5-23-MED-0391

00259

NAVMEDCEN SAN DIEGO
BUMED
Medical
PERSONNEL SUPPORT/OTHER

DCN 1196

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCL NAVSTA SDIEGO CA
45020

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	N/A	21,031	N/A	N/A	22,800	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	46,690	N/A
SUBTOTAL	N/A	21,031	N/A	N/A	69,490	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A	43,600	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A	N/A	N/A	N/A	8,945	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	N/A	21,031	N/A	N/A	122,035	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	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	**72,796**	**20**	**135**	**5,661**	**78,612**
ADMISSIONS	**0**	**0**	**0**	**0**	**0**
LABORATORY TESTS (WEIGHTED)[1] *	**765,896**	**210**	**1,420**	**59,560**	**827,087**
RADIOLOGY PROCEDURES (WEIGHTED)[1] *	**24,076**	**7**	**45**	**1,872**	**26,000**
PHARMACY UNITS (WEIGHTED)[1] *	**48,486**	**13**	**90**	**3,771**	**52,360**
OTHER (SPECIFY)	**0**	**0**	**0**	**0**	**0**

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

*** Ancillary Workload not collected by PatCat; used PatCat % for 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.**

N/A. The Clinic is performing at maximum capacity based on existing resources.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
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.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS *	**94,635**	**26**	**176**	**7,359**	**102,196**
ADMISSIONS *	**0**	**0**	**0**	**0**	**0**
LABORATORY TESTS (WEIGHTED)[1] *, **	**995,665**	**274**	**1,846**	**77,428**	**1,075,213**
RADIOLOGY PROCEDURES (WEIGHTED)[1] *,**	**31,299**	**9**	**58**	**2,434**	**33,800**
PHARMACY UNITS (WEIGHTED)[1] *,**	**63,032**	**17**	**117**	**4,902**	**68,068**
OTHER (SPECIFY)	**0**	**0**	**0**	**0**	**0**

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

* **Actual plus 30% (provided by CHAMPUS).**
** **Ancillary workload not collected by PatCat; used PatCat % for visits.**

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	4	4	4	4	4	4	4	4
SPECIALTY CARE[2]	4	4	4	4	4	4	4	4
PHYSICIAN EXTENDERS[3]	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	4	4	4	4	4	4	4	4
TOTAL	12	12	12	12	12	12	12	12

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

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.

(See Core Hospital N00259)

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

[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.

(See Core Hospital N00259)

Region 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):

(See Core Hospital N00259)

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]

[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:

(See Core Hospital N00259)

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]

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

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

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

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

BRMEDCLINIC NAVSTA SDIEGO 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. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER 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)

D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-7-94
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)

JB Greene Jr
Signature

Acting
Title

10 JUN 1994
Date

Document Separator

NMC SAN DIEGO

UIC: 00259

391

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

20 APRIL 1994

Enclosure (1)

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

INDEX

Section	Page
GENERAL INSTRUCTIONS	2
ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT	3
WETLANDS	5
CULTURAL RESOURCES	5
ENVIRONMENTAL FACILITIES	6
AIR POLLUTION	11
ENVIRONMENTAL COMPLIANCE	14
INSTALLATION RESTORATION	15
LAND/AIR/WATER USE	17
WRAP-UP	20

ENVIRONMENTAL DATA CALL

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

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

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

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

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

Activity Name	UIC
NAVAL SCHOOL OF HEALTH SCIENCES	**0621A**
NAVAL HEALTH SUPPORT OFFICE	**68906**
NAVY DRUG SCREENING LAB	**68853**
PERSONNEL SUPPORT DETACHMENT	**68853**
MARINE CORPS LIAISON	**34001**
FLEET DENTAL OFFICE CINCPACFLT	**48038**

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

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

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
Survey to be conduced FY95				

Source Citation: **Natural Resources Management Plan**

1b.

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

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

1d.

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

1e.

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

2. WETLANDS

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

2a.

Does your base possess federal jurisdictional wetlands?	**NO**
Has a wetlands survey in accordance with established standards been conducted for your base?	**N/A**
When was the survey conducted or when will it be conducted?____/____/____	**N/A**
What percent of the base has been surveyed?	**N/A**
What is the total acreage of jurisdictional wetlands present on your base?	**0**

Source Citation:_____

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

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

3. CULTURAL RESOURCES

3a.

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

3b.

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

3c.

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

4. ENVIRONMENTAL FACILITIES

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

4a.

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

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

Are there any current or programmed projects to correct deficiencies or improve the facility.**4b.** If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

N/A

4c.

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

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

N/A

4d.

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

List permit violations and discuss any projects to correct deficiencies.

N/A

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

> **4e.1 The average daily discharge from the Naval Medical Center's (NMC) sanitary sewer to the City of San Diego Sewage Treatment Plant is approximately 374,200 gallons. There is no flow limitation.**

4e.2 The daily maximum discharge for pollutants are as follows:

Acids and Alkalines		**pH range 5-11**
Oil and Grease	**500**	**mg/1**
Dissolved Sulfides	**1.0**	**mg/1**
Cyanide	**0.19**	**mg/1**
Antimony	**0.2**	**mg/1**
Arsenic	**0.2**	**mg/1**
Beryllium	**0.2**	**mg/1**
Cadmium	**0.12**	**mg/1**
Chromium	**0.7**	**mg/1**
Copper	**0.45**	**mg/1**
Lead	**0.06**	**mg/1**
Mercury	**0.2**	**mg/1**
Nickel		**0.41 mg/1**
Selenium	**0.2**	**mg/1**
Silver	**0.2**	**mg/1**
Thallium	**0.2**	**mg/1**
Zinc	**0.42**	**mg/1**
Pesticides & PCBs	**0.004**	**mg/1**
Phenolic Compounds		**2.5 mg/1**

4e.3 NMC is currently in compliance with it's Industrial Waste Discharge Permit.

4f.

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

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

N/A

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

4g.1 NMC maintains and operates twenty eight (28) conditionally authorized treatment units. These units are regulated under Permit by Rule (PBR) requirements by the State of California, Department of Toxic Substance Control, to treat waste water. The procedures covered under the permit include silver recovery, acid neutralization, oil/water separator, and formaldehyde treatment.

Twenty three (23) silver recovery units, located throughout NMC are used to extract silver from waste water generated by photographic and X-ray processing equipment. Approximately 2,300 gallons of waste water is processed through theses units per month.

Two (2) acid neutralization units are used to treat waste water generated by laboratories. These unit adjust pH up to the 5-11 range prior to disposal. Approximately 500 gallons of waste water are treated per month.

One (1) oil/water separator. This unit separates the oil fraction from waste water generated during vehicle washing or maintenance operations. Approximately 2000 gallons of waste water, per month, is processed through the separator.

Two (2) aldehyde-X management systems, These systems convert formaldehyde solutions into a nontoxic, water soluble polymer. Approximately 200 gallons of formaldehyde are treated, per month, prior to disposal into the sanitary sewer.

4h.

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

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

N/A

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

4i.1 Water is supply to NMC by the City of San Diego via the Navy Public Works Center, San Diego, Utilities Department. Agreements and/or contracts are not applicable.

4j.

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

4k.

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

4k.1 Perform an annual site inspection of the facility to identify possible areas contributing to a storm water discharge of pollutants. Conduct dry season observations to verify that non-storm water discharges have been eliminated. Conduct wet season observations to evaluate the effectiveness of the Storm Water Pollution Prevention Plan. Collect and analyze stormwater samples for pollutants which are likely to be present in storm water discharges.

4l.

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

Explain: **Not applicable to a medical facility.**

4m.

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

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

NO

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

NO

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? **San Diego County Air Pollution Control District (APCD)**
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? **NO** . List site, location and name of AQCA.

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

Site: **Naval Medical Center, San Diego** AQCA: **SDCAPCD**

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO	X				
Ozone		X Severe		2005	
PM-10	X				
SO_2	X				
NO_2	X				
Pb	X				

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

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

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	**25.6**				**25.6**
NOx	**40.8**				**40.8**
VOC	**2.2**				**2.2**
PM10	**1.7**				**1.7**

5c.1 Three Boilers, Three Gas Turbines, Three Emergency Generators and Three Ethylene Oxide Sterilizers.

See attachment (1) for the list of sources with calculations.

Source Document: **SPCAPCD 1990 Emission Inventory**

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

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	**31.4**				**31.4**
NOx	**47.2**				**47.2**
VOC	**3.0**				**3.0**
PM10	**2.3**				**2.3**

5d.1 Three Boilers, Three Gas Turbines, Three Emergency Generators and Three Ethylene Oxide Sterilizers.

See attachment (2) for the list of sources with calculations.

Source Document: SDCAPCD 1993 Emission Inventory

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

5e.1 The NMC is planning to install three (3) additional gas turbine. The estimated increased emissions for these units are as follows:

CO = 60.4, NO_X = 50.9, VOC = 3.6, and PM10 = 4.4

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

YES

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

NO

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

NO

6. ENVIRONMENTAL COMPLIANCE

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

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air		2	175	2.2	2.42	5.6	6.8
Hazardous Waste		3	3.3	3.6	4	9.3	11.2
Safe Drinking Water Act		0	0	0	0	0	0
PCBs		0	0	0	0	0	0
Other (non-PCB) Toxic Substance Control Act		0	0	0	0	0	0
Lead Based Paint		0	0	0	0	0	0
Radon		0	0	0	0	0	0
Clean Water Act		2	2	2	2	2	2
Solid Waste		0	30	0	0	0	0
Oil Pollution Act		0	0	0	0	0	0
USTs		0	50	0	0	0	0
Other (EPCRA)		50	0	0	0	0	0
Total		57	260.3	7.8	8.4	16.9	20

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

(1) Title V permitting process 175K.

(2) EPCRA reporting (SARA Title III) 50K.

6b.

Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 100% Are additional surveys planned? NO What is the estimated cost to remediate asbestos ($K) 1,158 . Are asbestos survey costs based on encapsulation, removal or a combination of both?

REMOVAL

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

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN	204	256	280	294	308	324	680	714
HA	0	0	0	0	0	0	0	0
PA	0	0	0	0	0	0	0	0
Other (specify)								
TOTAL	204	256	280	294	308	324	680	714

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

1990 Amendments to the Clean Air Act, Title V will have a major impact.

7. INSTALLATION RESTORATION

7a.

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

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

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

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

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

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

N/A

7d.

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

State scope and expected length of pump and treat operation.

N/A

7e.

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

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

NO

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

NO

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

N/A

7i.

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

7j. Have any base operations or development plans been restricted due to Installation Restoration considerations? **N/A.**

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions. **N/A.**

8. LAND / AIR / WATER USE

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

Parcel Descriptor	Acres	Location
Naval Medical Center	**78**	**San Diego**
Lease Parking Lot	**10**	**San Diego**

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

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		**78**
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		**Wetlands: N/A**
		All Others: N/A
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		**N/A**
Total Undeveloped land considered to be without development constraints		**0**
Total Off-base lands held for easements/lease for specific purposes		**10**
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	
	HERF	
	HERP	
	HERO	
	AICUZ	
	Airfield Safety Criteria	

	Other	

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

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

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

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

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

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

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

N/A

8h.

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

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

N/A

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

N/A

8k.

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

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

N/A

9. WRAPUP

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

NO

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

1990 Amendments to the Clean Air Act, Title V, Operating Permit requirements.

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

NONE.

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

> **9d.1 The 1990 amendments to the Clean Air Act, Title V restricts or limit air emissions once an approved operating permit has been established. Therefore, new sources cannot be installed without a modification to the permit.**

SDAPCD 1990 EMISSION INVENTORY

Plant Name: USN HOSPITAL / NAVY PWC NEDS ID: 4835

Street Address: NAVY HOSP., SD APCD ID: 8254A
FORM: B

SEQ1 08 — Fee Schedule 19A, 19F — EXTERNAL/INTERNAL COMBUSTION COMMERCIAL/INSTITUTIONAL UNITS

External Combustion Boilers:
1 THERM= 97 CU. FT.

