advisory network to help beneficiaries determinine their eligibility for various health care services and where to find medical care under DoD's Tri-Care Program.

- Serve as central point for processing/mail out of HIV specimens for 72 shore and afloat commands, reserve centers, and recruiting stations (approx 35,000 specimens annually)

- Provide support to civilian and military activities in the event of national disasters, emergencies and public health related incidents.

- Ensure clinic personnel are trained and equipment properly maintained for contingency and wartime missions.

Projected Missions for FY 2001

- No change anticipated

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

Current Unique Missions

- N/A
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

• Operational name	UIC
Commander, Naval Surface Group, Long Beach (Effective 30 Jun 94, ISIC responsibilities will transfer to Commander, Naval Base, San Diego)	45192

• Funding Source	UIC
Bureau of Medicine and Surgery	00018

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

End Strength as of 01 January 1994 *

* NOTE: Figures reflect 01 Apr 94 projected end strength (date of Naval Medical Clinic, Long Beach establishment); will decrease significantly within 1 year period; BUPERS has allowed "excess" individuals with "short" RAD, EAOS, etc. dates to remain at the clinic until the effective date to the keep Navy from incurring unnecessary moving expenses

	Officers	Enlisted	(Appropriated) Civilian
• Reporting Command: NAVMEDCLINIC, Long Beach	44	97	74
Contracted			0
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command NAVMEDCLINIC, Long Beach	~~36~~ 35 G.A	~~84~~ 64 G.A	83
• Tenants	N/A	N/A	N/A

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

Title/Name	Office	Fax	Home
• CO (Until 31 Mar 94) CAPT B. A. Mencik	(310) 420-5201	(310) 429-5875	
CO (After 01 Apr 94) CAPT J. M. Lamdin	(310) 521-4201	(310) 521-4221	
• Duty Officer			[N/A]
(Until 31 Mar 94)	(310) 420-5378	(310) 429-5875	
(After 01 Apr 94)	(310) 521-4201	(310) 521-4221	

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. 1(Civilian count shall include Appropriated Fund personnel only.)

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

		UIC:32539 NAVMEDCLINIC LONG BEACH
NAVHOSP Camp Pendleton	Camp Pendleton,CA	MOU- Hearing Conservation Program Support -MCAS El Toro/MCAS Tustin
3d Marine Air Wing MCAS, El Toro	El Toro, CA	ISA - Medical Tng & Health Care
US Army MEDDAC (Los Alamitos Reserve & Army National Guard)	Fort Ord, CA / Los Alamitos,CA	ISA - Occ Health services/support
VA Medical Center	Long Beach, CA	ISA - HIV Processing/Testing
Dental Clinic, NAVSTA	Long Beach, CA	MOU - Linen support/laundry service
Navy Reserve Det 919	Camp Pendleton,CA	ISA - Reserve unit medical tng
BUMED	Washington, DC	Central point for HIV processing (72 shore/afloat commands,reserve centers, recruiting stations in West Coast/Pacific areas)
Navy & Marine Corps Reserve Units *		Reserve Unit medical training * May be redesignated/transferred after hospital closure on 31 Mar 94
NHLB Resr Det 119	LongBeach	
NHLB Resr Det 219	Los Angeles	
NHLB Resr Det 319	Pomona,CA	
NHLB Resr Det 419	Long Beach	
NHLB Resr Unit 519	Phoenix,AZ	
NHLB Resr Unit 201	Augusta, ME	
NHLB Resr Unit 301	Lawrence,MA	
NHLB Resr Unit 401	Manchester, NH	
NHLB Resr Unit 101	Quincy,MA	
NHLB Resr Unit P0145	Quincy, MA	
NHLB Resr Unit 501	Portland,ME	

UIC: 32539 NAVMEDCLINIC LONG BEACH

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

B. A. MENCIK
Captain, Nurse Corps
United States Navy
Commanding Officer
Naval Hospital, Long Beach

B. A. Mencik
Signature

1/28/94
Date

J. M. LAMDIN
Captain, Medical Service Corps
United States Navy
Commanding Officer (Projected)
Naval Medical Clinic, Long Beach

J. M. Lamdin
Signature

1/28/94
Date

UIC: 32539 NAVMEDCLINIC LONG BEACH

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print) Signature

SURGEON GENERAL/CHIEF BUMED 2-8-94

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print) Signature

ACTING 16 FEB 1994

Title Date

Document Separator

Datacall #26

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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVMEDCLINIC, LONG BEACH
UIC 32539

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1994*			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	17,269	NOT	N/A	8,205	NOT	N/A
FAMILY OF AD	27,835	AVAILABLE	N/A	18,479	AVAILABLE	N/A
SUBTOTAL	45,104		N/A	26,684		N/A
RETIRED AND FAMILY MEMBERS UNDER 65	30,254		N/A	29,388		N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	17,788		N/A	23,239		N/A
OTHER - NG/Res/Dep	5,308		N/A	4,899		N/A
TOTAL	98,454		N/A	84,210		N/A

* NMC LB established 1 Apr 94.

BUMED MED-825 GSA 6/1/94

NMCLB Catchment Area based on 20-mile (vs 40 mile) radius per RAPs Population Projection Report (FY92 Baseline).

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

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

Operating Beds[1]:	0	(NMCLB is outpatient facility.)
Set Up Beds[1]:	0	
Expanded Bed Capacity[2]:	0	

[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:

NOTE: FY93 Workload shown below is for NAVAL HOSPITAL, LONG BEACH (NHLB) which was disestablished 31 Mar 94 as result of BRAC-91. Figures below reflect workload for core facility only; workload for three branch clinics which were attached to NHLB in FY93 are NOT included. On 01 Apr 94, the previous Branch Medical Clinic, Naval Station, Long Beach was expanded and converted to NAVAL MEDICAL CLINIC, LONG BEACH to provide medical support to the active duty beneficiaries remaining in the Long Beach/Los Angeles area.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL
OUTPATIENT VISITS	59,359	32,024	24,934	116,317
ADMISSIONS	*	*	*	2,814
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	1,887,782
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	155,663
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	419,808
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.

* Limited FY93 MEPRS/WORS records for NAVHOSP Long Beach are being retained by Naval Medical Clinic, Long Beach. Available records do not break-out admissions and ancillary services by categories of patients (ACDU, Dep, Ret, etc.).

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BRAC-95 Datacall 26 page 5 (NMCL Long Beach)

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	*			*
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	*			*
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*			*
PHARMACY UNITS (WEIGHTED)[1]	*			*
OTHER (SPECIFY)				

* **NOTE**: FY-93 data not available. NAVMED Clinic established 1 Apr 94.

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

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	******** SEE	NOTE BELOW	*******	
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

*** NOTE: NAVMED Clinic, Long Beach has only been in existence since 1 Apr 94. Therefore, appropriate historical data is not available for trend analysis or for use as a reliable basis of projection. Anticipate Clinic could accommodate approximately 80,000 outpatient visits with existing resources and if all billets were filled.

[01] 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.

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 / CIV (Occ Hlth)	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	3287 / 2667*	58	39	6,051
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	**	**	**	56,770
RADIOLOGY PROCEDURES (WEIGHTED)[1]	**	**	**	2,839
PHARMACY UNITS (WEIGHTED)[1]	**	**	**	20,524
OTHER: Immunizations	**	**	**	1,192

* Numbers listed under Civilian OPVs reflect Occupational Health exams performed by NMCLB Occupational Medicine Directorate staff.

** MEPRS data for these services is not available by category of beneficiary. Totals for these fields are only data available.

NOTE: Statistics taken from MEPRS for Apr 94. No historical data exists since NMCLB was established 01 Apr 94.

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

4. 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]	7	****	SEE	NOTES	*1-*3	BELOW	*****	*****
SPECIALTY CARE[2]	0							
PHYSICIAN EXTENDERS[3]	5							
INDEPENDENT DUTY CORPSMEN	4							
TOTAL	16							

NOTES: *1. Chart reflects authorized billets, not on-board staffing.

*2. Chart includes Occ Health providers and providers assigned to BMC Seal Beach. (Facility is located within 20 mile NMCLB catchment area.)

*3. NAVMED Clinic established 01 Apr 94; therefore, appropriate historical data is not available for trend analysis or for use as reliable basis of projection.

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

LOCATION

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

PROVIDER TYPE -	CURRENT
PRIMARY CARE[1]	15,335
SPECIALTY CARE[2]	26,118
PHYSICIAN EXTENDER[3]	Data not Available
TOTAL	41,453 *

Data reflects only PHYSICIAN (M.D.) providers. Approximately 6,000 other providers (non-M.D.) are registered within catchment area.

Based on DMIS Region 9 Profile (1994 edition) for NH Long Beach.
Source: 1993 Medicare Unique Physician ID Number Public Use File

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

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

Region Population: 11,451,207 *

* Based on 1990 census; DMIS Region 9 Profile (1994 version) of NH Long Beach. RAPS Version 5.11 - FY 92 population

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]
LB VA Medical Center	Government	13 miles	25 min.	ISA-General Surgery, Inpatient, Outpatient
LB Memorial Medical Center	Private	5-7 miles	15 min.	MOU-Inpatient, Ob-Gyn, Cardiac, Outpatient Surgery
Los Altos Hosp. & Mental Health Center	Private	20 miles	30 min.	MOU-Mental Health & Locked Unit (Psych & Detox)
St. Mary Medical Center	Private	5-7 miles	15 min.	Ob-Gyn, Cardiac, Inpatient Surgical, Outpatient Surgery

** NOTE: Pages 11a - 11h of this data call includes a complete listing of facilities.

NMCLB Catchment area contains approximately 200 community medical facilities (government and private). Above chart lists facilities with which NMC LB currently has support agreements.

Military treatment facilities within NMC LB's TRICARE Region (#9) include NAVHOSP Camp Pendleton; Naval Medical Center, San Diego; NAVHOSP 29 Palms; NMC Port Hueneme; and associated branch clinics.

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

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J = JCAHO ACCREDITED

Totals:	Hospitals	Beds	ADMs	ADC	Occupancy Rate
Veterans Affairs Hospitals:	3	2,782	19,263	1,952	70.2%
DOD Hospitals:	1	113	3,077	75	66.4%
City and County Public Hospitals	10	5,529	150,583	4,193	75.8%
Private Hospitals:	185	33,465	936,556	20,742	62.0%
Grand Total:	199	41,889	1,109,479	26,962	64.4%

Number of Hospitals Within 40 Miles of MTF offering Particular Services:

Specialities		Rehabilitation/Therapy		Pyschiatry and Substance Abuse		Diagnostic Ancillary Services	
Medical/Surgical/Other ICUs:	110	Rehabilitation inpatient units:	22	Psychiatric Inpatient Units:	36	Extacorporeal shock-wave lithotripters:	17
Cardiac Intensive Care Units:	38	Rehabilitation outpatient units:	77	Psychiatric Outpatient Units:	32	Hemodialysis units:	41
Angioplasty:	48	Organized social work services:	113	Alcohol/Chem. dependency inpatient units:	22	CT Scanners:	99
Trauma Centers (Certified):	18	Occupational Therapy:	90	Alcohol/Chem. dependency outpatient units:	32	MRIs:	49
Burn Care Units:	4	Recreational Therapy:	60			Ultrasound:	103
Orthopedic Surgery Services:	111	Respiratory Therapy:	110			X-Ray rad. Therapy:	40
Obstetric Units:	76					Blood Banks:	102
Neonatal Intensive Care Units:	49						
Outpatient surgery services:	114						

Institutional Providers Within 40 Miles of MTF:

	Facility Name	City	State	Control	Total Beds	Total Adms	ADC *	Occupancy Rate *
	CALIFORNIA INST FOR MEN HOSP	CHINO	CA	City & County Public	40	906	32	80.0%
	LA COUNTY CENTRAL JAIL HOSP	LOS ANGELES	CA	City & County Public	244	2,661	116	47.5%
J	LAC-HARBOR-UCLA MED CENTER	TORRANCE	CA	City & County Public	493	24,238	401	81.3%
J	LAC-KING-DREW MEDICAL CENTER	LOS ANGELES	CA	City & County Public	427	22,735	327	76.6%
J	LAC-RANCHO LOS AMIGOS MED CTR	DOWNEY	CA	City & County Public	415	4,429	414	99.8%
J	LAC-USC MEDICAL CENTER	LOS ANGELES	CA	City & County Public	1,418	65,688	1,131	79.8%
	LANTERMAN DEVELOPMENTAL CENTER	POMONA	CA	City & County Public	1,125		768	68.3%
J	METROPOLITAN STATE HOSPITAL	NORWALK	CA	City & County Public	808		552	68.3%
J	OLIVE VIEW MEDICAL CENTER	SYLMAR	CA	City & County Public	284	17,701	278	97.9%

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA)

J= JCAHO accredited

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	RIVERSIDE GEN HSP-UNIV MED CTR	RIVERSIDE	CA	City & County Public	275	12,225	174	63.3%
closed	[redacted]							
J	ALHAMBRA COMMUNITY HOSPITAL	ALHAMBRA	CA	Private	129		88	68.2%
J	ALONDRA CREST HOSPITAL	BELLFLOWER	CA	Private	28		19	67.9%
J	AMI GARDEN GROVE HOSP & CENTER	GARDEN GROVE	CA	Private	154	7,277	86	55.8%
J	AMI SAN DIMAS COMM HOSPITAL	SAN DIMAS	CA	Private	99		68	68.7%
J	AMI SOUTH BAY HOSPITAL	REDONDO BEACH	CA	Private	208	5,359	92	44.2%
J	ANAHEIM GENERAL HOSPITAL	ANAHEIM	CA	Private	86		59	68.6%
J	ANAHEIM MEMORIAL HOSPITAL	ANAHEIM	CA	Private	168	6,440	119	70.8%
	AVALON MUNICIPAL HOSPITAL	AVALON	CA	Private	12		8	66.7%
J	BARLOW RESPIRATORY HOSPITAL	LOS ANGELES	CA	Private	63		43	68.3%
J	BAY HARBOR HOSPITAL	HARBOR CITY	CA	Private	362	7,035	247	68.2%
J	BELLFLOWER DOCTORS HOSPITAL	BELLFLOWER	CA	Private	145	3,239	38	26.2%
J	BELLWOOD GENERAL HOSPITAL	BELLFLOWER	CA	Private	85		58	68.2%
	BEVERLY HILLS MEDICAL CENTER	LOS ANGELES	CA	Private	38	468	6	15.8%
J	BEVERLY HOSPITAL	MONTEBELLO	CA	Private	212	11,224	151	71.2%
J	BREA COMMUNITY HOSPITAL	BREA	CA	Private	109	4,241	51	46.8%
J	BROTMAN MEDICAL CENTER	CULVER CITY	CA	Private	317		217	68.5%
J	BUENA PARK DOCTORS HOSPITAL	BUENA PARK	CA	Private	58		40	69.0%
J	CALIF MED CENTER-LOS ANGELES	LOS ANGELES	CA	Private	288	14,873	186	64.6%
J	CANYON RIDGE HOSPITAL	CHINO	CA	Private	59	1,124	33	55.9%
J	CAPISTRANO BY THE SEA HOSPITAL	DANA POINT	CA	Private	82		56	68.3%
J	CASA COLINA HOSP FOR REHAB MED	POMONA	CA	Private	64	540	40	62.5%
J	CEDARS-SINAI MEDICAL CENTER	LOS ANGELES	CA	Private	928	40,929	701	75.5%
J	CENTINELA HOSPITAL MED CENTER	INGLEWOOD	CA	Private	375	14,733	198	52.8%
J	CENTURY CITY HOSPITAL	LOS ANGELES	CA	Private	153	4,077	75	49.0%
J	CHAPMAN GENERAL HOSPITAL	ORANGE	CA	Private	99	1,805	24	24.2%
J	CHARTER COMMUNITY HOSPITAL	HAWAIIAN GARDE	CA	Private	98	6,576	98	100.0%
J	CHARTER HOSP OF CORONA	CORONA	CA	Private	158		108	68.4%

~~214~~ Original DMIS Document page numbers left on for reference purposes.

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* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) 18-Mar-94

J= JCAHO accredited

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	CHARTER HOSPITAL	MISSION VIEJO	CA	Private	80		55	68.8%
J	CHARTER HOSPITAL OF LONG BEACH	LONG BEACH	CA	Private	190		130	68.4%
J	CHARTER OAK HOSPITAL	COVINA	CA	Private	95		65	68.4%
J	CHARTER SUBURBAN HOSPITAL	PARAMOUNT	CA	Private	140		96	68.6%
J	CHILDREN'S HOSP OF ORANGE CNTY	ORANGE	CA	Private	192	7,604	134	69.8%
J	CHILDRENS HOSP OF LOS ANGELES	LOS ANGELES	CA	Private	331		226	68.3%
J	CHINO COMMUNITY HOSPITAL	CHINO	CA	Private	126	3,273	36	28.6%
J	CIRCLE CITY MEDICAL CENTER	CORONA	CA	Private	99		68	68.7%
J	CITY OF HOPE NATL MEDICAL CNTR	DUARTE	CA	Private	153	4,231	112	73.2%
J	COAST PLAZA DOCTORS HOSPITAL	NORWALK	CA	Private	126		86	68.3%
J	COASTAL COMMUNITIES HOSPITAL	SANTA ANA	CA	Private	169	4,671	54	32.0%
J	COLLEGE HOSPITAL	CERRITOS	CA	Private	125		85	68.0%
J	COLLEGE HOSPITAL COSTA MESA	COSTA MESA	CA	Private	138	2,616	55	39.9%
J	COMM HOSP OF HUNTINGTON PARK	HUNTINGTON PAR	CA	Private	99		68	68.7%
J	COMMUNITY HOSPITAL OF GARDENA	GARDENA	CA	Private	55		38	69.1%
J	CORONA COMMUNITY HOSPITAL	CORONA	CA	Private	198		135	68.2%
J	COVINA VALLEY COMMUNITY HOSP	WEST COVINA	CA	Private	76	1,387	19	25.0%
J	CPC ALHAMBRA HOSPITAL	ROSEMEAD	CA	Private	98		67	68.4%
J	CPC BREA CANYON HOSPITAL	BREA	CA	Private	100		68	68.0%
J	CPC LAGUNA HILLS HOSPITAL	LAGUNA BEACH	CA	Private	78		53	67.9%
J	CPC SANTA ANA HOSPITAL	SANTA ANA	CA	Private	70		48	68.6%
J	CPC WESTWOOD HOSPITAL	LOS ANGELES	CA	Private	94		64	68.1%
J	CROSSROADS HOSPITAL	VAN NUYS	CA	Private	41		28	68.3%
J	DANIEL FREEMAN MARINA HOSPITAL	MARINA DEL REY	CA	Private	180	3,955	81	45.0%
J	DANIEL FREEMAN MEM HOSPITAL	INGLEWOOD	CA	Private	330		225	68.2%
J	DEL AMO HOSPITAL	TORRANCE	CA	Private	166		113	68.1%
J	DOCTORS HOSP OF WEST COVINA	WEST COVINA	CA	Private	57		39	68.4%
J	DOCTORS HOSPITAL OF SANTA ANA	SANTA ANA	CA	Private	54		37	68.5%
J	DOCTORS' HOSP OF MONTCLAIR	MONTCLAIR	CA	Private	102		70	68.6%

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) **18-Mar-94**

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	DOWNEY COMMUNITY HOSPITAL	DOWNEY	CA	Private	190	8,919	120	63.2%
J	EAST LOS ANGELES DOCTORS HOSP	LOS ANGELES	CA	Private	112	2,772	70	62.5%
J	EDGEMONT HOSPITAL	LOS ANGELES	CA	Private	53		36	67.9%
J	ENCINO-TARZANA REG MEDICAL CTR	TARZANA	CA	Private	393		268	68.2%
J	ESTELLE DOHENY EYE HOSPITAL	LOS ANGELES	CA	Private	25	822	4	16.0%
J	FHP HOSP - FOUNTAIN VALLEY	FOUNTAIN VALLE	CA	Private	125		85	68.0%
J	FOOTHILL PRESBYTERIAN HOSPITAL	GLENDORA	CA	Private	107	4,479	48	44.9%
J	FOUNTAIN VLY REG HOSP MED CTR	FOUNTAIN VALLE	CA	Private	293	12,161	150	51.2%
J	FRIENDLY HILLS REG MED CTR	LA HABRA	CA	Private	226	7,572	82	36.3%
J	GARFIELD MEDICAL CENTER	MONTEREY PARK	CA	Private	223	11,796	146	65.5%
J	GATEWAYS HOSP & MNTL HLTH CNTR	LOS ANGELES	CA	Private	24		16	66.7%
J	GLENBROOK HOSPITAL	AZUSA	CA	Private	57	749	35	61.4%
J	GLENDALE ADVENTIST MEDICAL CTR	GLENDALE	CA	Private	300	15,087	281	93.7%
J	GLENDALE MEM HOSP & HLTH CTR	GLENDALE	CA	Private	316	8,944	160	50.6%
J	GLENDORA COMMUNITY HOSPITAL	GLENDORA	CA	Private	138		94	68.1%
J	GRANADA HILLS COMM HOSPITAL	GRANADA HILLS	CA	Private	169	5,092	73	43.2%
J	GREATER EL MONTE COMM HOSPITAL	SOUTH EL MONTE	CA	Private	115	4,549	46	40.0%
J	HAWTHORNE HOSPITAL	HAWTHORNE	CA	Private	73		50	68.5%
J	HOAG MEM HOSPITAL PRESBYTERIAN	NEWPORT BEACH	CA	Private	378	20,329	248	65.6%
J	HOLLYWOOD COMMUNITY HOSPITAL	HOLLYWOOD	CA	Private	99		68	68.7%
J	HOLLYWOOD COMMUNITY HOSPITAL	VAN NUYS	CA	Private	61	570	28	45.9%
J	HOLY CROSS MEDICAL CENTER	MISSION HILLS	CA	Private	309	10,123	198	64.1%
J	HOSPITAL OF THE GOOD SAMARITAN	LOS ANGELES	CA	Private	377	13,506	273	72.4%
J	HUNTINGTON BEACH MEDICAL CTR	HUNTINGTON BEA	CA	Private	133		91	68.4%
J	HUNTINGTON MEMORIAL HOSPITAL	PASADENA	CA	Private	640	24,062	457	71.4%
	IMPACT DRUG TREATMENT CENTER	PASADENA	CA	Private	130		89	68.5%
J	INGLESIDE HOSPITAL	ROSEMEAD	CA	Private	126	1,291	50	39.7%
J	INGLEWOOD GENERAL HOSPITAL	INGLEWOOD	CA	Private	28		19	67.9%
J	INTER-COMMUNITY MED CENTER	COVINA	CA	Private	217	9,642	146	67.3%

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) 18-Mar-94

J = JCAHO

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	IRVINE MEDICAL CENTER	IRVINE	CA	Private	141	4,062	44	31.2%
J	KAISER FDN MENTAL HLTH CENTER	WEST LOS ANGELE	CA	Private	66	1,909	53	80.3%
J	KAISER FOUNDATION HOSP	WOODLAND HILLS	CA	Private	156	9,361	114	73.1%
J	KAISER FOUNDATION HOSPITAL	LOS ANGELES	CA	Private	219	11,969	135	61.6%
J	KAISER FOUNDATION HOSPITAL	LOS ANGELES	CA	Private	501	24,780	365	72.9%
J	KAISER FOUNDATION HOSPITAL	BELLFLOWER	CA	Private	334	19,939	235	70.4%
J	KAISER FOUNDATION HOSPITAL	PANORAMA CITY	CA	Private	260	12,637	159	61.2%
J	KAISER FOUNDATION HOSPITAL	HARBOR CITY	CA	Private	233	11,937	143	61.4%
J	KAISER FOUNDATION HOSPITAL	RIVERSIDE	CA	Private	131	9,176	101	77.1%
J	KAISER FOUNDATION HOSPITAL	ANAHEIM	CA	Private	176	11,289	127	72.2%
J	LA PALMA INTERCOMMUNITY HOSP	LA PALMA	CA	Private	136	3,896	59	43.4%
J	LAKEWOOD REGIONAL MEDICAL CTR	LAKEWOOD	CA	Private	151	7,552	100	66.2%
J	LAS ENCINAS HOSPITAL	PASADENA	CA	Private	146	1,178	53	36.3%
J	LIFEPLUS COLDWATER CANYON HOSP	NORTH HOLLYWO	CA	Private	70	1,004	41	58.6%
	LINCOLN HOSPITAL MEDICAL CNTR	LOS ANGELES	CA	Private	47	3,897	25	53.2%
J	LITTLE COMPANY OF MARY HOSP	TORRANCE	CA	Private	345	15,481	268	77.7%
J	LONG BEACH COMMUNITY HOSPITAL	LONG BEACH	CA	Private	312	12,545	152	48.7%
J	LONG BEACH DOCTORS HOSPITAL	LONG BEACH	CA	Private	43	1,479	17	39.5%
J	LONG BEACH MEMORIAL MED CTR	LONG BEACH	CA	Private	729	22,625	392	53.8%
J	LOS ALAMITOS MEDICAL CENTER	LOS ALAMITOS	CA	Private	173		118	68.2%
J	LOS ALTOS HOSPITAL & HLTH CTR	LONG BEACH	CA	Private	57	1,703	57	100.0%
J	LOS ANGELES COMMUNITY HOSPITAL	LOS ANGELES	CA	Private	136	5,099	43	31.6%
J	LOS ANGELES DOCTORS HOSPITAL	LOS ANGELES	CA	Private	54		37	68.5%
J	MARTIN LUTHER HOSPITAL	ANAHEIM	CA	Private	200	7,494	79	39.5%
J	MEDICAL CTR OF NORTH HOLLYWOOD	NORTH HOLLYWO	CA	Private	163	6,355	79	48.5%
J	MEMORIAL HOSPITAL OF GARDENA	GARDENA	CA	Private	107		73	68.2%
J	METHODIST HOSP OF SOUTHERN CA	ARCADIA	CA	Private	304	9,990	176	57.9%
J	MIDWAY HOSPITAL MEDICAL CENTER	LOS ANGELES	CA	Private	230	5,815	96	41.7%
J	MISSION HOSP REGIONAL MED CTR	MISSION VIEJO	CA	Private	175		120	68.6%

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) 18-Mar-94

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J = J CAHO

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	MISSION HOSPITAL	HUNTINGTON PAR	CA	Private	90		61	67.8%
J	MONROVIA COMMUNITY HOSPITAL	MONROVIA	CA	Private	49	1,470	22	44.9%
J	MONTEREY PARK HOSPITAL	MONTEREY PARK	CA	Private	95		65	68.4%
J	MOTION PICTURE & TEL HOSPITAL	WOODLAND HILLS	CA	Private	198	847	151	76.3%
	NEWPORT HARBOR HOSPITAL	NEWPORT BEACH	CA	Private	34		23	67.6%
J	NORTHRIDGE HOSP MEDICAL CENTER	NORTHRIDGE	CA	Private	414	13,460	288	69.6%
J	NORWALK COMMUNITY HOSPITAL	NORWALK	CA	Private	50	1,859	21	42.0%
	ONTARIO COMMUNITY HOSPITAL	ONTARIO	CA	Private	100		68	68.0%
J	ORANGE COUNTY COMM HOSPITAL	BUENA PARK	CA	Private	159	2,324	104	65.4%
J	ORTHOPAEDIC HOSPITAL	LOS ANGELES	CA	Private	126		86	68.3%
J	PACIFIC ALLIANCE MED CENTER	LOS ANGELES	CA	Private	89		61	68.5%
J	PACIFIC HOSPITAL OF LONG BEACH	LONG BEACH	CA	Private	136	4,634	75	55.1%
J	PACIFICA COMMUNITY HOSPITAL	HUNTINGTON BEA	CA	Private	103	1,749	26	25.2%
J	PACIFICA HOSP OF THE VALLEY	SUN VALLEY	CA	Private	264		180	68.2%
J	PALMDALE HOSPITAL MEDICAL CNTR	PALMDALE	CA	Private	123		84	68.3%
J	PARKVIEW COMM HOSP MED CTR	RIVERSIDE	CA	Private	193	10,154	108	56.0%
J	PICO RIVERA COMMUNITY HOSPITAL	PICO RIVERA	CA	Private	95		65	68.4%
J	PIONEER HOSPITAL	ARTESIA	CA	Private	94		64	68.1%
J	PLACENTIA-LINDA COMMUNITY HOSP	PLACENTIA	CA	Private	114		78	68.4%
J	POMONA VALLEY HOSP MEDICAL CTR	POMONA	CA	Private	449	19,590	249	55.5%
J	PRESBYTERIAN INTERCOMM HOSP	WHITTIER	CA	Private	302	11,692	164	54.3%
	QUEEN OF ANGELS-HOLLYWOOD CNTR	HOLLYWOOD	CA	Private	384	21,356	302	78.6%
J	QUEEN OF THE VALLEY HOSPITAL	WEST COVINA	CA	Private	268		183	68.3%
	REDGATE MEMORIAL HOSPITAL	LONG BEACH	CA	Private	63		43	68.3%
J	RIO HONDO MEMORIAL HOSPITAL	DOWNEY	CA	Private	89	2,324	29	32.6%
J	ROBERT F KENNEDY MEDICAL CNTR	HAWTHORNE	CA	Private	187	5,821	129	69.0%
J	SADDLEBACK MEMORIAL MED CENTER	LAGUNA HILLS	CA	Private	221	10,120	138	62.4%
J	SAINT JOSEPH HOSPITAL	ORANGE	CA	Private	393	15,706	216	55.0%
J	SAINT JOSEPH MEDICAL CENTER	BURBANK	CA	Private	527	18,199	393	74.6%

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) 18-Mar-94

J= JCAHO

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	SAMARITAN MED CTR SAN CLEMENTE	SAN CLEMENTE	CA	Private	86	3,002	30	34.9%
J	SAN ANTONIO COMMUNITY HOSPITAL	UPLAND	CA	Private	300	13,967	183	61.0%
J	SAN FERNANDO COMMUNITY HOSP	SAN FERNANDO	CA	Private	69	1,419	41	59.4%
J	SAN GABRIEL VALLEY MED CTR	SAN GABRIEL	CA	Private	205	6,670	159	77.6%
J	SAN PEDRO PENINSULA HOSPITAL	SAN PEDRO	CA	Private	299	6,078	208	69.6%
	SANTA ANA HOSPITAL MEDICAL CTR	SANTA ANA	CA	Private	99		68	68.7%
J	SANTA MARTA HOSPITAL	LOS ANGELES	CA	Private	91	5,680	65	71.4%
J	SANTA MONICA HOSPITAL MED CNTR	SANTA MONICA	CA	Private	297		203	68.4%
J	SANTA TERESITA HOSPITAL	DUARTE	CA	Private	283		193	68.2%
J	SHERMAN OAKS HOSP & HLTH CTR	SHERMAN OAKS	CA	Private	125	3,542	62	49.6%
J	SHRINERS HOSPS FOR CRPLD CHILD	LOS ANGELES	CA	Private	60	1,275	33	55.0%
J	SOUTH COAST MEDICAL CENTER	SOUTH LAGUNA	CA	Private	191	18,097	49	25.7%
J	ST FRANCIS MEDICAL CENTER	LYNWOOD	CA	Private	315	15,780	237	75.2%
J	ST JOHN'S HOSP & HLTH CENTER	SANTA MONICA	CA	Private	378	13,968	237	62.7%
J	ST JUDE MEDICAL CENTER	FULLERTON	CA	Private	268	12,401	215	80.2%
J	ST LUKE MEDICAL CENTER	PASADENA	CA	Private	121		83	68.6%
J	ST MARY MEDICAL CENTER	LONG BEACH	CA	Private	495	13,944	291	58.8%
J	ST VINCENT MEDICAL CENTER	LOS ANGELES	CA	Private	314	9,676	210	66.9%
J	SUNCREST HOSPITAL OF SOUTH BAY	TORRANCE	CA	Private	96		66	68.8%
J	TEMPLE COMMUNITY HOSPITAL	LOS ANGELES	CA	Private	136	3,117	68	50.0%
J	TERRACE PLAZA MEDICAL CENTER	BALDWIN PARK	CA	Private	95		65	68.4%
J	THOMPSON MEMORIAL MEDICAL CNTR	BURBANK	CA	Private	105	2,141	32	30.5%
J	TORRANCE MEMORIAL MED CENTER	TORRANCE	CA	Private	320	16,867	207	64.7%
J	TUSTIN HOSPITAL MEDICAL CENTER	TUSTIN	CA	Private	139	2,431	40	28.8%
J	UCLA MEDICAL CENTER	LOS ANGELES	CA	Private	610	21,489	373	61.1%
J	UCLA NEUROPSYCHIATRIC HOSP	LOS ANGELES	CA	Private	117		80	68.4%
J	UNIV OF CALIF IRVINE MED CNTR	ORANGE	CA	Private	399	16,798	315	78.9%
J	USC-KENNETH NORRIS CANCER HOSP	LOS ANGELES	CA	Private	60	2,485	37	61.7%
J	VALLEY HOSP MEDICAL CENTER	VAN NUYS	CA	Private	178	5,018	95	53.4%

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) 18-Mar-94

J= JCAHO

SHORT TERM HOSPITALS

DMIS ID: 0025 **LONG BEACH**

J	VALLEY PRESBYTERIAN HOSPITAL	VAN NUYS	CA	Private	313		214	68.4%
J	VAN NUYS HOSPITAL	VAN NUYS	CA	Private	41		28	68.3%
J	VENCOR HOSPITAL-ORANGE CNTY	WESTMINSTER	CA	Private	120		82	68.3%
J	VERDUGO HILLS HOSPITAL	GLENDALE	CA	Private	150	5,612	69	46.0%
J	WASHINGTON MEDICAL CENTER	CULVER CITY	CA	Private	91	2,141	38	41.8%
J	WEST ANAHEIM MEDICAL CENTER	ANAHEIM	CA	Private	243	7,016	84	34.6%
J	WEST VALLEY HOSP & HLTH CTR	CANOGA PARK	CA	Private	139	3,577	44	31.7%
J	WESTERN MEDICAL CENTER	SANTA ANA	CA	Private	271	12,613	132	48.7%
J	WESTERN MEDICAL CENTER ANAHEIM	ANAHEIM	CA	Private	187	3,775	99	52.9%
J	WESTSIDE HOSPITAL	LOS ANGELES	CA	Private	81		55	67.9%
J	WHITE MEMORIAL MEDICAL CENTER	LOS ANGELES	CA	Private	337	15,571	236	70.0%
J	WHITTIER HOSPITAL MEDICAL CTR	WHITTIER	CA	Private	168	4,994	52	31.0%
J	WOODRUFF COMMUNITY HOSPITAL	LONG BEACH	CA	Private	93	793	32	34.4%
J	VETERANS AFFAIRS CTR-WEST LA	LOS ANGELES	CA	Veterans Affairs	1,157	13,243	817	70.6%
J	VETERANS AFFAIRS MED CENTER	LONG BEACH	CA	Veterans Affairs	1,131		772	68.3%
J	VETERANS AFFAIRS MED CENTER	SEPULVEDA	CA	Veterans Affairs	494	6,020	363	73.5%

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11-g

* Facilities that did not report an Average Daily Census (ADC) were assigned the national average of 68.3% of total beds.

Source: 1993 American Hospital Association (AHA) 18-Mar-94

11-h

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]
Information requested on this chart for community hospitals within NMCLB catchment area is listed on pages 11a - 11h of this datacall.				

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

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

c. **Training Facilities:**

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

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

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

Data Call 26 - Addition

(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)
NA			

(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.

Datacall 26 - Addition

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

D. W. PHILLIPS, CAPT, NC,USN
NAME (Please type or print)

Signature

Commanding Officer (Acting)
Title

Date 25 May 1994

Naval Medical Clinic, Long Beach
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. GREENE JR

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 8 JUNE 1994

BRAC-95 CERTIFICATION

DATACALL #26 REVISION
(PAGE 5 CHANGED)

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. M. LAMDIN, CAPT, MSC, USN
NAME (Please type or print)

J. M. Lamdin
Signature

COMMANDING OFFICER
Title

22 June 94
Date

NAVAL MEDICAL CLINIC, LONG BEACH, CA
Activity

Revised pg 5

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 6-30-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

ACTING
Title — Date 07 JUL 1994

Document Separator

Datacall #27

395

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CLINIC
LONG BEACH, CALIFORNIA

ACTIVITY UIC: 32539

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

Note: As a result of BRAC-91, Naval Hospital, Long Beach was disestablished on 31 Mar 94. In order to continue providing medical care for beneficiaries in the Long Beach area a Naval Medical Clinic was established at the Naval Station, Long Beach on 01 Apr 94.

* Provides primary care (outpatient services only) to active duty personnel of all uniformed services within the Los Angeles/Long Beach catchment area. (Dependents and retirees will be served on a space-available basis.) Projected FY95 beneficiary population is approximately 95,600 within 20-mile catchment area (based on FY92 RAPS baseline for 20 mile catchment area).

* Provides full range of occupational health care support (environmenal health, industrial hygiene, and occupational medicine to include optometry and audiology services) to active duty and civil service employees assigned to the Long Beach Naval Station, Naval Shipyard and other tenant activities; Seal Beach Naval Weapons Station; Corona Naval Warfare Assessment Depot, as well as other shore and fleet activities.

* Provides pharmaceutical support to all categories of beneficiaries within the catchment area (includes approximately 50,000 retirees and their dependents).

* Establishes a local managed care network to coordinate and provide specialized health care to active duty beneficiaries via agreements (MOU/ISA) with Veterans' Affairs (VA) facilities, other military medical facilities, commercial medical institutions, and resource sharing activities, etc.

* Establishes an in-house advisory network to help beneficiaries determine their eligibility for various health care services and where to find medical care under DoD's TRICARE Program.

* Serves as central point for processing/mailout of HIV specimens for 72 shore and afloat commands, reserve centers, and recruiting stations (approximately 35,000 specimens annually).

* Provides support to civilian and military activities in the event of national disasters, emergencies, and public health related incidents.

* Ensures clinic personnel are trained and equipment properly maintained for contingency and wartime missions.

2. **Customer Base.** In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMNAVSURGRU LBCH	45192	LONG BEACH, CALIFORNIA	56
NAVSTALB IPU	68311	LB	32
COMDESRON NINE	0118A	LB	23
COMDESRON ONE	55228	LB	19
CORNAVAIR FORPAC	57025	LB	UNK
NAVSTA LB	68311	LB	500
NAWC DET 0217	85168	LB	2
NAVDENCEN	62947	LB	50
NAVBRIG	45826	LB	30
NLSO	68772	LB	20
NR MIUW 105	89189	LB	70
PSD NAVSTA	0272A	LB	70
NAVMARCORESRED CEN	62102	LB	38
NAVSURFPAC MTT	48514	LB	10

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVSEACEN FSO	45628	LONG BEACH	25
MOTU-11	55307	LB	30
SIMA NRMF	68828/32	LB	600+
FLTILOTEAM	55609	LB	20
OFMO	UNK	LB	3
RESALEACT NEX	39226	LB	300
NSC DET	68276	LN	100
NAVAL SHIPYARD	60258	LB	4000
FISC DET	UNK	LB	90
NAVOCEANCOMDET	66464	LB	UNK
NTCC	35272	LB	30
CBU 409	66646	LB	50
NAVSTASECDET	46462	LB	UNK
CAAC	UNK	LB	3

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SUPSHIP	65870	LONG BEACH	130
MWR (NAF)	UNK	LB	450
ARMY VET INSP	UNK	LB	10
DFR WEST FUEL PIER	UNK	LB	5
DECA COMMISSARY	47334	LB	100
NAVREGCONTCEN DET	47334	LB	60
NCIS		LB	20
ROICC		LB	18
THIRD ANGLICO	UNK	LB	15
ILO	UNK	LB	20
USCG BASE SAN PEDRO	47720	LB	UNK
USS ANTIETAM	21387	LB	350
USS BOLSTER	02533	LB	75
USS CAYUGA	20025	LB	250

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

1. Customer Base (Continued).

NOTE: SHIPS SHOWN ARE THOSE REMAINING AT NAVSTA AFTER MAY 94. SHIPS REALIGNED OR DECOMMISSIONED PRIOR TO THAT DATE HAVE BEEN DELETED EVEN THOUGH NAVMED CLINIC DID SUPPORT THESE PERSONNEL.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS DAVID RAY	20591	LONG BEACH	340
USS FORD	21235	LB	215
USS INGRAHAM	21430	LB	215
USS JARRETT	21058	LB	215
USS JOHN MOORE	20972	LB	150
USS PAUL FOSTER	20575	LB	338
USS PRINCETON	21447	LB	370
USS TARAWA	20550	LB	910
USS WABASH	20124	LB	435
USS WADSWORTH	21033	LB	150
USS KINKAID	20576	LB	335
USS BOXER	21808	LB	1130
USS ELLIOTT	20587	LB	338
USS HARRY HILL	20833	LB	335

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
DET 3, STARC	W8AYA3	LOS ALAMITOS RESERVE CNTR	60
HHC 40TH INF DIV	WTSAAA	LARC	266
40TH MP CO	WPB9AA	LARC	145
D CO 140TH AVN	WVBHAA	LARC	126
E CO 140 AVN	WU7WAA	LARC	106
F CO 140 AVN	WV7UAA	LARC	190
DET 1 HHT 1/18 CAV	WPZ7T1	LARC	39
TRP C 1/18 CAV	WPZ7C0	LARC	30
TRP D, 1/18 CAV	WPZ7D0	LARC	42
40 ID BAND	WV50AA	LARC	32
160 INF DIV (LRS)		LARC	54
40 INF DIV (RCP)		LARC	18
HQ 1 BDE 40 ID		LARC	100
HQ 143 EVAC HOSP	WP9MAA	LARC	361

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1 BN 214 REG	WT8NAA	LOS ALAMITOS RERSERVE CNTR	450
HHC 63 ARCOM	W8CZAA	LARC	250
63 ARCOM TECH	W3EIAA	LARC	UNK
109 MED DET	WQWYAA	LARC	40
164 MAINT CO	WQXJAA	LARC	130
182 MED DET	WQXQAA	LARC	5
185 MED DET	WQXRAA	LARC	65
195 MED DET	WQXSAA	LARC	UNK
302 PA DET	WTHPAA	LARC	25
387 MT BN	WSMCAA	LARC	69
968 SUP CO	WSPFAA	LARC	83
987 MED DET	WTTTAA	LARC	UNK
ECS-16	W3E102	LARC	54
AMSA-28	W3E106	LARC	57

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1/25F BN 3 CO C	WIPRCO	LOS ALAMITOS RESERVE CNTR	55
306 PSYOPS CO	WSQOAA	LARC	80
353 PSYOPS CO	WSQRAA	LARC	68
NAVRECRUITDIST	62441	LOS ANGELES	UNK
NROTC-UCLA	63220	LOS ANGELES	UNK
NROTC-USC	63221	LOS ANGELES	UNK
DACSR	31107	LOS ANGELES	UNK
COMM CNTR	48787	STOCKTON	UNK
NAVWEAPSTA SB (INCL MOMAG UNIT 1)	47615 30129	SEAL BEACH	1700 COMBINED
AC DAMAGE RPR NAV AV DEP	49094	CHERRY POINT	UNK
NMCRC	62111	BAKERSFIELD	UNK
NBMC	32541	EL TORO	EL TORO TOTAL POP = 18,000
CG 3D MAW	57091	EL TORO	SEE ABOVE
MAG 11	09111	EL TORO	SEE ABOVE

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MALG 38	09547	EL TORO	UNK
VMA AW 121	09257	EL TORO	UNK
VMA AW 242	09668	EL TORO	UNK
VMFA 531	09190	EL TORO	UNK
VMFA 314	09290	EL TORO	UNK
VMFA 323	09235	EL TORO	UNK
MWCS 38	09548	EL TORO	UNK
MWHS 3	09247	EL TORO	UNK
VMGR 352	09182	EL TORO	UNK
GGS 38	09903	EL TORO	UNK
MALS 11	09233	EL TORO	UNK
MALS 16	09243	EL TORO	UNK
HQ SDN 37	09906	EL TORO	UNK
MWSG 37	09314	EL TORO	UNK

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAMTRAGRU DET	66061	EL TORO	EL TORO TOTAL POP = 18,000
NAESU DET	33207	EL TORO	SEE ABOVE
COMCABWEST	67428	EL TORO	SEE ABOVE
CG MCAS	60050	EL TORO	SEE ABOVE
MAG 46	67244	EL TORO	SEE ABOVE
NAVSEASYSCOM	64267	CORONA	CORONA TOTAL POP APPROX 700
NEPMU 5	05464	SAN DIEGO	UNK
NAVINVSERVO FCI	43125	SAN DIEGO	UNK
FHOTC	46488	CAMP PENDLETON (CP)	UNK
NAVDENCL	62594	CP	UNK
MAG 46 DET C	55252	CP	UNK
VMO 2	09444	CP	UNK
MACS 1	09541	CP	UNK
MASS 3	09248	CAMP PENDLETON	UNK

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HMLA 267	09159	CAMP PENDLETON (CP)	UNK
PERSUPP DET	45091	CP	UNK
NAMTRAGRU DET	66063	CP	UNK
NAVDENCL	62594	CP	UNK
FHOTC	46488	CP	UNK
MCAF	67604	CP	UNK
MAG 46 DET C	67422	CP	UNK
CG MCB	00681	CP	UNK
FLDMEDSERV FSCOL	UNK	CAMP PENDLETON	UNK
BRMEDANNEX	32542	TUSTIN	TUSTIN TOTAL POP APPROX 4000
MAG 16	09116	TUSTIN	SEE ABOVE
HMM 161	09440	TUSTIN	SEE ABOVE
HM 163	09405	TUSTIN	SEE ABOVE
HMM 164	09408	TUSTIN	SEE ABOVE

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HMT 301	52843	TUSTIN	TUSTIN TOTAL POP APPROX 4000
NAMTRAGRU DET	66062	TUSTIN	SEE ABOVE
MCAS	62535	TUSTIN	SEE ABOVE
NAVMEDCL	66099	PORT HUENEME (PH)	PORT HUENEME TOTAL POP APPROX 6200
RNMCB 17	08916	PH	SEE ABOVE
CBC	62583	PH	SEE ABOVE
COM 31 NCR	55752	PH	SEE ABOVE
NRLSITE DET	66846	PH	SEE ABOVE
PERSUPP DET	43146	PH	SEE ABOVE
NAVLEGSVCOFF DET	35500	PH	SEE ABOVE
NAVCINENGRLAB	68305	PH	SEE ABOVE
RESALE ACT	61338	PH	SEE ABOVE
NAVCONSTRACEN	0612A	PH	SEE ABOVE
NEESA	0537A	PH	SEE ABOVE

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVSHIPWPNSYS ENGSTA	63394	PORT HUENEME	PORT HUENEME TOTAL POP APPROX 6200
NAVSCOLCECOFF	0/60A	PORT HUENEME	SEE ABOVE
NPPSO DET	66965	POINT MUGU (PM)	POINT MUGU TOTAL POP APPROX 6000
EODMU 3 DET	30213	PM	SEE ABOVE
VP 65	091/3	PM	SEE ABOVE
AIRTESTEVRON 4	09830	PM	SEE ABOVE
ANTARTICDEVRON 6 DET	53832	PM	SEE ABOVE
TACELRON 34	53990	PM	SEE ABOVE
STRKFITRON VFA 305	09326	PM	SEE ABOVE
HELSUPPSECRON HSC 5	53812	PM	SEE ABOVE
NRLSPECPROJ DET	42199	PM	SEE ABOVE
PERSUPP DET	43145	PM	SEE ABOVE
NAVFAC CVB DET	57052	PM	SEE ABOVE
RESALEAVCT DET	30949	POINT MUGU	SEE ABOVE

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NTCC	39048	PONT MUGU (PM)	PT MUGU TOTAL POP APPROX 6000
NAESU DET	32904	PM	SEE ABOVE
RESALEACT DET	30437	PM	SEE ABOVE
NAVAIRES	56530	PM	SEE ABOVE
NAS	0429A	PM	SEE ABOVE
NAVASTROGRU	63200	PM	SEE ABOVE
COMPACMISTEST CEN	63126	PM	SEE ABOVE
MAD	67414	PM	SEE ABOVE
NRLSITE	68288	POINT MUGU	SEE ABOVE
NAVFACWESTDIV	62474	SAN BRUNO	UNK
NWC CHINA LAKE	93555	CHINA LAKE (CL)	ALL UNITS = APPROX 6800
NAVOCEANCOM DET	66459	CL	SEE ABOVE
MAD	67852	CL	SEE ABOVE
NEX DET	60824	CHINA LAKE	SEE ABOVE

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

2. Customer Base (Continued).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVWPNCEN	60530	CHINA LAKE (CL)	ALL UNITS = APPROX 6800
EODMU 3 DET	30697	CL	SEE ABOVE
PERSUPP DET	43144	CL	SEE ABOVE
NAV PUB PRINT DET	43641	CL	SEE ABOVE
AIRTEVRON 5	09515	CL	SEE ABOVE
PERSUPP DET	43144	CL	SEE ABOVE
NAVOCEANCOM DET	66459	CL	SEE ABOVE
RESALE ACT DET	60824	CHINA LAKE	SEE ABOVE
4TH LAAD	UNK	PASADENA	UNK
NAVRECRUITSTA	48072	GLENDALE	UNK

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

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

**** SEE NOTE BELOW ***

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA*	3231	NA	NA
ACTIVE DUTY NON N/MC	NA	56	NA	NA
TOTAL ACTIVE DUTY	NA	3287		NA
FAMILY OF AD	NA	58	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	39 * (Includes over 65 data)	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	* Included in data above	NA	NA
OTHER (Occ Hlth Civ)	NA	2667	NA	NA
TOTAL	NA	6051		NA

NOTE: NAVMED CLINIC LONG BEACH IS OUTPATIENT FACILITY - ESTABLISHED 01 APR 94. DATA SHOWN ON CHART ABOVE REFLECTS WORKLOAD FOR 1-30 APR 94 ONLY.

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	*** SEE	NOTE	BELOW	*******	********	********	******
ADMISS.	NA	NA	NA	NA	NA	NA	NA

**** NOTE: NMCLB was established 01 April 1994. As a result, the clinic does not have appropriate historical data available for reliable trend analysis or to use as valid basis from which to develop a realistic projection.

- As a result of BRAC-91, NAVHOSP Long Beach was disestablished on 31 March 1994.
- NMCLB was established 01 Apr 94 to provide medical care for active duty beneficiaries remaining in the Los Angeles/ Long Beach area. (Other categories of beneficiaries seen on a space-available basis.)
- On 30 Sep 94, NAVSTA Long Beach will be disestablished (BRAC-91 action). The 40 ships which had been homeported in the area will be realigned to other stations or decommissioned. Tenant activities will be realigned under Long Beach Naval Shipyard.
- Clinic will continue to support crews of ships in repair (3-5 ships annually with 600-2000 crewmembers). In addition, agreements have been established between DoD and Taiwan/Brazil governments for repair of foreign military ships. Crewmen of these ships will also use clinic facilities.
- NAVMED Clinic has established agreements with various local governmental and private/commercial treatment facilities and physicians groups to provide speciality care for active duty beneficiaries that is not available at NMCLB.
- NAVMED Clinic staff includes Health Benefits Advisors and Fleet Medical Liaison personnel who provide assistance to beneficiaries concerning benefits and speciality care. A TRICARE Service Center is located at NMCLB to help beneficiaries determine where appropriate, low cost and convenient medical care is available.

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
Committees/meetings	780 hrs	33
PRT / Standby	221	3
Training	142	14
Colateral Duties	*	*
Operation Stand-down (Homeless Vets) (Annual Event)	250/yr	26
Flight "Helo" Operations	12	2
Ships Dependent Cruises	12	2
Industrial Hygiene Support	400	depends on
Environmental Hlth Support (Food Svc inspections, pest control, etc)	80	support needed

* average 45 hrs per staff member per quarter

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
NAVMED CLINIC LONG BEACH								
HAS NO GME PROGRAMS								

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]
NAVMED CLINIC			
LONG BEACH			
HAS NO GME			
PROGRAMS			

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

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FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	831 PATIENT CARE, LABORATORY & ADMINISTRATION	65,400	7 (BUILT 1988)	ADEQUATE
	655 ADMINISTRATION	5,639	22 (UPGRADED FY94)	ADEQUATE
	396 ADMINISTRATION & WAREHOUSE	10,666	26 (UPGRADED FY94)	ADEQUATE
	258 PATIENT CARE (PHARMACY)	3600	25 (UPGRADED FY94)	ADEQUATE

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

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

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

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

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]
	831/MEDICAL	65,400	7 (BUILT 1988)	UNK
	655/ MEDICAL-ADMIN	5,639	22 (UPGRADED FY94)	UNK
	396/MEDICAL-ADMIN	10,666	26 (UPGRADED FY94)	UNK
	258/MEDICAL	3600	25 (UPGRADED FY94)	UNK

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
35125	UPGRADE BLDGS 396,258, 655, 831 (NAVMED CLINIC LONG BEACH)	94	$380K

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
35089	BLDG 831 AUTOM SLIDING DOOR FOR HANDICAPPED	95 *	$52K
TBD	BLDG 655 TELECOMMUNICATIONS UPGRADE	95 *	$12K
TBD	BLDG 396 AIR CONDITIONING UPGRADE	95 *	$10K

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
TBD	BLDG 831 CSR EXHAUST SYSTEM	95 *	TBD
45045	BLDG 831/396 PARKING LOT EXPANSION/UPGRADE	95 *	TBD

*** REQUESTS HAVE BEEN SUBMITTED; FUNDING NOT YET APPROVED**

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 TBD
1. FACILITY NAME Naval Medical Clinic, Long Beach					
2. UIC 32539	3. CATEGORY CODE		4. NO. OF BUILDINGS 4		
5. SIZE	A. GSF 85,300 SF (4 bldgs)		B. NORMAL BEDS NA		C.DTRS
6. LOCATION	A. CITY LONG BEACH			B.STATE CA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	50	50		A-17	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	50	50		C-01	
(4)DENTAL	NA				
(5) EMERGENCY SVCS.	NA				
(6) FOOD SERVICES	NA				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	NA				
(10) LABOR-DEL-NURSERY	NA				
(11) OUTPATIENT CLINICS	100				
(12) **PHARMACY**	100				
(13) **RADIOLOGY**	100				
(14) **SURGICAL SUITE**	NA				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	70	30		E-01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	NA			E-07	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: 11 JAN 91
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 3 (Record as 1,2,3,4,or 5)

NOTE: JCAHO ACCREDITATION ISSUED TO NAVAL HOSPITAL LONG BEACH (AT TIME OF INSPECTION, CURRENT NAVAL MEDICAL CLINIC SERVED AS BRANCH MEDICAL CLINIC UNDER HOSPITAL JURISDICTION.) NAVMED CLINIC LONG BEACH HAS NOT RECEIVED INDIVIDUAL RATING. JCAHO INSPECTION FOR NAVMED CLINIC HAS NOT BEEN SCHEDULED.

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?

NMCLB IS LOCATED WITHIN THE CENTRAL LOS ANGELES METROPOLITAN AREA; THIS LOCATION AFFORDS EASY ACCESS FOR ALL BENEFICIARIES VIA MAJOR HIGHWAYS AND LOCAL TRANSIT AUTHORITY TRANSPORTATION (BUSES, RAILLINES, ETC). NMCLB IS PHYSICALLY SITUATED ON NAVAL STATION, LONG BEACH WHICH HAS HISTORICALLY BEEN HOMEPORT FOR APPROX 40 SHIPS. IN ADDITION, NMCLB IS LOCATED WITHIN 1 MILE OF LONG BEACH NAVAL SHIPYARD (APPROX 4000 EMPLOYEES) WHICH IS SERVICED BY OCCUPATIONAL HEALTH DIRECTORATE OF CLINIC. NMCLB ALSO PROVIDES DIRECT MEDICAL AND OCCUPATIONAL HEALTH SUPPORT TO SEAL BEACH NAVAL WEAPONS STATION, TUSTIN MARINE CORPS AIR STATION, AND OVER 200 NAVY/MARINE CORPS, ARMY RESERVE, NATIONAL GUARD, ROTC, FLEET SUPPORT AND RELATED TENANT ACTIVITIES/UNITS THAT ARE LOCATED WITHIN THE 40 MILE CATCHMENT AREA. HEALTH BENEFITS ADVISORS (PART OF NMCLB STAFF) AND TRICARE SERVICE CENTER PERSONNEL ARE LOCATED AT NMCLB AND PROVIDE INFORMATION AND GUIDANCE TO BENEFICIARIES ON ENTITLEMENTS, MEDICAL BENEFITS, AND WHERE/HOW TO OBTAIN CARE WITHIN THE LOCAL CIVILIAN COMMUNITY AND ASSOCIATED MILITARY TREATMENT FACILITIES. NMCLB INCLUDES AN EXPANDED, FULL SERVICE PHARMACY THAT PROVIDES SUPPORT FOR ALL CATEGORIES OF BENEFICIARIES.

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

AIR - WITHIN 10 MILES (LONG BEACH AIRPORT)
- WITHIN 20 MILES (LOS ANGELES INTERNATIONAL AIRPORT-LAX)
RAIL - WITHIN 1 MILE (RAILLINES CROSS SHIPYARD AND NAVAL STATION)
SEA - WITHIN 1 MILE (CLINIC LOCATED ON NAVAL STATION)
GROUND - 3 MAJOR HIGHWAY/INTERSTATE INTERSECTIONS WITHIN 5 MILES

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

Distance (in miles): MILITARY AIRFIELD 15 MILES (LOS ALAMITOS RESERVE CENTER)
40 MILES (TUSTIN/EL TORO MARINE CORPS AIR STATIONS)

CIVILIAN AIRFIELD 10 MILES (LB AIRPORT)
20 MILES (LAX)

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

NMCLB IS LOCATED WITHIN 30 MILES OF OVER 100 MAJOR NAVY, MARINE CORPS, AIR FORCE, AND ARMY RESERVE TRAINING AND ADMINISTRATIVE SITES. AS PART OF LOS ANGELES METROPOLITAN AREA, LOGISTICS, COMMUNICATION AND TRANSPORTATION SOURCES/AVENUES ARE VIRTUALLY LIMITLESS.

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

30-45 MINUTES

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

LOCATION OF CLINIC WITHIN CENTRAL LOS ANGELES METROLPOLITAN AREA PROVIDES LIMITLESS SOURCE OF POTENTIAL EMPLOYEES FOR ALL OCCUPATIONAL FIELDS. lIMITING FACTORS CONTINUE TO BE DOD HIRING FREEZES, BUDGET CEILINGS, AND OTHER DOD OR DON GENERATED CONSTRAINTS.

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.

NAVMED CLINIC LONG BEACH IS THE ONLY NAVY FAMILY PRACTICE / OCCUPATIONAL HEALTH MEDICAL FACILITY WITHIN THE CENTRAL LOS ANGELES METROPOLITAN AREA. IF CLOSED, NAVY/MARINE CORPS ACTIVE DUTY BENEFICIARIES WOULD BE FORCED TO SEEK BASIC MEDICAL CARE AT OTHER MILITARY TREATMENT FACILITIES OUTSIDE OF THE CATCHMENT AREA. (THIS GENERALLY CONSTITUTES A 1-3 HOURS DRIVE FROM MOST DUTY STATIONS SERVICED BY NMCLB.)

IN ADDITION, NMCLB HAS THE ONLY NAVY OCCUPATIONAL HEALTH CLINIC (INCLUDING ENVIRONMENTAL MEDICINE AND INDUSTRIAL HYGIENE FUNCTIONS) WITHIN A 100 MILE RADIUS. AS A RESULT, NMCLB PROVIDES OCCUPATIONAL HEALTH SUPPORT TO OVER 50 MARINE CORPS AND NAVY UNITS/ACTIVITIES (INCLUDING THE LONG BEACH NAVAL STATION AND NAVAL SHIPYARD) THAT WOULD OTHERWISE HAVE TO CONTRACT FOR THIS SUPPORT WITH CIVILIAN FACILITIES AT A SIGNIFICANT COST OR TRAVEL OUTSIDE THE LONG BEACH CATCHMENT AREA FOR SERVICE.

OVER 60% OF THE AVERAGE 20,000 PRESCRIPTIONS FILLED ON A MONTHLY BASIS ARE FOR RETIRED BENEFICIARIES AND THEIR DEPENDENTS. CLOSURE OF THE CLINIC AND ITS ASSOCIATED PHARMACY WOULD FORCE THESE INDIVIDUALS TO SEEK PHARMACEUTICAL SUPPORT THROUGH COMMERCIAL FACILITIES OR THROUGH OTHER MTFS (CAMP PENDLETON; SAN DIEGO, ETC.) WHICH CONSTITUTE 2 OR MORE HOURS DRIVING TIME. THE CONTINUANCE OF PHARMACY SUPPORT IS A TOPIC ON WHICH THE RETIREES HAVE BEEN VERY VOCAL IN THE PAST. SINCE THE LONG BEACH AREA HAS THIRD LARGEST NAVY RETIREMENT POPULATION IN THE U.S., CLOSURE OF THE PHARMACY WOULD CERTAINLY RESULT IN CONSIDERABLE NEGATIVE PUBLIC RELATIONS FOR THE NAVY AS WELL AS NUMEROUS CONGRESSIONAL INQUIRIES AND OTHER POLITICAL AND/OR LEGAL ACTIONS.

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.

ALTHOUGH DISRUPTIVE TO THE SUPPORTED ACTIVITIES DUE TO THE TIME INVOLVED FOR COMMUTING, THE FAMILY PRACTICE TYPE SERVICES FOR ACDU PERSONNEL COULD BE HANDLED THROUGH REFERRAL TO OTHER MILITARY TREATMENT FACILITIES OR THROUGH SUPPLEMENTAL CARE REFERRALS TO LOCAL FEDERAL AND CIVILIAN HOSPITALS AND PROVIDERS. (SEE DATACALL 26 - THERE ARE APPROXIMATELY 190 JCAHO APPROVED FACILITIES AND OVER 4000 ACCREDITED SPECIALITY PROVIDERS WITHIN THE LONG BEACH CATCHMENT AREA.)