P/O # 40903, 40904, 40905

SEQ2	Description	SCC Code	Fuel Burned	% Sulfur	Poll	Emission Factor (lb/unit)	Emission (t/yr)
05	Distillate Oil Grades 1 and 2 UNITS: 1000 gal	1-03-005-01	21.8	0.30	PM	2.000	0.0
					SOx	143.500	0.6
					NOx	20.000	0.2
					TOG	0.550	0.0
					ROG	0.340	0.0
					CO	5.000	0.1
10	Natural Gas: 10 -100MMBtu/hr UNITS: MM cu ft	1-03-006-02	151.0		PM	3.000	0.2
					SOx	0.600	0.0
					NOx	140.000	10.6
					TOG	5.600	0.4
					ROG	3.500	0.2
					CO	35.000	2.6
15	Liquified Petroleum Gas (LPG) - Butane UNITS: 1000 gal	1-03-010-01	0.0	0.30	PM	0.280	0.0
					SOx	86.500	0.0
					NOx	9.400	0.0
					TOG	0.540	0.0
					ROG	0.280	0.0
					CO	3.300	0.0
40	Natural Gas: OVER 100MMBtu/hr UNITS: MM cu ft	1-03-006-01	0.0		PM	3.000	0.0
					SOx	0.600	0.0
					NOx	560.000	0.0
					TOG	1.700	0.0
					ROG	1.400	0.0
					CO	40.000	0.0
45	Natural Gas: LESS THAN 10MMBtu/hr UNITS: MM cu ft	1-03-006-03	0.0		PM	3.000	0.0
					SOx	0.600	0.0
					NOx	100.000	0.0
					TOG	8.000	0.0
					ROG	5.300	0.0
					CO	20.000	0.0
50	Liquified Petroleum Gas (LPG) - Propane UNITS: 1000 gal	1-03-010-02	0.0	0.30	PM	0.260	0.0
					SOx	86.500	0.0
					NOx	8.800	0.0
					TOG	0.710	0.0
					ROG	0.470	0.0
					CO	1.850	0.0
				TOTAL:	PM		0.2
					SOx		0.6
					NOx		10.8
					TOG		0.4
					ROG		0.2
					CO		2.7

PREPARED BY: T. Wood DATE: 9/4/91 APPROVED BY: _____ DATE: _____ 2

ATTACHMENT (1)

SDAPCD 1990 EMISSION INVENTORY

Plant Name: USN HOSPITAL / NAVY PWC — NEDS ID: 4835

Street Address: NAVY HOSPITAL — APCD ID: 6234A
DEV/ — P/O NO: 040900
SEG1 Fee Schedule COGENERATION — FORM: C

~~1990~~

COMMERCIAL/INSTITUTIONAL SERVICES

SEG2	Process Description	SCC Code	Fuel Burned	ROG Wt.Frac	% Sulfur	Poll	Emission Factor (lb/unit)	Emission (t/yr)
	Internal Combustion Turbine:							
40	Distillate Oil (Diesel)	2-03-001-02	0.0		0.30	PM	5	0.0
						SOx	140	0.0
						NOx	67.80	0.0
	UNITS: 1000 gal					TOG	3.02	0.0
						ROG	2.67	0.0
	ROG Profile Key:	009		0.8840		CO	15.40	0.0
	PM S/T DATE:		S/T NO.		lb/unit	0		
	NOx S/T DATE:		S/T NO.		ppmv			
	CO S/T DATE:		S/T NO.		ppmv			
	For Particulate tests report grs PM /SDCF at 12% CO2 to convert to lbs /1000 gal diesel							
45	Natural Gas:	2-03-002-03	77.3			PM	14	0.5
						SOx	0.6	0.0
						NOx	254.06	9.8
	UNITS: MM cu ft					TOG	38.7	1.5
						ROG	4.73	0.2
	ROG/TOG = MECH. ENG. ESTIMATE					CO	197.68	7.6
	NOx S/T DATE:	See Note *	S/T NO.		ppmv	201		
	CO S/T DATE:	See Note *	S/T NO.		ppmv	257		
	* No source tests required on P/O. Used Solar Turbine's data (4/7/88).							
	Reciprocating Engines:							
50	Distillate Oil (Diesel)	2-03-001-01	0.0		0.30	PM	38.5	0.0
						SOx	31.2	0.0
						NOx	469.00	0.0
	UNITS: 1000 gal					TOG	36.51	0.0
						ROG	32.10	0.0
	ROG Profile Key:	009		0.8840		CO	102	0.0
	NOx S/T DATE:		S/T NO.		ppmv			
						PM	10	0.0
55	Natural Gas:	2-03-002-04	0.0			SOx	0.6	0.0
						NOx	3400.00	0.0
	UNITS: MM cu ft					TOG		0.0
						ROG		0.0
	ROG/TOG = MECH. ENG. ESTIMATE					CO	430.00	0.0
	NOx S/T DATE:		S/T NO.		ppmv			
	CO S/T DATE:		S/T NO.		ppmv			

TOTAL

PREPARED BY: T. Wood DATE: 9/4/91 APPROVED BY: _____ DATE: _____ 2

SDAPCD 1990 EMISSION INVENTORY

Plant Name: USN HOSPITAL / NAVY PWC — NEDS ID: 4835

Street Address: NAVY HOSPITAL — APCD ID: 6234A
DEV/ — P/O NO: 040901
SEG1 Fee Schedule COGENERATION — FORM: C

gx 91

COMMERCIAL/INSTITUTIONAL SERVICES

SEG2	Process Description	SCC Code	Fuel Burned	ROG Wt.Free	% Sulfur	Poll	Emission Factor (lb/unit)	Emission (t/yr)
	Internal Combustion Turbine:							
40	Distillate Oil (Diesel)	2-03-001-02	0.0		0.30	PM	5	0.0
						SOx	140	0.0
						NOx	87.80	0.0
	UNITS: 1000 gal					TOG	3.02	0.0
						ROG	2.67	0.0
	ROG Profile Key:	009		0.8840		CO	15.40	0.0
	PM S/T DATE:	_____	S/T NO.	_____	lb/unit	0		
	NOx S/T DATE:	_____	S/T NO.	_____	ppmv	_____		
	CO S/T DATE:	_____	S/T NO.	_____	ppmv	_____		
	For Particulate tests report grs PM /SDCF at 12% CO2 to convert to lbs /1000 gal diesel	_____						
45	Natural Gas:	2-03-002-03	77.3			PM	14	0.5
						SOx	0.6	0.0
						NOx	254.05	9.8
	UNITS: MM cu ft					TOG	39.7	1.5
						ROG	4.73	0.2
	ROG/TOG = MECH. ENG. ESTIMATE					CO	197.58	7.6
	NOx S/T DATE:	See Note *	S/T NO.	_____	ppmv	201		
	CO S/T DATE:	See Note *	S/T NO.	_____	ppmv	257		
	* No source tests required on P/O. Used Solar Turbine's data (4/7/92).							
	Reciprocating Engines:							
50	Distillate Oil (Diesel)	2-03-001-01	0.0		0.30	PM	33.5	0.0
						SOx	81.2	0.0
						NOx	469.00	0.0
	UNITS: 1000 gal					TOG	36.31	0.0
						ROG	32.10	0.0
	ROG Profile Key:	009		0.8840		CO	102	0.0
	NOx S/T DATE:	_____	S/T NO.	_____	ppmv	_____		
55	Natural Gas:	2-03-002-04	0.0			PM	10	0.0
						SOx	0.6	0.0
						NOx	8400.00	0.0
	UNITS: MM cu ft					TOG		0.0
						ROG		0.0
	ROG /TOG= MECH. ENG. ESTIMATE					CO	430.00	0.0
	NOx S/T DATE:	_____	S/T NO.	_____	ppmv	_____		
	CO S/T DATE:	_____	S/T NO.	_____	ppmv	_____		

TOTAL

PREPARED BY: T. West DATE: 9/4/91 APPROVED BY: _____ DATE: _____ 2

SDAPCD 1990 EMISSION INVENTORY

Plant Name: USN HOSPITAL / NAVY PWC — NEDS ID: 4835

Street Address: NAVY HOSPITAL — APCD ID: 6234A
DEV/ — P/O NO: 040902
SEG1 Fee Schedule COGENERATION — FORM: C

9x91

COMMERCIAL/INSTITUTIONAL SERVICES

SEG2	Process Description	SCC Code	Fuel Burned	ROG Wt.Frac	% Sulfur	Poll	Emission Factor (lb/unit)	Emission (t/yr)
	Internal Combustion Turbine:							
40	Distillate Oil (Diesel)	2-03-001-02	0.0		0.30	PM	5	0.0
						SOx	140	0.0
	UNITS: 1000 gal					NOx	67.80	0.0
						TOG	3.02	0.0
						ROG	2.67	0.0
	ROG Profile Key: 009			0.8840		CO	15.40	0.0
	PM S/T DATE: _____ S/T NO. _____ lb/unit 0							
	NOx S/T DATE: _____ S/T NO. _____ ppmv _____							
	CO S/T DATE: _____ S/T NO. _____ ppmv _____							
	For Particulate tests report grs PM /SDCF at 12% CO2 to convert to lbs /1000 gal diesel _____							
45	Natural Gas:	2-03-002-03	77.3 ✓			PM	14	0.5
						SOx	0.6	0.0
						NOx	254.06	9.8
	UNITS: MM cu ft					TOG	39.7	1.5
						ROG	4.72	0.2
	ROG/TOG = MECH. ENG. ESTIMATE					CO	187.88	7.6
	NOx S/T DATE: See Note * S/T NO. _____ ppmv 201 ✓							
	CO S/T DATE: See Note * S/T NO. _____ ppmv 287 ✓							
	* No source tests required on P/O. Used Solar Turbine's data (4/7/83).							
	Reciprocating Engines:							
50	Distillate Oil (Diesel)	2-03-001-01	0.0		0.30	PM	33.5	0.0
						SOx	31.2	0.0
						NOx	469.00	0.0
	UNITS: 1000 gal					TOG	56.91	0.0
						ROG	32.10	0.0
	ROG Profile Key: 009			0.8840		CO	102	0.0
	NOx S/T DATE: _____ S/T NO. _____ ppmv _____							
55	Natural Gas:	2-03-002-04	0.0			PM	10	0.0
						SOx	0.6	0.0
						NOx	3400.00	0.0
	UNITS: MM cu ft					TOG		0.0
						ROG		0.0
	ROG /TOG= MECH. ENG. ESTIMATE					CO	430.00	0.0
	NOx S/T DATE: _____ S/T NO. _____ ppmv _____							
	CO S/T DATE: _____ S/T NO. _____ ppmv _____							

TOTAL

PREPARED BY: T. Ward DATE: 9/6/91 APPROVED BY: _____ DATE: _____ 2

SOLAR TURBINES INCORPORATED DATE RUN: 7-APR-83
ENGINE PERFORMANCE DATA REV. 1.13
EXHAUST GAS AND EMISSION DATA REV. 1.5

ENGINE MODEL : SATURN
SINGLE-SHAFT
NOMINAL PERFORMANCE
ENGINE TYPE : GSC
ENGINE RATING: STANDARD
FUEL SYSTEM : DUAL FUEL

800.0000 (KW) GENERATOR OUTPUT
NATURAL GAS FUEL TYPE

*** SUMMARY OF ENGINE EMISSION ANALYSIS ***

ESTIMATED ENGINE EMISSION @ 0.01248 FUEL/AIR RATIO

0.44 % OPACITY SMOKE EMISSION

at 3% O2

NOX	CO	UHC	SO2	
5.48	4.26	1.07	0.00	G/(KG FUEL)
67.09	85.61	37.40	0.03	PPMV @ 15% O2, DRY BASIS
3.36	2.61	0.65	0.00	LBM/HR
14.72	11.43	2.86	0.01	TON/YR
0.53	0.41	0.10	0.00	MICRO G/JOULE
1.42	1.10	0.28	0.00	G/(HP*HR)
86.27	67.02	16.77	0.06	MILLI G/M**3 @ 1 ATM & 0 DEG. C

EMISSION DATA BASE STATISTICS

NOX	CO	UHC	SMOKE	
8	8	8	6	DEVELOPMENT ENGINE TESTS
57	54	53	33	NUMBER OF DATA POINTS
10.89	124.49	124.84	60.78	PERCENT ERROR MARGIN

THE ABOVE LISTED EMISSION ESTIMATES ARE BASED ON THE RECORDED NUMBER OF DATA POINTS TAKEN OVER THE STATED NUMBER OF DEVELOPMENT ENGINE TESTS.
68 PERCENT OF THE MEASURED DATA ARE WITHIN PLUS/MINUS THE LISTED ERROR MARGINS OF THE ESTIMATED EMISSIONS.
THE LIMITED NUMBER OF TESTS ARE NOT SUFFICIENT TO ACCURATELY DETERMINE THE EXTENT OF THE VARIATIONS.

*)
SO2 EMISSION DEPENDS ON SULFUR CONTENT IN FUEL.
THE CURRENT ESTIMATE IS BASED ON THE ASSUMPTION OF 100% CONVERSION OF FUEL SULFUR TO SO2.
SULFUR CONTENT = 1.9 PPMW

SDAPCD 1990 EMISSION INVENTORY

Plant Name: USN HOSPITAL / NAVY PWC NEDS ID: 4835

Street Address: NAVY HOSPITAL, SD APCD ID: 6234A

SEG1 Fee Schedule INTERNAL COMBUSTION ENGINES FORM: C
9x 13A, 13F RECIPROCATING

SEG2	Process Description	SCC	Fuel Burned	ROG Weight Fraction	% Sulfur	Poll	Emission Factor (lb/unit)	Emission (t/yr)
	Commercial/Institutional:		P/O'#	40906, 40907, 40908				
40	Distillate Oil (Diesel)	2-03-001-01	2.4			PM	33.5	0.0
					0.50	SOx	51.2	0.0
	UNITS: 1000 gal					NOx	489	0.6
						TOG	36.31	0.0
	ROG Profile Key:	ARB PROFILE 9		0.8840		ROG	32.10	0.0
						CO	102	0.1
45	Natural Gas:	2-03-002-01				PM	10	0.0
						SOx	0.6	0.0
	UNITS: MM cu ft					NOx	3400	0.0
						TOG	355.79	0.0
	ROG Profile Key:	ARB PROFILE 719		0.2330		ROG	82.90	0.0
						CO	430	0.0

TOTAL:	PM	0.0
	SOx	0.0
	NOx	0.6
	TOG	0.0
	ROG	0.0
	CO	0.1

PREPARED BY: T. Ward DATE: 9/5/91 APPROVED BY: _____ DATE: _____ 2

SDAPCD 1990 EMISSION INVENTORY

SUMMARY SHEET

PLANT NAME: USN Hospital / Navy PWC — NEDS#: 4835

ADDRESS: Navy Base SD — APCDS: 6234A, 4835A, 5730A

DEVICE/SEQ	PROCESS	PM	SOx	NOx	TOG	ROG	CO
ID 6234A							
03	Boilers (4 units)	0.2	0.5	10.8	0.4	0.4	8.7
90	Diesel (4 units)	0.5	0.0	9.8	1.5	0.2	7.6
91		0.5	0.0	9.8	1.5	0.2	7.6
92		0.5	0.0	9.8	1.5	0.2	7.6
92	Rice Engs. (3 units)	—	—	0.6	—	—	0.1
ID 4835A							
06	Odor Solv. Cleaning				0.1	0.1	
60	Surf. Coating - Arch				0.5	0.5	
ID 5730A							
31	Auto Sterilizers				7.0	0.8	
	TOTALS	PM 1.7	SOx 0.5	NOx 40.8	TOG 12.5	ROG 2.2	CO 25.6

Post-It™ brand fax transmittal memo 7671 — # of pages ▸ 7

To JAN BOWERS	From SAVEL
Co.	Co. PWC
Dept.	Phone # 69582
Fax # 532 7349	Fax #

ATTACHMENT (2)

San Diego Air Pollution Control District
NOx and VOC Emissions Statement Calculations
Inventory Year - 1993