DEPENDENTS AND RETIREES WOULD CONTINUE TO USE OTHER MTFS AND NAVCARE CLINICS OR THE TRICARE, MEDICARE, AND PRIVATE INSURANCE SYSTEMS (AS APPROPRIATE) FOR MEDICAL SUPPORT. (NAVMED CLINIC LONG BEACH PROVIDES FAMILY CARE SUPPORT TO THESE CATEGORIES ONLY ON A SPACE AVAILABLE BASIS.)

MOST NEGATIVELY IMPACTED WOULD BE THE ACTIVE DUTY UNITS AND FLEET/SHIPYARD OPERATIONS SUPPORTED BY THE CLINIC'S OCCUPATIONAL HEALTH, INDUSTIRAL HYGIENE, AND ENVIRONMENTAL MEDICINE FUNCTIONS. NO OTHER MILITARY FACILITY WITHIN THE LONG BEACH CATCHMENT AREA OFFERS THESE SERVICES. THE CLOSEST NAVY MTF THAT COULD PROVIDE VERY LIMITED SUPPORT IS NAVHOSP CAMP PENDLETON (APPROX 90 MILES FROM LONG BEACH). (CURRENTLY, NAVHOSP CAMP PENDLETON RELIES ON LONG BEACH NAVMED CLINIC TO PROVIDE MANY OF THESE SERVICES FOR PERSONNEL ASSIGNED TO EL TORO AND TUSTIN VIA INTRA-SERVICE SUPPORT AGREEMENTS, SO ITS ABILITY TO ACCOMMODATE INCREASED WORKLOAD REQUIREMENTS IS QUESTIONABLE.)

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.

(SEE QUESTIONS 10 & 10A OF THIS DATACALL AND DATACALL #26 FOR DETAILED STATISTICS.)

CURRENTLY, THE NAVMED CLINIC, LONG BEACH PROVIDES EXTREMELY LIMITED MEDICAL CARE TO RETIREES AND THEIR DEPENDENTS. (THEY ARE TREATED AT THE CLINIC ON A SPACE AVAILABLE BASIS.) HOWEVER, THE CLINIC DOES HAVE HEALTH BENEFITS ADVISORS AND TRICARE (CHAMPUS/CRI) SERVICE CENTER PERSONNEL LOCATED WITHIN THE CLINIC TO PROVIDE FACE-TO-FACE GUIDANCE AND ASSISTANCE FOR BENEFICIARIES IN DETERMINING THEIR ENTITLEMENTS, BENEFITS, AND WHERE AND FROM WHOM THEY CAN RECEIVE MEDICAL CARE.

THE RETIREE POPULATION RELIES MOST HEAVILY ON THE CLINIC'S PHARMACEUTICAL SUPPORT AND SERVICES. IF THE CLINIC WERE TO CLOSE, THIS SERVICE WOULD BE THE MOST SEVERLY MISSED BY THE REMAINING BENEFICIARIES. CURRENTLY, OVER 60% OF OUR MONTHLY PRESCRIPTIONS FILLED (APPROX 2000 PER MONTH) ARE FOR RETIREES AND DEPENDENTS. ALTHOUGH PHARMACY SERVICES ARE AVAILABLE THROUGH TRICARE, MOST RETIREES ARE NOT WILLING TO PAY THE CO-PAY ASSOCIATED WITH THIS SERVICE. IN ADDITION, NO SOUTHERN CALIFORNIA PHARMACIES HAVE BEEN APPROVED FOR MAIL-OUT SERVICE WHICH WOULD FORCE THE RETIREES TO USE COMMERCIAL PHARMACIES FOR THEIR PHARMACEUTICAL NEEDS. SINCE THE CLINIC IS LOCATED WITHIN THE METROLPOLITAN LOS ANGELES AREA, IF IT WERE TO BE CLOSED, THE LONG BEACH CATCHMENT AREA HAS A SUFFICIENT PHARMACY SUPPORT NETWORK TO HANDLE ALL NEEDS OF THE REMAINING BENEFICIARIES. (IN 1993, APPROXIMATELY 185 PHARMACIES EXISTED WITHIN THE LONG BEACH, LAKEWOOD, AND SEAL BEACH AREAS. THESE CITIES COMPROMISE ONLY A PORTION OF THE 40 MILE CATCHMENT AREA.)

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

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
1ST MARINE DIVISION		3
NAVHOSP GUAM		5
NAVHOSP YOKOSUKA		4
NAVHOSP OKINAWA		1
FLEET HOSPITAL #1		1
FLEET HOSPTIAL #2		12
	UNITS SUPPORTED AS OF APR 94	

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

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

WITH THE EXCEPTION OF MOBILIZING PROVIDERS, THE ABOVE MOBIOIZATION REQUIREMENT AND ASSOCIATED TRAINING DOES NOT SIGNIFICANTLY IMPACT UPON NAVMED CLINIC LONG BEACH'S ABILITY TO PROVIDE HEALTH CARE.

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

Number of "stubbed" expanded beds[1]: NA -OUTPATIENT FACILITY

[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	NA	NA	NA
OUTPATIENT	NA	NA	NA

NOTE: NAVMED CLINIC WAS ESTABLISHED ON 01 APRIL 1994 AS OUTPATIENT CLINIC-- DOES NOT ISSUE NAS.

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	NA	NA	NA	NA	*	*
AD FAMILY	NA	NA	NA	NA	*	*
OTHER	NA	NA	NA	NA	*	*
TOTAL	NA	NA	NA	NA	*	*

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

* **NAVMED CLINIC LONG BEACH WAS ESTABLISHED 01 APRIL 1994 WITH A PROGRAMMED SUPPLEMENTAL CARE BUDGET OF $1.2 MILLION FOR 01 APR - 30 SEP 94. DURING ITS FIRST MONTH OF OPERATION (1-30 APR 94), 228 REQUESTS FOR SUPPLMENTAL CARE WERE ISSUED. OF THESE, 39 CASES WERE OBLIGATED/PROCESSED FOR PAYMENT ($11.4 THOUSAND).**

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	NA	NA	$1,501,190 SEE NOTE
TOTAL OUTPATIENT VISITS	NA	NA	6051 SEE NOTE
AVERAGE COST PER VISIT	NA	NA	$248 SEE NOTE

NOTE: NAVMED CLINIC ESTABLISHED 01 APRIL 1994. FIGURES FOR FY94 REFLECT MEPRS (B-CODED) DATA FOR 1-30 APR 94. AVERAGE COST FIGURE IS ELEVATED DUE TO INCREASED START-UP COSTS ASSOICATED WITH CLINIC ESTABLISHMENT AND STOCKAGE.

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: **NA - NAVMED CLINIC LONG BEACH IS OUTPATIENT FACILITY**

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

Table B: **NA**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C: **NA**

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

Table D: NA

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

15. Quality of Life.

a. Military Housing

NOTE: MILITARY HOUSING ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

NOTE: MILITARY HOUSING ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

NOTE: MILITARY HOUSING ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

NOTE: MWR FACILITY ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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

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

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

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

d. Base Family Support Facilities and Programs

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

NOTE: BASE FAMILY SUPPORT FACILITY ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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.

NOTE: BASE FAMILY SUPPORT FACILITY ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
44Auto 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)

g. Off-base housing rental and purchase

NOTE: OFF-BASE HOUSING ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

(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)			

NOTE: OFF-BASE HOUSING ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

(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)	

NOTE: OFF-BASE HOUSING ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

(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.

NOTE: COMMUNITY SUPPORT ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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:

NOTE: EDUCATIONAL OPPORTUNITIES ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

(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.

NOTE: EDUCATIONAL OPPORTUNITIES ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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.

NOTE: EDUCATIONAL OPPORTUNITIES ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

NOTE: SPOUSAL EMPLOYMENT ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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

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

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

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

NOTE: CRIME STATISTICS AND RELATED ISSUES HAVE BEEN ADDRESSED BY LONG BEACH NAVAL SHIPYARD (HOST ACTIVITY FOR NAVAL MEDICAL CLINIC, LONG BEACH) ON BRAC-95 DATACALL # 9 AND/OR # 42.

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)			

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			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. W. PHILLIPS, CAPT, NC, USN
NAME (Please type or print)

Signature

Commanding Officer (Acting)
Title

Date 26 May 94

Naval Medical Clinic, Long Beach
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-2-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

ACTING Title 6/9/94 Date

BRAC-95 CERTIFICATION

DATACALL #27 REVISION
(PAGE 9 CHANGED)

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

J. M. LAMDIN, CAPT, MSC, USN
NAME (Please type or print)

J. M. Lamdin
Signature

COMMANDING OFFICER
Title

22 June 94
Date

NAVAL MEDICAL CLINIC, LONG BEACH, CA
Activity

Revision
Pg 9

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 6-30-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

ACTING
Title — Date 07 JUL 1994

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

396

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

Installation Name:	NMC New Orleans
Unit Identification Code (UIC):	N66898
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	22.6
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$77
Total Number of Officer Housing Units:	2
Total Number of Enlisted Housing Units:	12

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

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

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

ACTIVITY COMMANDER

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

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

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

YVONNE O. SPRING
NAME (Please type or print)

Yvonne O. Spring
Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENCON
Activity

Enclosure (1)

Document Separator

396

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL
FACILITY: Naval Medical Clinic New Orleans, LA.
ACTIVITY UIC: 66898

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

* Our mission is somehwat unique in that we have no inpatient capability and no in-house specialty care providers. This is significant as we are geographicallly separate from military inpatient facilities - 90 miles away from Keesler Air Force Base Medical Center, Biloxi MS, and 200 hundred miles from Naval Hospital, Pensacola, FL. As a result, a major focus of mission accomplishment is to reduce lost manhours/TAD costs to area commands by increasing access to local specialty care and inpatient services.

* Provide outpatient services to active duty Navy and Marine Corps personnel in the New Orleans Metropolitan area.

* Provide outpatient services to other eligible beneficiaries as resources allow.

* Ensure all military personnel are properly trained for the performance of assigned contingency and wartime duties.

* Provide Occupational Health, Industrial Hygiene and Preventive Medicine Services.

* Provide healthcare services in support of the operation of the Navy and Marine Corps Shore activities and units of the operating forces to ensure the highest degree of operational readiness.

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)
CG MARRESFOR (SELRES)	20016	UNLESS OTHERWISE NOTED, ALL ACTIVITIES ARE LOCATED IN NEW ORLEANS, LA.	637
CG MARRESFOR	20016		595
COMNAVRESFOR (MPN)	00072		214
NAVCRUITDIST	62444		165
EPMAC	68412		144
SPECBOATU TWENTY-TWO	SELRES		122
COMNAVAIRRES FOR	0071		91
NAVMEDCLINIC	66898		83
MARCORCRUITSTA	84001		69
COMNAVRESCRUIT COM	68902		66
NALO	68814		64
SPECBOATU TWENTY	52857		58
SUSHIP	63124		55
HQ 8THMARCORDIST	84001		51
NAVRESMAGMT SCOL	68032		45
NAVY BANK	31951		43

CO COM US ARMY RECURIT	W8J4AA		42
TEN	68307		35
PERSUPPDET	43105		31
NAVINSERVRA	SELRES		28
MEPS	66587		27
NAVCOMTELSTA	68608		26
USA RECRUIT BATT	68814		25
COMNAVRESFOR	66734		24
BRDENCL	41787		17
COMNAVAIRESFOR	68656		15
FLEET INTRO TM PAT COAST	48569		12
NRPC SEA DUTY COMP	46995		11
PERSUPPACT NOLA	68594		10
TMU2 (EPMAC)	39030		10
COMMISSARY (DECAL)	49222		8
COMNAVSURFRES FOR	43580		8
NAVMEDCLINIC	42276		6
COMFSRON ONE	45762		5
NAVY EXCHANGE	60937		5
ROICC	44218		4
1192ND US ARMY TERMINAL	68902		2
PRIOR SVC RECRUIT SITE	36005		2
NLSODET	43493		2
NJROTC AREA MGR AREA 8	35107		2

BUPERS COMPONENT	49268		1
DFAS-CL	68518		1
MSCU	68518		1
NAESU DET NOLA	30338		1
1314THMED PORT COM	N/A		*
DEF PRINTING	62593		*
NAVINSERVRA	63053		*
NCFA	68322		*
NRLSA PNSCLA 110	87418		*
PANAMA CANAL COM	38505		*

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

* Civilian personnel only.

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	6,408	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	1,620	N/A	N/A
TOTAL ACTIVE DUTY	N/A	8,028		N/A
FAMILY OF AD	N/A	7,320	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	3,936*	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	*	N/A	N/A
OTHER	N/A	144	N/A	N/A
TOTAL	N/A	19,428		N/A

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

* These figures represent data for all retired and family members. It is not collected in under 65/over 65 categories.

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	20,000	20,000	20,000	20,000	20,000	20,000	20,000
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

To the best of our knowledge, we anticipate FY 1995-2001 projected workload will be consistent with FY 1994 projections. No significant BRAC activity or force reductions are currently scheduled for our catchment area and RAPS data reveals no significant population changes during this time frame.

We have an ongoing Champus Reform Initiative operating in our catchment area and as a result the transition to TRICARE should have minimal impact on our projected workload.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
CPR Classes	96 Hrs	2
PRT Standby's	50 Hrs	2
Air Show Planning	6 Hrs	1
Air Show (Only 1 Quarter)	50 Hrs	45
Crash Calls (Ambulance standby)*	40 Hrs	2
Food Service Inspections	200 Hrs	1
Food Service Training	30 Hrs	1
Mosquito Counts/Identification	50 Hrs	1
Heat Stress Assessment May/Sep	30 Hrs	1
Facility Inspection (BEQ,CDC,GYM,Barber)	100 Hrs	1
Portable Water/Ice Testing	8 Hrs	1
Food Acceptance Inspections	60 Hrs	1
Health Promotion	30 Hrs	1
NAVOSH Promotion	100 Hrs	4
Boy Scout Camp Support (6 week period)	1700 Hrs	2
Fleet Support (IDC's,EMT's)	200 Hrs	1

NOTE 1: Actual ambulance calls are not listed as they are considered to be patient care support.

NOTE 2: We also have 1 full time industrial hygienist and 1 full time industrial hygienist technician who provides support to all Navy and Marine Corps commands in the state of Louisiana. This includes shipyard workers as well as fleet support for incoming vessels.

NOTE 3: This data represents the combined support rendered by our main clinic and 2 branch clinics. It would be impossible to categorize this data by individual clinics.

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550-10	Naval Medical Clinic	30,000	19	C-1

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

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

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

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

Not Applicable.

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C1-89	Storm/Security Shutters	FY95	59,036
R8-94	Repair Roof Bldg H-100	FY95	1,031,393

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

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

1. FACILITY NAME Naval Medical Clinic, New Orleans			
2. UIC 66898	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS 2	
5. SIZE	A. GSF 30,000	B. NORMAL BEDS N/A	C.DTRS 6
6. LOCATION	A. CITY New Orleans	B.STATE LA	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC		100		A-11	
(B) HVAC		100		A-01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

designated function.

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

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

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

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

DATE OF SURVEY: _____

FULL ACCREDITATION: Yes/No

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

JCAHO surveys are not conducted at this facility.

LOCATION:

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

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

The Clinic is conveniently located to Westbank customers. Eastbank customers must contend with bridge traffic and/or the Navy's shuttleboat schedule either of which can result in a 45 minute commute to the Clinic.

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

All transportation nodes are within the New Orleans metropolitan area.

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

Distance (in miles): 10

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

Given our easy access to all forms of transportation, our location facilitates deploying staff members assigned.

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

Westbank customers can reach facility in an average of 10 minutes. Eastbank customers can reach facility within 30 minutes on average.

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

There are no Physician Assistant training programs in the state of Louisiana. This has hindered Physician Assistant recruiting in the past.

FEATURES AND CAPABILITIES

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

The healthcare services this clinic provides in support of the Navy, Marine Corps, and other service shore activities significantly contributes to their operational readiness. Direct patient care could be provided by civilian providers via contract or fee for service. However, as noted in question 5, a large part of our mission consists of providing non-patient care support. In addition, we identify and manage fitness for duty cases, perform overseas/remote assignment screenings and administer the exceptional family member program.

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

Yes. As noted in questions 5 and 7 of Data Call 26, we have a large compliment of health care providers and hospitals in the area. Excess capacity exists and they could easily absorb the additional workload.

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

Yes. Refer to question 10a.

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:

We have no inpatient care capability. Inpatient services are provided at Keesler AFB, Pensacola Naval Hospital, or civilian hospitals.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-27	09167	01
FLT HOSP#8	45392	05
#15	45399	05
#4	68684	06
#5	68685	05
NH,ROOS. ROADS	65428	01
NH, ROTA	66101	02
1STMAR BRIG,KANEOCHE	67339	10
3RD FSSG	67436	01

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

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

NONE. These mobilization requirements have had minimal impact on our Command mission.

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

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

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

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

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

No inpatient services are provided at this facility.

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	1497	$663.40	1622	$509.50	1224	$495.10
AD FAMILY	3	.20	0	0	0	0
OTHER	25	7.20	22	9.90	0	0
TOTAL	1525	$670.80	1644	$519.00	1224	$495.10

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

[2] The total cost in thousands of dollars.

This data represents the combined total for our main clinic and 2 branch clinics.

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	$4,890,433	$5,057,094	$3,727,738
TOTAL OUTPATIENT VISITS	25,392	24,005	19,428
AVERAGE COST PER VISIT	$135	$155	$142

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.

This information is not applicable. This Command is an outpatient clinic and does not incur inpatient costs.

Table A:

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

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

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

Table D:

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

15. Quality of Life.

These questions will be answered by our host Command, Naval Support Activity, New Orleans, LA., (UIC 00205) in Data Call 31.

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 L. S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/24/94
Date

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR. | J.B. Greene Jr.

NAME (Please type or print) | Signature

ACTING | 6/9/94

Title | Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Medical Clinic* *New Orleans, La.*
Acronym(s) used in correspondence	*NAVMEDCLINIC* *New Orleans, La.*
Commonly accepted short title(s)	*NMCL NOLA*

- Complete Mailing Address

Naval Medical Clinic
New Orleans, La. 70142-5300

- PLAD: NAVMEDCLINIC NEW ORLEANS LA

- PRIMARY UIC: 66898 (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): 41813

PURPOSE: EDUCATION AND TRAINING

2. PLANT ACCOUNT HOLDER:

• Yes XXXXX No _____ (check one)

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

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

· Yes ____ No XXXXX (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 XXXXX No ____ (check one)

· Primary Host (current) UIC: 00205

· Primary Host (as of 01 Oct 1995) UIC: 00205

· Primary Host (as of 01 Oct 2001) UIC: 00205

NOTE: ALTHOUGH WE ARE AN ECHELON 3 LEVEL COMMAND, WE ARE COUNTED AS A TENANT COMMAND BY NAVAL SUPPORT ACTIVITY, NEW ORLEANS (UIC 00205). OUR EAST BANK BRANCH CLINIC IS ALSO COUNTED BY THE NAVAL SUPPORT ACTIVITY AS A TENANT. OUR NAVAL AIR STATION BRANCH CLINIC IS COUNTED AS A TENANT BY THE NAVAL AIR STATION, NEW ORLEANS (UIC 00206).

• 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 XXXXX (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
NONE		

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

Name	UIC	Location	Host name	Host UIC
BRANCH MEDICAL CLINIC NAS NEW ORLEANS LA	46143	NAVAL AIR STATION NEW ORLEANS, LA 70143-4000	NAVAL AIR STATION NEW ORLEANS, LA	00206
BRANCH MEDICAL CLINIC NSA NEW ORLEANS LA	42276	4400 DAUPHINE ST. BLDG 601 NEW ORLEANS LA 70146	NAVAL SUPPORT ACTIVITY NEW ORLEANS, LA	00205

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 outpatient services primarily to active duty Navy and Marine Corps personnel in the New Orleans Metropolitan area.

• Provide outpatient services to other eligible beneficiaries as resources allow.

• Ensure all military personnel are properly trained for the performance of assigned contingency and wartime duties.

• Provide Occupational Health, Industrial Hygiene and Preventive Medicine Services.

• Provide healthcare services in support of the operation of the Navy and Marine Corps Shore activities and units of the operating forces to ensure the highest degree of operational readiness.

Projected Missions for FY 2001

• We do not anticipate any significant changes in our current mission through 2001.

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

• Our mission is somewhat unique in that we have no inpatient capability and no in-house specialty care providers. This is significant as we are geographically separated from military inpatient facilities - 90 miles away from Keesler Air Force Base Medical Center, Biloxi MS, and 200 hundred miles from Naval Hospital, Pensacola, Fl. As a result, a major focus of mission accomplishment is to reduce lost manhours/TAD costs to area commands by increasing access to local specialty care and inpatient services.

• The goal of our recently established managed care department is to specifically address this issue. We are currently developing a managed care network of local inpatient as well as outpatient specialty healthcare providers and negotiating to obtain reduced rates for these services.

• We are currently involved in the planning phase of the DOD TRICARE/Lead Agent Concept. We will fall within Region 4. Keesler Medical Center is our assigned lead agent.

* This Command has no National Command Authority or classified mission responsibilities.

Projected Unique Missions for FY 2001

• With the exception of the ongoing TRICARE/Lead Agent initiative, we anticipate no additional unique missions through 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
COMNAVRESFOR	00072

• Funding Source	UIC
BUMED	00018

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	10	45	26
• Tenants (total)	N/A	N/A	N/A

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Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	19	~~64~~ 58 65A	33 03*
• Tenants (total)	N/A	N/A	N/A

* Two Pediatricians and one support staff position provided under the Champus Reform Initiative.
NOTE: Authorized position numbers also reflect branch clinic staffing.
11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax
• CO/OIC		
CAPT L. S. WATTS	(504) 361-2401 H.P. (504) 641-1593	(504) 361-2402
• Duty Officer	(504) 361-2401	(504) 361-2402
• Director For Administration LT C. Lucas	(504) 361-2401	(504) 361-2402

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, 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
NONE				

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• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NONE				

• 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
NONE					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NONE					

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.) See "Healthcare Services Provided" below
Naval Reserve Force	*UNLESS OTHERWISE NOTED, ALL ACTIVITIES ARE LOCATED IN NEW ORLEANS, LA*	*A-X*
Naval Surface Reserve Force		*A-X*
Naval Air Reserve Force		*A-X*
Marine Reserve Force		*A-X*
Naval Support Activity		*A-X*
Enlisted Personnel Management Center		*A-X*
Naval Reserve Personnel Center		*A-X*
Naval Computer and Telecommunication Station		*A-X*
Supervisor of Shipbuilding, Conversion and Repair		*A-X*

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Special Boat Unit 22		*A-W*
Naval Reserve Financial Information Processing Center		*A-X*
Personnel Support Activity		*A-X*
Naval Reserve Recruiting Command		*A-X*
1191st and 1192nd U.S. Army Terminal Unit		*A-X*
Patrol Crafts 6-13	*AVONDALE, LA*	*Y-DD*
MSC SHIPS T-AO 201-203	*AVONDALE, LA*	*Y-DD*
LSD 49-51	*AVONDALE, LA*	*Y-DD*
Human Resources Office		*R-U, X*
Prior Service Recruiting Site		*A-W*
Marine Corps Recruiting Station		*A-X*
Army Recruiting Battalion		*A-X*
Naval Reserve Readiness Command Region Ten		*A-X*
Military Traffic Management Command Gulf Outport		*A-X*
Navy Recruiting District		*A-X*
Naval Air Logistics Office		*A-X*
Eighth Marine Corps District		*A-X*

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Personnel Support Detachment		*A-X*
Military Entrance Processing Station		*A-X*
Navy Publications and Printing Service		*R-U, X*
Branch Dental Clinic		*A-X*
Fleet Introduction Team		*A-W*
Naval Investigative Service Resident Agency		*R-U, X*
Resident Officer in Charge of Construction		*A-X*
Defense Commissary Agency		*A-X*
Naval Legal Service Office Detachment		*A-X, EE*
Bureau of Naval Personnel Component (PERS 10N)		*A-X*
Navy Aviation Engineering Service Unit		*A-W*
Military Sealift Command Unit		*A-W*
NJROTC Area Manager		*A-W*
U.S. Customs Office of Enforcement, Technical Operations Group		*R-U, X*
Schedule Airline Traffic Office		*R-U, X*
Federal Bureau of Investigation (Radio Shop)		*R-U, X*
Post Office Embarkation Office		*R-U, X*

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Naval Air Station New Orleans		*A-X*
4th Marine Air Wing		*A-X*
4th Marine Division		*A-X*
Aviation Intermediate Maintenance Department		*A-X*
VFA 204		*A-X*
VP 94		*A-X*
VR 54		*A-X*
MAG 42-DET C		*A-X*
Coast Guard Naval Air Station		*A-X*
Naval Medical Clinic Staff		*A-X*

Healthcare Services Provided

a. Screening, examination, diagnosis, primary care treatment, and referral of patients for a wide range of general medical conditions on an outpatient basis.

b. Optometry Services

c. Management of military patients requiring specialty care.

d. Pharmacy and Laboratory outpatient services (includes pharmacy over-the-counter program).

e. Medical Evacuation services.

f. Decedent affairs services.

g. Overseas/remote assignment screenings and examinations.

h. Exceptional Family Member Program

i. Physical Readiness Training Screens.

j. Identification and management of fitness for duty cases.

k. HIV testing.

l. Competency and fitness for duty examinations.

m. Confinement physicals.

n. Substance abuse interviews.

o. Health record maintenance.

p. Ambulance/Corpsmen support to area military functions e.g., Change of Command Ceremonies and FMF forced-march exercises.

q. Public Health Services (Pest control, food service sanitation inspections, immunization programs, disease awareness training etc.)

r. Occupational Health Services

s. Industrial Hygiene Services

t. CPR instructor training.

u. Patient education and public relations programs to promote customer awareness and satisfaction.

v. Health Promotion services.

w. Family Advocacy Services (Child and Spouse Abuse)

x. First aid and stabilization of civilians injured on-the-job.

y. Emergent medical logistic support to ships and operational units.

z. Independent Duty Corpsmen support to new construction and overhauled ships conducting shakedown cruises.

aa. Fleet Liaison to visiting/shipyard vessels.

bb. Preventive Medicine Technician (PMT) aid to operational units with mass immunization requirements.

cc. Radiology and laboratory technician technical support to ships undergoing radiology and/or laboratory equipment refit.

dd. Provide information regarding Third Party Liability Program.

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

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

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

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

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

NOTE: MAPS AND AERIAL PHOTOGRAPHS ARE BEING PROVIDED BY THE HOST COMMANDS.

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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

CAPT L.S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

DATE 4 Feb 1994

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

66898

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

6

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL MEDICAL CLINIC NEW ORLEANS, LA.

ACTIVITY UIC: 66898

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001 *1		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	3,397	3,397*2	N/A	3,112	3,112	N/A
FAMILY OF AD	4,907	4,907	N/A	4,449	4,449	N/A
SUBTOTAL	8,304	8,304	N/A	7,561	7,561	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	7,194	7,194	N/A	7,017	7,017	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,733	2,733	N/A	3,478	3,478	N/A
OTHER	6,163	6,163	N/A	6,152	6,152	N/A
TOTAL	24,394	24,394	N/A	24,208	24,208	N/A

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

*1 Projected FY data is valid to FY 1999. RAPS projections do not go beyond this time frame.
*2 There is only 1 small area of overlap (consists of only a few square miles) with Keesler AFB in our catchment area. Therefore catchment and assigned population figures are the same.

This data represents the population within a 20 mile vs 40 mile radius. 40 mile radius figures are not available for medical clinics.

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

This Command is an outpatient clinic with no inpatient beds.

Operating Beds[1]:	___N/A____
Set Up Beds[1]:	___N/A____
Expanded Bed Capacity[2]:	___N/A____

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER*	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,260	9,718	4,888	139	24,005
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] **	100,485	103,062	51,531	2,577	257,655
RADIOLOGY PROCEDURES (WEIGHTED)[1] **	4,311	4,422	2,211	111	11,055
PHARMACY UNITS (WEIGHTED)[1] **	53,814	55,194	27,597	1,380	137,985
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

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

* "OTHER" category consists of civilians and foreign service members.
** Ancillary data is not kept by patient categories. The total figures are correct but the category breakdown is an estimate based upon percentage of outpatient visits.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	19,617	20,120	10,060	503	50,300
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	*	260,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	*	66,264
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	*	165,000
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

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

Outpatient Visit Calculations:
1 Optometrist x 15 pts per day x 4.5 days x 46 weeks = 3105
2 Pediatricians x 30 pts per day x 4.5 days x 46 weeks= 12,420
3 Physicians x 4 pts per hour x 7 hours x 4.5 days x 46 weeks= 17,388
1 Director of Medical Services x 3 pts per hour x 5 hours x 4.5 days x 46 weeks= 3,105
1 Physician Assistant x 4 patients per hour x 7 hours x 4.5 days x 46 weeks= 5,796
2 IDC x 28 patients per day x 4.5 days x 46 weeks= 11,592

Laboratory Calculations:
Based on current staffing and budgetary considerations, only an estimated 1% increase in services could be anticipated.

Radiology Calculations:
Based on 2 full time technicians averaging 53 exams per day.

Pharmacy Calculations:
Based on an estimate of 600-650 Rx's/day.

* Ancillary data is not categorized by beneficiary category.

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	8,028	*	*	*
ADMISSIONS	**	*	*	*
LABORATORY TESTS (WEIGHTED)[1]	83,842	*	*	*
RADIOLOGY PROCEDURES (WEIGHTED)[1]	3,331	*	*	*
PHARMACY UNITS (WEIGHTED)[1]	54,090	*	*	*
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

* Data to complete these categories must include Champus and CRI information kept by the contractor. The contractor is unable to provide this information in time to meet current deadlines. It will be forwarded under separate cover when available.

** Active duty admission figures are not kept at this facility.

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]	5	5	5	5	5	5	5	5
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	8	8	8	8	8	8	8	8

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	1,462
SPECIALTY CARE[2]	3,023
PHYSICIAN EXTENDER[3]	106
TOTAL	4,591

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 1,370,979

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]
Mercy & Baptist Medical Ctr	Christian Health Ministries	10	20 minutes	MOU for mammography is pending signature
Charity Hosp Medical Ctr of LA	LA Health Care Authority	10	20 minutes	
Touro Infirmary	Touro Infimary	18	20 minutes	
E.Jefferson General	Jefferson Parish	16	30 minutes	
Ochsner Foundation	Alton Ochsner Medical Foundation	16	20 minutes	
W. Jefferson Medical Ctr	Jefferson Parish	10	25 minutes	
VA Medical Ctr	U.S. Department of Veterans Affairs	6	20 minutes	VA/Department of Defense sharing agreement
University Hosp	State of La	6	20 minutes	
Pendleton Memorial Methodist	Methodist Health System Foundation Inc.	16	30 minutes	

St. Jude Medical Ctr.	Life Mark Hospitals of LA	16	35 minutes	
Tulane University Medical Ctr.	Tulane University	10	20 minutes	
Chalmette Medical Ctr.	Universal Health Service Inc.	15	45 minutes	
Meadowcrest	National Medical Enterprises Inc.	10	15 minutes	
St. Tammany Parish	*	44	90 minutes	
Slidell Memorial	St. Tammany Parish	34	45 minutes	
Children's Hospital	Children's Hospital Inc.	10	20 minutes	
NorthShore Regional	National Medical Enterprises Inc.	34	50 minutes	MOU pending
St. Charles General	National Medical Enterprises Inc.	10	15 minutes	MOU pending
JoEllen Smith Medical Ctr.	National Medical Enterprises Inc.	4	6 minutes	MOU with JoEllen Smith Psychiatric Hospital
Lakeland Medical Ctr.	Columbia Healthcare Corp.	12	30 minutes	
Doctors Hospital of Jefferson	Medical Enterprises	12	30 minutes	MOU pending
United Medical Ctr.	United Medical Corp.	10	20 minutes	
Elmwood Medical Ctr.	Paracelsus Healthcare Corp.	18	45 minutes	
Lakeside Hospital	HealthcareTrust Inc.	15	30 minutes	

Highland Park Medical Ctr.	EPIC Healthcare Group	44	90 minutes	
St. Charles Parish	St. Charles Parish Hospital Service District #1	50	60 minutes	
River Parishes	Universal Health Services Inc.	50	60 minutes	
Tulane Hospital for Children	Tulane University	10	20 minutes	
St. James Parish	*	50	60 minutes	

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

* Information not available.

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]
Mercy & Baptist Medical Ctr	631	Yes	383	
Charity Hosp Medical Ctr of LA	597	Yes	478	GME
Touro Infirmary	350	Yes	232	
E.Jefferson General	484	Yes	340	
Ochsner Foundation	409	Yes	305	
W. Jefferson Medical Ctr	382	Yes	209	
VA Medical Ctr	333	Yes	263	GME
University Hosp	272	Yes	142	GME
Pendleton Memorial Methodist	212	Yes	154	
St. Jude Medical Ctr.	149	Yes	*	

Tulane University Medical Ctr.	269	Yes	185	GME
Chalmette Medical Ctr.	145	Yes	*	
Meadowcrest	169	Yes	104	
St. Tammany Parish	110	Yes	62	
Slidell Memorial	182	Yes	108	
Children's Hospital	160	Yes	113	
NorthShore Regional	139	Yes	85	
St. Charles General	92	Yes	56	
JoEllen Smith Medical Ctr.	110	Yes	*	
Lakeland Medical Ctr.	150	Yes	*	
Doctors Hospital of Jefferson	74	Yes	50	
United Medical Ctr.	136	Yes	*	
Elmwood Medical Ctr.	108	Yes	*	

Lakeside Hospital	105	Yes	40	
Highland Park Medical Ctr.	104	Yes	53	
St. Charles Parish	50	Yes	*	
River Parishes	102	Yes	37	
Tulane Hospital for Children	85	Yes	*	
St. James Parish	15	Yes	*	

* Hospital does not report occupancy statistics.

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

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

c. Training Facilities:

(1) By facility Catagory 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.

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

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

(2) By Catagory 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 the student hours per year would be 600,000.

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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 preceeding table was derived.

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT L. S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/24/94
Date

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6 - 2 - 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

ACTING Title 8 JUNE 1994 Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Medical Clinic New Orleans
UIC:	66898
Host Activity Name (if response is for a tenant activity):	Naval Support Activity New Orleans
Host Activity UIC:	00205

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.**

[ ] If checked, please acknowledge receipt ASAP.

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: Naval Medical Clinic New Orleans, LA

UIC: 66898

Category	FY 1996 BOS Costs ($000) Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	26	0	26
1b. Minor Construction	NA	NA	NA
1c. Sub-total 1a. and 1b.	26	0	26
2. Other Base Operating Support Costs:			
2a. Utilities	73	0	73
2b. Transportation	30	0	30
2c. Environmental	NA	NA	NA
2d. Facility Leases	NA	NA	NA
2e. Morale, Welfare & Recreation	NA	NA	NA
2f. Bachelor Quarters	NA	NA	NA
2g. Child Care Centers	NA	NA	NA
2h. Family Service Centers	NA	NA	NA
2i. Administration	87	101	188
2j. Other (Specify)			
Other Engineering Support	7	0	7
Supply Operations	5	99	104
Communications	61	0	61
Hazardous Waste	8	0	8
Physical Security	2	0	2
Workmens Compensation	4	0	4
2k. Sub-total 2a. through 2j:	277	200	477
3. Grand Total (sum of 1c. and 2k.):	303	200	503

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)

Activity Name: NAVAL MEDICAL CLINIC NEW ORLEANS, LA **UIC:** 66898

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

DATA CALL 66
INSTALLATION RESOURCES

Table 2 - Services/Supplies Cost Data
Activity Name: Naval Medical Clinic
New Orleans, LA

UIC: 66898

Cost Category	FY 1996 Projected Costs ($000)
Travel:	110
Material and Supplies (including equipment):	592
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	31
Other Purchases (Contract support, etc.):	1856
Total:	2589

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 Medical Clinic New Orleans, LA

UIC: 66898

Contract Type		FY 1996 Estimated Number of Workyears On-Base
Construction:	NA	NA
Facilities Support:	NA	NA
Mission Support:	NA	NA
Procurement:	NA	NA
Other:*	NA	NA
Total Workyears:	NA	NA

* **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)):

NA

2) Estimated number of workyears which would be eliminated:

NA

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):

NA

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.)
NA	NA

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

~~99~~ BUMED-822
MDA, 19 Jul 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

CAPT L.S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

DATE 13 JULY 1994

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

04 AUG 1994
Date

Document Separator

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

Activity Name:	NAVAL MEDICAL CLINIC, NEW ORLEANS, I A
UIC:	66898
Major Claimant:	~~COMMANDER NAVAL RESERVE FORCE~~ BUMED

BUMED-822
mss, 15 Jul 94

General Instructions/Background:

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

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

by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

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

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

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

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

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

1. Workforce Data

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

Average Appropriated Fund Civilian Salary Rate:	$25,548.67

Source of Data (1.a. Salary Rate):ACTIVITY FY-95 BUDGET SUBMISSION

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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BUMED-822
MJS, 15 Jul 94

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
NEW ORLEANS	LA	56	13	58	10	20
JEFFERSON	LA	27	17	37	14	35
ST. TAMMANY	LA	3	1	3	35	42
ST. CHARLES	LA	1	0	.8	15	25
HARRISON COUNTY	MS	1	0	.8	73	75
PLAQUEMINES	LA	1	0	.8	12	20
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located: ORLEANS AND PLAQUEMINES COUNTIES.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b. 1) & 2) Residence Data):LOCAL PERSONNEL RECORDS

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)
NEW ORLEANS (496,938)	ORLEANS PARISH	0
METAIRIE (149,428)	JEFFERSON	15

Source of Data (1.c. Metro Areas):1993 RAND MCNALLY ROAD ATLAS

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	N/A	N/A
20 - 24 Years	N/A	N/A
25 - 34 Years	8	26
35 - 44 Years	10	32
45 - 54 Years	7	23
55 - 64 Years	5	16
65 or Older	1	3
TOTAL	31	100 %

Source of Data (1.d.) Age Data):NMCL NOLA CIVILIAN LIAISON OFFICER

e. Education Level of Civilian Workforce

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0
9th through 11th Grade	0	0
12th Grade or High School Equivalency	9	29
1-3 Years of College	11	36
4 Years of College (Bachelors Degree)	5	16
5 or More Years of College (Graduate Work)	6	19
TOTAL	31	100 %

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

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	5
Associate Degree	1
Bachelor Degree	8
Masters Degree	3
Doctorate	N/A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data):NMCL NOLA CIVILIAN LIAISON OFFICER

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	N/A	0
2. Construction (includes facility maintenance and repair)	15-17	N/A	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	N/A	0
3b. Aircraft (includes engines and missiles)	3721 et al	N/A	0
3c. Ships	3731	N/A	0
3d. Other Transportation (includes ground vehicles)	various	N/A	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
3e. Other Manufacturing not included in 3a. through 3d.	various	N/A	0
Sub-Total 3a. through 3e.	20-39	N/A	0
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	N/A	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	3	9.7
4c. Water Transportation (includes organizational level maintenance)	44	N/A	0
4d. Air Transportation (includes organizational level maintenance)	45	N/A	0
4e. Other Transportation Services (includes organizational level maintenance)	47	N/A	0
4f. Communications	48	N/A	0
4g. Utilities	49	N/A	0
Sub-Total 4a. through 4g.	40-49	N/A	0
5. Services	70-89		
5a. Lodging Services	70	N/A	0
5b. Personal Services (includes laundry and funeral services)	72	N/A	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	N/A	0

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5d. Automotive Repair and Services	75	N/A	0
5e. Other Misc. Repair Services	76	N/A	0
5f. Motion Pictures	78	N/A	0
5g. Amusement and Recreation Services	79	N/A	0
5h. Health Services	80	28	90
5i. Legal Services	81	N/A	0
5j. Educational Services	82	N/A	0
5k. Social Services	83	N/A	0
5l. Museums	84	N/A	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	N/A	0
5n. Other Misc. Services	89	N/A	0
Sub-Total 5a. through 5n.:	70-89	N/A	0
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	N/A	0
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	N/A	0
6c. Public Finance	93	N/A	0
6d. Environmental Quality and Housing Programs	95	N/A	0
Sub-Total 6a. through 6d.			
TOTAL		31	100 %

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.f.) Classification By Industry Data):NMCL NOLA CIVILIAN LIAISON OFFICER

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

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.)	6	19.43
2m. Communications	N/A	0
2n. Visual Arts	N/A	0
Sub-Total 2a. through 2n.:	N/A	0
3. Technicians and Related Support		
3a. Health Technologists and Technicians	2	6.4
3b. Other Technologists	N/A	0
Sub-Total 3a. and 3b.:	N/A	0
4. Administrative Support & Clerical	23	74.2
5. Services		
5a. Protective Services (includes guards, firefighters, police)	N/A	0
5b. Food Preparation & Service	N/A	0
5c. Dental/Medical Assistants/Aides	N/A	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	N/A	0
Sub-Total 5a. through 5d.	N/A	0
6. Agricultural, Forestry & Fishing	N/A	0
7. Mechanics, Installers and Repairers	N/A	0
8. Construction Trades	N/A	0
9. Production Occupations	N/A	0
10. Transportation & Material Moving	N/A	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)	N/A	0
TOTAL	31	100 %

Source of Data (1.g.) Classification By Occupation Data):"MANPOWER" CIVILIAN ROSTER

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

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

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

1. Percentage of Military Employees Who Are Married:	70.5%
2. Percentage of Military Spouses Who Work Outside of the Home:	44.2%
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:	16.1%
3b. Employed "On-Base" - Non-Appropriated Fund:	6.4%
3c. Employed "Off-Base" - Federal Employment:	0
3d. Employed "Off-Base" - Other Than Federal Employment	77.4

Source of Data (1.h.) Spouse Employment Data):NMCL NOLA MANPOWER DEPARTMENT

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

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

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

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

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

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

2.a.1 - ALL CATEGORIES IDENTIFIED BY A "C", I.E. WATER DISTRIBUTION, ENERGY SUPPLY, ENERGY DISTRIBUTION, SOLID WASTE COLLECTION AND DISPOSAL, AND HAZARDOUS/TOXIC WASTE DISPOSAL WOULD REQUIRE A SUBSTANTIAL INVESTMENT BY THE BASE OR COMMUNITY FOR A 100% INCREASE. DEMAND FOR WATER AND ENERGY WOULD INCREASE SIGNIFICANTLY AND ADDITIONAL UNDERGROUND UTILITIES WOULD HAVE TO BE INSTALLED. CONTRACT COSTS FOR COLLECTION AND DISPOSAL OF WASTE WOULD INCREASE SUBSTANTIALLY.

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

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

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):LOCAL COMMUNITY TABLE: PROJECT FILES

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:10%

Units for Sale:20%

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

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

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
JEFFERSON	JEFFERSON	52	14	11	57,650	62,000	1-22	1-25	YES
ORLEANS	ORLEANS	83	29	22	82,166	84,000	*	*	YES
PLAQUEMINES	PLAQUEMIN	3	2	4	5400	7000	1-25	1-20	YES

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

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

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

NORTHWOOD UNIVERSITY 270 ENROLLED
TROY STATE UNIVERSITY 57 ENROLLED

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

*ORLEANS PARISH SCHOOL BOARD
ORLEANS PARISH PUPIL-TEACHER
RATIO IS DETERMINED BY INDIVIDUAL TEACHER
CONTRACT PER CLASS/PER CLASSIFICATION.

PLAQUEMINES PARISH SCHOOL BOARD
GROWTH AREAS ARE ALREADY OVER ENROLLED.

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 :

SCHOOL
TULANE UNIVERSITY - (ASSOCIATES, BACHELORS, GRADUATE DEGREES)
UNIV OF NEW ORLEANS - (ASSOCIATES, BACHELORS, GRADUATE DEGREES)
LOYOLA UNIV - (ASSOCIATES, BACHELORS, GRADUATE DEGREES)
SOUTHERN UNIV - (ASSOCIATES, BACHELORS, GRADUATE DEGREES)
XAVIER UNIV - (ASSOCIATES, BACHELORS, GRADUATE DEGREES)
OUR LADY OF HOLY CROSS COLL - (ASSOCIATES, BACHELORS, GRADUATE DEGREES)
DILLARD UNIV - (ASSOCIATES, BACHELORS DEGREE)
DELGADO COMM COLL - (CERTIFICATE, ASSOCIATES DEGREE)
ELAINE P. NUNEZ COMM COLL - (CERTIFICATE, ASSOCIATES DEGREE)
NORTHWOOD UNIVERSITY - (ASSOCIATES, BACHELORS DEGREE)
TROY STATE UNIV - (BACHELOR DEGREE)

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

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:

SCHOOL
SIDNEY COLLIER VO TECH - (MAJOR CURRICULUMS VARIES)
PHILLIPS JR. COLLEGE - (MAJOR CURRICULUM VARIES)
ELAINE NUNEZ COMMUNITY COLLEGE - (MAJOR CURRICULUM VARIES)
DELGADO JR. COLLEGE - (MAJOR CURRICULUM VARIES)
REFRIGERATION SCHOOL OF NEW ORLEANS - (AIR COND/REFRIG)
LOUISIANA HAIR DESIGN - (COSMETOLOGY)
WEST JEFFERSON TECH INSTITUTE - (MAJOR CURRICULUMS VARIES)

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	
Rail:		X
Subway:		X
Ferry:	X	

Source of Data (3.c.1) Transportation):REGIONAL TRANSPORTATION AUTHORITY (RTA)

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.
AMTRAK, CENTRAL BUSINESS DISTRICT OF NEW ORLEANS, LA, APPROXIMATELY 5 MILES.

Source of Data (3.c.2) Transportation):UNION TERMINAL STATION

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. NEW ORLEANS INTERNATIONAL AIRPORT, 25 MILES. THE AIRPORT HAS ALL MAJOR CARRIERS.

Source of Data (3.c.3) Transportation):NEW ORLEANS AVIATION BOARD

4) How many carriers are available at this airport? 16

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.c.4) Transportation):NEW ORLEANS AVIATION BOARD

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?
I-10 6 MILE

Source of Data (3.c.5) Transportation):NAVAL SUPPORT ACTIVITY MASTER PLAN 1990

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.)
THREE GATES PROVIDE ACCESS TO THE BASE. ROAD SYSTEMS ENTERING THE BASE ARE CAPABLE OF HANDLING EXISTING TRAFFIC LOADING. EFFICIENCY OF THE MAIN ENTRANCE COULD BE SUBSTANTIALLY IMPROVED BY CONVERTING THE EXISTING TRAFFIC SIGNAL INTO AN ACTIVATED TRAFFIC SIGNAL.

b) Do access roads transit residential neighborhoods? YES.

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

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 SUPPORT ACTIVITY MASTER PLAN 1990

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. PER HOST TENANT AGREEMENT BETWEEN THE NAVAL SUPPORT ACTIVITY AND THE NAVAL MEDICAL CLINIC, NSA WILL PROVIDE FIRE PROTECTION AND RESPOND TO INCIDENTS INVOLVING HAZARDOUS MATERIALS.

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

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?
CONCURRENT JURISDICTION WITH THE NAVAL SUPPORT ACTIVITY SECURITY DEPARTMENT AND NEW ORLEANS POLICE DEPARTMENT.

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.
NAVAL SUPPORT ACTIVITY HAS PRIMARY JURISDICTION INSIDE THE NAVAL MEDICAL CLINIC. NOPD HAS SHARE JURISDICTION WITH NSA OVER PARKING LOTS AND INCIDENTS INVOLVING CIVILIANS.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?
THE CLINIC HAS A HOST/TENANT SUPPORT AGREEMENT.

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 #2.

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

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.e. 1) - 5) - Police):HOST/TENANT AGREEMENT

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.
HOST/TENANT AGREEMENT WITH NSA UTILITIES INCLUDE: ELECTRIC, POWER, WATER, SEWER AND STORM DRAINAGE. COST IS DETERMINED BY METER READING OR ENGINEERING ESTIMATE.

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

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

Source of Data (3.f. 1) - 3) Utilities):HOST TENANT/AGREEMENT

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. AVONDALE SHIPYARDS, INC	SHIPYARD	2,500 PLUS
2. MARTIN MARIETTA CORP.	SPACE PROGRAM CONST.	2,500 PLUS
3. NATIONAL SUPERMARKETS, INC.	SUPERMARKETS	2,500 PLUS
4. OSCHNER FOUNDATION HOSP. & CL	HOSPITAL	2,500 PLUS
5. SCHWEGMANN BROS. GIANT SUPER MKT.	SUPERMARKETS	2,500 PLUS
6. SHELL OIL COMPANY	OIL/GAS	2,500 PLUS
7. SOUTH CENTRAL BELL TELE. CO.	TELEPHONE UTILITY CO.	2,500 PLUS
8. TULANE UNIVERSITY	UNIVERSITY	2,500 PLUS
9. WAL-MART STORES, INC.	RETAIL STORE	2,500 PLUS
10. WINN-DIXIE OF LOUISIANA, INC.	SUPERMARKET	2,500 PLUS

Source of Data (4. Business Profile): CHAMBER OF COMMERCE
ECONOMIC DEVELOPMENT COUNCIL

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

a. Loss of Major Employers:
OIL FIELD RELATED LOSSES: CONOCO, AMOCO, ODECO
OIL FIELD RELATED MAJOR CUTBACKS: MOBILE, TEXACO, CHEVRON, SHELL, EXXON

b. Introduction of New Businesses/Technologies:
NEW: PACORINI SILOR CAFE BULK COFFEE TERMINAL, LOUISIANA FROZEN FOODS WAREHOUSE, AQUARIUM OF THE AMERICAS, LOTTERY, FLOATING CASINOS
GROWTH: FREEPORT MCMORAN SULPHUR MINE, TEXTRON MARINE AIR CUSHION SURFACE EFFECT LANDING CRAFT TECHNOLOGY, AT&T TELEMARKETING CENTER, J. & M. INDUSTRIES PACKAGING PLANT, LYKES STEAMSHIP LINES EXPANSION TO MEXICAN PORTS, EXPANDED CONVENTION CENTER, EXPANDED AIR PORT TERMINALS, $200 MILLION PORT SERVICES EXPANSION, DIRECT JOBS AND THE INDIRECT JOBS STIMULATED THROUGH THE "MULTIPLIER" EFFECT.
THE $10.4 BILLION IN CAPITOL INVESTMENT AND NEW CONTRACT ORDERS FOR AREA INDUSTRIES MARKS FOUR IMPORTANT ACHIEVEMENTS FOR THE REGIONAL ECONOMY:
* THE COMPETITIVE STRENGTH OF THE AREA'S SHIPBUILDING, MARITIME AND OIL/GAS SERVICE INDUSTRY IN GAINING MAJOR NEW CONTRACT ORDERS FROM THE PUBLIC AND PRIVATE SECTORS;
* THE INVESTMENT OF CAPITOL IN THE REBUILDING AND EXPANSION OF WATERWAY, AIR AND LAND-BASED TRANSPORTATION INFRASTRUCTURE ESSENTIAL TO THE GROWTH OF THE REGION'S ECONOMIC BASE;
* THE DIVERSIFICATION OF CAPITAL INVESTMENT IN BOTH ESTABLISHED INDUSTRIES SUCH AS THE PORT/MARITIME AND THE PETROLEUM/PETROCHEMICAL INDUSTRIES AS WELL AS IN NEW GROWTH INDUSTRIES SUCH AS TOURISM, HEALTH CARE, COMMUNICATIONS, FOOD PROCESSING AND APPAREL MANUFACTURING;

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

* A MAJOR INVESTMENT OF CAPITAL IN PROJECTS THAT WILL SIGNIFICANTLY ENHANCE THE REGION'S NATURAL ENVIRONMENT BY ELIMINATING SOURCES OF AIR AND WATER POLLUTION, RESTORING WETLANDS, PROTECTING ENDANGERED SPECIES OF WILDLIFE, AND PROVIDING VALUABLE RESEARCH OF NEW AND BETTER METHODS FOR MANAGING THE REGION'S NATURAL ENVIRONMENT.
THE $10.4 BILLION LEVEL OF CAPITOL INVESTMENT AND NEW BUSINESS ORDERS FOR AREA COMPANIES SIGNALS A VIBRANT AND GROWING ECONOMY FOR THE NEW ORLEANS REGION. NEW CAPACITY IS BEING CREATED FOR GROWTH OF BUSINESSES, JOBS AND INCOMES WHILE EXISTING INDUSTRIES ARE BEING STRENGTHENED, AND THE COMPATIBILITY OF ENVIRONMENTAL MANAGEMENT EFFORTS WITH INDUSTRIAL EXPANSION IS BEING SUSTAINED.

c. Natural Disasters:
NONE

d. Overall Economic Trends:
THE NEW ORLEANS AREA ENJOYED AN EMPLOYMENT GROWTH OF 5.3% FROM 1987 TO 1991. SINCE JANUARY, 1991 THE NEW ORLEANS REGION HAS EXPERIENCED $7.1 BILLION IN CAPITOL INVESTMENT AND $3.3 BILLION IN CONTRACTS FOR NEW PRODUCTION AND SERVICES FROM SHIPBUILDERS AND OTHER BUSINESSES. REPRESENTING THE HIGHEST LEVEL OF INVESTMENT IN RECENT HISTORY, THE COMBINED TOTAL OF INVESTMENTS AND ORDERS NOW REACHES $10.4 BILLION INCLUDING PROJECTS COMPLETED, UNDERWAY, AND PLANNED FROM JANUARY, 1991 THROUGH OCTOBER, 1993. OVERALL EMPLOYMENT IMPACT IS EXPECTED TO REACH 50,000 PERMANENT JOBS, COUNTING THE TIDEWATER AND ZAPATA MERGER FORMING THE WORLD'S LARGEST OFFSHORE FLEET, ESTABLISHMENT OF A NEW MEDICAL RESEARCH PARK, NISSAN CHEMICAL JOINT VENTURE WITH UNION CARBIDE TO DEVELOP NEW CHEMICAL PRODUCTS. TWENTY-EIGHT COMPANYS (OIL, FOOD, SHIPYARD AND UTILITY ORIENTED) HAVE NEW OR EXPANDED OPERATIONS IN NEW ORLEANS OR NEW CONTRACT AWARDS IN 1993. THIS EXPANSION RESULTED IN 6,523 NEW JOBS AND INVESTMENTS TOTALLING $2,096,756,400.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (5. Other Socio/Econ):NAVSUPPACT 1994 SHAREHOLDER'S

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.
- NUMEROUS COMMUNITY PROJECTS/EVENTS ARE SUPPORTED BY AREA MILITARY VOLUNTEERS;
- AN AVERAGE 50 MILITARY FUNERALS A YEAR ARE SUPPORTED BY BASE HONOR UNITS;
- LOCAL MILITARY COLLECTED $192,842 FOR THE LOCAL COMBINED FEDERAL CAMPAIGN IN 1993;
- LOCAL SCHOOL BOARDS RECEIVED 2.3 MILLION DOLLARS IN FEDERAL EDUCATIONAL IMPACT AID IN 1993;
- NAVSUPPACT & TENANT COMMAND SALARIES TOTALLED $145.5 MILLION AND CONTRACTS AND EXPENDITURES TOTALLED $1.1 BILLION.

Source of Data (6. Other):NAVSUPPACT 1994 SHAREHOLDER'S REPORT

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

L. S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

14 JUL 1994
Date

NAVAL MEDICAL CLINIC, NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL

Title Date July 15, 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) Signature

Title Date 8/11/94

Document Separator

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DATA CALL 63
FAMILY HOUSING DATA

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

Installation Name:	NAVMEDCLINIC PEARL HARBOR
Unit Identification Code (UIC):	N68098
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	78%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	$1324
Total Number of Officer Housing Units:	37
Total Number of Enlisted Housing Units:	111

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

Enclosure (1)

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/25/94
Date

DATA CALL 63
BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

L. R. PYLANT, CAPT, CEC, USN
NAME

Signature

Acting Commander
Title

15 July 1994
Date

Pacific Division
Naval Facilities Engineering Command
Activity

Document Separator

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
ACTIVITY UIC: 68098

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The primary mission of Branch Medical Clinic Makalapa is to provide medical support to transitting ships, homeported fleet, Commander, Naval Base, and tenant commands. Branch Medical Clinic Makalapa provides care to all Navy and Marine Corps active duty personnel, their families and all other beneficiaries either assigned to or living in the Pearl harbor area. We offer a broad range of medical services including military sickcall, internal medicine, dermatology, optometry, adult clinic, gynecology, pediatrics, social works, and mental health. We are continuously striving to promote the general health and welfare of our beneficiaries by sponsoring health fairs, maintaining active preventive medicine and health promotion, participating in health care consumer counsel meetings, and supporting the fleet in their activities, whenever needed. We actively participate in the coordinated care initiative by sponsoring several resource sharing agreements, and working closely with other medical providers in our sister services for appropriate patient referrals.

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)
SUBASE PH MAINT/SUP	39290	SUBASE PH	1194
SIMA	68251	NAVSTA PH	558
NAVSTA PH	62813	NAVSTA PH	446
USS LAKE ERIE	21827	NAVSTA PH	400
USS CHOSIN	21625	NAVSTA PH	386
USS LEFTWICH	20616	NAVSTA PH	365
CINCPACFLT	00070	CAMP SMITH	360
USS INGERSOLL	20837	NAVSTA PH	350
USS CUSHING	20617	NAVSTA PH	350
USS FLETCHER	20893	NAVSTA PH	340
NAVMED CLINIC	68098	NAVSTA PH	338
NAVOCEANPROFA	68645	NAVSTA PH	287
JICPAC	68389	CAMP SMITH	240
NAVSUBTRACENP	42142	SUBASE	224

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS WILLAMETTE	21048	NAVSTA PH	210
USS CIMARRON	20861	NAVSTA PH	204
USS REUBEN JAMES	21359	NAVSTA PH	201
USS CROMMELIN	21104	NAVSTA PH	190
COMSUBPAC	57020	SUBASE PH	188
SUBASE WEAP IMA	44944	SUBASE PH	169
USS HONOLULU	21025	SUBASE PH	162
USCINCPAC	00038	CAMP SMITH	160
USS BUFFALO	20996	SUBASE PH	155
AFDM-6	13862	SUBASE PH	153
USS HELENA	21367	SUBASE PH	146
USS WILLIAM H BATES	20043	SUBASE PH	146
USS ASPRO	05135	SUBASE PH	145
USS OLYMPIA	21024	SUBASE PH	144
USS BREMERTON	20882	SUBASE PH	144
USS TAUTOG	05132	SUBASE PH	144
USS NEW YORK CITY	20787	SUBASE PH	143
USS HAWKBILL	05148	SUBASE PH	143
USS SAN FRANCISCO	20887	SUBASE PH	141
USS INDIANAPOLIS	20788	SUBASE PH	140
USS CAVALLA	20346	SUBASE PH	138
USS TUNNY	20045	SUBASE PH	138
USS PINTADO	05153	SUBASE PH	137
(BLUE) USS KAMEHAMEHA	30154	SUBASE PH	136

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS BIRMINGHAM	20786	SUBASE PH	136
USS OMAHA	20783	SUBASE PH	136
SUBASE PH	00314	SUBASE PH	136
USS RECLAIMER	02537	NAVSTA PH	100
USS SILVERSIDES	20042	SUBASE PH	98
USS SALVOR	21468	NAVSTA PH	98
USS SAFEGUARD	21245	NAVSTA PH	95
NAVPACMETOCCE	62363	NAVSTA PH	89
OTH (TRANSIENT)	32003	NAVSTA PH	88
SEC DET	46188	NAVSTA PH	86
SDVT ONE DET	46406	NAVSTA PH	81
ATG PEARL SD COM	42238	NAVSTA PH	80
IDHS AND SPINTCOM	65260	CAMP SMITH	78
PACSUBFOROPS	65369	SUBASE PH	76
FLTRGR PEARL	57063	NAVSTA PH	75
NAVSECGRUACT	35471	NAVSTA PH	61
COMSUBRON TRAN	46838	SUBASE PH	59
FACSPAC	43583	FORD ISLAND	59
NAVSTA BRIG	30849	NAVSTA PH	57
MIDPAC COMNAVSURFGRU	55315	NAVSTA PH	57
COMSUBRON 7	46840	SUBASE PH	50
SUBASE PH SRA	44429	SUBASE PH	49
MOBDIVSALVU-1	55550	HICKAM AFB	49
JICPAC OPINT	66966	CAMP SMITH	47
PSD	43104	NAVSTA PH	46

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMSWFORPAC	43020	CAMP SMITH	44
CBU-413	66648	NAVSTA PH	44
COMSUBRON 7	53896	SUBASE PH	43
NAVSHIPYARD	00311	NAVSHIPYARD PH	43
COMSUBRON 1	55346	SUBASE PH	41
MOTU ONE	55302	NAVSTA PH	39
H AND HS SUPP	00318	MCAS KANEOHE	39
STUNAVSUBTRA CENPAC	66830	SUBASE PH	37
PSD SUBASE PH	46767	SUBASE PH	34
NEPMU-6	0545A	NAVSTA PH	34
NAVSECGRUACT SEA DUTY	47683	NAVSTA PH	34
NAVY BAND WASH DC	35397	NAVSTA PH	33
MOBDIVSALVU 1 SEA DUTY	42270	HICKAM AFB	33
COMNAVBASE	61449	NAVSTA PH	33
COMTHIRDNCB	57046	NAVSTA PH	32
SUBASE SURV SUPT TEAM	42916	SUBASE PH	31
NAVLEGSVCOFF	68373	NAVSTA PH	31
COMSUBRON 1 SMMS PMT	44432	SUBASE PH	30
FISC	00604	CAMP SMITH	28
MOB ENV TM	63047	CAMP SMITH	25
SEMMSS	42822	NAVSTA PH	25
SUBASE SSEP CO	42917	SUBASE PH	24
NAVSECGRUACT	63901	NAVSTA PH	22
NAVAL REH CEN	68483	NAVSTA PH	22