NAME: USN HOSPITAL

ADDRESS: NAVY HOSPITAL, SAN DIEGO

APCD# 4035A,B,C

NOx and VOC Calculations for Engines

Type of Operation: Turbines: Cogeneration
Fuel: Natural Gas (NG)

For VOC:

(Annual Fuel Usage) (MMCF / yr.)		X	(Emission Factor) (lbs. of pollutant / MMCF)	÷	2,000 (lbs. / ton)	=		Reference
PO# 40800	100	X	4.73	÷	2,000	=	0.2	note 1
PO# 40801	97	X	4.73	÷	2,000	=	0.2	note 1
PO# 40802	96	X	4.73	÷	2,000	=	[illegible]	note 1

REFERENCES:

note 1. The VOC emission factor is based on an engineering review of the manufacturer's specifications, and other documentation. This review was completed by APCD Engineering, Mechanical Section

VOC Reactive organic gases (non-methane hydrocarbons)

For NOx:

(Annual Fuel Usage) (MMCF / year)		X	(Emission Factor) (lbs. of pollutant / MMCF)	÷	2,000 (lbs. / ton)	=		Reference
PO# 40800	100	X	254.06	÷	2,000	=	12.7	note 2
PO# 40801	97	X	254.06	÷	2,000	=	12.3	note 2
PO# 40802	96	X	254.06	÷	2,000	=	12.2	note 2

REFERENCES:

note 2. The NOx emission factor is based on an engineering review of the Solar Turbines Inc. test data (4/7/93)

NOx Oxides of nitrogen (calculated as NO2)

C:Hinkle

SB/APCD, Emission Inventory Section

12/28/93

San Diego Air Pollution Control District
NOx and VOC Emissions Statement Calculations
Inventory Year - 1993

NAME: USN HOSPITAL

ADDRESS: NAVY HOSPITAL, SAN DIEGO

APCD# 4835A,B,C

NOx and VOC Calculations for Engines

Type of Operation: Reciprocating: Emergency Generators
Fuel: Diesel (DSL)

For VOC:

(Annual Fuel Usage) (1000 gallons / yr.)		X	(Emission Factor) (lbs. of pollutant / 1000 gallons)	÷	2,000 (lbs. / ton)	=	[redacted]	Reference
PO# 40906	0.85	X	32.10	÷	2,000	=	0.01	note 1
PO# 40907	0.81	X	32.10	÷	2,000	=	0.01	note 1
PO# 40908	0.55	X	32.10	÷	2,000	=	0.01	note 1
							0.03	

REFERENCES:

note 1. The VOC emission factor is based on an engineering review of the manufacturer's specifications, and other documentation. This review was completed by APCD Engineering, Mechanical Section

VOC Reactive organic gases (non-methane hydrocarbons)

For NOx:

(Annual Fuel Usage) (1000 gallons / year)		X	(Emission Factor) (lbs. of pollutant / 1000 gallons)	÷	2,000 (lbs. / ton)	=	[redacted]	Reference
PO# 40906	0.85	X	427.80	÷	2,000	=	0.18	note 2
PO# 40907	0.81	X	427.80	÷	2,000	=	0.17	note 2
PO# 40908	0.55	X	427.80	÷	2,000	=	0.12	note 2
							0.47	

REFERENCES:

note 2. Emission factor for NOx is from U.S. EPA, Office of Air Quality Planning and Standards, Document AP-42, Fourth Edition, September 1985, revised October 1992. See Table 3.4-1, see "Diesel Fuel"

NOx Oxides of nitrogen (calculated as NO2)

NAME: USN HOSPITAL APCD#: 4835A,B,C
ADDRESS: NAVY HOSPITAL, SAN DIEGO

San Diego Air Pollution Control District
NOx and VOC Emissions Statement Calculations
Inventory year - 1992

VOC Emissions Calculations for Sterilizers

Materials Used: Ethylene Oxide

(Annual Material Usage) (gallons / yr.)		X	(Density) (lbs / gallon)	÷	2,000 (lbs. / ton)	=		Reference
Ethylene Oxide	141	X	6.56	÷	2,000	=	[redacted]	note 1 and 2

REFERENCES:

note 1. It is assumed that uncontrolled emissions are equal to the tons used.
Both ethylene oxide and formaldehyde are considered to be100% VOC.
Annual Material Usage (gallons/year) = lbs. used (lbs./year) ÷ density (lbs./gallon)

note 2. Annual Emissions (tons/year) = (tons used) X (1.00 - control efficiency)
Type of Control Equipment at this facility: NONE

San Diego Air Pollution Control District

NOx and VOC Emissions Statement Form

Inventory Year - 1993

USN HOSPITAL

PROCESS	ANNUAL EMISSIONS (tons / year) NOx	VOC
Boilers	9.1	1.8
Cogen (P.O.# 40900)	12.7	0.2
Cogen (P.O.# 40901)	12.3	0.2
Cogen (P.O.# 40902)	12.2	0.2
IC Engines	0.9	0.1
Organic Gas Sterilization	0.0	0.5
TOTAL OPERATIONS:	47.2	3.0

FACILITY NAME: USN HOSPITAL
ADDRESS: NAVY HOSPITAL, SAN DIEGO
APCD ID#: 4835A,B,C

I certify that the NOx and VOC emission estimates summarized above are accurate to the best of my knowledge.

Name: _____ **Signature:** _____

Title: _____ **Date:** _____

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 6

To DAN BOWERS	From SAVEL
Co.	Co. PWC
Dept.	Phone # 69552
Fax # 532 7349	Fax #

(NG) 1 MM CUFT
(OIL) 1000 GAL

1993

TONS/YR

BOILERS	FUEL	# EMMIS FACTOR	CO	SO_x	PM
	(NG) 129.5	3 (PM)			0.2
		0.8 (SOX)		0.0	
		35 (CO)	2.3		
	(OIL) 2.6	2 (PM)			0.0
		143.8 (SO)		0.2	
		5 (CO)	0.0		
TURBINES	(NG) 293	14 (PM)			2.1
		0.16 (SO)		0.1	
		197.68 (CO)	29.0		
EMERG DIESEL	(OIL) 2.2	33.5 (PM)			0.0
		31.2 (SO_x)		0.0	
		102 (CO)	0.1		
			31.4	0.3	2.3

[illegible] of NOx and VOC [illegible] U.S. EPA, Office of Air Quality Planning and Standards, Document [illegible]

[illegible] APCD, Emissions Inventory System 12/17/[illegible]

NAME: USN HOSPITAL APCD ID#: 4835A,B,C
ADDRESS: NAVY HOSPITAL, SAN DIEGO

San Diego Air Pollution Control District
NOx and VOC Emissions Statement Calculations
Inventory year - 1993

NOx and VOC Emissions Calculations for Institutional Boilers

Size: 10 to 100 MM Btu / hr. heat input rating
Fuel: Natural Gas (NG)

(Annual Fuel Usage)		X	(Emission Factor)	÷	2,000	=	Annual Emissions	Reference
1. (million cu. ft. / yr.)			(lbs. pollutant / million cu. ft.)		(lbs. / ton)		(tons / year)	
2. (1000 gallons / yr.)			(lbs. pollutant / 1000 gallons)		(lbs. / ton)		(tons / year)	
1. Natural Gas								
P/O 40903	49.7	X	2.80	÷	2,000	=	[redacted]	note 1.
P/O 40904	46.0	X	2.80	÷	2,000	=	[redacted]	
P/O 40905	33.8	X	2.80	÷	2,000	=	[redacted]	
P/O 40903	49.7	X	140.00	÷	2,000	=	[redacted]	note 1.
P/O 40904	46.0	X	140.00	÷	2,000	=	[redacted]	
P/O 40905	33.8	X	140.00	÷	2,000	=	[redacted]	
2. Diesel								
P/O 40903	0.6	X	0.34	÷	2,000	=	[redacted]	note 1.
P/O 40904	1.3	X	0.34	÷	2,000	=	[redacted]	
P/O 40905	0.7	X	0.34	÷	2,000	=	[redacted]	
P/O 40903	0.6	X	20.00	÷	2,000	=	[redacted]	note 1.
P/O 40904	1.3	X	20.00	÷	2,000	=	[redacted]	
P/O 40905	0.7	X	20.00	÷	2,000	=	[redacted]	

REFERENCES:

note 1. Emission factor for NOx and VOC is from U.S. EPA, Office of Air Quality Planning and Standards, Document AP-42, Fourth Edition, September 1985, revised October 1992. See Table 1.4-3 footnote "d". VOC = nonmethane portion of total organic compounds (TOC).

C. Hinkle SDAPCD, Emission Inventory Section 12/17/93

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 6-7-94

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)

P.W. DONNON

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 6/24/94

Document Separator

See entire new DC 391

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CENTER, SAN DIEGO

ACTIVITY UIC: N00259

Category.....Personnel Support
Sub-category.....Medical
Types.....Medical Centers

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8-12

Facilities
7. Facilities Description 13-18

Location
8. Geographic Location 19
9. Manpower and Recruiting Issues 19

Features and Capabilities
10. Capabilities 20
11. Mobilization 22-23
12. Non Availability Statements 24
13. Supplemental Care 24
14. Costs 25
15. Quality of Life 28

MISSION REQUIREMENTS

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

Naval Medical Center, San Diego provides a comprehensive range of emergency, outpatient, and inpatient health care services to activity duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services; ensures that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties; ensures that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans; provides as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces; provides, subject to the availability of space and resources, the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U.s. Code, and other applicable directives; conducts appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained; conducts graduate and postgraduate education programs for medical students and Medical Department officers; participates as an integral element of the Navy and Tri-Service Regional Health Care System; cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies; maintains requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).

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)
SEE ATTACHMENT 1, SEE ALL ZIP CODES			

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

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

UIC	NAME	ZIP	FY93	FY94	FY95	FY96	FY97	FY98	FY99
47526	SWNVFACENGCOM DT	92101	0	2	2	2	2	2	2
63057	NIS WREG SDGO CA	92101	7	4	4	4	4	4	4
68634	MEPS SAN DIEGO	92101	11	8	8	8	8	8	8
05380	ARD 30 SAN ONOFR	92106	101	110	0	0	0	0	0
31712	NAVINTACT CSGRU5	92106	2	0	0	0	0	0	0
31753	SB SDGO TWR 3	92106	17	15	15	15	15	15	15
31954	SUBTRAFAC SDIEGO	92106	170	170	139	139	139	139	139
33175	CSUBGR 5	92106	86	86	2	2	2	2	2
35622	CSDG1 DET BRAVO	92106	14	15	15	15	15	15	15
40823	SUBASE TWR 842	92106	15	15	15	15	15	15	15
41685	DISAJTAC3A EFTHU	92106	9	10	10	10	10	10	10
42474	CSUBGR 5 CBSTT	92106	6	7	0	0	0	0	0
43304	SUBTRAFAC SD BOS	92106	11	9	9	9	9	9	9
43979	JNTMGMTO THTNFOR	92106	0	1	1	1	1	1	1
44430	ARD 30 S ON SRAC	92106	17	21	0	0	0	0	0
44943	SB SDGO WEAP IMA	92106	130	125	125	0	0	0	0
44978	COMSUBGRU 5 SMMS	92106	24	24	0	0	0	0	0
45424	TR 5	92106	6	6	6	6	6	6	6
45425	TR 6	92106	6	6	6	6	6	6	6
45675	SUBASE SD TWR823	92106	12	14	14	12	14	14	14
46132	SUBASE SD TWR771	92106	14	15	15	15	15	15	15
46259	SUBASE SDGO SECD	92106	59	60	60	60	60	60	60
46708	NB SD NADSAP SB	92106	5	4	4	4	4	4	4
47336	SB SDGO S-HELP	92106	12	14	14	14	14	14	14
48655	SB SDIEGO FSC	92106	2	3	3	3	3	3	3
55244	COMSUBRON 11	92106	49	44	44	44	0	0	0
55522	COMSUBDEVGR 1	92106	40	38	38	38	38	37	37
63406	SUBASE SDGO CA	92106	208	146	146	146	145	146	146
65370	CSUBGR 5 SSO	92106	2	1	1	1	1	1	1
66937	CSDG 1 NSCHDVG S	92106	10	11	0	0	0	0	0
68554	PSD PT LOMA SDGO	92106	35	12	12	12	12	12	12
44753	DIR12MCD OSO SD	92108	1	1	1	1	1	1	1
68692	NROTCUUSDSDSUSDC	92110	13	11	11	11	11	11	11
43790	DCMAO S DIEGO	92111	2	3	3	3	3	3	3
43756	DSO DIEGO	92112	1	1	1	1	1	1	1
42039	NUSWCD SDIEGO CA	92123	0	1	0	0	0	0	0
55625	AFTGP SEADU COMP	92126	76	74	74	74	74	74	74
62106	NMCREDCEN SDGO	92131	51	39	38	38	38	37	37
80013	MIUWU 107	92131	10	8	8	8	8	8	8
81176	MIUWU 106	92131	8	8	8	8	8	8	8
00123	NAVREGCONTC SDGO	92132	4	2	2	2	2	2	2
00242	CNAVBASE SDGO	92132	51	33	35	35	35	35	35
00244	FISC SDIEGO CA	92132	22	18	16	16	16	16	16
20036	ARDM 5 ARCO	92132	127	131	130	130	0	0	0
35612	OPNASUPACT HNDCL	92132	8	5	5	5	5	5	5
41875	NRRCREG 19/RPN	92132	6	4	4	4	4	4	4
43406	NTSC FLDOPSD PAC	92132	2	2	2	2	2	2	2
43435	MSCO SAN DIEGO	92132	9	5	5	5	5	5	5
45189	NCIS LE&PSAT SDG	92132	5	6	6	6	6	6	6
45242	CSS 3 TACRED SCO	92132	1	1	0	0	0	0	0
45517	SPCC NACO P SAND	92132	0	1	1	1	1	1	1
46548	COMSUBRON 11 SDC	92132	0	1	1	1	0	0	0