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SUBASE PH HARBOR TW6	31756	SUBASE PH	21
USPACOM INFOSYS SUP	65840	CAMP SMITH	21
MDSU 1 NEUTRAL	42271	HICKAM AFB	21
SUBASE SEC DET	46203	SUBASE PH	20
NAVMARCORESCE N	61845	HONOLULU,HI	20
CPACFLT SEC GR	41656	CAMP SMITH	20
NSA/CSS NCR	41354	NAVSTA PH	19
ARIZONA DET	47707	NAVSTA PH	19
HQ FMFPAC	67025	CAMP SMITH	19
NAVINTACT SP	33300	SUBASE PH	18
DESRON 31	25075	NAVSTA PH	18
NAVSUBTRACEN	63154	SUBASE PH	17
PWC NB	62755	NAVSTA PH	17
NAVCRUIT SUBST	31919	HONOLULU,HI	17
COMSUBRON 1 CMBT SYS	41674	SUBASE PH	16
DECA COMMISSAR	49216	NAVSTA PH	16
OICC MIDPAC	62471	NAVSTA PH	16
STU EEAP	43989	NAVSTA PH	16
CRUMIS SUPT	44645	CAMP SMITH	14
SOC PAC	45582	CAMP SMITH	13
COMSUPPRON 5	55437	NAVSTA PH	12
CPACFLT NPEB	46479	CAMP SMITH	12
NVSECGRUACT	45078	NAVSTA PH	11
COMUNDSURFACF	57101	NAVSTA PH	11
USS TRATCOM	49335	SUBASE PH	10

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PACNAVFEC	62742	NAVSTA PH	10
NAVSECGRUACT	30993	NAVSTA PH	10
MED HOL CO	41304	NAVSTA PH	10
COMSUBRON 7 NEUTRAL DUTY	49158	SUBASE PH	9
SUBASE PH TW8	42366	SUBASE PH	9
PQ MESS MGMT	45984	NAVSTA PH	9
DOE NAVREACT	44621	NAVSTA PH	9
COMSUBRON 1 NEUTRAL DUTY	49157	SUBASE PH	8
SUBASE PH TR10	47300	SUBASE PH	8
NAVBCSTSVC FSD	45864	NAVSTA PH	8
CAAC/NADSAP	68006	NAVSTA PH	8
INTELDATHANDS	31296	CAMP SMITH	8
PMOPAC DET PH	44700	SUBASE PH	7
COMSUBPAC SEA	35308	SUBASE PH	7
NAVFSSO NFOOD	31231	NAVSTA PH	7
FLTIMAGCENPAC	44994	SUBASE PH	7
FLTILOTEAM	30742	NASVTA PH	7
SUBASE TR3	47298	SUBASE PH	6
COMSUBPAC NEUT	35309	SUBASE PH	6
MEPS HONOLULU	35538	MEPS HONOLULU	5
SUBASE TR7	47299	SUBASE PH	4
TAGOS SUPP PAC	46078	NAVSTA PH	4
DEFCURSTA	31127	HONOLULU,HI	4
NIPSSA SP CINC	32856	CAMP SMITH	4
COMSUBPAC SHIP YARD REP	48298	SUBASE PH	3
NSGA/CLOB	35016	NAVSTA PH	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
JICPAC	65288	CAMP SMITH	3
DMA CSC WESPAC	62624	NAVSTA PH	3
NAVSUBTRACENP	45035	SUBASE PH	2
COMSUBPAC NCCS	43738	SUBASE PH	2
NAVINSERV MIDPAC REG	63435	MIDPAC, PH	2
MARFORPAC HQ	67839	CAMP SMITH	2
CPACFLT NPEB	46478	CAMP SMITH	2
NAVBCSTSVC DET	42581	CAMP SMITH	2
CINCPACFLT/RP	32798	CAMP SMITH	2
COMSUBPAC INTEL DIV	42220	SUBASE PH	1
DECA PAC DIST	48805	DECA PH	1
DEF FUEL REG	68256	CAMP SMITH	1
DISA CCCCS WSE	68813	USCINCPAC,PH	1
PACOM ALT COM	65217	USCINCPAC,PH	1
DEFCURSVS PACREGCOM	55216	USCINCPAC,PH	1
DES COUNSELOR	44942	NAVSTA PH	1
NAVMARTRIJUD	31560	NAVSTA PH	1
NAVISV SERVO	43124	NAVSTA PH	1
JICPAC	45478	CAMP SMITH	1
CINCPACFLT FLTCONCTR	42228	CINCPACFLT,PH	1

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	52,982	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	798	N/A	N/A
TOTAL ACTIVE DUTY	N/A	53,780		N/A
FAMILY OF AD	N/A	15,528	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	944 *	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	*	N/A	N/A
OTHER: CIVIL SERVICE	N/A	498	N/A	N/A
OTHER: RESOURCE SHARING	N/A	52,448 **		N/A
TOTAL	N/A	123,198		N/A

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

* Includes all retirees and their families. Due to MIS capabilities and workload reporting, we are unable to provide the level of detail requested.

** Includes all active duty family members and retirees and their families. Due to MIS capabilities and workload reporting, we are unable to provide the level of detail requested.

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	123,198	123,198	123,198	123,198	123,198	123,198	123,198
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

The planned workload is not expected to go above or below FY-94 levels.

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
Ambulance/Medical Support for Change of Command Ceremonies	16 hrs	3
Ambulance/Medical Support for PRTs	2 hrs	2
Ambulance/Medical Support for MWR Hydrofest Event	3 hrs	6
Ambulance/Medical Support for Marines Foot March	5 hrs	2
Ambulance/Medical Support for Armed Forces Day Festivities	2 hrs	8
Ambulance/Medical Support for Pearl Harbor Day, Arizona Memorial	2 hrs	2
Medical Support for Rifle Range Coverage	120 hrs	1

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550-10	MED CLINIC/PATIENT CARE	43,040	20	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R3-94	REPLACE FIRE ALARM SYSTEM	96	$75K
RC1-94	REPAIR HVAC SYSTEM	96/97	$167K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Naval Medical Clinic, Pearl Harbor				
2. UIC 68098	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS 1		
5. SIZE 43,850	A. GSF 66,575	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION NAVSTA	A. CITY PEARL HARBOR		B.STATE HI	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	93	0	7	B20	
(2) ADMINISTRATION	N/A				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	73	0	27	B09,B17	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	40	0	60	A01,F01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	70	0	30	F03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria

C - Design Criteria
D - Location or Siting Criteria
E - Nonexistence
F - Total Obsolescence or Deterioration

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

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

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

DATE OF SURVEY: **11/91**
FULL ACCREDITATION: **YES**
LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

NO SCORE WAS PROVIDED. ONLY OVERALL ACCREDITATION WITH COMMENDATION WAS GIVEN.

LOCATION:

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

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

We are centrally located with easy access to our clients.

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

Air: Honolulu International Airport.
Hickam Air Force Base.

Rail: N/A

Sea: Honolulu Harbor.

Ground: Public transportation (bus) is accessible within one block of our facility. Taxi cabs are readily accessible.

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.

We are located 3 miles from Honolulu International Airport and Hickam Air Force Base.

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

We have no mobilization requirements.

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

15 minutes.

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

Due to Hawaii's low unemployment rate and high cost of living, it is somewhat difficult to recruit for GS-3 and GS-4 civil service positions. There have been times when no applicants apply.

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.

Pearl Harbor is a strategic stronghold in the Pacific. The Fleet and Marine Corps units we serve depend heavily on our presence in the area. We are highly trained to support the specific medical needs of active duty Navy and Marine Corps personnel.

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 would be able to absorb the active duty families', retired and their families' needs, however, it **would not** be able to absorb the complex needs of the active duty Navy and Marine Corps personnel assigned to the area. Specifically, medical boards, the unique medical care requirements relating to shipboard and operational duties.

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 system would be able to care for the residual eligible population. There are approximately 2,180 health care providers and over 13 hospitals located on the island of Oahu.

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:

We have no inpatient care capabilities.

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

We have no mobilization requirements.

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

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

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

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

N/A

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

Number of "stubbed" expanded beds[1]: _N/A____

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

N/A

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	0	0	0

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	391	330	211	224	160	170
AD FAMILY	1	2	5	1	3	3
OTHER	0	0	0	0	0	0
TOTAL	392	332	216	225	163	173

[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	11,135,051	10,728,416	10,569,960
TOTAL OUTPATIENT VISITS	134,467	130,821	123,198
AVERAGE COST PER VISIT	82.81	82.01	85.80

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: **N/A**

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

Table B: **N/A**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C: **N/A**

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

Table D: **N/A**

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

15. Quality of Life. **PLEASE REFER TO CO, NAVAL STATION, PEARL HARBOR (UIC: 62813) DATA CALL #37 FOR ALL QUALITY OF LIFE ANSWERS.**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Crime Definitions	FY 1991	FY 1992	FY 1993

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

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

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

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

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

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. KIETHANOM, CDR, MC, USN
NAME (Please type or print)

M. Kiethanom
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-23-94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

6/9/94
Date

Document Separator

68098

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Medical Clinic, Pearl Harbor, Hawaii*
Acronym(s) used in correspondence	*Makalapa Branch Medical Clinic; BMC Makalapa; BRMEDCLINIC Makalapa*
Commonly accepted short title(s)	*Makalapa*

- Complete Mailing Address:
  NAVAL MEDICAL CLINIC, PEARL HARBOR
  BRANCH MEDICAL CLINIC, MAKALAPA
  BOX 121
  PEARL HARBOR, HI 96860-5080

- PLAD: NAVMEDCL PEARL HARBOR HI

- PRIMARY UIC: 68098 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

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

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

• Yes __X__ No ____ (check one)

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

• Yes __X__ No ____ (check one)

• Primary Host (current) UIC: 62813 (NAVSTA)

• Primary Host (as of 01 Oct 1995) UIC: 62813 (NAVSTA)

• Primary Host (as of 01 Oct 2001) UIC: 62813 (NAVSTA)

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
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.

NOT AFFECTED

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

Current Missions

- PRIMARY OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY PEARL HARBOR SUBMARINE AND SURFACE ACTIVITIES
- PRIMARY OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY PEARL HARBOR FLEET & SHORE ACTIVITIES
- PRIMARY OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY DEPENDENTS
- PRIMARY OUTPATIENT MEDICAL SUPPORT TO RETIREES AND THEIR DEPENDENTS
- OCCUPATIONAL HEALTH/ACUTE CARE FOR CIVIL SERVICE EMPLOYEES
-

Projected Missions for FY 2001

- NO CHANGES
-
-
-
-

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

Current Unique Missions

- CAPABILITY TO PROVIDE MEDICAL RESPONSE TO NAVAL SHIPYARD RADIOLOGICAL DISASTERS
- PROVIDE 24 HOUR BASIC LIFE SUPPORT AMBULANCE SERVICE TO OFF-BASE HOUSING AREAS
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

Operational name	UIC
COMNAVBASE, PEARL HARBOR	61449

Funding Source	UIC
BUMED	00018

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	49	145	48
Contracted (Resource Sharing)			20 *
• Tenants (total)	27	59	13

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~43~~ 77 GSA	~~129~~ 256 GSA	~~61~~ 142 GSA
Contracted (Resource Sharing)			20 *
• Tenants (total)	27	57	14

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

Title/Name	Office	Fax	Home
• COMMANDING OFFICER CAPT P. J. BARNETT	(808) 471-3025	(808) 471-1855	(808) 499-1564
• CLINIC DIRECTOR CDR M. KIETHANOM	(808) 474-1510	(808) 471-1882	(808) 672-9764
• OFFICER OF THE DAY	(808) 471-9725	(808) 471-1882	[N/A]
• DIRECTOR FOR RESOURCES LCDR G. FOSS	(808) 474-7576	(808) 471-5704	(808) 499-3451

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NAVAL DENTAL CLINIC	62313	27	57	14

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

68098

COMMANDER IN CHIEF U S PACFLT	*PEARL HARBOR*	*OUTPATIENT MEDICAL SUPPORT*
PEARL HARBOR NAVAL SHIPYARD	"	" " "
NAVAL SUBMARINE BASE	"	" " " "
NAVAL SUPPLY CENTER	"	" " " "
NAVAL COMMUN/TELE COMMUNICATION	"	" " " "
NAVAL ENVIRONMENTAL PREV MED UNIT 6	"	" " " "
COMPETENT FLEET MARINE FORCE PACIFIC BAND	"	" " " "
PACFLT INTEG LOGISTIC OVERHAUL TEAM	"	" " " "
DEFENSE COURIER SERVICE STATION	"	" " " "
NAVY FOOD MANAGEMENT TEAM	"	" " " "
NAVY RECRUITING STATION	"	" " " "
CINCPACFLT SPINTCOM	"	" " " "
PACIFIC FLEET BAND	"	" " " "
MILITARY ENTRANCE PROCESS STATION	"	" " " "
NAVAL TELECOMMUNICATIONS CENTER	"	" " " "
PACIFIC OPERATIONS SUPPORT FACILITY	"	" " " "
NATIONAL SECURITY AGENCY	"	" " " "
SECURITY GROUP CINCPACFLT	"	" " " "
CONSOLIDATED MAINTENANCE		

68098

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

68098

NAVAL BROADCASTING SERVICE FLT DET	*PEARL HARBOR*	*OUTPATIENT MEDICAL SUPPORT*
PERSONNEL SUPPORT DET SUBASE	"	" " "
RESIDENT SUPSHIP SAN DIEGO DET	"	" " "
PACIFIC FORWARD AREA SUPPORT	"	" " "
AREA	"	" " "
MOBIL TECHNICAL UNIT ONE	"	" " "
NAVAL SURFACE GROUP MIDPAC	"	" " "
COMBAT SUPPORT SQUADRON FIVE	"	" " "
MOBILE DIVING SALVAGE UNIT ONE	"	" " "
CDR SUBMARINE	"	" " "
FORCES PAC	"	" " "
NAVAL CONSTRUCTION	"	" " "
BATTALION PAC	"	" " "
FLEET TRAINING GRP	"	" " "
COMMISSARY STORE		" " "
REGION SUPPORT	"	" " "
OFFICE	"	" " "
CDR NAVAL BASE	"	" " "
NAVAL RESERVE CENTER	"	" " "
MARINE BARRACKS		
NAVAL WESTERN OCEANOGRAPHY	"	" " "
CENTER	"	" " "
TAGOS SUPPORT UNIT PACIFIC	"	" " "
CONSTRUCTION CONTRACTS		
MIDPAC	"	" " "
DEFENSE MAPPING		

68098

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

NAVAL INVESTIGATIVE SERVICE	PEARL HARBOR	OUTPATIENT MEDICAL SUPPORT
NAVAL SECURITY GRP ACTIVITY	"	" " "
CONSTRUCTION BATTALION UNIT 413	"	" " "
SHORE INTERMEDIATE MAINTENANCE ACT	"	" " "
NAVAL LEGAL SERVICE	"	" " "
OFFICE	"	" " "
JOINT INTELLIGENCE CENTER PACIFIC	"	" " "
NAVAL ALCOHOL REHAB CENTER		
	"	" " "
INFORMATION SYSTEMS TECH-	"	" " "
NOLOGY CENTER	"	" " "
MARINE CORPS	"	PHYSICAL THERAPY STAFF
RESERVE CENTER	"	SUPPORT
CINCPACFLT		" " "
HICKAM AF BASE	"	
FMFPAC	"	" " "
SAND ISLAND COAST		" " "
GUARD STATION	"	
MARFORPAC	"	" " "
MCAS CAMP H.M.	"	" " "
SMITH	"	" " "
MARINE BARRACKS HI	"	" " "
USS ASPRO	"	" " "
USS WILLIAM	"	" " "
USS BIRMINGHAM	"	" " "
USS BREMERTON	"	" " "
	"	" " "
USS BUFFALO	"	" " "
USS CAVALLA	"	" " "
USS CHOSIN		" " "
USS CONSERVER	"	
USS CROMMELIN	"	" " "

68098

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

68098

SUBMARINE SQUADRON ONE (1)	*PEARL HARBOR*	*OUTPATIENT MEDICAL SUPPORT*
SUBMARINE SQUADRON SEVEN (7)	"	" " "
USS OLYMPIA	"	" " " "
USS OMAHA	"	" " " "
USS PINTADO	"	" " " "
USS RECLAIMER	"	" " " "
USS SAFEGUARD	"	" " " "
USS SALVOR	"	" " " "
USS SAN FRANCISCO	"	" " " "
USS TAUTOG	"	" " " "
USS TUNNY	"	" " " "
USS WILLAMETTE	"	" " " "
USS KAMEHAMEHA	"	" " " "
USS LAKE ERIE	"	" " " "

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.)

68098

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 P. J. BARNETT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

2-1-94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

68098

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL MEDICAL CLINIC, PEARL HARBOR, HI

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	55,178	15,331	N/A	55,178	15,331	N/A
FAMILY OF AD	65,780	28,902	N/A	65,780	28,902	N/A
SUBTOTAL	120,958	44,233	N/A	120,958	44,233	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	21,632	7,606	N/A	21,632	7,606	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	5,628	1,765	N/A	5,628	1,765	N/A
OTHER	6,685	1,427	N/A	6,685	1,427	N/A
TOTAL	154,903	55,031	N/A	154,903	55,031	N/A

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

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

Operating Beds[1]:	__N/A_____
Set Up Beds[1]:	__N/A_____
Expanded Bed Capacity[2]:	__N/A_____

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	57,883	19,996	2,138	80,017
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	---	---	---	2,281,209 *
RADIOLOGY PROCEDURES (WEIGHTED)[1]	---	---	---	67,776 *
PHARMACY UNITS (WEIGHTED)[1]	---	---	---	186,187 *
OTHER (SPECIFY) **RESOURCE SHARING**	---	---	---	50,804 **

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

*** The CHCS does not provide ADHOC ancillary workload information by the categories requested above.**

**** The Resource Sharing workload is not collected by the categories specified above. The data is collected under the 4th level MEPR code. Resource Sharing providers can only treat non-active duty beneficiaries, so the total workload for that row includes Family of Active Duty, Retirees and their family.**

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	56,469	16,304	991	73,764
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	1,875,858	539,462	36,781	2,452,101
RADIOLOGY PROCEDURES (WEIGHTED)[1]	68,339	19,653	1,340	89,332
PHARMACY UNITS (WEIGHTED)[1]	157,957	45,425	3,097	206,479
OTHER **CIVIL SERVICE**	N/A	N/A	N/A	523
OTHER (SPECIFY) **RESOURCE SHARING**	N/A	---	---	55,070 *

[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.

Totals were calculated by extrapolating from the work done between May 93 and April 94, then adding 5% to account for the average patient no-show rate.

**** The Resource Sharing workload is not collected by the categories specified above. Resource Sharing providers can only treat non-active duty beneficiaries, so the total workload for that row includes Family of Active Duty, Retirees and their family.**

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	53,780	15,528	944	70,252
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	1,786,532	513,774	35,030	2,335,336
RADIOLOGY PROCEDURES (WEIGHTED)[1]	65,085	18,717	1276	85,079
PHARMACY UNITS (WEIGHTED)[1]	150,435	43,262	2,950	196,647
OTHER **RESOURCE SHARING**	N/A	---	---	52,448 *
OTHER (SPECIFY) **CIVIL SERVICE**	N/A	N/A	N/A	498

[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.

Totals were calculated by extrapolating from the work done between May 93 and April 94.

*** Resource Sharing workload is not collected by the categories specified above. Resource Sharing providers can only treat non-active duty beneficiaries, so the total workload for that row includes Family of Active Duty, Retirees and their family.**

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]	8	8	8	8	8	8	8	8
SPECIALTY CARE[2]	6	6	6	6	6	6	6	6
PHYSICIAN EXTENDERS[3]	2	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	5	5	5	5	5	5	5	5
TOTAL	21	21	21	21	21	21	21	21

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	1,177
SPECIALTY CARE[2]	937
PHYSICIAN EXTENDER[3]	66
TOTAL	2,180

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 836,231

The 1990 U. S. Census for the island of Oahu was used.

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]
Kuakini	Kuakini Health System	7 miles	10-15 min	N/A
Pali Momi	Kapiolani Health System	5 miles	10 min	N/A
Queens	*	10 miles	25 min	N/A
Straub	Straub Inc.	10 miles	15-20 min	N/A
St Francis	Catholic Church	12 miles	20 min	N/A
St Francis West	Catholic Church Health System	12 miles	20 min	N/A
Wahiawa General	Community Hosp Association	8 miles	15-20 min	N/A
Castle	Castle, Inc.	11 miles	35 min	N/A
Kaiser-Perm	Kaiser-Perm	8 miles	15 min	N/A
Kapiolani	Kapiolani Health System	10 miles	25 min	N/A
Rehab Hosp of the Pacific	RHP Inc.	12 miles	30 min	N/A
HI State Hosp	State of Hawaii	20 miles	30 min	N/A
Shriners	Shriners	15 miles	20 min	N/A
Tripler Army Medical Center	U.S. Army	7 miles	10 min	Multiple MOUs for exchange of services

*** Unable to obtain the information.**

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]
Kuakini	250	Yes	68%	Long-term/Home/Day Care, Helo Pad
Pali Momi	116	Yes	60%	Cardiac Center
Queens	506	Yes	*	Trauma Center
Straub	159	Yes	70%	Burn Center
St Francis	308	Yes	*	Gen Med/Surg
St Francis West	89	Yes	80%	OB, MRI
Wahiawa General	69	Yes	75%	ICU, Cancer Unit, OB, Blood Bank
Castle	160	Yes	70%	Chemo-therapy, Psych Residential
Kaiser-Permanente	201	Yes	65%	HMO, 8 OP Clinics
Kapiolani	232	Yes	68%	Women & Children Only
Rehab Hosp of Pacific	100	Yes	80%	Psych, Spinal, Brain, Stroke, Ortho, Amputee Care
Hawaii State Hosp	*	*	*	*
Shriners	40	Yes	*	Ortho/Burn
Tripler A.M.C.	537	Yes	60%	GME Program

[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.

* Unable to obtain information requested. Facility/s would not provide info.

c. Training Facilities:

DATA CALL #26 - NAVAL MEDICAL CLINIC
PEARL HARBOR HI
UIC: 68098

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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. KIETHANOM, CDR, MC, USN
NAME (Please type or print)

M. Kiethanom
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 May 94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL MEDICAL CLINIC, PEARL HARBOR
UIC:	68098
Host Activity Name (if response is for a tenant activity):	NAVAL STATION, PEARL HARBOR
Host Activity UIC:	62813

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

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL MEDICAL CLINIC, PEARL HARBOR		**UIC:** 68098	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	377	87	464
1b. Minor Construction	7	N/A	7
1c. Sub-total 1a. and 1b.	384	87	471
2. Other Base Operating Support Costs:			
2a. Utilities *	230	N/A	230
2b. Transportation	57	N/A	57
2c. Environmental	4	N/A	4
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	130	1975	2105
2j. Other (Specify)	221	284	505
2k. Sub-total 2a. through 2j:	642	2259	2901

DATA CALL 66
INSTALLATION RESOURCES

3. Grand Total (sum of 1c. and 2k.):	1026	2346	3372

*2a. UTILITY COSTS INCLUDE BRANCH DENTAL CLINIC PEARL HARBOR (62313)

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

Appropriation	Amount ($000)
N/A	N/A

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 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 MEDICAL CLINIC, PEARL HARBOR		**UIC:** 68098	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A

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

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 MEDICAL CLINIC, PEARL HARBOR	**UIC:** 68098
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	90
Material and Supplies (including equipment):	611
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	1
Other Purchases (Contract support, etc.):	1,134

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INSTALLATION RESOURCES

Total:	1,836

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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 MEDICAL CLINIC, PEARL HARBOR	**UIC:** 68098
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

*** Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.
CONTRACT SUPPORT FOR TABLE 3 PERFORMED BY PUBLIC WORKS CENTER PEARL (62755) AND FLEET INDUSTRIAL SUPPLY CENTER PEARL (00604).

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

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the

future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

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INSTALLATION RESOURCES

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	N/A

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	N/A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support
Office, San Diego

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Signature

04 AUG 1994

Title

Date

Document Separator

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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 MEDICAL CLINIC, PEARL HARBOR HI
UIC:	68098
Major Claimant:	Bureau of Medicine and Surgery

NOTE: The information in the following data call was derived from data collected from both the Naval Medical Clinic, Pearl Harbor, HI, UIC 68098, and the Naval Dental Center, Pearl Harbor, HI UIC 62313.

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:	$36,071

Source of Data (1.a. Salary Rate): Employee Pay 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		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
Honolulu	HI	263	67	100	8	17

= 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.

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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:

Honolulu

Source of Data (1.b. 1) & 2) Residence Data): Employee Survey

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)
Honolulu	Honolulu	0*

Source of Data (1.c. Metro Areas): U.S. Dept. of Commerce Bureau of Census 1990 Census of Population for Hawaii

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's civil service workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	1	1.4%
20 - 24 Years	3	4.4
25 - 34 Years	12	17.9
35 - 44 Years	21	31.3
45 - 54 Years	20	29.8
55 - 64 Years	9	13.4
65 or Older	1	1.4
TOTAL	67	100%

Source of Data (1.d.) Age Data): Employee Survey

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less		
9th through 11th Grade		
12th Grade or High School Equivalency	8	11.9%
1-3 Years of College	28	41.7
4 Years of College (Bachelors Degree)	17	25.3
5 or More Years of College (Graduate Work)	14	20.8
TOTAL	67	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.)	12
Associate Degree	14
Bachelor Degree	15
Masters Degree	14
Doctorate	

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data): Employee Survey

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09		
2. Construction (includes facility maintenance and repair)	15-17		
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	various		
3e. Other Manufacturing not included in 3a. through 3d.	various		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 3a. through 3e.	20-39	0	0%
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	3	4.5%
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	3	4.5%
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	7	10.4
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5h. Health Services	80	29	43.3%
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83	9	13.4
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	3	4.5
5n. Other Misc. Services	89		
Sub-Total 5a. through 5n.:	70-89	48	71.6%
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	14	20.9
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	1	1.5
6c. Public Finance	93	1	1.5
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.		16	23.9%
TOTAL		67	100 %

Source of Data (1.f.) Classification By Industry Data): Employee Records

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by **civil service** employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	5	7.5%
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research		
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners		
2h. Social & Recreation Workers	9	13.4
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)	1	1.5

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	6	9.0%
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:	16	23.9%
3. Technicians and Related Support		
3a. Health Technologists and Technicians	1	1.5%
3b. Other Technologists	3	4.5%
Sub-Total 3a. and 3b.:	4	6.0%
4. Administrative Support & Clerical	19	28.4%
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/Medical Assistants/Aides	21	31.3%
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	2	3.0%
Sub-Total 5a. through 5d.	23	34.2%
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)		
TOTAL	67	100 %

Source of Data (1.g.) Classification By Occupation Data): Employee Records

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters

and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.

9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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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:	60%
2. Percentage of Military Spouses Who Work Outside of the Home:	62%
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:	37
3b. Employed "On-Base" - Non-Appropriated Fund:	03
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	58

Source of Data (1.h.) Spouse Employment Data): Employee Survey

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. **Infrastructure Data.** For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. Table A: Ability of the local community to meet the expanded needs of the base.

Ratings are based on the assumption that additional personnel will reside throughout Honolulu and will not be concentrated in a particular area or district.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	B
Schools - Private	A	A	B
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	NA	NA	NA
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A

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Category	20% Increase	50% Increase	100% Increase
Recreational Activities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

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2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Schools - Public/Private. Growth will require substantial investment in community infrastructure. The present school facilities are "land locked" and are unable to expand without acquisition of new land, construction of new facilities and hiring additional staff.

Source of Data (2.a. 1) & 2) - Local Community Table):

City & County of Honolulu, Department of General Planning - Planning Information Branch
State Department of Education, Office of Information Resource Management Branch
City & County of Honolulu, Honolulu Fire Department
City & County of Honolulu, Honolulu Police Department
Honolulu Public Transit Authority, Bus System - Operations & Marketing Branch
State Department of Transportation - Highways Division
Health Care Association of Hawaii - Legislation and Medical Care Information
City & County of Honolulu Board of Water Supply
Hawaiian Electric Company
Navy Public Works Center, Pearl Harbor
City & County of Honolulu - Wastewater Management Division
City & County of Honolulu - Environmental Engineer Office
City & County of Honolulu - Department of Parks & Recreation

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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.

Not applicable, the City & County of Honolulu is the only county to be considered.

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			

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Increase	50% Increase	100% Increase
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.

Not applicable.

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: 3.9%

Units for Sale: 1.3%* (*Homeowner vacancy rate)

Source of Data (3.a. Off-Base Housing):

U. S. Department of Commerce
Bureau of the Census
"Housing Vacancies and Homeownership Annual Statistics: 1993," Current Housing Reports,

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elem en-tary	Mid dle	Hi gh	Curre nt	Max. Capaci ty	Curre nt	Max. Ratio	
Honolulu	Honolulu	39	9	6	34,597	Note 1	Note 2	Note 1	Yes
Central	Honolulu	28	6	6	35,985	Note 1	Note 2	Note 1	Yes
Leeward	Honolulu	27	5	5	32,126	Note 1	Note 2	Note 1	Yes
Windward	Honolulu	24	5	5	19,785	Note 1	Note 2	Note 1	Yes
Honolulu**	Honolulu	38	26	17	20,776	Note 3	Note 3	Note 3	Note 3
Central**	Honolulu	13	10	2	2,491	Note 3	Note 3	Note 3	Note 3
Leeward**	Honolulu	10	6	2	1,919	Note 3	Note 3	Note 3	Note 3
Windward**	Honolulu	15	11	3	2,515	Note 3	Note 3	Note 3	Note 3

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.
** Private Schools
Note 1: The public schools system is currently at maximum capacity
Note 2: For public schools, the student-teacher ratios are: grades K-2 20:1, 3-12 26:1
Note 3: Data not available. Data varies throughout individual private schools.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.b.1) Education Table):

Public Schools Enrollment Count 1993-1994
Private Schools Enrollment 9-10-93
State Department of Education, Information Resource Management Branch

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

No

Source of Data (3.b.2) On-Base Schools):

Naval Supply Systems Command, (NAVSUP 0311)

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 :

Major Colleges and Universities located in the City & County of Honolulu (includes graduates studies)

Brigham Young University - Hawaii Campus
Chaminade University of Honolulu
Hawaii Loa College
Hawaii Pacific University
University of Hawaii, Systems (includes all Community Colleges and West-Oahu College)
*Wayland Baptist University
*Central Michigan University (Branch-military)
*University of Oklahoma (Branch-military)
*Troy State University (Branch-military)

*Intended to provide educational opportunities for service members and their adult dependents only.

Source of Data (3.b.3) Colleges):

GTE Hawaiian Tel March 1994-1995 (Yellow Pages)

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4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Vocational/Technical Training Schools	Major Curriculum
Oriental Medical Institute	Acupuncture
Tai Huaun Foundation	Acupuncture
New York Technical Institute of Hawaii	Automotive
Hawaii Institute of Hair	Barbering
Hawaii Business College	Business/Commercial
Denver Business College	Business/Commercial
Intercultural Communications Institute	Business/Commercial
Ross College of Court Reporting	Business/Commercial
*Heald Business College	Business/Commercial
Electronics Institute	Electronics
H & R Block Tax Tuition School	Income Tax Preparation
Aisan Shiatsu School	Massage
Honolulu School of Massage	Massage
American Institute of Massage Therapy	Massage
Med-Assist School of Hawaii	Medical
Continental Secuirty School	Security
Travel Institute of the Pacific	Travel/Tourism
Travel University Internation	Travel/Tourism

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Vocational/Technical Training Schools	Major Curriculum
Travel's Choice School of Travel	Travel/Tourism
Windward Travel Institute	Travel
Fashion Center	Dressmaking/Tailoring/Designing
Style Center School of Fashion Design	Dressmaking/Tailoring/Designing
*Embry Riddle Aeronatical	Pilot Training

* Intended to provide educational opportunities for service members and their adult dependents only.

Source of Data (3.b.4) Vo-tech Training):

1993-1994 Directory, Office of the Superintendent, Department of Education, State of Hawaii

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	
Rail:		X
Subway:		X
Ferry:		X

Source of Data (3.c.1) Transportation):

The Bus Route Schedules/Stops

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

None available in the City & County of Honolulu

Source of Data (3.c.2) Transportation):

DBED State of Hawaii Data Book 1992

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.

Honolulu International Airport - Approximately 2.5 miles from FISC Pearl

Source of Data (3.c.3) Transportation):

Rand McNally & Company Map, Copyright 1991

4) How many carriers are available at this airport?

23 signatory airlines (with airport lessees). At least 22 other nonlessees.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.c.4) Transportation):
State Department of Transportation, Airport Divison, Fiscal Office

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

NAVMEDCLINIC Pearl is located approximately one (1) mile from Interstate Highway H1.

Source of Data (3.c.5) Transportation):

Rand McNally & Co. Map Copyright 1991

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

The quality of the road systems providing access to the base is adequate. Capacity is marginally adequate during peak periods causing delays in commuting time.

b) Do access roads transit residential neighborhoods?

City and County access roads transit residential neighborhoods. State highways do not transit residential neighborhoods but transit alongside certain areas.

c) Are there any easements that preclude expansion of the access road system?

No easement precludes expansion of access road system. There are other types of restrictions that preclude expansion of the road system for certain land use.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

There are no man-made barriers that inhibit traffic flow.

Source of Data (3.c.6) Transportation):

Department of Transportation, Highways Division

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.

NAVMEDCLINIC Pearl does not have an agreement with the local community for fire protection or hazardous material incidents. Fire protection services are provided by the Naval Station, Pearl Harbor Federal Fire Department which does have a mutual aid firefighting agreement with the City and County of Honolulu and the 15th Air Base Wing (Pacific Air Forces) for fire suppression, training classes/facilities, communications, emergency response, and fire alarm response.

Source of Data (3.d. Fire/Hazmat):

Naval Station, Pearl Harbor Federal Fire Department; Agreement no. FB5260-93354-903

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

NAVMEDCLINIC Pearl has no legislative jurisdiction. Naval Station, Pearl Harbor and the City and County of Honolulu have concurrent jurisdiction. Base Police services are provided by the Naval Station, Pearl Harbor.

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.

Not applicable.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Not applicable to this activity. However, Commander Naval Base, Pearl Harbor has an intergovernmental agreement with the City and County of Honolulu for mutual aid special weapons and tactics support for barricade, hostage and sniper incidents.

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.

Not applicable.

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.

Not applicable.

Source of Data (3.e. 1) - 5) - Police):

Naval Legal Service Office, Pearl Harbor
Pacific Division, Naval Facilities Engineering Command, Real Estate Division
Naval Base, Pearl Harbor, Security Office
Mutual Aid Special Weapons and Tactics Agreement No. 86-336

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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.

NAVMEDCLINIC Pearl has no direct agreement with the local community for utilities. The Public Works Center, Pearl Harbor and Pacific Division, Naval Facilities Engineering Command provides utilities support to NAVMEDCLINIC Pearl through the following sources:

Telephone Services	GTE Hawaiian Telephone Company
Refuse Collection	Honolulu Disposal Service, Inc. (contract)
Custodial Services	Choi Enterprises, Ltd. (contract)
Landfill Refuse Disposal	City and County of Honolulu, Public Works
Electricity	Hawaiian Electric Company, Inc.
Sewage	City & County of Honolulu,
Water	Public Works Navy
Hazardous Waste Disposal	Navy Public Works Center

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

No.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

No electrical "brown outs" or "rolling black outs" during the last five years. However major disruption in operations occurred April 9, 1991 when Hawaiian Electric Company could not provide power for 6 hours. Work stoppage on most areas.

Source of Data (3.f. 1) - 3) Utilities):

Naval Facilities Engineering Command Pacific Division
Navy Public Works Center, Pearl Harbor

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. Business Profile. List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. Hawaii State Government	State Government	49,750
2. Federal Government	Defense and Non-Defense	30,100
3. City & County of Honolulu	City and County Goverment	10,550
4. Bancorp Hawaii, Inc.	Bank Holding Company	3,900
5. The Queen's Health Systems	Health-care services	3,200
6. Kyo-ya Co. Ltd.	Hotels, parking lots, retail stores, resturants	3,050
7. Kaiser Permanente	Health-care services	3,000
8. GTE Hawaiian Telephone	Telecommunications products & services	2,800
9. First Hawaiian, Inc.	Financial Services	2,700
10. Outrigger Hotels Hawaii	Full-service lodging & hospitality services	2,500

Source of Data (4. Business Profile):

Data Book 1993, State of Hawaii
Hawaii Business, August 1993
Employers

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5. Other Socio-Economic Impacts. For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

According to First Hawaiian Bank Research Department and the Hawaii State Government, Department of Labor & Industrial Relations, Research & Statistics Office there has been no loss of major employers. (Note: Most of the major loss occurred on the Big Island (outside the City & County of Honolulu). Over 700 workers were laid off at the Hamakua Sugar Company and Hilo Coast Processing Company.) However, there continues to be a general decline in agriculture production (pineapple and sugar). Developments in the sugar industry shows sign of accelerating decline with projected closure of Oahu Sugar Company and Wailua Sugar Company during 1995. A few large retail outlets have closed (Gibsons, Home Improvement) and new ones have emerged (K-Mart, Sam's Club, Ross's and factory outlets in Waikele Center).

b. Introduction of New Businesses/Technologies:

According to the Hawaii State Government, Department of Labor & Industrial Relations, Research & Statistics Office, there are no new businesses or technologies projected. Except for a Tech Park (super computer international network) on Maui (outside the City and County of Honolulu). Honolulu County can expect a few new retail outlets.

c. Natural Disasters:

Since the flash flooding on the North Shore of Oahu, and Hurricane Iniki there have been three more lessor weather related incidents that have had a negative impact on the City & County of Honolulu. According to the Oahu Civil Defense Agency, flash flooding and high winds this spring caused numerous personal injuries. In addition, property and electrical power line damage resulted in rescue and evacuation operations being performed.

d. Overall Economic Trends:

According to First Hawaiian Bank Research Department, Hawaii's economy is experiencing a number of optimistic developments.

(1) A surge in the visitor industry during the first quarter of 1994 raised hopes that the three year tourism slump was finally at an end. Westbound and eastbound traffic were strong; with westbound overnight or longer visitors up 3.3% in February, the best year to year increase in 41 months.

(2) Although total construction continues to decline, several isolated but highly visible nonresidential projects are currently underway.

(a) The Hawaiian Center, a 27 story building will add about 379,000 rentable square feet of office space to downtown Honolulu and inject an estimated $120 million into the state's lagging construction sector.

(b) The Aloha Tower Marketplace, $100 million redevelopment will initially include a 190,000 square foot low-rise shopping and dining complex, with eventual development of a masterplan for 3-5 million square foot of hotel, office, condominium and maritime uses space.

(c) The Kapolei area, which accounts for 8% of the land on the island, is planning growth to include a balance of residential, commercial, industrial, resort and agricultural sectors. 2,000 added new jobs are anticipated.

(3) With rising resales for both single family and condominium units, the Oahu real estate market appears to have begun a gradual upswing.

(4) Although the state unemployment rate is still below the national average, the gap is slowly closing.

(5) The biggest story in agriculture for Honolulu has between the rapid decline in the fortunes of the sugar industry. Projected closure of Oahu Sugar and Waialua Sugar Company in 1995 would result in over 20,000 acres of available land. On the positive side, this might be a good opportunity for additional housing and nonagricultural development.

Source of Data (5. Other Socio/Econ):

Hawaii State Government, Department of Labor & Industrial Relations Research & Statistics Office, Hawaii's Labor Market in Review 1992
First Hawaiian Bank Reasearch Department, Economic Indicators May/June 1994
Bank of Hawaii Economics Department Annual Economic Report Vol 43 Hawaii 1993 (Jan 1994)
City & County of Honolulu, Oahu Civil Defense Agency (Civil Defense Records - to include litigation, reports, task reports, engineering reports, etc.)

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

None

Source of Data (6. Other):

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

13 JULY 1994
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title July 19, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 8/11/94 Date

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MILITARY VALUE ANALYSIS DATA CALL WORKSHEET FOR MEDICAL FACILITY:

Naval Medical Clinic Port Hueneme

ACTIVITY UIC: 66099

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

Provide general clinic (outpatient) services primarily for active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services. Subject to the availability of space and facilities and capabilities of the medical staff, provide general clinic services for other authorized persons as prescribed by Title 10, U.S. Code, and other current directives. Provide clinic specialty and subspecialty services as directed. Provide coordinated clinic healthcare services for all medical treatment facilities and activities assigned and exercise local coordination of other functions as directed. Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties. Ensure that the clinic is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide as directed, healthcare services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces to ensure the highest possible degree of operational readiness of these forces and activities. Conduct appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained. Participate as an integral element of the Navy and Tri-Service Regional Healthcare System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC). **See note below.**

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SN CONTRCEN	30633	PORT HUENEME	308
CB CEN	62583	PORT HUENEME	249
C31 NCR	55752	PORT HUENEME	212
NCONTRACEN	0612A	PORT HUENEME	138
PHD NSWC	63394	PORT HUENEME	127
SNSCHCECOFF	30645	PORT HUENEME	82
S MOB CB	39377	PORT HUENEME	70
UCT 2	53808	PORT HUENEME	50
NRC SB	62105	PORT HUENEME	32
CB CSD	48114	PORT HUENEME	32
NFESC	0537A	PORT HUENEME	28
PSD	43146	PORT HUENEME	22
NSCHCECOFF	0760A	PORT HUENEME	20
NE NE VA SEA	39324	PORT HUENEME	20
CBC OTH	41736	PORT HUENEME	20
NAVCIVENGRLAB	68305	PORT HUENEME	18
UCT 2	35233	PORT HUENEME	16
DENTAL	35743	PORT HUENEME	15
NSWSESSTD	42298	PORT HUENEME	12
DECA	49201	PORT HUENEME	12
31ST NCO	46461	PORT HUENEME	11
3RD NCB DET	43303	PORT HUENEME	11
NCTC	43261	PORT HUENEME	11
NENENVA NEUT	42889	PORT HUENEME	06
NAVY EXCHANGE	61338	PORT HUENEME	06

NLSO DET	35500	PORT HUENEME	05
NMCB 17	08916	PORT HUENEME	05
AEGI SCSSG	45538	PORT HUENEME	04
NBSDNADSAP	68538	PORT HUENEME	03
EEAP VENTURA	44183	PORT HUENEME	03
DMEDS NMCP	46869	PORT HUENEME	02
DMEDS FH6	47551	PORT HUENEME	02
SEEAP OXNARD	49413	PORT HUENEME	02
NSHPWE STA	47610	PORT HUENEME	01
SEEAPV LAVERN	49126	PORT HUENEME	01
NAVY CAMPUS	49298	PORT HUENEME	01
I&I STF	45349	PORT HUENEME	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

NOTE: TENANT COMMANDS RESIDING ON MAIN COMPLEX WHEN HOMEPORTED:

NSFA	**55291**	**PORT HUENEME**	**187**
NMCB-3	**55103**	**PORT HUENEME**	**625**
NMCB-4	**55114**	**PORT HUENEME**	**625**
NMCB-5	**55115**	**PORT HUENEME**	**625**
NMCB-40	**55448**	**PORT HUENEME**	**625**

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M). **See note below.**

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	note below	N/A	N/A
ACTIVE DUTY NON N/MC				
TOTAL ACTIVE DUTY		39,072		
FAMILY OF AD		24,597	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		8,802		
RETIRED AND FAMILY MEMBERS OVER 65		00		
OTHER		5,157		
TOTAL		77,628		

What is your occupancy rate for FY 1994 to date? 39872

NOTE: UNABLE TO BREAKOUT ACTIVE DUTY N/MC FROM NON N/MC. DATA DERIVED FROM MICRO-WORS, CONSISTS OF FOUR MONTHS OF COMPLETED WORKLOAD AND PROJECTED WORKLOAD THROUGH THE END OF THE FISCAL YEAR.

BUMED-822
mll, 3 Jun 94

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload. **See note below.**

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	77,628	77,628	77,628	77,628	77,628	77,628	77,628
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

NOTE: DUE TO LIMITED FACILITY SIZE (SPACE CONSIDERATION), LIMITED MANPOWER (DOWNSIZING), REDUCED OVERALL OPERATING BUDGET AND INCREASED ADMINISTRATIVE DETAILS MANDATED BY HIGHER AUTHORITY; THIS COMMAND DOES NOT PROJECT ANY INCREASED CAPABILITY TO MANAGE NEW WORKLOAD 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 HRS	01
RIFLE RANGE COVERAGE	100 HRS	01
MWR FUNCTIONS	240 HRS	12
AIR SHOW COVERAGE	80 HRS	78
SEABEE DAY COVERAGE	78 HRS	78

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions. **NOT APPLICABLE.**

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NOT APPLICABLE								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME): **NOT APPLICABLE.**

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NOT APPLICABLE			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-10	PATIENT CARE/ADMIN	48,124	08	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R2-93	REPLACE VENT COVERS OF BLDG	93	25
	REPLACE EXIT SIGNS	93	10

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-93	REPLACE HVAC CONTROLLER SYSTEM	97	208
R1-92	REPAINT INTERIOR OF BLDG	95	91

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NOT APPLICABLE		

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

398 Revised pg Call #27

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 0026
1. FACILITY NAME Naval Medical Clinic Port Hueneme					
2. UIC 66099	3. CAT CODE 510-10		4. NO. OF BUILDINGS 01		
5. SIZE 48,124	A. GSF N/A		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION NCBC	A. CITY Port Hueneme			B.STATE CA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.	100%				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	20%		80%	F, 01	
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER			100%	E, 07	

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0026
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7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.	100%				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC			80%	F, 01	
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER			100%	E, 07	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard

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: 22 MAY 91
FULL ACCREDITATION: Yes, overall score 100.
LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

NOTE: LIFE SAFETY MANAGEMENT SCORE WAS NOT BROKEN OUT FOR INDIVIDUAL SCORE UNDER A PROBLEM IDENTIFIED, PER JCAHO STAFF 27 MAY 1994.

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?

Onboard Naval Contruction Battalion Center and close to its school commands.

b. What are the nearest air, rail, sea and ground transportation nodes?

Rail, sea and ground/on site, air/10 miles away.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 10 miles away.

d. What is the importance of your location given your mobilization requirements?

None.

e. On the average, how long does it take your current clients/customers to reach your facility?

15-30 minutes average.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

None.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Active duty personnel stationed at Naval Construction Battalion Center, Port Hueneme, Naval Air Weapons Station, Point Mugu and tenant commands would be required to travel to the closest military base for routine and emergent medical care. 30th Medical Group at Vandenberg Air Force Base is 105 miles to the north. This facility is a small hospital with a bed capacity of 20 and has very limited specialty support. Naval Hospital, Camp Pendleton is 143 miles and Naval Medical Center, San Diego is 181 miles to the south.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Yes, TRICARE Health Programs could absorb non active duty beneficiaries. However, the impact to active duty and civil service personnel would be significant in that they would be required to travel 105 miles to the north or 143 to 181 miles to the south for routine and emergent medical care. These travel requirements would increase lost man hours and increase risk for emergent conditions.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes, TRICARE Health Programs and Medicare could absorb the residual eligible population.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

NOT APPLICABLE

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS TRIPOLI	07198	02
USNS MERCY	46245	05
3RD MAR AIR WING	57081	02
1ST FSSG	67446	09
1ST MAR DIV	67448	03
U.S. NAVHOSP GUAM	68096	04
FLEET HOSP #6	68686	04
3RD FSSG	MPS3F	01
1ST MAR AIR WING	MPS3W	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

None. However, the present workload could not be sustained if required mobilization training is fully implemented.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition. **NOT APPLICABLE.**

Number of "stubbed" expanded beds[1]: **NOT APPLICABLE**

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS): **NOT APPLICABLE.**

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	190	127,498	240	164,135	674	463,229
AD FAMILY	05	2,268	17	1,324	08	1,888
OTHER	02	742	02	472	01	550
TOTAL	197	130,508	259	165,931	683	465,667

[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). **See note below.**

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	5,428,447	5,684,945	15,454,950
TOTAL OUTPATIENT VISITS	122,486	110,403	126,780
AVERAGE COST PER VISIT	44.32	51.49	122.90

NOTE: THIS DISPLAY IS COMPLETED USING ACTUAL OPERATING BUDGET FIGURES. MEPRS DATA DOES NOT ACCURATELY REFLECT OUTPATIENT COSTS. COST DOES NOT INCLUDE MILITARY LABOR IN FY-92 AND FY-93. FY-94 PROJECTIONS INCLUDE BRANCH MEDICAL CLINIC CHINA LAKE.

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A: **NOT APPLICABLE**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B: **NOT APPLICABLE**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C: **NOT APPLICABLE**

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D: **NOT APPLICABLE**

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life.

Host is responding: UIC 62583, Naval Construction Battalion Center, Port Hueneme, CA, BSAT Data Call #59.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

COMMANDING OFFICER
Title

MAY 27 1994
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-3-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.

NAME (Please type or print) Signature

ACTING 6/9/94

Title Date

Revision
pg 13

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

COMMANDING OFFICER
Title

21 Jun 94
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

Revision pg 13

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL — 6-30-94

Title — Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING — 07 JUL 1994

Title — Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	*Naval Medical Clinic, Port Hueneme, CA*
Acronym(s) used in correspondence	*NMCPH*
Commonly accepted short title(s)	*NAVMEDCLINIC PORT HUENEME CA*

- Complete Mailing Address Naval Medical Clinic
  162 First Street
  Port Hueneme, CA 93043-4316

- PLAD NAVMEDCLINIC PORT HUENEME CA

- PRIMARY UIC: 66099 (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): 32602 PURPOSE: Branch Medical Clinic, Point Mugu, CA
  42531 Branch Medical Annex, San Nicolas, Island
  41425 Branch Medical Clinic, China Lake, CA
  46361 Branch Medical Annex, Naval Weapons Center, China Lake, CA
  46362 Branch Medical Annex, Naval Oceanography Detachment, China Lake, CA

UIC 66099

2. PLANT ACCOUNT HOLDER:

- Yes____No __X__(check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

- HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

  - Yes ____ No __X__ (check one)

- 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: __N62583__
  - Primary Host (as of 01 Oct 1995) UIC: __N62583__
  - Primary Host (as of 01 Oct 2001) UIC: __N62583__

- 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		

UIC 66099

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
NOT APPLICABLE				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

The closure of Naval Hospital, Long Beach, California due to BRAC-91, has had a severe impact on this command's ability to provide quality medical care for the active duty personnel stationed at Naval Construction Battalion Center, Port Hueneme, Naval Air Weapons Station, Point Mugu and tenant commands in this area. With the loss of Naval Hospital Long Beach the closest military medical facility is the 30th Medical Group at Vandenberg Air Force Base which is 90 miles to the north. This facility is a small hospital with a bed capacity of 20 and has very limited specialty support. It is approximately 160 miles to the Naval Hospital, Camp Pendleton and 200 miles to the Naval Medical Center, San Diego. This travel, for routine appointments, is a hardship for the active duty patient and has an adverse impact on their command's travel budget. We are currently exploring increased utilization of the local civilian medical community for active duty personnel, however, funding constraints prohibit significant employment of those assets.

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide primary medical care for 7,400 active duty military personnel, 12,000 Civil Service personnel and 54,600 dependent and retired members.
-
- Provide Industrial Hygiene/Environmental Health support for Naval Construction Battalion Center, Port Hueneme, California, Naval Air Weapons Station, Point Mugu, California, Naval Air Weapons Station, China Lake, California and all tenant commands.
-
-

Projected Missions for FY 2001

- Provide primary medical care for 7,400 active duty military personnel, 12,000 Civil Service personnel and 54,600 dependent and retired members.
- Provide Industrial Hygiene/Environmental Health support for Naval Construction Battalion Center, Port Hueneme, California, Naval Air Weapons Station, Point Mugu, California, Naval Air Weapons Station, China Lake, California and all tenant commands.
-
-
-

UIC 66099

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

- Operational name UIC

COMNAVSURFGRU LONG BEACH CA 45192

- Funding Source UIC

BUMED WASHINGTON DC 00018

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	31	71	64
*Contract			*9
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	29	68	66
*Contract			*9
• Tenants (total)	N/A	N/A	N/A

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax	Home
• CO/OIC			
K. L. MARTIN, CAPT, NC, USN Commanding Officer	(805) 982-6370 DSN 551-6370	(805) 982-1133 DSN 551-1133	(805) 483-6773
• Duty Officer	(805) 982-6370 DSN 551-6370	(805) 982-1133 DSN 551-1133	[N/A]
• _____			
• _____			

UIC 66099

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

41C 66099

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.)
See attached list	*All commands located at Port Hueneme*	*Medical support for attached personnel. No ISSA or MOU in effect.*

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

Note: Maps and aerial photos of CBC Port Hueneme have been submitted to Commander, Naval Facilities EngineeringCommand by the Commanding Officer, Naval Construction Battalion Center, Port Hueneme, CA.

UIC 66099

PORT HUENEME COMMANDS
SUPPORTED BY
NAVAL MEDICAL CLINIC
PORT HUENEME, CA

Branch Dental Clinic
Defense Logistic Agency, Reutilization Office
Equipment Office, COMCBPAC
Naval Audit Site
Naval Civil Engineering Laboratory
Naval Construction Battalion Center
Naval Construction Training Center
Naval Energy and Environmental Support Activity
Naval Facilities Contract Center
Naval Investigative Service
Naval Legal Service Office
Naval Mobile Construction Battalion (THREE, FOUR, FIVE, FORTY)
Naval Research Laboratory
Naval Reserve Recruiting
Naval Civil Engineer Corps Officers School
Naval Sea Cadet Corps
Port Hueneme, Naval Surface Warfare Center
Naval Support Force Antarctica
Navy Publication and Printing Service Office
Navy and Marine Corps Relief Society
Navy Resale Activity
Navy Commissary
Navy Exchange
Personnel Support Detachment
Red Cross Field Director
Reserve Mobile Construction Battalion-17
Resident Officer in Charge of Construction
Surface Craft Division, NAWS
Thirty-First Naval Construction Regiment
U.S. Army Veterinary Service
Underwater Construction TEAM-TWO
Weapons Company, 2nd Battalion, 23rd Marines, 4th Marine Division

NAVAL RESERVE UNITS

Army Reserve Hospital Unit 625 Commander, Reserve Construction Battalions, Pacific
Fox Company, Fourth Marine Brigade
Naval Hospital, Camp Pendleton Detachment 419
Naval Reserve Center, Santa Barbara
Naval Reserve Construction Battalion-17, DET 0517

41C 66099

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

A. L. NELSON, LCDR, MSC, USN
NAME (Please type or print)

Signature

Acting
Title

03 Feb 94
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

UIC 66099

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

8

CAPACITY ANALYSIS
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:

Naval Medical Clinic Port Hueneme

ACTIVITY UIC: 66099

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results. **See note below.**

TYPE	ACTUAL FY 1993			PROJECTED FY 1999		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	5,835	1,586	N/A	5,250	1,433	N/A
FAMILY OF AD	6,569	3,882	N/A	5,903	3,488	N/A
SUBTOTAL	12,404	5,468	N/A	11,153	4,921	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	9,594	3,127	N/A	9,858	3,227	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1,152	393	N/A	1,437	488	N/A
OTHER	2,442	1,000	N/A	2,604	1,051	N/A
TOTAL	13,188	4,520	N/A	13,899	4,766	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

NOTE: RAPS WON'T PROJECT OUT FARTHER THAN 1999.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	**NOT APPLICABLE**
Set Up Beds[1]:	**NOT APPLICABLE**
Expanded Bed Capacity[2]:	**NOT APPLICABLE**

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993: UIC 66099

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	41,828	23,847	7,718	73,393
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]	N/A			347,890
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A			15,174
PHARMACY UNITS (WEIGHTED)[1]	N/A			110,504
OTHER (SPECIFY)	N/A			6,189

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested. **See note below.**

NOTE: NEITHER EAS III OR WORS COLLECTS ANCILLARY PROCEDURES BY BENEFICIARY CATEGORY.

OTHER: OCCUPATIONAL HEALTH SERVICES.

CPT BUMED-823
3 Jun 94

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	41,828	23,847	7,718	73,393
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]	N/A			347,890
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A			15,174
PHARMACY UNITS (WEIGHTED)[1]	N/A			110,504
OTHER (SPECIFY)	N/A			6,189

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested. **See note below.**

NOTE: NEITHER EAS III OR WORS COLLECTS ANCILLARY PROCEDURES BY BENEFICIARY CATEGORY. AS A RESULT OF ADMINISTRATIVE FUNCTIONS MANDATED BY OPNAV, SECNAV, BUMED INSTRUCTIONS AND LIMITATIONS OF PHYSICAL SPACE AND STAFFING; THIS CLINIC DOES NOT PROJECT ANY ADDITIONAL WORKLOAD CAN BE SEEN ABOVE OUR CURRENT CAPACITY.

OTHER: OCCUPATIONAL HEALTH SERVICES.

CGW BUMED-823
3 Jan 94

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	N/A			79,393
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]	N/A			347,890
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A			15,174
PHARMACY UNITS (WEIGHTED)[1]	N/A			110,504
OTHER (SPECIFY)	N/A			6,189

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested. **See note below.**

NOTE: AN ADDITIONAL 6000 BENEFICIARIES ARE CURRENTLY ENROLLED IN TRICARE PRIME AND ADDED TO THE TOTAL ABOVE. UNABLE TO ACCURATELY PROJECT ADDITIONAL ANCILLARY SERVICES IF 6000 BENEFICIARIES CAME IN-HOUSE. SOME OF THESE FIGURES ARE ALREADY CAPTURED BY ANCILLARY SERVICES.

OTHER: OCCUPATIONAL HEALTH SERVICES.

CTW BUMED-823
3 Jun 94

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships. **See note below.**

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	07	07	07	07	07	07	07	07
SPECIALTY CARE[2]	09	09	09	09	09	09	09	09
PHYSICIAN EXTENDERS[3]	02	02	02	02	02	02	02	02
INDEPENDENT DUTY CORPSMEN	01	01	01	01	01	01	01	01
TOTAL	19	19	19	19	19	19	19	19

[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.

NOTE: SEVEN SPECIALITY PROVIDERS LISTED ABOVE EQUAL ONLY 1.2 FTEs.

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]	104
SPECIALTY CARE[2]	302
PHYSICIAN EXTENDER[3]	Unknown
TOTAL	406

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 669,016

According to the Bureau of the Census, Department of Commerce 1990 census for Ventura County.

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 John's Medical Center	Catholic Healthcare West	5 miles	10 minutes	TRICARE Contract
Community Memorial Hosp	Community Non-profit	7 miles	13 minutes	N/A
Ventura County Medical Center	Community Non-profit	7 miles	13 minutes	N/A
St John's Pleasant Valley Hosp	Catholic Healthcare West	9 miles	17 minutes	TRICARE Contract
Los Robles Medical Center	Columbia/HCA	15 miles	30 minutes	N/A
Santa Paula Hospital	Community Non-profit	15 miles	30 minutes	N/A
Simi Valley Hospital	Adventist Health Systems West	22 miles	47 minutes	N/A
Ojai Community Hospital	Brim Hospital Inc.	18 miles	36 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]
St John's Med Center	282	YES	65	DIAGNOSTIC THERAPY
Community Memorial	230	YES	65.7	
Ventura County	203	YES	62	NEONATAL UNIT
Pleasant Valley	81	YES	79	CARDIAC RECOVERY
Los Robles Center	140	YES	67.9	OPEN HEART SURGERY
Santa Paula Hosp	60	YES	60	
Simi Valley Hosp	30	YES	75	
Ojai Hosp	49	YES	57.5	

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's. NOT APPLICABLE

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
NOT APPLICABLE								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's. NOT APPLICABLE

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
NOT APPLICABLE			

(3) Describe how the Student HRS/YR value in the preceding table was derived. NOT APPLICABLE

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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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

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

COMMANDING OFFICER
Title

27 MAY 1994
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-3-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. R. GREENE JR. | J R Greene Jr

NAME (Please type or print) | Signature

ACTING | 8 JUNE 1994

Title | Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Medical Clinic Port Hueneme, CA
UIC:	N66099
Host Activity Name (if response is for a tenant activity):	Naval Construction Battalion Center, Port Hueneme, CA
Host Activity UIC:	N62583

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. **Base Operating Support (BOS) Cost Data.** Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).** This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional

lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Naval Medical Clinic Port Hueneme		**UIC:** N66099	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	79		79
1b. Minor Construction	0		0
1c. Sub-total 1a. and 1b.	79		79
2. Other Base Operating Support Costs:			
2a. Utilities	125		125
2b. Transportation	17		17
2c. Environmental	50		50
2d. Facility Leases	0		0
2e. Morale, Welfare & Recreation	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	84	744	828
2j. Other (Specify) SAGS: FG & FN	120	153	273
2k. Sub-total 2a. through 2j:	396	897	1293
3. Grand Total (sum of 1c. and 2k.):	475	897	1372

DATA CALL 66
INSTALLATION RESOURCES

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)
O&M	$1,037
MPN	$ 335

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Naval Medical Clinic Port Hueneme CA		**UIC:** N66099	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:	N/A		
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:	N/A		
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation	N/A		
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A		

DATA CALL 66
INSTALLATION RESOURCES

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected **FY 1996** costs for the purchase of services and supplies by the activity. **(Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.)** The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: Naval Medical Clinic Port Hueneme CA	**UIC:** N66099
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	17
Material and Supplies (including equipment):	1037
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	6
Other Purchases (Contract support, etc.):	1376
Total:	2436

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 Medical Clinic Port Hueneme CA	**UIC:** N66099
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	*
Mission Support:	2.9
Procurement:	**
Other:*	***
Total Workyears:	2.9 KR Bimed 824 8/2/94

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

* Naval Medical Clinic Port Hueneme obtains facilities support from Naval Construction Battalion Center Port Hueneme, who should be calculating the FY-96 estimated number of workyears in their submission.