47638	NCTA SAN DIEGO	92132	1	0	0	0	0	0	0
55347	CSUBRON 3	92132	45	45	0	0	0	0	0
60957	DAO-CL SDGO CA	92132	20	23	19	19	19	19	19
63015	NEDTRASUPCEN PAC	92132	52	11	11	10	11	12	12
67796	NMC MARS SDGO	92132	1	1	1	1	1	1	1
68350	NRRCREG19 SDIEGO	92132	29	27	27	30	30	30	30
68553	PSA SAN DIEGO	92132	16	10	10	10	10	10	10
68564	CNAVBASE SDGO CR	92132	6	6	6	6	6	6	6
68711	SOWNFEC SDIEGO	92132	17	20	20	19	18	18	18
00247	NTC SDGO	92133	396	243	220	208	47	9	9
0388A	FITCPAC SDGO	92133	29	33	32	30	32	32	2
0581A	SSC SDGO	92133	637	212	145	11	9	9	9
0753A	CRUITRACOM SDGO	92133	91	0	0	0	0	0	0
30643	S CRU TRCOM SDGO	92133	5112	2372	2097	1716	1631	1550	1550
32553	BRMCL NTC SDGO	92133	112	118	118	118	118	118	118
35109	NJROTC AREA 11	92133	3	3	3	3	3	3	3
35287	SSC SDGO FMSTPRG	92133	6	4	4	0	0	0	0
35405	NBAND DC SDIEGO	92133	40	1	1	1	1	1	1
41453	CO CDRS RTC SDGO	92133	222	0	0	0	0	0	0
42084	RTCSDGENSKILLTNG	92133	50	0	0	0	0	0	0
42132	SSC SDGO BOOSTPG	92133	17	0	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92133	0	0	0	0	0	2	0
42815	PSD RTC SD	92133	44	48	0	0	0	0	0
42816	PSD NTC SD	92133	56	54	43	43	43	43	17
42820	NTC SDGO CAA CTR	92133	7	8	0	0	0	0	0
43298	BUPERS NACU SD	92133	23	0	0	0	0	0	0
43311	SSC SDGO BOS	92133	32	27	17	16	5	5	5
43521	NCPS PHOENIX	92133	11	4	4	4	4	4	4
43542	RQAT SDIEGO	92133	5	4	4	4	4	4	4
43721	S SSC SD BOST PG	92133	248	248	248	248	248	248	248
43907	SSC SDGO SURF	92133	0	87	6	0	0	0	0
43908	SSC SDGO LDG	92133	0	17	16	16	16	0	0
43909	SSC SDGO SUB	92133	0	24	1	1	1	1	1
43910	SSC SDGO EW	92133	0	85	0	0	0	0	0
43914	SSC SDGO INS AIR	92133	0	5	0	0	0	0	0
45032	FITCPAC FMS TRNG	92133	1	1	1	1	1	1	0
46093	CPF MPWRASSTM SD	92133	0	2	2	2	2	2	2
47462	STU MED DEPT OST	92133	1	0	0	0	0	0	0
47775	CNET SUP UN SDGO	92133	1	1	1	1	1	1	1
48390	NAVINTACT FTPC S	92133	16	18	18	18	18	18	18
49203	DECA NTC SDIEGO	92133	11	7	6	6	6	6	6
49274	MOIC EASTPAC FP	92133	23	0	0	0	0	0	0
49756	PSD NTC SDGO F H	92133	0	3	3	3	1	1	1
66283	NECH N SDIEGO CA	92133	1	1	0	0	0	0	0
68401	NAVCRUITDIST SD	92133	232	0	0	0	0	0	0
00228	FISC OAKLAND CA	92134	0	0	0	0	5	5	5
00247	NTC SDGO	92134	0	0	0	0	0	37	36
00259	NMC SDGO CA	92134	2236	2079	2078	2072	2205	2055	1833
00619	NMEDCEN OAKLAND	92134	0	0	0	0	338	338	338
0114A	COMDESRON 5	92134	14	12	12	12	12	12	12
0116A	COMDESRON 7	92134	13	12	12	12	12	12	12
0126A	COMDESRON 17	92134	12	12	0	0	0	0	0
0130A	COMDESRON 21	92134	14	12	12	12	12	12	12

0132A	COMDESRON 23	92134	12	12	12	12	12	12	12
03361	CV 61 RANGER	92134	76	0	0	0	0	0	0
03363	CV 63 KITTY HAWK	92134	2768	2906	2906	2906	2906	2906	2906
03651	CGN 9 LONG BEACH	92134	868	562	14	0	0	0	0
0388A	FITCPAC SDGO	92134	0	0	0	0	0	0	30
05072	AGSS 555 DOLPHIN	92134	58	48	48	48	48	48	48
05134	SSN 647 POGY	92134	152	136	136	136	136	136	100
05139	SSN 652 PUFFER	92134	144	136	136	100	0	0	0
05143	SSN 662 GURNARD	92134	146	100	0	0	0	0	0
05725	SSN 677 DRUM	92134	147	136	100	0	0	0	0
05845	LKA 114 DURHAM	92134	323	0	0	0	0	0	0
0621A	NSHS SDIEGO	92134	202	195	191	191	191	191	191
07177	LPD 6 DULUTH	92134	375	386	386	386	386	386	386
07181	LPD 7 CLEVELAND	92134	387	398	398	398	398	398	397
07183	LPD 9 DENVER	92134	371	398	398	398	398	397	397
07184	LPD 10 JUNEAU	92134	373	398	398	398	398	398	397
07194	AGF 11 CORONADO	92134	459	457	457	457	457	457	457
07198	LPH 10 TRIPOLI	92134	725	701	0	0	0	0	0
07202	LPH 11 NRLNS	92134	663	816	819	819	819	0	0
08810	AR 8 JASON	92134	904	965	0	0	0	0	0
09061	HS 85	92134	0	141	141	140	140	140	140
09108	VF 301	92134	0	0	1	1	1	1	1
09120	VF 302	92134	0	0	1	1	1	1	1
09394	CVWR 30	92134	0	0	3	3	3	3	3
20015	LSD 40 FT FISHER	92134	336	321	321	321	321	321	320
20022	LST1183 PEORIA	92134	231	0	0	0	0	0	0
20023	LST1184 FREDERIC	92134	253	249	0	0	0	0	0
20024	LST1185 SCHENECT	92134	192	0	0	0	0	0	0
20026	LST1187 TUSCALOO	92134	220	0	0	0	0	0	0
20132	AS 37 DIXON	92134	559	620	595	570	0	0	0
20221	LST1195BARBOUR C	92134	251	0	0	0	0	0	0
20224	LST1198 BRISTOL	92134	215	5	0	0	0	0	0
20550	LHA 1 TARAWA	92134	958	1063	1063	1063	1067	1069	1069
20576	DD 965 KINKAID	92134	319	332	332	332	332	332	332
20587	DD 967 ELLIOT	92134	349	351	351	351	351	351	351
20599	DD 973 J YOUNG	92134	342	334	334	334	334	334	334
20602	DD 976 MERRILL	92134	311	339	339	339	339	339	339
20826	SSN 701 LA JOLLA	92134	142	141	141	141	151	151	151
20833	DD 986 H W HILL	92134	319	309	309	309	309	309	309
20967	FFG 14 SIDES	92134	184	163	166	166	166	166	166
20978	FFG 25 COPELAND	92134	181	159	162	162	162	0	0
20994	SSN 713 HOUSTON	92134	142	141	141	141	141	141	151
21023	SSN 716 SLAKE C	92134	143	141	141	141	141	141	141
21047	AD 42 ACADIA	92134	550	626	0	0	0	0	0
21052	FFG 27 MS TISDLE	92134	184	159	162	162	162	0	0
21055	FFG 30 REID	92134	198	211	211	211	0	0	0
21063	AD 43 CAPE COD	92134	562	626	626	626	626	626	626
21100	SSN 721 CHICAGO	92134	151	141	164	164	141	141	141
21118	AS 41 MCKEE	92134	557	620	620	620	620	620	620
21198	FFG 46 RENTZ	92134	194	214	214	214	214	214	214
21295	CG 49 VINCENNES	92134	350	380	380	380	380	380	380
21296	CG 50 VALL FORGE	92134	372	380	380	380	380	380	380
21302	SSN 724 LOUIVILL	92134	144	164	164	141	141	141	141

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

21400	LSD 43 FT MCHENR	92134	311	312	317	317	317	317	317
21404	MCM 3 SENTRY	92134	84	81	81	81	81	81	81
21405	MCM 4 CHAMPION	92134	72	81	70	70	70	70	70
21413	SSN 752 PASADENA	92134	146	141	141	141	164	164	141
21428	CG 57 LAKE CHAMP	92134	377	387	387	387	387	387	387
21437	DDG 994 CALLAGHA	92134	327	331	331	331	331	331	331
21439	DDG 996 CHANDLER	92134	327	331	331	331	331	331	331
21451	CG 62 CHANCELVIL	92134	377	387	387	387	387	387	387
21452	LSD 45 COMSTOCK	92134	298	322	312	312	312	312	312
21463	SSN 754 TOPEKA	92134	149	141	141	141	141	164	164
21530	LSD 47 RUSHMORE	92134	335	317	317	317	317	317	317
21623	CG 63 COWPENS	92134	392	387	387	387	387	387	387
30276	NEXCH MIRAMAR CA	92134	0	0	0	0	1	1	1
30291	STU COMBAT TRA C	92134	50	0	0	0	0	0	0
30522	NS SDGO BRIG	92134	18	0	0	0	0	0	0
30586	STU FLEASWTRACEN	92134	519	467	420	357	339	322	322
30602	CV 61 RAN DSSGD	92134	10	0	0	0	0	0	0
30604	CV 63 KIT DSSGD	92134	12	11	11	11	11	11	11
30627	STU NAVSERVSCOLC	92134	1113	902	514	174	0	0	0
30639	S NHCORSCH SDGO	92134	1066	959	813	691	656	654	654
30808	STU FLT TRA CEN	92134	266	239	215	183	174	165	165
31045	IST NH SAN DIEGO	92134	1	1	1	1	1	1	1
31401	STU CDP SAN DIEG	92134	1	0	0	0	0	0	0
31558	NMTJ W NW C SFRA	92134	0	2	2	2	0	0	0
31657	DCOUNSELOR SDGO	92134	2	2	2	2	2	2	2
32005	TRANS PERS UNIT	92134	2	0	0	0	0	0	0
32541	BRMCL EL TORO	92134	0	0	0	0	76	76	76
33159	COM3FT NSGDT SIG	92134	0	1	1	1	1	1	1
33168	NAVINTACT COM3DF	92134	9	10	10	10	10	10	10
33207	AESU DT EL TORO	92134	0	0	0	0	2	2	2
35405	NBAND DC SDIEGO	92134	0	39	44	44	44	44	44
35410	STU SSPR SCRIPPS	92134	2	0	0	0	0	0	0
35536	STU PG SAN DIEGO	92134	12	0	0	0	0	0	0
35677	A/C OPR DET NAS	92134	34	0	0	0	0	0	0
39007	STU PG UNIV OF S	92134	1	0	0	0	0	0	0
39247	TU CDP UNIV OF S	92134	3	0	0	0	0	0	0
39288	AS 37 DIXON MSC	92134	820	851	851	851	1	0	0
41301	STU LAW ED PRG S	92134	2	0	0	0	0	0	0
41539	STU ALREHAB TRNG	92134	8	0	0	0	0	0	0
41638	CSSD-14	92134	0	0	0	17	17	17	17
42081	FLETRACEN SAN DI	92134	195	0	0	0	0	0	0
42242	STU CDP NATIONAL	92134	2	0	0	0	0	0	0
43392	STU NAVSERVSCOLC	92134	248	223	201	171	162	154	154
43502	STU AEPR SAN DIE	92134	2	0	0	0	0	0	0
43578	STU TACTRAGRUPAC	92134	23	0	0	0	0	0	0
43617	T-ATF 167 NARRAG	92134	3	4	4	4	4	4	4
43618	T-ATF 169 NAVAJO	92134	4	4	4	4	4	4	4
43662	STU FITCPAC	92134	2	0	0	0	0	0	0
43700	HC 1/STU CRAW/CR	92134	1	0	0	0	0	0	0
43841	FLCBTRC PACGSTSU	92134	0	0	0	0	0	0	1
43851	FASWTCPAC GSTSUR	92134	0	0	0	0	0	0	1
43908	SSC SDGO LDG	92134	0	0	0	0	0	16	16
43988	STU EEAP SDIEGO	92134	17	0	0	0	0	0	0