** Naval Medical Clinic Port Hueneme obtains procurement support from Naval Construction Battalion Center Port Hueneme, who should be calculating the FY-96 estimated number of workyears in their submission.

DATA CALL 66
INSTALLATION RESOURCES

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the **on-base contract workyears** identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)): N/A

2) Estimated number of workyears which would be eliminated: 2.9

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area): 0

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):**

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

Commanding Officer
Title

Date 13 Jul 94

Naval Medical Clinic Port Hueneme, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support
Office, San Diego

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM,MC,USN

NAME (Please type or print)

Signature

ACTING CHIEF BUMED

Title

8/5/94

Date

BUREAU OF MEDICINE AND SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Signature

Title

8/30/94

Date

Document Separator

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	NAVAL MEDICAL CLINIC, PORTSMOUTH, NH 03804
UIC:	00105
Major Claimant:	BUMED

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. **Workforce Data**

a. **Average Federal Civilian Salary Rate.** Provide the projected FY 1996 average gross annual appropriated fund civil service salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$31,740.00

Source of Data (1.a. Salary Rate): Employee Labor Listing (Generated from STARS-FL, Accounting System)

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			
YORK	ME	44	24	66%	3	7
STRAFFORD	NH	10	14	23%	22	25
OTHER		04	06	1%	10	15

= 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.

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:

YORK COUNTY, MAINE

Source of Data (1.b. 1) & 2) Residence Data): PERSONAL INTERVIEWS

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)
BOSTON	SUFFOLK	50

Source of Data (1.c. Metro Areas): AAA Road Atlas of the United States, 1993

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	00	00
20 - 24 Years	00	00
25 - 34 Years	04	9%
35 - 44 Years	14	32%
45 - 54 Years	16	37%
55 - 64 Years	7	16%
65 or Older	3	6%
TOTAL	44	100 %

Source of Data (1.d.) Age Data): STANDARD FORM 50-B, NOTIFICATION OF PERSONNEL ACTION (PERSONNEL FILES)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's civil service workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0
9th through 11th Grade	0	0
12th Grade or High School Equivalency	25	57%
1-3 Years of College	4	9%
4 Years of College (Bachelors Degree)	12	28%
5 or More Years of College (Graduate Work)	3	6%
TOTAL	44	100 %

2) Degrees Achieved. Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	7
Associate Degree	4
Bachelor Degree	12
Masters Degree	2
Doctorate	1

Source of Data (1.e.1) and 2) Education Level Data): SF-171, Employee Application for Employment (Personnel Files)

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	
2. **Construction** (includes facility maintenance and repair)	15-17	1	2%
3. **Manufacturing** (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	
3b. Aircraft (includes engines and missiles)	3721 et al	0	
3c. Ships	3731	0	
3d. Other Transportation (includes ground vehicles)	various	0	
3e. Other Manufacturing not included in 3a. through 3d.	various	0	
Sub-Total 3a. through 3e.	20-39	0	

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	1	2%
4c. Water Transportation (includes organizational level maintenance)	44	0	
4d. Air Transportation (includes organizational level maintenance)	45	0	
4e. Other Transportation Services (includes organizational level maintenance)	47	0	
4f. Communications	48	0	
4g. Utilities	49	0	
Sub-Total 4a. through 4g.	40-49	1	2%
5. Services	70-89		
5a. Lodging Services	70	0	
5b. Personal Services (includes laundry and funeral services)	72	0	
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	3	7%
5d. Automotive Repair and Services	75	1	2%
5e. Other Misc. Repair Services	76	0	
5f. Motion Pictures	78	0	
5g. Amusement and Recreation Services	79	0	
5h. Health Services	80	13	30%
5i. Legal Services	81	0	

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5j. Educational Services	82	0	
5k. Social Services	83	1	2%
5l. Museums	84	0	
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	1	2%
5n. Other Misc. Services	89	18	42%
Sub-Total 5a. through 5n.:	70-89	37	85%
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	3	7%
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	
6c. Public Finance	93	2	4%
6d. Environmental Quality and Housing Programs	95	0	
Sub-Total 6a. through 6d.		5	11%
TOTAL		44	100 %

Source of Data (1.f.) Classification By Industry Data): Position Descriptions Held in Employees Personnel Jackets.

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	3	6%
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research		
2d. Life Scientists		
2e. Physical Scientists	5	11%
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)	1	2%
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	7	16%

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications		
2n. Visual Arts		
Sub-Total 2a. through 2n.:	13	29%
3. Technicians and Related Support		
3a. Health Technologists and Technicians	12	27%
3b. Other Technologists		
Sub-Total 3a. and 3b.:	12	27%
4. Administrative Support & Clerical	11	25%
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)	3	6%
Sub-Total 5a. through 5d.	3	6%
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers	1	0.5%
8. Construction Trades	1	0.5%
9. Production Occupations		
10. Transportation & Material Moving		
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)		
TOTAL	44	100 %

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.g.) Classification By Occupation Data): Civilian Personnel Files maintained in the Admin Office.

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate appropriated fund civil service jobs at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.

8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	67%
2. Percentage of Military Spouses Who Work Outside of the Home:	56%
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:	2
3b. Employed "On-Base" - Non-Appropriated Fund:	4
3c. Employed "Off-Base" - Federal Employment:	0
3d. Employed "Off-Base" - Other Than Federal Employment	16

Source of Data (1.h.) Spouse Employment Data): Personal Interviews conducted by the Clinic BRAC Coordinator.

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

REFER TO OUR HOST COMMAND DATA CALL 65 (UIC: 00102) FOR INFORMATION ON SUCCESSIVE PAGES OF THIS DATA CALL.

a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the A - B - C rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			
Wastewater Treatment			
Storm Water Collection			
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreational Activities			

Remember to mark with an asterisk any categories which are wholly supported on-base.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Source of Data (2.a. 1) & 2) - Local Community Table):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the A - B - C rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing			
Schools - Public			
Schools - Private			
Public Transportation - Roadways			
Public Transportation - Buses/Subways			
Public Transportation - Rail			
Fire Protection			
Police			
Health Care Facilities			
Utilities:			
Water Supply			
Water Distribution			
Energy Supply			
Energy Distribution			
Wastewater Collection			
Wastewater Treatment			
Storm Water Collection			
Solid Waste Collection and Disposal			
Hazardous/Toxic Waste Disposal			
Recreation Facilities			

Remember to mark with an asterisk any categories which are wholly supported on-base.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Source of Data (2.b. 1) & 2) - Regional Table):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3. **Public Facilities Data:**

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units:

Units for Sale:

Source of Data (3.a. Off-Base Housing):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		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.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.b.2) On-Base Schools):

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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?

	Yes	No
Bus:	___	___
Rail:	___	___
Subway:	___	___
Ferry:	___	___

Source of Data (3.c.1) Transportation):

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

Source of Data (3.c.2) Transportation):

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

Source of Data (3.c.3) Transportation):

4) How many carriers are available at this airport?

Source of Data (3.c.4) Transportation):

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Source of Data (3.c.5) Transportation):

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

b) Do access roads transit residential neighborhoods?

c) Are there any easements that preclude expansion of the access road system?

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

Source of Data (3.c.6) Transportation):

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

Source of Data (3.d. Fire/Hazmat):

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

Source of Data (3.e. 1) - 5) - Police):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Source of Data (3.f. 1) - 3) Utilities):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Source of Data (4. Business Profile):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

b. Introduction of New Businesses/Technologies:

c. Natural Disasters:

d. Overall Economic Trends:

Source of Data (5. Other Socio/Econ):

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Source of Data (6. Other):

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. G. RELINSKI, JR.
NAME (Please type or print)

R. G. Relinski Jr.
Signature

COMMANDING OFFICER
Title

940711
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

Complete Revision 399

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
ACTIVITY UIC: 00105

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

To provide medical care to active duty, dependents, and retirees from all military facilities north of Boston, Massachusetts, including Vermont, New Hampshire, Northern Massachusetts, and the entire State of Maine. A very large part of our mission is to meet the Occupational Medicine needs of the Portsmouth Naval Shipyard including the 5,000 civilian employees who work there.

Direct support of our three branch clincs in Northern Maine. Branch Clinic's Brunswick, Winter Harbor, and Cutler rely soley on this facility for their logistical support as well as supplies, manpower, and general oversight.

Direct Medical support to all active duty military members and their families for submarines entering 2 to 3 year overhaul periods at the Portsmouth Naval Shipyard. Currently there are 3 submarines with approximately 150 crewmembers assigned.

We are the only provider of Industrial Hygiene services in the Northeastern United States. Our staff routinely provides work site visits and performs surveys to a broad range of requesting military organizations in the four state area.

We are the weekend drilling site for the Navy and Marine Corps Reserve Centers in Lawrence, MA, and Concord, NH.

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)
USS PITTSBURGH	21030	PORTSMOUTH NEW HAMPSHIRE	175
USS PHILADELPHIA	20204	PORTSMOUTH NEW HAMPSHIRE	174
USS MEMPHIS	20782	PORTSMOUTH NEW HAMPSHIRE	171
USCG STATION (INCLUDING USS RELIANCE)	OPFAC 0130160	NEW CASTLE NEW HAMPSHIRE	130
PORTSMOUTH NAVAL SHIPYARD	00102	PORTSMOUTH NH	64
NAVAL MEDICAL CLINIC	00105	PORTSMOUTH NH	79
SHORECRAFT PORTSMOUTH NAVAL SHIPYARD	30013	PORTSMOUTH NH	53
MIUWU 202	55484	PORTSMOUTH NEW HAMPSHIRE	10
DEPMED PORTSMOUTH,NH	47004	PORTSMOUTH NEW HAMPSHIRE	10
NAVY/MARINE CORPS RESERVE CENTER	61809	MANCHESTER NEW HAMPSHIRE	08
Naval Shipyard Non NIF	47621	PORTSMOUTH,NH	09
NAVAL REACTORS PORTSMOUTH	44616	PORTSMOUTH NH	08
PERSONNEL SUPPORT DET. PORTSMOUTH	43344	PORTSMOUTH NH	06

NORTHERN DIVISION CONTRACT OFFICE	44212	PORTSMOUTH, NH	06
BRANCH DENTAL CLINIC	41774	PORTSMOUTH NH	05

NTCC SEAVEY ISLAND, NH	49283	PORTSMOUTH NH	04
NAVAL ENVIRON. HEALTH DET.	45915	PORTSMOUTH NH	02
SUPMEPP PORTSMOUTH	45404	PORTSMOUTH NH	02
COMSUBLANT REPRESENTATIVE	41906	PORTSMOUTH NH	02
MEDICAL DEPT. OUTSERVICE TRAINING	46591	MANCHESTER,NH	02
ATLANTIC FLEET POLARIS MATERIAL OFFICE ATTACK SUBMARINE SUPP OFFICE	47219	PORTSMOUTH, NH	01
DEFENSE CONTRACT ADMIN SERVICES PLANT REPRESENTATIVE OFFICE	43776	NASHUA, NH	01
OFFICER SELECTION OFFICE	44704	MANCHESTER,NH	01
INSPECTOR/INSTRUCTOR STAFF,4TH MARINE DIVISION	45314	MANCHESTER,NH	01
ENLISTED EDUCATION ADVISOR PROGRAM UNH	46323	DURHAM, NH	01
EXCHANGE OFFICER US ARMY CREEL	46530	HANOVER, NH	01
NAVAL SHIPYARD PORTSMOUTH FAMILY	48623	PORTSMOUTH,NH	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	4,798	N/A	19
ACTIVE DUTY NON N/MC	N/A	770	N/A	03
TOTAL ACTIVE DUTY	N/A	5,568		22
FAMILY OF AD	N/A	2,484	N/A	10
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	3,054	N/A	12
RETIRED AND FAMILY MEMBERS OVER 65	N/A	344	N/A	01
OTHER	N/A	22,404	N/A	89
TOTAL	N/A	33,854		135

What is your occupancy rate for FY 1994 to date? N/A

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	29,760	29,760	29,760	29,760	29,760	*	*
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

1) Host base's industrial workload will remain firmly constant with current operations.
2) Host base RIF (7/94) will cause an Occupational workload decrement. However, decrement will be compensated by Primary Clinic's demand.
3) Staffing levels are projected to remain constant.

*Host base's workload data not available for FY2000 and FY2001.

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
MEDICAL SUPPORT FOR PRT	16 HOURS	06
MEDICAL SUPPORT FOR RIFLE RANGE	24 HOURS	06
FOOD SERVICE INSPECTIONS	120 HRS.	02
SPACE SHUTTLE FLIGHT OPERATIONS	16 HOURS	04
INDUSTRIAL HYGIENE OPERATIONS	2600 HRS	05
BRANCH CLINIC INSPECTIONS/OPS	200 HRS	20
HEALTH FAIR	20 HRS	10
CHOLESTEROL CHECKS	32 HRS	01
DISASTER DRILLS	100 HRS	50

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A	N/A	N/A	N/A

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
55010	BUILDING H-1/MAIN CLINIC-DIRECT PT. CARE	74,429	81	SUBSTANDARD

[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: N/A
2. What makes it inadequate? N/A
3. What use is being made of the facility? N/A
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? N/A
6. Current improvement plans and programmed funding: N/A
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? N/A

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
WINDOWS	REPLACED ALL WINDOWS IN CLINIC	89	381,821
ALARMS	REPLACED EXISTING FIRE ALARM SYSTEM AND FIRE DOORS	90	227,500
HEATING	REPLACED EXISTING HEATING PLANT	90	21,000
GARAGE	BUILT NEW AMBULANCE GARAGE	92	83,000
ENTRANCE	CONSTRUCTED NEW CLINIC ENTRANCE	94	9,425

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
ROOF	REPAIR EXISTING ROOF	94	378,000
MECHANICAL REPAIRS	REPLACE RADIATORS AND OTHER COMPONENTS OF HEATING SYSTEM	96	521,368
ELECTRICAL REPAIRS	REWIRE THE ENTIRE CLINIC	96	2,266,618

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.Hents planned

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD) AMENDED 6/20/94				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME : NAVAL MEDICAL CLINIC, PORTSMOUTH, NH					
2. UIC: 00105	3. CATEGORY CODE		4. NO. OF BUILDINGS		01
5. SIZE	A. GSF 74,429		B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY PORTSMOUTH			B.STATE NH	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	N/A	N/A	N/A	N/A	
(5) EMERGENCY SVCS.	N/A	N/A	N/A	N/A	
(6) FOOD SERVICES	N/A	N/A	N/A	N/A	
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A	N/A	
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A	N/A	
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A	N/A	N/A	N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	50		50	A06	
(E) ELECTRICAL DISTRIBUTION	50		50	A06	

(F) EMERGENCY POWER=<kÃ9XÀASP1RRN/A -4LA1,	N/A	4LAPE=	N/A[XÀ;SP0RR596,		E=

AMMENDED 6/20/94

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous

location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditieating, Ventilating and Air Condit
- 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: JULY 6-7, 1992
FULL ACCREDITATION: Yes, 100% SCORE WITH COMMENDATION
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?

We are just off Interstate-95 on the Maine/New Hampshire border. We are geographically located on an island in the Piscatagua River on the industrially based Portsmouth Naval Shipyard. For the 5,000 civilian clients we serve, the clinic is easily in walking distance for personnel reporting for on the job injuries and routine physical examinations. For retirees, the base is conveniently located just off the main interstate. For families living in housing, the officer housing in within walking distance and enlisted housing is approximately 1 mile from the clinic.

b. What are the nearest air, rail, sea and ground transportation nodes?

Air: Pease International Tradeport - 6 miles
Boston International Airport - 50 miles
Portland International Jetport - 50 miles

Rail: Amtrak - Boston - 50 miles

Sea: Both Boston and Portland have large sea ports approx. 50 miles to the North and south. Regular cargo service is available at the port in Portsmouth, NH, 1 mile to our south.

Ground: Concord Trailways bus service is available from the Pease Jetport, 6 miles away with service to Boston and connections to the rest of the United States. The bus terminal in downtown Portsmouth (1 mile away) features Greyhound Bus service with destinations to large cities in northern Maine and connections to Boston in the south. COAST bus service which connects the towns of Portsmouth, Dover, Durham, Newington, Rochester, Somersworth, Kittery, and S. Berwick.

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): 6.0 (old Pease Air Force Base)

d. What is the importance of your location given your mobilization requirements?

Pease International Tradeport (formerly Pease Air Force Base) can accomodate any size aircraft up tccomodate any size aircraft up 5A. This provides the most convenient jumping off point in any mobilization requirement.

e. On the average, how long does it take your current clients/customers to reach your facility?

10 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?

This facility is 50 miles away from Boston, MA. Sometimes, the government salary's for certain civilian positions are not competitive with the Boston market. For instance, we constantly experience difficulties in recruiting qualified Physician's Assistants because we cannot match the salaries of the Boston 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.

INDUSTRIAL HYGIENE SURVEYS AND ALL INDUSTRIAL HYGIENE SERVICES FOR THE AREA NORTH OF NEWPORT, RI, WOULD HAVE TO BE ABSORBED BY ANOTHER AGENCY.

OCCUPATIONAL MEDICINE SERVICES AND MONITORING PROGRAMS WOULD BE DISCONTINUED FOR THE DOD SHIPYARD STAFF OF OVER 5,000.

PREVENTIVE MEDICINE SURVEYS OF ALL QUARTERS, DINING FACILITIES, AND COMMISSARY/EXCHANGES WOULD HAVE TO BE ABSORBED BY ANOTHER AGENCY.

SUBMARINE SPECIFIC MEDICAL QUALIFICATIONS WOULD HAVE TO BE TRANSPORTED 3 HOURS TO THE SOUTH AND BE EVALUATED BY THE NAVAL HOSPITAL, GROTON, CT. UNDERSEAS MEDICAL OFFICER.

THE DRILLING RESERVISTS FROM MANCHESTER AND LAWRENCE WOULD HAVE TO FIND ANOTHER MILITARY RESERVATION TO PERFORM WEEKEND DRILLS.

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 workble to absorb the ad provide supporting information to your answer.

NO. THERE ARE MANY SERVICES THAT WE PROVIDE THAT HAVE NO CIVILIAN COUNTERPART. WE PROVIDE A WIDE RANGE OF OCCUPATIONAL MEDICINE PROGRAMS TO THE 5,000 SHIPYARD WORKERS AND 600 ACTIVE DUTY PERSONNEL THAT COULD NOT BE ABSORBED BY THE CIVILIAN SECTOR AS THEY ARE STAFFED TODAY. THERE ARE SUBMARINE SPECIFIC MEDICAL ISSUES THAT REQUIRE THE EXPERTISE OF AN UNDERSEAS MEDICAL OFFICER. THERE IS A WHOLE MYRIAD OF SERVICES WE PROVIDE TO THIS BASE AND COMMUNITY IN THE AREA OF RADIATION HEALTH SURVEYS. MONITORING, AND DISASTER PLANNING THAT CURRENTLY HAS NO CIVILIAN EXPERIENCE IN THE LOCAL COMMUNITY.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

YES. THERE ARE 5 SMALL HOSPITALS IN A 20 MILE RADIUS THAT COULD SERVICE THEIR NEEDS. ANY SPECIALTY CARE NOT AVAILABLE HERE COULD BE OBTAINED IN THE BOSTON METROPOLITAN AREA, 50 MILES TO THE SOUTH.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

N/A WE DO NOT HAVE INPATIENT CARE CAPABILITY.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVAL HOSPITAL GUANTANAMO	61564	04
NAVAL HOSPITAL NAPLES	66096	03
2ND FSSG	68408	07
FLEET HOSPITAL NUMBER 3	68683	25
FLEET HOSPITAL NUMBER 4	68684	01
FLEET HOSPITAL NUMBER 5	68685	01
2ND FSSG (ADV)	MPS2F	04

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	01
2ND MARINE DIVISION	08321	21
1ST MARINE AIR WING	41975	01
FLEET HOSPITAL NUMBER 15	45399	01
USNS COMFORT	46246	02
FLEET HOSPITAL NUMBER 20	46977	16
2ND MARINE AIR WING	57080	03

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.

We could perform very little additional workload if we did not have this requirement. The associated training consists of less than 10 staff members TAD for 1 week every year to attend Fleet Hospital Training. The only time our workload would suffer is if the unit is actually mobilized which only ocurred during operation Desert Storm/Shield.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

N/A

Number of "stubbed" expanded beds[1]: _N/A_

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	334	307	425	319	334	238
AD FAMILY	12	10	30	10	04	.06
OTHER	08	06	21	09	*37	04
TOTAL	354	323	476	338	373	242

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

*The majority of these are mammograms (@ $120 each). Other referrals of dependents and retirees are usually for one time visits to assist the GMO in treatment plan.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

COST DATA FOR UIC'S 32615, 32616, AND 32617 INCLUDED IN UIC 00105 DATA CALL. CANNOT ACCURATELY REFLECT THIS DATA BY COST ESTIMATION BY BRANCH CLINIC.

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	6,680,000	6,757,661	6,636,000
TOTAL OUTPATIENT VISITS	69,602	70,768	70,000
AVERAGE COST PER VISIT	95.98	95.49	94.80

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	N/A	N/A	N/A

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]	N/A	N/A	N/A
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]	N/A	N/A	N/A
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	N/A	N/A	N/A
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]	N/A	N/A	N/A
F. TOTAL (B+C+D+E)	N/A	N/A	N/A

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)	N/A	N/A	N/A
H. CLINIC INVESTIGATION PROGRAM (FAH)	N/A	N/A	N/A
I. CONTINUING HEALTH PROGRAM (FAL)	N/A	N/A	N/A
J. DECEDENT AFFAIRS (FDD)	N/A	N/A	N/A
K. INITIAL OUTFITTING (FDE)	N/A	N/A	N/A
L. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	N/A
M. TOTAL (G+H+I+J+K+L)	N/A	N/A	N/A

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M] -F)	N/A	N/A	N/A
O. TOTAL CATEGORY III RWPS	N/A	N/A	N/A
P. UNIT COST (N÷O)	N/A	N/A	N/A

15. Quality of Life.

WE ARE A TENANT COMMAND OF THE PORTSMOUTH NAVAL SHIPYARD. OUR HOST COMMAND IS PROVIDING THE INFORMATION REQUIRED IN THIS SECTION. THEIR UIC IS 00102. DATA CALL #42.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{\text{(\# Geographic Bachelors x average number of days in barracks)}}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{\text{(\# Geographic Bachelors x average number of days in barracks)}}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:N/A
What makes it inadequate? N/A
What use is being made of the facility?N/A
What is the cost to upgrade the facility to substandard?N/A
What other use could be made of the facility and at what cost? N/A
Current improvement plans and programmed funding: N/A
Has this facility condition resulted in C3 or C4 designation on your BASEREP?N/A

(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)
BOSTON, MA	
PORTLAND, ME	
MANCHESTER, NH	

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 5X(5) Describe the principle housing cost drivi

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.A;SP1RR4,-79LA1,4,2,4LAPE=<AÆiSA;SP1RR749,-4L

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			
APKOffsBÀwî;SP1RR4,-117LA1,4,2,4LAPE=<kBÀwî;SP0RR4,-117LA1,4,2,4LAPE=<cBÀwî;S 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 Data			
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. G. RELINSKI, JR.
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

940713
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 9/6/94

Document Separator

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
ACTIVITY UIC: 00105

See Revised Data Call

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

To provide medical care to active duty, dependents, and retirees from all military facilities north of Boston, Massachusetts, including Vermont, New Hampshire, Northern Massachusetts, and the entire State of Maine. A very large part of our mission is to meet the Occupational Medicine needs of the Portsmouth Naval Shipyard including the 5,000 civilian employees who work there.

Direct support of our three branch clincs in Northern Maine. Branch Clinic's Brunswick, Winter Harbor, and Cutler rely soley on this facility for their logistical support as well as supplies, manpower, and general oversight.

Direct Medical support to all active duty military members and their families for submarines entering 2 to 3 year overhaul periods at the Portsmouth Naval Shipyard. Currently there are 3 submarines with approximately 150 crewmembers assigned.

We are the only provider of Industrial Hygiene services in the Northeastern United States. Our staff routinely provides work site visits and performs surveys to a broad range of requesting military organizations in the four state area.

We are the weekend drilling site for the Navy and Marine Corps Reserve Centers in Lawrence, MA, and Concord, NH.

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)
USS PITTSBURGH	21030	PORTSMOUTH NEW HAMPSHIRE	175
USS PHILADELPHIA	20204	PORTSMOUTH NEW HAMPSHIRE	174
USS MEMPHIS	20782	PORTSMOUTH NEW HAMPSHIRE	171
USCG STATION (INCLUDING USS RELIANCE)	OPFAC 0130160	NEW CASTLE NEW HAMPSHIRE	130
PORTSMOUTH NAVAL SHIPYARD	00102	PORTSMOUTH NH	79
NAVAL MEDICAL CLINIC	00105	PORTSMOUTH NH	79
SHORECRAFT PORTSMOUTH NAVAL SHIPYARD	30013	PORTSMOUTH NH	53
MIUWU 202	55484	PORTSMOUTH NEW HAMPSHIRE	10
DEPMED PORTSMOUTH,NH	47004	PORTSMOUTH NEW HAMPSHIRE	10
NAVY/MARINE CORPS RESERVE CENTER	61809	MANCHESTER NEW HAMPSHIRE	08
NAVAL REACTORS PORTSMOUTH	44616	PORTSMOUTH NH	08
PERSONNEL SUPPORT DET. PORTSMOUTH	43344	PORTSMOUTH NH	06
BRANCH DENTAL CLINIC	41774	PORTSMOUTH NH	05

NTCC SEAVEY ISLAND, NH	49283	PORTSMOUTH NH	04
NAVAL ENVIRON. HEALTH DET.	45915	PORTSMOUTH NH	03
SUPMEPP PORTSMOUTH	45404	PORTSMOUTH NH	02
COMSUBLANT REPRESENTATIVE	41906	PORTSMOUTH NH	02

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	28,478	N/A	110
ACTIVE DUTY NON N/MC	N/A	1519	N/A	06
TOTAL ACTIVE DUTY	N/A	29,997		116
FAMILY OF AD	N/A	5631	N/A	22
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	7157	N/A	30
RETIRED AND FAMILY MEMBERS OVER 65	N/A	721	N/A	03
OTHER	N/A	22,142	N/A	85
TOTAL	N/A	65,647		253

What is your occupancy rate for FY 1994 to date? N/A

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	29,760	29,760	29,760	29,760	29,760	*	*
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

1) Host base's industrial workload will remain firmly constant with current operations.
2) Host base RIF (7/94) will cause an Occupational workload decrement. However, decrement will be compensated by Primary Clinic's demand.
3) Staffing levels are projected to remain constant.

*Host base's workload data not available for FY2000 and FY2001.

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
MEDICAL SUPPORT FOR PRT	16 HOURS	02
MEDICAL SUPPORT FOR RIFLE RANGE	16 HOURS	01
FOOD SERVICE INSPECTIONS	120 HRS.	02
SPACE SHUTTLE FLIGHT OPERATIONS	08 HOURS	04
INDUSTRIAL HYGIENE OPERATIONS	528 HRS	05
BRANCH CLINIC INSPECTIONS/OPS	200 HRS	20

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A	N/A	N/A	N/A

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550	BUILDING H-1/MAIN CLINIC-DIRECT PT. CARE	74,429	81	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code: N/A
2. What makes it inadequate? N/A
3. What use is being made of the facility? N/A
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? N/A
6. Current improvement plans and programmed funding: N/A
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? N/A

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
WINDOWS	REPLACED ALL WINDOWS IN CLINIC	89	1,000 10000
ALARMS	REPLACED EXISTING FIRE ALARM SYSTEM AND FIRE DOORS	90	230,800
HEATING	REPLACED EXISTING HEATING PLANT	90	21,000
GARAGE	BUILT NEW AMBULANCE GARAGE	92	87,000
ENTRANCE	CONSTRUCTED NEW CLINIC ENTRANCE	94	10,000

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
ROOF	REPAIR EXISTING ROOF	94	378,000
MECHANICAL REPAIRS	REPLACE RADIATORS AND OTHER COMPONENTS OF HEATING SYSTEM	96	410,000
ELECTRICAL REPAIRS	REWIRE THE ENTIRE CLINIC	96	1,530,000

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME : NAVAL MEDICAL CLINIC, PORTSMOUTH, NH				
2. UIC: 00105	3. CATEGORY CODE	4. NO. OF BUILDINGS		01
5. SIZE	A. GSF 74,429	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY PORTSMOUTH		B.STATE NH	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	N/A	N/A	N/A	N/A	
(5) EMERGENCY SVCS.	N/A	N/A	N/A	N/A	
(6) FOOD SERVICES	N/A	N/A	N/A	N/A	
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A	N/A	
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A	N/A	
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A	N/A	N/A	N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.			50	A06	
(E) ELECTRICAL DISTRIBUTION			50	A06	

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 Msing the adequacy and condiCompleteMedical/Den only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location - Functionality
- 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: JULY 6-7, 1992
FULL ACCREDITATION: Yes, 100% SCORE WITH COMMENDATION
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?

We are just off Interstate-95 on the Maine/New Hampshire border. We are geographically located on an island in the Piscatagua River on the industrially based Portsmouth Naval Shipyard. For the 5,000 civilian clients we serve, the clinic is easily in walking distance for personnel reporting for on the job injuries and routine physical examinations. For retirees, the base is conveniently located just off the main interstate. For families living in housing, the officer housing in within walking distance and enlisted housing is approximately 1 mile from the clinic.

b. What are the nearest air, rail, sea and ground transportation nodes?

Air: Pease International Tradeport - 6 miles
Boston International Airport - 50 miles
Portland International Jetport - 50 miles

Rail: Amtrak - Boston - 50 miles

Sea: Both Boston and Portland have large sea ports approx. 50 miles to the North and south. Regular cargo service is available at the port in Portsmouth, NH, 1 mile to our south.

Ground: Concord Trailways bus service is available from the Pease Jetport, 6 miles away with service to Boston and connections to the rest of the United States. The bus terminal in downtown Portsmouth (1 mile away) features Greyhound Bus service with destinations to large cities in northern Maine and connections to Boston in the south.

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): 6.0 (old Pease Air Force Base)

d. What is the importance of your location given your mobilization requirements?

Pease International Tradeport (formerly Pease Air Force

Base) can accomodate any size aircraft up to and including the C-5A. This provides the most convenient jumping off point in any mobilization requirement.

e. On the average, how long does it take your current clients/customers to reach your facility?

20 minutes

9. Manpower and recruiting issues. Are there unique aspects of your facility's unique aspects that help or hinder in the hiring of qualified civilian personnel?

This facility is 50 miles away from Boston, MA. Sometimes, the government salary's for certain civilian positions are not competitive with the Boston market. For instance, we constantly experience difficulties in recruiting qualified Physician's Assistants because we cannot match the salaries of the Boston 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.

INDUSTRIAL HYGIENE SURVEYS AND ALL INDUSTRIAL HYGIENE SERVICES FOR THE AREA NORTH OF NEWPORT, RI, WOULD HAVE TO BE ABSORBED BY ANOTHER AGENCY.