44143	STU MED DEPT OST	92134	28	0	0	0	0	0	0
44260	WNFED CO VALLEJO	92134	0	3	3	3	3	3	3
44369	NAIR CMPO NPR SD	92134	0	0	1	1	1	1	1
44480	STU COMNAVAIR PA	92134	1	0	0	0	0	0	0
44516	FTCBATSYTRUP NDC	92134	29	0	0	0	0	0	0
44570	13D C1DNBN1 FSSG	92134	0	0	0	54	54	54	54
44654	STU CRAW/CRAG VR	92134	3	0	0	0	0	0	0
45032	FITCPAC FMS TRNG	92134	0	0	0	0	0	0	1
45524	NAVBCSTSVC MOB D	92134	1	0	0	0	0	0	0
45585	NH SD NDU COMP	92134	1	1	1	1	1	1	1
45888	STU MECP NETSCP	92134	8	0	0	0	0	0	0
46333	STU EEAP SAN DIE	92134	13	0	0	0	0	0	0
46334	STU EEAP MIRAMAR	92134	3	0	0	0	0	0	0
46542	STU ECP UNIV OF	92134	13	0	0	0	0	0	0
46620	3FSSG D NH SDGO	92134	3	3	3	3	3	3	3
46791	PACFAST D SDIEGO	92134	2	0	0	0	0	0	0
46859	DMEDS NDC SFRAN	92134	0	0	0	0	4	4	4
46859	DMEDS NDC SFRAN	92134	0	0	0	3	3	3	3
46864	DMEDS NH SDIEGO	92134	68	63	63	63	63	63	63
46868	DMEDS N2 NH PVA	92134	3	3	3	3	3	3	3
46897	NSHS SDGO D OAKL	92134	0	0	17	17	17	17	17
47046	VMFAT 101 NAVDET	92134	0	0	0	113	113	113	113
47386	SUPSHIP SDIEGO D	92134	11	0	0	0	0	0	0
47449	EODMU 9	92134	0	0	48	48	43	43	43
47543	DMED FH6 NH SDGO	92134	53	53	53	53	53	53	53
47546	DM FH6 BRMCL SD	92134	15	16	16	16	16	16	16
47547	DM GH6 NH SDGO	92134	1	1	1	1	1	1	1
47552	DEPMED FH6 NH SD	92134	2	2	2	2	2	2	2
47842	AD 42 ACA REPAIR	92134	796	797	0	0	0	0	0
47843	AD 43 REPAIR COM	92134	867	798	798	798	798	798	798
47852	STU PG #2 UNIV C	92134	1	0	0	0	0	0	0
47997	NMDINFMTCENDT SD	92134	1	1	1	1	1	1	1
48441	STU EEAP #2 SOUT	92134	1	0	0	0	0	0	0
48461	NHTR SAN DIEGO	92134	372	302	302	302	302	302	302
48494	STU EEAP SAN DIE	92134	10	0	0	0	0	0	0
48512	STU EEAP NATIONA	92134	2	0	0	0	0	0	0
48616	COMTRAPAC TQL MT	92134	5	0	0	0	0	0	0
48689	STU EEAP CERRO C	92134	1	0	0	0	0	0	0
49148	HS-10 SEA DUTY C	92134	24	0	0	0	0	0	0
49599	STU EEAP UNIV PH	92134	1	0	0	0	0	0	0
49637	STU EEAP ORANGE	92134	1	0	0	0	0	0	0
49730	STU EEAP CAL COL	92134	1	0	0	0	0	0	0
52687	CG 16 LEAHY	92134	234	0	0	0	0	0	0
52692	CG 21 GRIDLEY	92134	387	0	0	0	0	0	0
52693	CG 22 ENGLAND	92134	397	0	0	0	0	0	0
52698	CG 23 HALSEY	92134	367	0	0	0	0	0	0
52704	CG 29 JOUETT	92134	423	0	0	0	0	0	0
52705	CG 30 HORNE	92134	422	0	0	0	0	0	0
52706	CG 31 STERETT	92134	403	0	0	0	0	0	0
52707	CG 32 STANDLEY	92134	426	0	0	0	0	0	0
52708	CG 33 FOX	92134	441	0	0	0	0	0	0
55269	COMPHIBRON 5	92134	25	29	29	29	29	29	29
55281	COMPHIBRON 3	92134	30	29	29	29	29	29	29

55297	COMPHIBRON 1	92134	30	29	29	29	29	29	29
55306	MOTU 9	92134	0	0	23	23	23	24	24
55501	COMCRUDESGRU 1	92134	58	57	57	57	55	55	55
55630	COMHSLWINGPACSAN	92134	5	0	0	0	0	0	0
55633	COMSEACONTROLWIN	92134	11	0	0	0	0	0	0
55635	COMHELTACWINGPAC	92134	11	0	0	0	0	0	0
55636	COMHSWINGPAC	92134	10	0	0	0	0	0	0
55775	COMCRUDESGRU 5	92134	57	57	0	0	0	0	0
55780	COMCRUDESGRU 3	92134	58	57	57	57	55	55	55
57087	COM THIRD FLEET	92134	144	143	143	143	143	143	143
60050	MCAS EL TORO	92134	0	0	64	64	64	64	64
62361	NPMOD ALAMEDA	92134	0	0	0	0	1	1	1
62361	NPMOD ALAMEDA	92134	0	0	0	2	0	0	0
62361	NPMOD ALAMEDA	92134	0	0	1	1	0	0	0
62474	WNFEC SAN BRUNO	92134	0	0	0	0	7	7	7
62760	NAVAUDSVCWEST SD	92134	1	0	0	0	0	0	0
63387	PWKS CEN SDGO	92134	0	0	0	0	1	1	1
65492	NH ORLANDO FL	92134	0	0	0	81	81	81	81
66626	NCPB DT SDIEGO	92134	3	2	2	2	2	2	2
66704	COM3FT SP DIV	92134	1	1	1	1	1	1	1
66950	PERS/AD ASTTMPA	92134	11	0	0	0	0	0	0
67823	MAG-46 (-)	92134	0	0	0	3	3	3	3
68056	NMC SW REGN	92134	0	1	1	1	1	1	1
68401	NAVCRUITDIST SD	92134	0	163	163	168	168	168	168
68555	PSD BALBOA CA	92134	34	36	36	36	36	36	36
68557	PSD NAS MIRAMAR	92134	0	0	0	0	27	27	27
68780	AS 41 MCKEE MSC	92134	823	989	989	989	851	851	851
68853	NDRUGLAB SDGO	92134	5	5	5	5	5	5	5
68906	HCSO SDIEGO	92134	21	26	25	25	25	25	25
68917	PACFLTCARIT S DG	92134	0	0	0	0	4	4	4
68944	NCCOSC ISE WEST	92134	3	0	0	0	0	0	0
70240	NCTS SD CA/EOB	92134	0	0	0	0	19	19	19
00236	NAS ALAMEDA	92135	0	0	0	0	8	8	8
00236	NAS ALAMEDA	92135	0	0	13	13	1	1	1
00246	NAS NORTH ISLAND	92135	581	463	463	463	463	463	463
09055	HSL 84	92135	42	39	13	14	14	14	14
09061	HS 85	92135	85	0	0	0	0	0	0
09074	VAW 88	92135	0	83	1	1	1	1	1
09138	HSL 33	92135	78	0	0	0	0	0	0
09164	HS 4	92135	205	202	167	167	167	167	167
09191	FASOTRAGRUPAC	92135	169	148	148	148	148	148	148
09192	SEACONRON 38	92135	203	215	215	215	215	215	215
09204	SEACONRON 29	92135	199	195	215	215	215	215	215
09209	HS 14	92135	200	202	167	167	167	167	167
09211	HC 1	92135	347	0	0	0	0	0	0
09263	SEACONRON 33	92135	212	195	195	215	215	215	215
09272	HSL 33 LAMPS	92135	186	0	0	0	0	0	0
09296	NAVAIRES SDIEGO	92135	97	110	90	101	101	101	101
09298	SEACONRON 41	92135	444	640	604	604	604	604	604
09299	HS 10	92135	333	423	326	309	307	307	305
09345	SEACONRON 35	92135	210	195	195	195	215	215	215
09372	HS 2	92135	207	202	167	167	167	167	167
09381	SEACONRON 37	92135	217	195	0	0	0	0	0

09528	FACSFAC SDIEGO	92135	152	142	142	142	142	142	142
09607	VRC 30	92135	319	253	236	236	236	236	236
09721	COMCARGRU ONE	92135	58	57	59	59	59	59	59
09722	COMCARGRU THREE	92135	0	0	0	0	57	57	57
09724	COMCARGRU SEVEN	92135	60	57	57	57	57	57	57
09822	HC 3	92135	278	311	296	310	310	310	310
09950	HS 6	92135	201	202	167	167	167	167	167
09951	HS 8	92135	195	202	167	167	167	167	167
09961	COMASWWPAC	92135	65	135	135	136	136	136	136
09983	COMHELWINGRES	92135	52	50	50	50	50	50	50
20828	DSU DET MYSTIC	92135	20	16	16	16	16	16	16
20829	DSU DET TURTLE	92135	13	11	11	11	11	11	11
20892	DSU DET AVALON	92135	17	16	16	16	16	16	16
20919	DSU DT SEA CLIF	92135	12	11	11	11	11	11	11
20993	CVN 70 VINSON	92135	0	0	0	0	3075	3075	3075
30332	AESU DT SDGO WRO	92135	4	4	4	4	4	4	4
30669	S FASOTRAGRUPAC	92135	21	11	11	11	11	11	11
30901	S CWPNTRAGRUPAC	92135	43	41	41	38	38	38	38
30911	MOB ENV TM SDGO	92135	29	31	31	31	31	31	31
31137	DEFCURSTA SDGO	92135	4	4	4	4	4	4	4
31195	NCTS SDIEGO/DCS	92135	27	17	17	17	17	17	17
31466	NAS NORIS S CLEM	92135	167	174	174	174	174	174	174
31507	CWPTRGP TECHIN D	92135	19	17	17	17	17	17	17
31508	CWPTRGP FDTRN DI	92135	19	8	8	8	8	8	8
31713	NAVINTACT SP CNA	92135	4	2	2	2	2	2	2
32117	DSU SAN DIEGO CA	92135	61	48	48	48	48	48	48
32546	BRMCL NAS NISL	92135	56	47	47	47	47	47	47
32673	CMS TRNG SDIEGO	92135	5	5	5	5	5	5	5
32719	NSGD NCTS SD/CC	92135	47	47	47	47	47	47	47
35455	NSGD NCTS SD/DS	92135	83	73	75	75	75	75	73
35499	NLEGSVCOFDT NORI	92135	4	14	14	14	14	14	14
35623	FACSFAC S CLE CO	92135	17	17	17	17	17	17	17
35705	COMASWWPAC NORIS	92135	64	50	32	32	32	32	32
35734	NDCLBR NAS N ISL	92135	40	45	45	45	45	45	45
35947	FASOPAC DT STRTM	92135	76	78	78	78	78	78	78
41431	BRMCL NUC S CLEM	92135	3	3	3	3	3	3	3
42197	NAIRTECH SF D SD	92135	2	1	1	1	1	1	1
42300	HC 11 SEA COMP	92135	360	443	443	443	443	443	443
42431	S CRAW/CRAG HC 3	92135	69	69	69	89	89	89	89
42500	DSU DET UMV	92135	69	60	60	60	60	60	60
42827	PSD N ISL CA	92135	77	86	86	86	86	86	86
43711	CVN 70 VIN DSSGD	92135	0	0	0	0	11	11	11
44326	NAS NORIS AIMD	92135	689	641	641	641	641	641	641
44597	NSGD NCTS DS/CSS	92135	29	10	9	9	10	10	10
45082	NSGDNCTS SD ECCM	92135	41	15	19	19	19	19	19
45083	NCIS FSD NO ISLD	92135	2	2	2	2	2	2	2
45847	PQMM SPEC SDGO	92135	2	2	2	2	2	2	2
45908	CNARF PAC REP	92135	3	3	3	3	3	3	3
45909	CNARF PACREP/RPN	92135	4	3	3	3	3	3	3
46249	NAS ALAMEDA SECD	92135	0	0	0	0	38	37	36
46250	NAS N ISL SEC DT	92135	92	106	106	106	106	106	106
46501	FTCOMBATCAMGUPAC	92135	36	36	36	36	36	36	36
46732	AMCC 07 SDIEGO	92135	6	6	6	6	6	6	6

46776	NASC DT WSM N IS	92135	1	1	1	1	1	1	1
46815	FASOTRAGRUP EMTT	92135	10	10	10	10	10	10	10
46968	NAS NOIS SEA ODT	92135	184	179	179	179	179	179	179
47181	NAIRTSFAC SDGO N	92135	1	1	1	1	1	1	1
47549	DMED FH6 NBR NIL	92135	1	1	1	1	1	1	1
47679	NSGDNCTS SD/SDTY	92135	22	18	18	18	18	18	18
47721	SWATSCOLPAC NI	92135	24	26	26	26	26	26	26
47736	HELASRON 10 FDPT	92135	50	59	40	39	39	39	45
47908	NSGDNCTSNESEC/DS	92135	20	13	1	1	1	1	1
47916	RIPO AREA 4	92135	5	6	6	6	6	6	6
48161	HC 3 N D CP	92135	2	2	2	2	2	2	2
48176	EODMU 3 D NO ISL	92135	0	6	6	6	6	6	6
48517	CSAW SAN DIEGO	92135	88	77	77	77	77	77	77
48544	ASCOMDET NRTH IS	92135	29	19	19	19	19	19	19
49202	DECA NO ISLAND	92135	11	7	7	7	7	6	6
49390	FAMSERVCEN N IS	92135	1	2	2	2	2	2	2
49755	NVBASE SDGO	92135	0	16	16	16	16	16	16
53910	VR 57	92135	97	88	88	89	89	89	89
53914	HSL 43	92135	61	54	54	54	54	54	54
53915	HSL 45	92135	55	54	54	54	54	54	54
53917	HSL 47	92135	59	54	54	54	54	54	54
53919	HSL 49	92135	58	54	54	54	54	54	56
53920	HC 11	92135	39	42	42	107	107	107	107
55138	HSL 41	92135	325	294	281	291	291	291	291
55139	S C/C HSL 41	92135	112	107	107	107	107	107	107
55146	HSL 43 LAMPS	92135	174	169	169	169	169	169	169
55148	HSL 45 LAMPS	92135	172	169	169	169	169	169	169
55150	HSL 47 LAMPS	92135	167	169	169	169	169	169	169
55152	HSL 49 LAMPS	92135	173	169	169	169	169	169	217
55201	HM 15	92135	0	0	414	423	423	423	423
55230	HSL 84 LAMPS	92135	72	66	66	66	66	66	66
57025	COMNAVAIRPAC	92135	189	188	188	188	188	188	188
57092	CNAVIUWGRU 1	92135	17	14	14	14	14	14	14
57094	FLTIMGCOMPAC SDG	92135	19	15	15	15	15	15	15
63013	CWPNTRAGRUPAC SD	92135	67	40	40	41	47	41	41
63037	NPOF SAN DIEGO	92135	57	41	40	40	40	40	40
63896	NSGDNCTS SDIEGO	92135	79	65	65	65	65	65	65
65557	S C/C HS 10	92135	73	73	73	122	122	122	122
65566	S C/C VS 41	92135	159	159	159	159	159	159	159
65888	NAVNDEPOT NORIS	92135	32	31	16	31	31	31	31
66065	AMTGD NORIS CA	92135	165	148	124	126	127	131	131
66422	NEXCH NO ISLAND	92135	1	1	1	1	1	1	1
66633	DMA CSC EPAC OFF	92135	3	2	2	2	2	2	2
66649	CBU 405	92135	0	0	0	0	45	45	45
68046	NCTS SAN DIEGO	92135	22	22	22	22	22	22	22
68118	NB SD NADSAP N I	92135	5	4	4	4	4	4	4
68451	NARDAC SANFRA C	92135	0	0	0	0	9	9	9
68451	NARDAC SANFRA C	92135	0	0	0	2	2	2	2
68557	PSD NAS MIRAMAR	92135	0	0	0	1	1	1	1
68917	PACFLTCARIT S DG	92135	16	12	12	12	8	8	8
70240	NCTS SD CA/EOB	92135	268	208	202	196	168	168	168
00245	NS SAN DIEGO CA	92136	486	239	239	239	239	239	239
0025A	FLTCOMBATSYSTRUP	92136	9	1	1	1	1	1	1

0122A	COMDESRON 13	92136	37	20	30	30	29	29	29
04648	AD 37 S GOMPERS	92136	0	625	625	0	0	0	0
0546A	ENPVNTMEDU 5 DGO	92136	39	33	33	33	33	33	33
0609A	S DT SDAT SD	92136	314	283	255	217	206	196	196
13871	AFDM 14 STEADFST	92136	118	116	116	116	116	116	116
20807	CGN 41 ARKANSAS	92136	0	554	554	553	553	369	185
21839	AOE 6 SUPPLY	92136	47	584	547	547	536	536	536
21872	AOE 7 RAINIER	92136	3	576	561	536	536	536	536
30034	NFSSO NFTM SDGO	92136	15	15	15	15	15	15	15
30394	NEXCH D S CL IS	92136	4	4	4	4	4	4	4
31557	NMTJ W SW C SDGO	92136	5	7	7	7	7	7	7
32680	CMIO SDIEGO CA	92136	18	16	16	16	16	16	16
33043	CPACFLT PEB	92136	30	19	19	19	18	18	18
35264	AFTG PAC SHDUT	92136	98	70	70	70	67	67	67
39233	NEXCH NS SDIEGO	92136	2	0	0	0	0	0	0
39354	SCH DEN A&T SDGO	92136	1	1	1	1	1	1	1
41228	CBU 427	92136	0	41	45	45	45	45	45
41331	COMDESRON 33 N D	92136	0	9	0	0	0	0	0
41472	FLT TRA CEN SD	92136	10	10	10	10	10	10	10
41966	COMDESRON 13 ND	92136	0	9	0	0	0	0	0
42144	COMDESRON 13 S D	92136	0	8	0	0	0	0	0
42149	FTC SD GST	92136	463	11	11	11	11	11	11
42980	NBS FSD SDGO	92136	15	15	15	15	1	0	0
43891	FTC SD GST SURF	92136	0	266	277	275	276	279	281
44298	NMASSO DTPACNDUC	92136	57	57	57	57	57	62	62
44386	NS SDGO TRPERSUN	92136	124	98	98	98	98	98	98
45020	BRMCL NS SDGO	92136	85	77	77	77	77	77	77
45198	NAVSURFPAC MTEC	92136	9	5	5	5	5	5	5
45870	NIRA DT 5 SDGO	92136	1	1	1	1	1	1	1
45951	AEGIS TR SUPPGRU	92136	26	33	33	33	33	33	33
46120	FTC SDGO NDUTCP	92136	6	6	6	6	6	6	6
46262	NS SDGO SEC DET	92136	111	145	145	145	145	145	145
46276	NAVSURFPAC SDGO	92136	42	42	42	42	42	42	42
46477	CPACFLT PEB SUP	92136	2	3	3	2	2	2	2
46698	COMPHIBRON 9	92136	37	24	0	0	0	0	0
46744	DMA TECH SVC CTR	92136	0	5	5	5	5	6	6
46867	DM BRMCL NS SDGO	92136	11	12	12	12	12	12	12
46870	DMEDS NDC SDIEGO	92136	12	11	11	11	11	11	11
46992	PINSUR SD D SDGO	92136	34	25	25	25	25	25	25
47042	NSP MTEC SHORE	92136	24	11	11	11	11	11	11
47152	EODMU 15	92136	0	0	5	5	5	5	5
47340	NEXCHCEN SDGO ND	92136	1	1	1	1	1	1	1
47418	FLT SURG TEAM 1	92136	18	15	15	15	15	15	15
47420	FLT SURG TEAM 3	92136	16	18	18	18	18	18	18
47548	DMED FH6 NDC SDG	92136	6	6	6	6	6	6	6
47839	AD 37 S GOM REPA	92136	0	799	799	0	0	0	0
47914	RIPO AREA 2	92136	0	4	4	4	4	4	4
48022	NAVINTACT NSDGO	92136	4	2	2	2	2	2	2
48038	CINCPACFLT DENTL	92136	1	1	1	1	1	1	1
48308	DLEA S DIEGO CA	92136	7	3	3	6	6	7	7
48522	SDSA FLESUPSEC	92136	6	6	6	6	6	6	6
48644	NS SAN DIEGO FSC	92136	6	3	3	3	3	3	3
49204	DECA NS SDIEGO	92136	17	10	9	9	7	7	6

49343	FLT SUG TM 5	92136	14	14	14	14	14	14	14
49381	DEFDD SDIEGO	92136	5	5	5	5	5	5	5
49996	COMPHIBRON 7 DET	92136	0	8	8	8	8	8	8
49997	COMPHIBRON 9 DET	92136	0	5	0	0	0	0	0
52725	COMDESRON 33	92136	45	27	30	30	29	29	29
52739	COMPHIBGRU THREE	92136	40	46	46	46	45	45	45
53997	CONSOLIDA DIV UN	92136	48	34	34	34	34	34	34
55236	SURPAC RSGU SDGO	92136	106	62	62	62	62	62	62
55253	HM 19	92136	0	162	156	156	156	156	156
55298	COMPHIBRON 7	92136	41	24	21	21	20	20	19
55304	MOTU 5	92136	90	72	70	70	70	70	70
57062	AFTGP ND COMP	92136	376	311	310	310	309	309	309
61690	FTC SAN DIEGO	92136	32	26	45	46	46	46	46
62791	SUPSHP SDIEGO C	92136	22	24	24	23	24	24	24
62888	INSURVPAC SDGO	92136	5	6	6	6	6	6	6
63139	NAVAIRES ALAMEDA	92136	0	114	112	112	112	112	112
63387	PWKS CEN SDGO	92136	14	14	14	13	12	12	12
65918	SIMA SDGO	92136	2320	3003	2744	2696	2351	2411	2768
66022	NDC SAN DIEGO CA	92136	366	378	368	369	372	365	359
66105	NAVEXCHCN SDGO	92136	2	2	2	2	2	2	2
68107	FLILOT SDIEGO CA	92136	12	7	8	8	8	8	8
68132	NB SD NADSAP NSD	92136	9	12	12	12	12	12	12
68152	NEXCEN SFTM SDGO	92136	12	8	8	8	8	8	8
68370	NLEGSVCOFF SDGO	92136	67	50	50	50	50	55	55
68407	NAVPACEN SDGO	92136	9	9	9	9	9	9	9
68482	BUPERS DET DAPMA	92136	11	10	10	10	10	10	10
68556	PSD NS SDGO	92136	94	96	96	94	94	94	94
68562	NMASSO DTPAC SD	92136	32	35	35	35	35	29	29
68943	NVJUSTSCOL DET	92136	5	4	4	4	4	4	4
68945	NSDAT SDIEGO CA	92136	59	63	63	63	63	63	63
68954	FOSSAC DET SDGO	92136	2	12	12	12	12	12	12
82630	EODMU 7	92136	31	25	25	25	25	25	25
44369	NAIR CMPO NPR SD	92138	1	1	0	0	0	0	0
00243	MC CRUITDEP SDGO	92140	18	13	13	14	14	14	14
32556	BRMCL MCRD SDGO	92140	77	79	79	79	79	79	79
67019	12TH MCD SDIEGO	92140	1	0	0	0	0	0	0
09012	VF 1	92145	50	0	0	0	0	0	0
09048	VAW 110	92145	332	0	0	0	0	0	0
09074	VAW 88	92145	77	0	0	0	0	0	0
09086	VF 211	92145	259	246	246	246	1	1	1
09095	VF 124	92145	695	0	0	0	0	0	0
09108	VF 301	92145	131	146	0	0	0	0	0
09113	VF 2	92145	321	290	290	290	31	31	31
09120	VF 302	92145	146	148	0	0	0	0	0
09143	NARC MIRAMAR	92145	92	87	86	1	0	0	0
09261	COM CVW 14	92145	34	31	29	29	29	29	29
09394	CVWR 30	92145	35	36	24	24	24	24	24
09458	VAW 112	92145	180	153	153	0	0	0	0
09459	VAW 113	92145	175	153	153	0	0	0	0
09462	VAW 114	92145	186	153	0	0	0	0	0
09465	VAW 116	92145	175	153	153	0	0	0	0
09475	VF 51	92145	240	230	0	0	0	0	0
09481	VF 126	92145	213	0	0	0	0	0	0

09603	VF 111	92145	270	246	1	1	0	0	0
09734	COM CVW 11	92145	28	31	29	0	0	0	0
09742	COM CVW 2	92145	29	30	28	0	0	0	0
09747	COM CVW 15	92145	27	27	0	0	0	0	0
09932	VF 24	92145	234	230	230	230	0	0	0
09934	VF 213	92145	300	287	287	287	287	287	287
09985	VAW 117	92145	189	153	153	153	0	0	0
30276	NEXCH MIRAMAR CA	92145	1	1	1	1	0	0	0
30342	AESU DT MIRAMAR	92145	3	4	4	3	0	0	0
30658	S CC VAW 110	92145	92	0	0	0	0	0	0
32547	BRMCL NAS MIRAMA	92145	58	62	62	62	0	0	0
35668	NAS MIRAM A/CODT	92145	142	22	4	0	0	0	0
42343	FMFP SDIEGO CA	92145	33	28	28	0	0	0	0
44322	NAS MIRAMAR AIMD	92145	570	513	513	141	0	0	0
45611	BUPERS C BRIG	92145	146	152	151	151	151	151	151
46253	NAS MIRAMAR SECD	92145	127	109	109	68	0	0	0
46780	4FSSG MLC4SBNDSD	92145	1	3	3	3	3	3	3
46903	F-14D FLT INTROT	92145	12	0	0	0	0	0	0
46962	NAS MIRA SEA ODT	92145	297	287	192	0	0	0	0
47397	CARAEWPNSCOL	92145	19	19	19	0	0	0	0
47464	TW 2 A/C OPS	92145	15	15	15	0	0	0	0
48708	NAS MIRAMAR FSC	92145	0	1	1	1	1	1	1
49120	E-2C FIT	92145	7	0	0	0	0	0	0
49209	DECA MIRAMAR CMS	92145	20	11	10	10	10	9	8
52912	FITWPSCOL MIRAMA	92145	146	2	2	2	2	2	2
52995	VFC 13	92145	121	123	123	0	0	0	0
55188	COM CVW 9 D MIRA	92145	2	2	2	0	0	0	0
55629	COMFITWINGPAC	92145	16	0	0	0	0	0	0
55634	COMAEWWINGPAC	92145	12	0	0	0	0	0	0
60259	NAS MIRAMAR	92145	259	242	242	160	68	66	66
61061	AMTGD EL TORO	92145	0	0	0	0	3	3	3
65563	S C/C VF 124	92145	158	79	71	61	58	55	55
66064	AMTGD MIRAMAR	92145	156	153	153	0	0	0	0
66472	NPMOD MIRAMAR	92145	7	8	8	8	0	0	0
66649	CBU 405	92145	67	45	45	45	0	0	0
66656	FASOTRAGRUP MIR	92145	13	21	21	11	6	6	6
66894	NALREHABCEN MIRA	92145	85	90	88	85	0	0	0
67680	4TH MDVIHSCO4TBN	92145	1	1	1	1	1	1	1
67805	4TH FSSGHSCO4MBN	92145	8	9	9	8	8	8	8
68117	NB SD NADSAP MIR	92145	3	4	4	0	0	0	0
68557	PSD NAS MIRAMAR	92145	65	69	69	33	2	2	2
00948	FLT ASW TRA PAC	92147	82	60	59	59	59	59	59
41443	FASWTCPAC SD FTP	92147	5	5	5	5	5	5	5
41469	FLCBTRC PACFMSTR	92147	1	1	1	1	1	1	1
42496	NCTSI DET 1SD C	92147	7	7	7	7	7	7	7
42498	NCTSI DET 3	92147	0	0	0	0	0	7	7
42817	PSD FLSWTRCEN SD	92147	22	22	22	22	22	22	22
42851	FASWTCPAC GST	92147	627	418	416	417	421	424	425
42852	FLCBTRC PAC GST	92147	490	321	270	255	148	153	153
43852	FASWTCPAC GSTSUB	92147	0	59	54	54	54	53	53
45186	FLCTRCPAC SDIEGO	92147	0	14	12	12	12	12	12
45559	REGLOGSUPOFC L B	92147	0	0	0	0	0	1	1
45605	ASWTC P LBCH	92147	0	1	0	0	0	0	0