OCCUPATIONAL MEDICINE SERVICES AND MONITORING PROGRAMS WOULD BE DISCONTINUED FOR THE DOD SHIPYARD STAFF OF OVER 5,000.

PREVENTIVE MEDICINE SURVEYS OF ALL QUARTERS, DINING FACILITIES, AND COMMISSARY/EXCHANGES WOULD HAVE TO BE ABSORBED BY ANOTHER AGENCY.

SUBMARINE SPECIFIC MEDICAL QUALIFICATIONS WOULD HAVE TO BE TRANSPORTED 3 HOURS TO THE SOUTH AND BE EVALUATED BY THE NAVAL HOSPITAL, GROTON, CT. UNDERSEAS MEDICAL OFFICER.

THE DRILLING RESERVISTS FROM MANCHESTER AND LAWRENCE WOULD HAVE TO FIND ANOTHER WATERFRONT RESERVATION TO PERFORM WEEKEND DRILLS.

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. THERE ARE MANY SERVICES THAT WE PROVIDE THAT HAVE NO CIVILIAN COUNTERPART. WE PROVIDE A WIDE RANGE OF OCCUPATIONAL MEDICINE PROGRAMS TO THE 5,000 SHIPYARD WORKERS AND 600 ACTIVE DUTY PERSONNEL THAT COULD NOT BE ABSORBED BY THE CIVILIAN SECTOR AS THEY ARE STAFFED TODAY. THERE ARE SUBMARINE SPECIFIC MEDICAL ISSUES THAT REQUIRE THE EXPERTISE OF AN UNDERSEAS MEDICAL OFFICER. THERE IS A WHOLE MYRIAD OF SERVICES WE PROVIDE TO THIS BASE AND COMMUNITY IN THE AREA OF RADIATION HEALTH SURVEYS. MONITORING, AND DISASTER PLANNING THAT CURRENTLY HAS NO CIVILIAN EXPERIENCE IN THE LOCAL COMMUNITY.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

YES. THERE ARE 5 SMALL HOSPITALS IN A 20 MILE RADIUS THAT COULD SERVICE THEIR NEEDS. ANY SPECIALTY CARE NOT AVAILABLE HERE COULD BE OBTAINED IN THE BOSTON METROPOLITAN AREA, 50 MILES TO THE SOUTH.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

N/A WE DO NOT HAVE INPATIENT CARE CAPABILITY.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVAL HOSPITAL GUANTANAMO	61564	04
NAVAL HOSPITAL NAPLES	66096	03
2ND FSSG	68408	07
FLEET HOSPITAL NUMBER 3	68683	25
FLEET HOSPITAL NUMBER 4	68684	01
FLEET HOSPITAL NUMBER 5	68685	01
2ND FSSG (ADV)	MPS2F	04

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	01
2ND MARINE DIVISION	08321	21
1ST MARINE AIR WING	41975	01
FLEET HOSPITAL NUMBER 15	45399	01
USNS COMFORT	46246	02
FLEET HOSPITAL NUMBER 20	46977	16
2ND MARINE AIR WING	57080	03

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.

We could perform very little additional workload if we did not have this requirement. The associated training consists of less than 10 staff members TAD for 1 week every year to attend Fleet Hospital Training. The only time our workload would suffer is if the unit is actually mobilized which only ocurred during operation Desert Storm/Shield.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

N/A

Number of "stubbed" expanded beds[1]: _N/A_

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	334	307	425	319	334	238
AD FAMILY	12	10	30	10	04	.06
OTHER	08	06	21	09	*37	04
TOTAL	354	323	476	338	373	242

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

*The majority of these are mammograms (@ $120 each). Other referrals of dependents and retirees are usually for one time visits to assist the GMO in treatment plan.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

COST DATA FOR UIC'S 32615, 32616, AND 32617 INCLUDED IN UIC 00105 DATA CALL. CANNOT ACCURATELY REFLECT THIS DATA BY COST ESTIMATION BY BRANCH CLINIC.

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	2,705,609	1,050,762	*
TOTAL OUTPATIENT VISITS	69,117	33,254	39,228
AVERAGE COST PER VISIT	39.15	31.60	*

*data not available at this time.

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	N/A	N/A	N/A

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]	N/A	N/A	N/A
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]	N/A	N/A	N/A
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	N/A	N/A	N/A
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]	N/A	N/A	N/A
F. TOTAL (B+C+D+E)	N/A	N/A	N/A

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)	N/A	N/A	N/A
H. CLINIC INVESTIGATION PROGRAM (FAH)	N/A	N/A	N/A
I. CONTINUING HEALTH PROGRAM (FAL)	N/A	N/A	N/A
J. DECEDENT AFFAIRS (FDD)	N/A	N/A	N/A
K. INITIAL OUTFITTING (FDE)	N/A	N/A	N/A
L. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	N/A
M. TOTAL (G+H+I+J+K+L)	N/A	N/A	N/A

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M] -F)	N/A	N/A	N/A
O. TOTAL CATEGORY III RWPS	N/A	N/A	N/A
P. UNIT COST (N÷O)	N/A	N/A	N/A

15. Quality of Life.

WE ARE A TENANT COMMAND OF THE PORTSMOUTH NAVAL SHIPYARD. OUR HOST COMMAND IS PROVIDING THE INFORMATION REQUIRED IN THIS SECTION. THEIR UIC IS 00102. DATA CALL #42.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{\text{(\# Geographic Bachelors x average number of days in barracks)}}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:N/A
What makes it inadequate? N/A
What use is being made of the facility?N/A
What is the cost to upgrade the facility to substandard?N/A
What other use could be made of the facility and at what cost? N/A
Current improvement plans and programmed funding: N/A
Has this facility condition resulted in C3 or C4 designation on your BASEREP?N/A

(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)
BOSTON, MA	
PORTLAND, ME	
MANCHESTER, NH	

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	R4,-75LA1,[illegible]CRÀ;SP0RR4,-75LA1,4,2,				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activit-5Hubject or the victim of that activity was 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			

SP1RR741,-4LA1,4,2,4LAPE=<AÆcÒ;SP1RR749,-4LA1,4,2,4LAPE=<IÆk

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

DAVID L. WHEELER
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

2 4 MAY 1994
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date June 3, 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. _____ Signature _____

NAME (Please type or print)

ACTING _____ Date 6/9/94

Title

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	**NAVMEDCLINIC Portsmouth NH**
Unit Identification Code (UIC):	**00105**
Major Claimant:	**BUMED**

Percentage of Military Families Living On-Base:	**73%**
Number of Vacant Officer Housing Units:	**0**
Number of Vacant Enlisted Housing Units:	**0**
FY 1996 Family Housing Budget ($000):	**231.2**
Total Number of Officer Housing Units:	**4**
Total Number of Enlisted Housing Units:	**21**

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

W.A. Waters, CAPT, CEC, USN
NAME (Please type of print)

Commanding Officer
Title

NORTHNAVFACENGCOM
Activity

Signature

7/7/94
Date

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

Sandra B. Culbertson
NAME (Please type or print)

Sandra B. Culbertson
Signature

Housing Management Specialist
Title

7/6/94
Date

Division

Housing/Real Estate
Department

NORTHNAVFACENGCOM
Activity

Enclosure (1)

Document Separator

See Revised Data Call

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

. Name

Official name	*Naval Medical Clinic, Portsmouth, NH*
Acronym(s) used in correspondence	*NAVMEDCLINIC PORTSMOUTH*
Commonly accepted short title(s)	*N/A*

. Complete Mailing Address

Commanding Officer
Naval Medical Clinic
1 Ayres Circle
Portsmouth Naval Shipyard
Portsmouth, NH 03804

. PLAD

NAVMEDCLINIC PORTSMOUTH NH

. PRIMARY UIC: 00105 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

00105

. ALL OTHER UIC(s): 47004 PURPOSE: DEPMED

32615	NASBRUNSWICK BRANCH CLINIC
32616	WINTER HARBOR, ME BRANCH CLINIC
32617	CUTLER,ME BRANCH CLINIC

PLANT ACCOUNT HOLDER:

. Yes x No _____ (check one)

00105

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: __00102__

· Primary Host (as of 01 Oct 1995) UIC: __00102__

· Primary Host (as of 01 Oct 2001) UIC: __00102__

. INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

· Yes _____ No __X__ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
BRANCH CLINIC BRUNSWICK, ME	32615	BRUNSWICK, ME	NAVAL AIR STATION, BRUNSWICK, ME	60087
BRANCH CLINIC WINTER HARBOR, ME	32616	WINTER HARBOR, ME	NAVAL SECURITY GROUP ACTIVITY	33033
BRANCH CLINIC CUTLER, ME	32617	EAST MACHIAS, ME	NAVAL COMPUTER AND TELECOMMUNICATION S STATION, CUTLERT	63038

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

BRAC-88 PEASE AIR FORCE BASE, NEWINGTON, NH closure. The hospital closed in 1991 leaving all active duty, dependents, and retirees in the area without a source for inpatient medical care. All of their outpatient records were transferred to our facility and we assumed the bulk of their outpatient care.

BRAC-91 FORT DEVENS, MA closure. The hospital was being utilized as a source of inpatient care and specialty outpatient referral until its closure in 1993. Now specialty exams for active duty personnel have to travel to either Newport, RI, or Groton, CT for consultation.

BRAC-91 LORING AIR FORCE BASE, ME closure. The hospital was utilized by Branch Medical Clinics Winter Harbor and Cutler, Maine, until it's closure in 1993.

Our facility is the only military medical facility north of Hanscom Air Force Base, on the east coast.

00105

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

.Medical care for active duty, dependents, and retirees for northern Massachusetts, Vermont, New Hampshire, and Maine.

.Direct support to the Submarine crews entering 2 to 3 year overhaul periods at the Portsmouth Naval Shipyard.

.Direct support of all reserve centers in the area. The reserve centers at Manchester, NH, and Lawrence, MA currently drill at our facility.

.Medical needs of the United States Coast Guard Facility at Portsmouth, New Hampshire and Portland, Maine..

.Directly supports the medical needs of the Patrol Air Wings homeported at Naval Air Station, Brunswick, Maine, and Pre-commissioning units at Bath Iron Works, Bath, Maine.

.Medical care for the active duty and their families at the Naval Facilities located in Cutler and Winter Harbor, Maine. Primary Care facility for military retirees located in these remote areas of Northern Maine.

Projected Missions for FY 2001

.No projected changes.

00105

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

.INDUSTRIAL HYGIENE SUPPORT FOR THE ENTIRE NORTHEASTERN UNITED STATES

Projected Unique Missions for FY 2001

.No projected changes.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

. Operational name	UIC
COMMANDER SUBMARINE GROUP TWO	55429

. Funding Source	UIC
HEALTHCARE SUPPORT OFFICE, NORFOLK, VA	68908

00105

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	28	86	71
. Tenants (total)	06	12	08

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian(Appropriated)
. Reporting Command	~~26~~ 14 USN	~~95~~ 43 USN	~~70~~ 52 USN
. Tenants (total)	06	12	08

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax	Home
. COMMANDING OFFICER:			
DAVID L.WHEELER CAPT, MSC, USN	(207) 438-1130	(207)438-3860	(207)439-3506
.Command Duty Officer	(207)438-2580	(207)438-3860	Varies
HMCS(SS) M. D. GROSS TRAINING/EDUCATION	(207)438-1691	(207)438-3860	(207)439-7616

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
NAVAL ENVIRONMENTAL HEALTH DETACHMENT	45915	02	01	06
BRANCH DENTAL CLINIC, BRUNSWICK NAVAL AIR STATION	41775	03	08	02
BRANCH DENTAL CLINIC, WINTER HARBOR, MAINE	41776	01	03	00

. 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	Enliste	Civilian
N/A					

00105

. Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. FACILITY MAPS: Portsmouth Naval Shipyard (UIC 00102) will provide all maps of this facility with their BRAC-95 package. They are our primary host command.

00105

BRAC 95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

DAVID L. WHEELER
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

940202
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

00105

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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	R I Ridenour
NAME (Please type or print)	Signature
ACTING CHIEF BUMED	11 FEB 1994
Title	Date
BUREAU OF MEDICINE & SURGERY	
Activity	

00105

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print) | Signature

Title | Date

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

J. B. GREENE, JR
NAME (Please type or print)

Signature

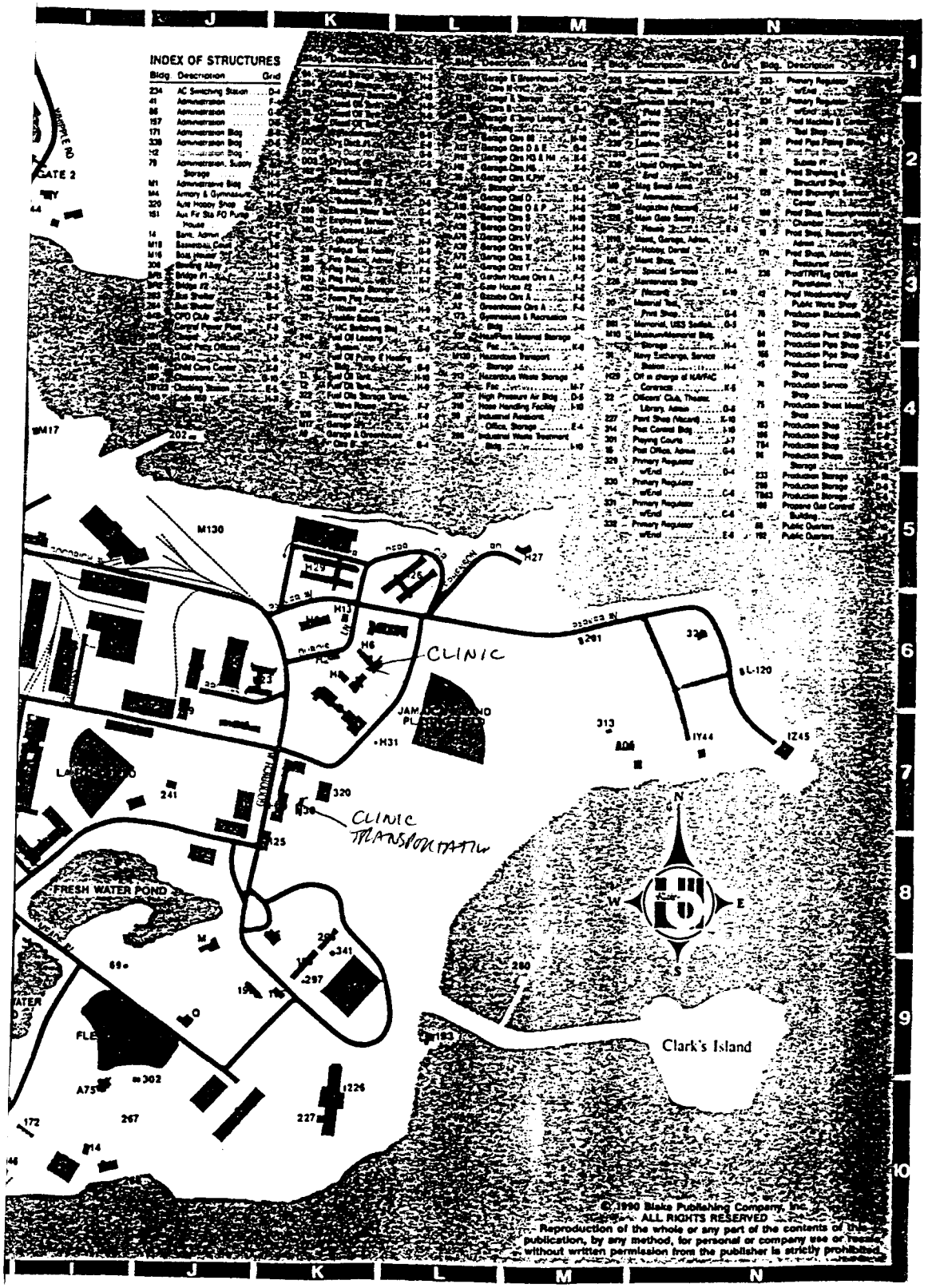
ACTING DCNO (LOGISTICS)
Title

16 FEB 94
Date

Division

Department

Activity



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Document Separator

Complete Revision

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	*Naval Medical Clinic, Portsmouth, NH*
Acronym(s) used in correspondence	*NAVMEDCLINIC PORTSMOUTH*
Commonly accepted short title(s)	*N/A*

- Complete Mailing Address

Commanding Officer
Naval Medical Clinic
1 Ayres Circle
Portsmouth Naval Shipyard
Portsmouth, NH 03804

- PLAD

NAVMEDCLINIC PORTSMOUTH NH

- PRIMARY UIC: 00105 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

00105

• ALL OTHER UIC(s):	47004	PURPOSE:	DEPMED
	32615		NASBRUNSWICK BRANCH CLINIC
	32616		WINTER HARBOR, ME BRANCH CLINIC
	32617		CUTLER,ME BRANCH CLINIC

PLANT ACCOUNT HOLDER:

• Yes x No _____ (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes _____ No X (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes X No _____ (check one)

• Primary Host (current) UIC: 00102

• Primary Host (as of 01 Oct 1995) UIC: 00102

• Primary Host (as of 01 Oct 2001) UIC: 00102

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased

space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

- Yes _____ No __X__ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
BRANCH CLINIC BRUNSWICK, ME	32615	BRUNSWICK, ME	NAVAL AIR STATION, BRUNSWICK, ME	60087
BRANCH CLINIC WINTER HARBOR, ME	32616	WINTER HARBOR, ME	NAVAL SECURITY GROUP ACTIVITY	33033
BRANCH CLINIC CUTLER, ME	32617	EAST MACHIAS, ME	NAVAL COMPUTER AND TELECOMMUNICATIONS STATION, CUTLERT	63038

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

BRAC-88 PEASE AIR FORCE BASE, NEWINGTON, NH closure. The hospital closed in 1991 leaving all active duty, dependents, and retirees in the area without a source for inpatient medical care. All of their outpatient records were transferred to our facility and we assumed the bulk of their outpatient care.

00105

BRAC-91 FORT DEVENS, MA closure. The hospital was being utilized as a source of inpatient care and specialty outpatient referral until its closure in 1993. Now specialty exams for active duty personnel have to travel to either Newport, RI, or Groton, CT for consultation.

Our facility is the only military medical facility north of Hanscom Air Force Base, on the east coast.

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

•Medical care for active duty, dependents, and retirees for northern Massachusetts, Vermont, New Hampshire, and Maine.

•Direct support to the Submarine crews entering 2 to 3 year overhaul periods at the Portsmouth Naval Shipyard.

•Direct support of all reserve centers in the area. The reserve centers at Manchester, NH, and Lawrence, MA currently drill at our facility.

•Medical needs of the United States Coast Guard Facility at Portsmouth, New Hampshire and Portland, Maine..

Projected Missions for FY 2001

•No projected changes.

00105

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

•INDUSTRIAL HYGIENE SUPPORT FOR THE ENTIRE NORTHEASTERN UNITED STATES

Projected Unique Missions for FY 2001

•No projected changes.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

• Operational name	UIC
COMMANDER SUBMARINE GROUP TWO	55429

• Funding Source	UIC
HEALTHCARE SUPPORT OFFICE, NORFOLK, VA	68908

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

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	14	42	44
• Tenants (total)	02	01	06

Authorized Positions as of 30 September 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	14	43	58
• Tenants (total)	02	01	06

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax	Home
• COMMANDING OFFICER:			
ROBERT G. RELINSKI, JR. CAPT, MSC, USN	(207) 438-1130	(207)438-3860	(207)4393506
•Command Duty Officer	(207)438-2580	(207)438-3860	Varies
HMCS(SS) M. D. GROSS TRAINING/EDUCATION	(207)438-1691	(207)438-3860	(207)4397616

00105

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
NAVAL ENVIRONMENTAL HEALTH DETACHMENT	45915	02	01	06

• 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	Enliste	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste d	Civilian
N/A					

00105

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. FACILITY MAPS: Portsmouth Naval Shipyard (UIC 00102) will provide all maps of this facility with their BRAC-95 package. They are our primary host command.

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. G. RELINSKI, JR.
NAME (Please type or print)

R. G. Relinski
Signature

COMMANDING OFFICER
Title

940712
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
Activity

ENCL (1)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 9/1/94

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL MEDICAL CLINIC PORTSMOUTH, NH

Complete Revision

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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6. Regional Population.....10
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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	1833	1833	N/A	1833	1833	N/A
FAMILY OF AD	2672	2672	N/A	2672	2672	N/A
SUBTOTAL	4505	4505	N/A	4505	4505	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	18,940	18,940	N/A	19,710	19,710	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	206	206	N/A	277	277	N/A
OTHER	00	00	N/A	00	00	N/A
TOTAL	23,651	23,651	N/A	24,492	24,492	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	N/A
Set Up Beds[1]:	N/A
Expanded Bed Capacity[2]:	N/A

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,475	2620	4875	13,970
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	213,120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	12,604
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	61,456
OTHER (SPECIFY) CIVIL SERVICE AND ANCILLARY SVCS (EKG AND PULMONARY FUNCTION TESTING	*	*	*	19,284 7,014

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*This data only available as a total number and is not broken down by status.

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	6475	2620	4875	13,970
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	213,120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	16385 (+)
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	67,601 (-)
OTHER (SPECIFY) CIVIL SERVICE ANCILLARY SERVICES (EKG AND PULMONARY FUNCTION)	*	*	*	19,284

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*This data only available as a total number and is not broken down by status.

(+) 30% increase possible based on staffing, facilities, and available equipment. 12604 X .30 = 3781.2 3781 + 12,604 = 16,385

(-) 10% increase possible based on staffing, facilities and available supplies. 61,456 X .10 = 6145.6 6145 + 61456 = 67601

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	6475	2698 (+)	5021 (+)	14194
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	213,120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	12,604
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	73,747 (-)
OTHER (SPECIFY) CIVIL SERVICE ANCILLARY SERVICES (EKG AND PULMONARY FUNCTION)	*	*	*	19,284

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*This data only available as a total number and is not broken down by status.

(+) A 3% increase in visits possible if these patients were seen within 24-72hrs. A number of patients seek care elsewhere when they are unable to be seen immediately for

non-urgent conditions. 2620 X .03 = 78.60 2620 + 78 = 2698 (1.5% increase for each category. 4,875 X .03 = 146 4,875 + 146 = 5,021
(-) A 20% increase in workload would be realized based on current demand if the pharmacy formulary was expanded and proper funding authorized. 61,456 X .20 = 12291.2 61,456 + 12291 = 73747

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	06	06	06	06	06	06	06	06
SPECIALTY CARE[2]	00	00	00	00	00	00	00	00
PHYSICIAN EXTENDERS[3]	02	02	02	02	02	02	02	02
INDEPENDENT DUTY CORPSMEN	02	02	02	02	02	02	02	02
TOTAL	10	10	10	10	10	10	10	10

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	347
SPECIALTY CARE[2]	1691
PHYSICIAN EXTENDER[3]	396
TOTAL	2434

[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: 1,274,708

SOURCE: Compiled the zip codes in the 40 mile radius, then utilized the 1993 World Almanac which listed city populations by zip codes.

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]
HCA PORTSMOUTH REGIONAL	HCA/COLUMBIA	6.5 MILES	13 MIN.	**
YORK HOSPITAL	PRIVATE - NP	6.5	13 MIN.	**
WENTWORTH DOUGLAS HOSPITAL	PRIVATE - NP	18.0	23 MIN.	*
FRISBEE MEMORIAL HOSPITAL	PRIVATE - NP	26.3	33 MIN.	*
EXETER HOSPITAL	PRIVATE - NP	26.4	33 MIN.	*

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

** Currently in the process of negotiations for MOU for a discount off CHAMPUS allowable for outpatient services. Inpatient discounts will be discussed in the near future.

* Will be approaching in the near future for participation in the Health Care Finders Program.

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]
HCA PORTSMOUTH REGIONAL	179	YES	---	N/A
YORK HOSPITAL	61	YES	---	N/A
WENTWORTH-DOUGLAS DOVER, NH	136	YES	59.6%	REGIONAL TRAUMA CTR.
FRISBIE MEMORIAL HOSPITAL, ROCHESTER	101	YES	57.4%	N/A
EXETER HOSPITAL	100	YES	---	REGIONAL TRAUMA CTR.

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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. G. RELINSKI, JR.
NAME (Please type or print)

R.G. Relinski Jr.
Signature

COMMANDING OFFICER
Title

940713
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D. F. Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: Aug 29, 94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature: W A Earner

Title — Date: 9/1/94

Document Separator

399

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL MEDICAL CLINIC PORTSMOUTH, NH

See Revised Data Call

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	1833	1833	N/A	1833	1833	N/A
FAMILY OF AD	2672	2672	N/A	2672	2672	N/A
SUBTOTAL	4505	4505	N/A	4505	4505	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	18,940	18,940	N/A	19,710	19,710	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	206	206	N/A	277	277	N/A
OTHER	00	00	N/A	00	00	N/A
TOTAL	23,651	23,651	N/A	24,492	24,492	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	N/A
Set Up Beds[1]:	N/A
Expanded Bed Capacity[2]:	N/A

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,475	2620	4875	33,255
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	213,120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	12,604
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	61,456
OTHER (SPECIFY)	*	*	*	19,285 (outpatient visits)

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*This data only available as a total number and is not broken down by status.

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	6475	2620	4875	13,970
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	213,120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	16385 (+)
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	192156 (-)
OTHER (SPECIFY)	*	*	*	19,285(outpatient visits)

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*This data only available as a total number and is not broken down by status.

(+) 30% increase possible based on staffing, facilities, and available equipment. 12604 X .30 = 3781.2 3781 + 12,604 = 16,385

(-) 10% increase possible based on staffing, facilities and available supplies. 61,456 X .10 = 6145.6 6145 + 61456 = 67601

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	6475	2698 (+)	5021 (+)	14194
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	*	*	*	213,120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	*	*	*	12,604
PHARMACY UNITS (WEIGHTED)[1]	*	*	*	73,947 (-)
OTHER (SPECIFY)	*	*	*	19,285(OUTPATIENT VISITS)

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*This data only available as a total number and is not broken down by status.

(+) A 3% increase in visits possible if these patients were seen within 24-72hrs. A number of patients seek care elsewhere when they are unable to be seen immediately for non-urgent conditions. 2620 X .03 = 78.60 2620 + 78 = 2698 (1.5% increase for each category.

(-) A 20% increase in workload would be realized based on current demand if the pharmacy formulary was expanded and proper funding authorized. 61,456 X .20 = 12291.2 61,456 + 12291 = 73947

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	06	06	06	06	06	06	06	06
SPECIALTY CARE[2]	00	00	00	00	00	00	00	00
PHYSICIAN EXTENDERS[3]	02	02	02	02	02	02	02	02
INDEPENDENT DUTY CORPSMEN	02	02	02	02	02	02	02	02
TOTAL	10	10	10	10	10	10	10	10

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	347
SPECIALTY CARE[2]	1691
PHYSICIAN EXTENDER[3]	396
TOTAL	2434

[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: 657,683

SOURCE: Compiled the zip codes in the 40 mile radius, then utilized the 1994 Rand McNally Atlas which listed city populations by zip codes.

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 facilities)

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
HCA PORTSMOUTH REGIONAL	HCA/COLUMBIA	6.5 MILES	13 MIN.	**
YORK HOSPITAL	PRIVATE - NP	6.5	13 MIN.	**
WENTWORTH DOUGLAS HOSPITAL	PRIVATE - NP	18.0	23 MIN.	*
FRISBEE MEMORIAL HOSPITAL	PRIVATE - NP	26.3	33 MIN.	*
EXETER HOSPITAL	PRIVATE - NP	26.4	33 MIN.	*

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

** Currently in the process of negotiations for MOU for a discount off CHAMPUS allowable for outpatient services. Inpatient discounts will be discussed in the near future.

* Will be approaching in the near future for participation in the Health Care Finders Program.

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]
HCA PORTSMOUTH REGIONAL	109	YES	N/A	N/A
YORK HOSPITAL	79	YES	72.2%	N/A
WENTWORTH-DOUGLAS DOVER, NH	136	YES	59.6%	N/A
FRISBIE MEMORIAL HOSPITAL, ROCHESTER	101	YES	57.4%	N/A
EXETER HOSPITAL	100	YES	67%	N/A

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

UIC: 00105

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

UIC: 00105

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

DAVID L. WHEELER
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

940524
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X Signature

CHIEF BUMED/SURGEON GENERAL

Title June 3, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GROOME JR

NAME (Please type or print) Signature

ACTING

Title 8 JUNE 1994 Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL MEDICAL CLINIC, PORTSMOUTH, NH
UIC:	N00105
Host Activity Name (if response is for a tenant activity):	PORTSMOUTH NAVAL SHIPYARD PORTSMOUTH, NH
Host Activity UIC:	N00102

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL MEDICAL CLINIC PORTSMOUTH NH		UIC: N00105	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	61.0	0	61.0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	61.0	0	61.0
2. Other Base Operating Support Costs:			
2a. Utilities	66.0	0	66.0
2b. Transportation	34.0	0	34.0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	2.0	0	2.0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	5.0	0	5.0
2h. Print Shop	0	0	0
2i. Administration	20.0	958.0	978.0
2j. Supply	22.0	149.0	171.0
2k. Communications	56.0	0	56.0
2l. Equipment Contract	3.0	0	3.0
2m. Engineering Support/Refuse	9.0	0	9.0
2n. Servmart/host support	11.0	0	11.0
2o. Sub-total 2a. through 2n:	228.0	1,107.0	1,335.0
3. Grand Total (sum of 1c. and 2o.):	289.0	1,107.0	1,396.0

DATA CALL 66
INSTALLATION RESOURCES

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)
O&M	646.0
MPN	750.0

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line21., 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 MEDICAL CLINIC, PORTSMOUTH, NH		UIC: N00105	
FILE NOT APPLICABLE Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data

Activity Name: NAVAL MEDICAL CLINIC, PORTSMOUTH, NH	UIC:N00105
Cost Category	FY 1996 Projected Costs ($000)
Travel:	40.0
Material and Supplies (including equipment):	470.0
Industrial Fund Purchases (other DBOF purchases):	280.0
Contracts:	110.0
Communications:	56.0
Utilities:	66.0
Gasoline:	2.0
Printing Service:	3.0
Supplemental Care:	275.0
Total:	1,302.0

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: NAVAL MEDICAL CLINIC, PORTSMOUTH, NH	UIC: N00105
FILE NOT APPLICABLE Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

* Note: Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

DATA CALL 66
INSTALLATION RESOURCES

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

N/A

DATA CALL 66
INSTALLATION RESOURCES

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: 7-28-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature: W A Earner

Title — Date: 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. G. RELINSKI,JR.	R. G. Relinski Jr.
NAME (Please type or print)	Signature
COMMANDING OFFICER	13 JULY 94
Title	Date
NAVAL MEDICAL CLINIC PORTSMOUTH, NH	
Activity	

5-23-MED-0394

48488

NAVMEDCL KINGS BAY

BUMED

Medical

PERSONNEL SUPPORT/OTHER