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

46042	COMTRAPAC DSG	92147	3	1	1	1	1	1	1
47143	SSAAC SDGO CA	92147	2	0	0	0	0	0	0
49267	TQLTMPAC	92147	5	9	9	9	9	9	9
49365	AFTG PAC DET	92147	9	9	9	9	9	9	9
53996	TACTRAGRUPAC	92147	56	53	53	53	53	53	53
57022	COMTRAPAC	92147	44	36	35	36	36	36	36
61665	FTCOMBATRCEN PAC	92147	17	18	18	18	12	12	12
66466	NAVO PAC COMP	92147	2	2	2	2	2	2	2
68524	NCTSI SDIEGO CA	92147	26	26	26	26	26	26	26
68772	NLEGSVCOFF LBCH	92147	0	0	0	0	0	11	11
68940	NCCOSC SAN DIEGO	92147	9	9	9	9	9	9	9
39353	NSWC ICST	92152	17	11	9	9	9	9	9
41631	NCCOSC RDTE OSSD	92152	13	14	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92152	13	10	0	0	0	0	0
45772	NAVLIAISON SDGO	92152	1	1	1	1	1	1	1
45782	NCCOSC RDTE D SD	92152	14	24	0	0	0	0	0
47627	NCCOSC S D NON-N	92152	10	18	24	25	25	25	24
63152	FLTCOMBDSSA SDG	92152	99	66	34	34	34	34	34
66001	NCCOSC RDTE DV	92152	88	93	40	40	41	41	41
68221	NPERANDCEN SDGO	92152	19	13	12	11	11	11	11
68951	NUSC DET ASL SDG	92152	0	0	6	6	6	6	6
00074	NAVSPECWARCOM CA	92155	100	98	105	119	120	119	119
08971	SEAL TEAM 5	92155	214	229	229	229	229	229	229
08973	SDVT 1	92155	157	222	222	232	262	262	276
09815	COMTACGRU ONE	92155	12	15	15	15	15	15	15
21928	PC 7 SQUALL	92155	0	28	28	28	28	28	28
21929	PC 8 ZEPHYR	92155	0	28	28	28	28	28	28
31899	PACRCNSRF SDGO	92155	18	16	16	16	16	16	16
32549	BRMCL NAB CORONA	92155	39	40	40	40	40	40	40
35186	CNSRFPAC REP/RPN	92155	1	1	1	1	1	1	1
35431	CNBEACHGR 1 PRTS	92155	13	14	14	14	14	14	14
35624	PHIBCB 1 SEADUCO	92155	124	120	130	130	130	130	130
39037	SWOSCOLPAC SDGO	92155	65	0	0	0	0	0	0
39049	STU SWOSSCOLCOM	92155	111	100	90	77	73	69	69
41608	CNSURPAC SDNSGOP	92155	3	3	3	3	3	3	3
41914	BCHMSTR UN 1 SHO	92155	43	29	29	29	29	29	29
41915	FDGP SEA DUTY	92155	106	72	71	71	71	71	71
42147	NPHIBSCH COR GST	92155	145	131	130	129	129	129	130
42169	NPHIBSCH COR S D	92155	8	7	7	7	7	7	7
42221	SPECBOATU 12	92155	223	232	240	250	265	264	275
42222	SPECBOATU 13	92155	30	0	0	0	0	0	0
42828	PSD CORONADO CA	92155	31	35	35	35	35	35	35
42963	SPECBATU 13 S D	92155	9	0	0	0	0	0	0
43305	NAVINTACT CNSPAC	92155	3	3	3	3	3	3	3
44157	NPHIBS COR FMSTP	92155	12	15	15	15	15	15	15
44884	SEAL TEAM 3	92155	223	229	229	229	229	229	229
44920	BCHMSTR UN 1 D A	92155	17	19	19	19	19	19	19
44921	BCHMSTR UN 1 D B	92155	24	19	19	19	19	19	19
44922	BCHMSTR UN 1 D C	92155	19	19	19	19	19	19	19
44923	BCHMSTR UN 1 D D	92155	17	19	19	19	19	19	19
44924	BCHMSTR UN 1 D E	92155	22	19	19	19	19	19	19
44925	BCHMSTR UN 1 D F	92155	19	19	19	19	19	19	19
44939	CNSWGRU 1 SDUCOM	92155	36	44	44	44	44	44	44

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

45771	PCFAST D S DGO	92155	1	0	0	0	0	0	0
46257	NPB CORONAD SECD	92155	46	38	38	38	38	38	38
46442	CSWDG DT WEST	92155	3	3	3	3	3	3	3
46462	STU BASUNDDEM/SE	92155	250	225	203	173	164	156	156
46989	NSPECWARCEN NDC	92155	29	43	43	43	43	43	43
47330	FDGP TAC DEV&E	92155	2	2	2	2	2	2	2
48707	NAB CORONADO CDC	92155	2	1	1	1	1	1	1
48902	NPHIBSCH COR TQL	92155	14	13	13	13	13	13	13
49080	PC MST ONE	92155	13	13	13	15	15	15	15
49082	PC MST THREE	92155	7	13	13	15	15	15	15
49440	NSWC D WASH DC	92155	2	4	4	4	4	4	4
49713	PC MST 5	92155	3	13	13	15	15	15	15
49770	NSWC DET N PRCHT	92155	11	13	13	13	13	13	13
49917	NAVINTACT FTPAC	92155	0	1	1	1	1	1	1
53212	BCHMSTR UN 1	92155	12	11	11	11	10	10	10
53257	ASSAULT CFT UN 1	92155	131	62	65	63	62	62	62
53824	COMNAVSURFPAC	92155	216	224	227	227	224	224	224
55104	PHIB CB1	92155	350	274	274	270	270	270	270
55134	TACRON 11	92155	62	79	86	119	119	119	119
55135	TACRON 12	92155	60	79	86	119	119	119	119
55321	EODGR1	92155	23	27	28	28	28	28	28
55446	COMSPECBOATRON 1	92155	31	71	71	71	71	71	71
55447	EOD MOB UN 3	92155	205	207	207	207	206	206	206
55721	FTGP SDGO CA	92155	76	63	62	62	62	62	62
55777	SEAL TEAM 1	92155	222	229	229	229	229	229	229
57066	COMNBEACHGRU 1	92155	15	14	14	14	14	14	14
57100	N SPEC WAR GRU 1	92155	101	117	116	116	116	116	116
62021	NPB CORONADO	92155	303	203	212	212	212	212	212
63018	NPHIBSCH CORONAD	92155	8	6	6	6	6	6	6
67271	LANDFORTRACO PAC	92155	10	8	8	8	8	8	8
68751	FLETACREADGRU SD	92155	9	6	3	0	0	0	0
68794	FDGPD CORONADO	92155	31	30	30	30	30	30	34
68869	NSPECWARCEN CORO	92155	220	215	215	215	215	215	215
41341	BUPERS S/D SD DT	92166	20	19	19	19	19	19	19
43440	BUPERS PG S C	92166	2	2	2	2	2	2	2
44907	BUPERS S/D C H	92166	2	2	2	2	2	2	2
46819	STU EEAP #1 GOLD	92166	2	0	0	0	0	0	0
43791	DCMO SPACE	92186	2	1	1	1	1	1	1
63116	NHLTHRSCHCEN SDG	92186	25	21	20	19	19	19	19
65584	NELEXSYENGC SDEG	92186	6	5	4	3	4	4	4
65913	NSEACENPAC SDIGO	92186	43	40	39	39	39	39	39
			74701	65239	57736	53555	52953	51437	51383

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	7,137	201,440	4.37	84.69
ACTIVE DUTY NON N/MC	399	11,266	4.94	4.74
TOTAL ACTIVE DUTY	7,536	212,706		89.43
FAMILY OF AD	13,246	504,934	2.89	107.07
RETIRED AND FAMILY MEMBERS UNDER 65 *	7,580	295,468	4.94	106.05
RETIRED AND FAMILY MEMBERS OVER 65	-	-	-	-
OTHER	238	4,934	3.98	2.26
TOTAL	28,600	1,018,042		304.81

What is your occupancy rate for FY 1994 to date? 78%

*DATA NOT AVAILABLE BY AGE; ALL AGES INCLUDED.

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	1,036,367	1,055,021	1,074,012	1,093,344	1,113,024	1,133,059	1,153,454
ADMISS	29,115	29,639	30,172	30,715	31,268	31,831	32,404

Please show all assumptions and calculations in the space below:

- **TOTAL PROJECTED POPULATION INCREASE OF 9% BETWEN FY94 AND FY99, FOR 1.8% INCREASE ANNUALLY.**

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
SEE NOTE BELOW		

NOTE: All miscellaneous (other) medical support provided (not direct patient care) is performed by Branch Medical Clinic(s) personnel and, as such, was reported in Data Call #~~41~~ 27 for each respective Branch Medical Clinic.

BUMED-823
7 Jun 94

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							
RESIDENCIES:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Anesthesiology	6	7	6	6	6	6	6	6
Dermatology	5	3	4	4	4	4	4	4
Diagnostic Radiology	8	7	8	8	8	8	8	8
Emergency Medicine	8	6	10	8	8	8	8	8
General Surgery	4	3	4	4	4	4	4	4
Internal Medicine	10	11	12	12	12	12	12	12
Obstetrics/Gynecology	5	5	5	5	5	5	5	5
Ophthalmology	4	4	4	4	4	4	4	4
Orthopaedic Surgery	5	5	5	5	5	5	5	5
Otolaryngology	3	3	3	3	3	3	3	3
Pathology	3	2	1	2	2	2	2	2
Pediatrics	5	6	6	6	6	6	6	6
Psychiatry	2	2	4	4	4	4	4	4
Urology	2	2	2	2	2	2	2	2

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
FELLOWSHIPS:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Adolescent Medicine	1	0	1	2	1	2	1	2
Cardiology	3	4	4	4	4	4	4	4
Critical Care	1	1	1	2	2	2	2	2
Gastroenterology	1	1	2	2	2	2	2	2
Dermatopathology	1	1	1	1	1	1	1	1
Hematology/Oncology	1	2	2	2	2	2	2	2
Infectious Disease	1	2	2	2	2	2	2	2
Nephrology	1	0	1	1	1	1	1	1
Pulmonary Disease	1	1	1	2	2	2	2	2
Body Imaging (Rad)	1	1	1	1	1	1	1	1

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
DENTISTRY:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Oral Surgery	2	2	2	2	2	2	2	2
General Practice	5	5	5	5	5	5	5	5
Psychology Interns	4	4	4	4	4	4	4	4
Nurse Anesthesia	6	6	6	6	6	6	6	6
Hospital Pharmacy	1	1	1	1	1	1	1	1

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
DENTISTRY:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
INTERNSHIPS:								
Transitional Year	22	22	22	22	22	22	22	22
Basic Medicine	21	21	21	21	21	21	21	21
Basic Surgery	22	22	22	22	22	22	22	22
Obstetrics/Gynecology	6	6	6	6	6	6	6	6
Pediatrics	8	8	8	8	8	8	8	8
Psychiatry	6	6	6	6	6	6	6	6

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):

BASED ON PAST 3 YEARS BOARDS' PERFORMANCE

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Anesthesiology	F	100%	
Dermatology	F	100%	
Emerg Medicine	F	100%	
Internal Med	F	95%	
OB/GYN	F	100%	
Ophthalmology	F	100%	
Orthopedics	F	100%	
Otolaryngology	F	100%	
Pathology	F	100%	
Pediatrics	F	100%	
Psychiatry	F	77%	Of 11 graduates, 8.5 passed written and oral exams, 1 failed, 1 was ineligible as a D.O., and 1 chose not to take the boards.
Diag Radiology	F	100%	
Gen Surgery	F	92%	
Urology	F	100%	
Oral Surgery	F	100%	
Cardiology	F	100%	
Critical Care	F	100%	
Gastroenterology	F	100%	
Hema/Oncology	F	100%	
Infect Disease	F	100%	
Nephrology	F	100%	COMBINED PROGRAM WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO.
Pulmonary Dis	F	100%	

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N i 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 (CC where possible. Do not include any buildings that would receive the 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	MAIN HOSPITAL COMPLEX	868,595	7	ADEQUATE
55010	SOUTH CLINIC	150,000	7	ADEQUATE
55010	NORTH CLINIC	150,000	7	ADEQUATE
73083	CHAPEL	13,917	6	ADEQUATE
73025	GATE/SENTRY HOUSE	38	7	ADEQUATE
44135	GENERAL STORAGE SHED	2,360	1	ADEQUATE
72111	EM BARRACKS	44,461	25	ADEQUATE
74020	FISHER HOUSE	5,120	2	ADEQUATE
73080	EMPLOYEE PARKING	352,500	9	ADEQUATE
61010	REGIONAL CMD HDQTRS	29,428	46	ADEQUATE
72114	CLASS A STUDENT BARRACKS	375,262	38	B41, B26 F50 SUBS
81159	STAND-BY GEN PLANT	840	38	ADEQUATE
74043	GYMNASIUM	17,669	1	ADEQUATE
17120	NSHS	96,800	7	ADEQUATE
73080	PARKING STRUCTURE	216,000	2	ADEQUATE
73025	GATE/SENTRY HOUSE	66	11	ADEQUATE
74076	LIBRARY EDUCATIONAL CENTER	37,719	6	ADEQUATE
73081	LIGHT CARE REHAB	118,949	6	ADEQUATE
53040	VIVARIUM	18,792	4	ADEQUATE
73010	FIRE STATION	3,922	7	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-606	CONSTRUCT PARKING STRUCTURE	1990	$5,841K
P-600H	CONSTRUCT RECREATIONAL FACILITY	1989	$3,323K
P-600G	CONVERSION OF B-26	1989	APPROX $9M

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-102	CHILD DEVELOPMENT CENTER	1994	$2,500K
P-600H	DEMOLITION OF BUILDING 24	1994	$556K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-175T	CONSTRUCT MEDICAL/DENTAL CLINIC MIRAMAR	1996	$44,020K
P-202T	CONSTRUCT PARKING STRUCTURE	1996	$11,060K
P-201T	CONSTRUCT BEQ	1996	$9,300K
P-204T	EXPAND MEDICAL CLINIC NORTH ISLAND	1996	$5,100K
P-205T	EXPAND MEDICAL CLINIC NAVAL STATION	1996	$8,440K
P-382T	CONSTRUCT MEDICAL/DENTAL CLINIC, SUBMARINE BASE	1996	$6,140K

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 CENTER				
2. UIC 60259	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 20		
5. SIZE	A. GSF 2,208,541	B. NORMAL BEDS		C.DTRS 22
6. LOCATION	A. CITY		B.STATE	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	50	25	25	B09, E20	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B12	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				

(B) HVAC	60	40		C01, E01	
(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 a of your facilities.

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

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

4. Fill in N/A (not applicable) where certain Function/System is not present in t 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 Medic Facilities usage (i.e., building, structure or utility). The first three digits o 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 ne five years due to expected deterioration , the use of a facility for its designate 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 thereo in percentage form, that is in inadequate condition and associated with a designat 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 ne 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 indicat the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: **7-27-92**
FULL ACCREDITATION: **YES**
LIFE SAFETY MANAGEMENT SCORE: **2** (Record as 1,2,3,4,or 5)

LOCATION:

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

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

Naval Medical Center is centrally located between <u>all</u> Navy activities supported and easily accessible via modern roadway systems.

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

A major North-South Interstate Highway (I-5 is adjacent to the base and a major East-West Interstate Highway (I-94) is les than 1 mile away and accessed by surface roads and an I-5 interchange. Helo flight approaches to the hospital are the be in the city. Both military and civilian sea port services are within 3 miles of the hospital. Both military and civilian airports are within 15 minutes.

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

Distance (in miles): 3

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

San Diego is immediately accessible to both military and civilian air terminals with flights to the entire Pacific theat and South/Central America. Additionally, Naval Medical Center is within 30 minutes of USMC Base Camp Pendleton, which is a major recipient of NavMed's mob medical forces.

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

15 to 30 minutes.

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

The central location of NavMed within San Diego "helps" in the hiring of personnel from all surrounding communities.

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.

Extremely negative impact on USN/USMC personnel and all other beneficiaries. Closure of only Navy tertiary Medical Center west of Mississippi, wold drastically increase Government Direct Care costs for Alternative Health Care; eliminate main receiving hospital for western Hemisphere patient Medivacs; send CHAMPUS costs through the roof; reduce local economy by 20%; send unemployment rates sharply upword, and compromise the Navy and Marine Corps ability to meet mission requirements. As the only major Navy specialized treatment center in the western U.S., and one only three remaining major Navy teaching hospitals, (NH Oakland, BRAC 95), closure would reduce the Navy's medical teaching facilities by 33%. San Diego is the operational center for the largest Naval establishment in the countr The defense project its Global presence. Medical capability is essential to the success of navy's mission. Loss of NMCSD would eliminate the largest training program in the Navy which would directly impact on the present and future ability of the Navy's ability to remain the number one Navy in the world. NMCSD is a new facility (1987) constructed with state-of-the-art, high-tech medical equipment and virtually every sub-specialty service. Loss of the fines MTF in the Navy would be catastrophic to our Government, Beneficiaries, Civilian employees, and the local San Diego economy.

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

No. See 10 and 10c.

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

If <u>ALL</u> active duty personnel and their families left he San Die area, the remaining retired population could be easily absorbed into the private sector medical community. There are an estimated 50,000 Retirees/Dependents residing in San Diego County. Although, the CHAMPUS costs for treating their population would sharply rise, as most retirees and their families attempt to receive care through the Direct Care system to avoid CHAMPUS co-pays and deductibles, the overall CHAMPUS costs should decline due to the absence of Activity Duty dependents whose numbers are three times the number of retired population and historically had a higher CHAMPUS use.

10c. If your inpatient care capability were to close, would the loc 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:

NMCSD had 48,000 inpatient admissions with an 81% occupancy ra during FY93. The total number of hospital beds overall in the priva sector in San Diego County is 5,842. During 1990, the twenty-one civilian hospitals located in San Diego county had 199,436 admission with 63% average occupancy rate. Therefore, the community appears able to absorb inpatient care for DOD beneficiaries in the San Diego area. If DOD beneficiaries were required to receive inpatient care at civilian facilities, the active duty population could possibly be negatively impacted in of meeting mission requirements LOS, Limited Duty, P.E. boards, etc. All of these factors are foreign to the private sector and would require extensive training of provider and a willingness on their part to accommodate the military. New contractual arrangements with civilian hospitals for specific milita requirements would become quite expensive and probably unworkable. Quality of care, in some specialties, could become a concern for DOD beneficiaries.

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
NEPMU-6, PEARL HARBOR, HI		6
USS GUAM	LPH-9	3
USS TRIPOLI	LPH-10	3
USS NEW ORLEANS	LPH-11	3
USS TARAWA	LHA-1	4
USS BELLEAU WOOD	LHA-3	1
USS ESSEX	LSD-2	3
3D MAW, CAMP PENDLETON		5
DET 3D MAW, YUMA, AZ		5
USNS MERCY	TAH-19	180
1ST MARINE AIR WING		1
3D MARINE AIR WING		4
NAVDENCEN PEARL HARBOR		1
HQ FMFPAC, CAMP SMITH, HI		1
3D MARINE DIVISION		1
3D FORCE SERVICE SUPPORT GROUP		19
1ST FORCE SERVICE SUPPORT GROUP		42
1ST MARINE DIVISION		1
NAVAL HOSPITAL GUAM		81
NAVMEDCLINIC PEARL HARBOR		35
NAVAL HOSPITAL YOKOSUKA		136
NAVAL HOSPITAL OKINAWA		106
NAVDENCEN YOKOSUKA		1

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVDENCEN OKINAWA		1
FLTHOSP #1		325
FLTHOSP #2		72
FLTHOSP #6		246
8TH MEB (COMMAND ELEMENT)		1
1ST FSSG (ADV ELEMENT)		7
3D MARDIV (ADV ELEMENT)		1
3RD FSSG (ADV ELEMENT)		8

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

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

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced o 6 foot centers and include embedded electrical and gas utility suppo 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]: **564**

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994*
INPATIENT	5,124	3,535	1,908
OUTPATIENT	2,234	1,578	514

*** THRU MARCH 1994**

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	2,691	$3,196	821	$2,049	846	$734
AD FAMILY	276	$1,020	308	$ 772	59	$ 73
OTHER	261	$ 220	117	$ 199	29	$ 75
TOTAL	3,228	$4,436	2,246	$3,021	934	$882

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

[2] The total cost in thousands of dollars.

***THRU 9 MAY 1994**

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

CATEGORY	FY 1992	FY 1993	FY 1994*
TOTAL COSTS	$77,423,328	$96,933,281	$121,359,559
TOTAL VISITS	1,054,298	715,793	1,018,044
TOTAL INPATIENT VISITS	401,396	47,906	51,480
TOTAL OUTPATIENT VISITS	652,902	667,887	966,564
AVERAGE COST PER VISIT	$73.44	$135.42	$119.21

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994*
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	$119,427,651	$137,954,821	$23,570,817

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994*
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	$432,574	$760,166	$118,152
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	$2,530,464	$3,326,304	$627,734
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	$2,963,038	$4,086,470	$745,886
E. TOTAL E EXPENSES (ALL ACCOUNTS)	$60,513,549	$85,101,749	$15,117,289
F. % SELECTED E EXPENSES (D÷E)[1]	4.896487%	4.801864%	4.933993%

[1] Record as a decimal to 6 digits.

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994*
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	$10,177,004	$27,788,106	
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	$498,316	$1,334,347	
I. AREA REFERENCE LABORATORIES (FAA)	$0	$0	$0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	$2,023,248	$2,183,690	$334,945
K. TOTAL SELECTED F (I+J)	$2,023,248	$2,183,690	$334,945
L. CONTINUING HEALTH EDUCATION (FAL)	$1,748,894	$3,124,256	$685,135
M. DECEDENT AFFAIRS (FDD)	$45,814	$869,712	$63,745
N. INITIAL OUTFITTING (FDE)	$0	$0	$0
O. URGENT MINOR CONSTRUCTION (FDF)	$0	$0	$0
P. TOTAL (L+M+N+O)	$1,794,708	$3,993,968	$748,880
Q. E EXPENSES INCLUDED IN ROW P	$76,712	$357,807	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	$3,756	$17,181	
S. OTHER F'S LESS E (P-R)	$1,790,952	$3,976,787	

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994*
T. INPATIENT WORK UNIT (IWU)	33069	29195	7962
U. TOTAL WORK UNITS (MWU)[2]	61970	58302	16216
V. PERCENT INPATIENT (IWU÷AWU)	114.42%	101.02%	96.45%
W. FINAL OTHER F EXPENSES (S×V)	$2,049,237	$4,017,241	
X. FINAL F EXPENSES (K+W)	$4,072,485	$6,200,931	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	$123,001,820	$142,821,405	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	29008	25610	6984
AA. TOTAL MEPRS DISPOSITIONS	29008	25610	6984
BB. ADJUSTED DISPOSITIONS (Z÷AA)	1	1	1
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	$123,001,820	$142,821,405	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	28180	27066	
EE. COST PER RWP (CC÷DD)	$4,365	$5,277	
FF. TOTAL CATEGORY II RWPs[3]	13905	14426	
GG. TOTAL CATEGORY II COST (EE×FF)	$60,693,410	$76,122,870	
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	$62,308,409	$66,698,535	
II. TOTAL CATEGORY III RWPs (DD-FF)	14275	12640	
JJ. COST PER CATEGORY III RWP (HH÷II)	$4,365	$5,277	

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

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

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)	130480	116188	7872
LL. CATEGORY II (AS DEFINED IN FF) OBDs	748	176	
MM. CATEGORY III OBDs (KK-LL)	129732	116012	
NN. AVERAGE DAYS/RWP (MM÷II)	9	9	
OO. ADD ON PER RWP (NN×77)	$700	$707	
PP. TOTAL COST PER RWP (JJ+OO)	$5,065	$5,984	
QQ. CIVILIAN PAY COST (PP×.15)	$760	$898	
RR. MILITARY PAY COST (PP×.56)	$2,836	$3,351	
SS. OTHER COSTS (PP×.29)	$1,469	$1,735	
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	$811	$958	
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	$2,990	$3,532	
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	$930	$1,099	
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	$968	$1,143	
XX. MILITARY ASSET USE CHARGE (UU×1.04)	$3,109	$3,673	
YY. OTHER ASSET USE CHARGES (SS×1.04)	$1,527	$1,805	
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	$1,654	$1,954	
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	$5,731	$6,771	

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)	130480	116188	7872
LL. CATEGORY II (AS DEFINED IN FF) OBDs	748	176	
MM. CATEGORY III OBDs (KK-LL)	129732	116012	
NN. AVERAGE DAYS/RWP (MM÷II)	9	9	
OO. ADD ON PER RWP (NN×77)	$700	$707	
PP. TOTAL COST PER RWP (JJ+OO)	$5,065	$5,984	
QQ. CIVILIAN PAY COST (PP×.15)	$760	$898	
RR. MILITARY PAY COST (PP×.56)	$2,836	$3,351	
SS. OTHER COSTS (PP×.29)	$1,469	$1,735	
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	$811	$958	
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	$2,990	$3,532	
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	$930	$1,099	
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	$968	$1,143	
XX. MILITARY ASSET USE CHARGE (UU×1.04)	$3,109	$3,673	
YY. OTHER ASSET USE CHARGES (SS×1.04)	$1,527	$1,805	
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	$1,654	$1,954	
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	$5,731	$6,771	

*FY 1994 data is first QTR total. Data not available was left blank.

(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.

N/A

	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)?

N/A

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

Type of Quarters	Utilization Rate
Adequate	**N/A**
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	------
Substandard	95%
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?

We have not experienced much of a change since FY 1993.

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

21,535

AOB = (# Geographic Bachelors x average number of days in barracks)
59 X 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.)	30	51%	
Spouse Employment (non-military)	1	1%	
Other "C" SCHOOLERS	28	48%	
TOTAL	59	100	

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

Unknown. We do not keep track of this.

(3) BOQ:

WE DO NOT HOUSE OFFICERS. THIS COMMAND DOES NOT HAVE A BOQ.

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

Type of Quarters	Utilization Rate
Adequate	N/A
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.)	N/A		
Spouse Employment (non-military)			
Other			
TOTAL		100	

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

N/A

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

LOCATION NAVAL MEDICAL CENTER, SAN DIEGO, CA **DISTANCE ON BASE**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	0	N/A
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	1	N
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	1	N
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	2	N

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	Y
Basketball CT (outdoor)	Each	1	Y
Racquetball CT	Each	2	N
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	1	N
Fitness Center	SF	3	N
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	1	Y
Football Fld	Each	1	Y
Soccer Fld	Each	1	Y
Youth Center(Childrens Waiting Room)	SF	1	N
Fisher House(Medical Hospitality	9 ROOMS	1	Y

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

NO

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	4		X		25 (38 ON EXPT BIRTH LIST)	
6-12 Mos	4		X		20	420
12-24 Mos	20		X		54	540
24-36 Mos	14		X		51	730
3-5 Yrs	29		X		4	50

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." Fo 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 BASERE

(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 lis

N/A

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

N/A

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

NAVAL TRAINING CENTER
NAVAL AMPHIBIOUS BASE CORONADO
CDC NORTH ISLAND NAVAL AIR STATION
NAVAL SUBMARINE BASE
NAVAL STATION SAN DIEGO

(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	NEX
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	NEX
Package Store	SF	0
Fast Food Restaurants	Each	NEX
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	NEX
Dry Cleaners	Each	NEX
ARC	PN	CO
Chapel	PN	CO
FSC Classrm/Auditorium	PN	CO

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

City	Distance (Miles)
San Diego	0
Escondido	26
Oceanside	33
Tijuana, Baja Norte, Mexico	20

Facilities offering services approaching similar amenities cannot compe with the no cost factor of a military base.

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	211.67	118.90
E2	223.20	140.53
E3	212.60	166.54
E4	234.17	163.53
E5	253.97	177.21
E6	293.80	199.84
E7	322.90	224.37
E8	330.04	249.72
E9	316.55	240.21
W1	420.12	319.31
W2	381.79	299.47
W3	408.84	332.20
W4	403.84	358.06
O1E	363.5	269.68
O2E	369.94	294.93
O3E	415.48	351.56
O1	331.25	144.19
O2	325.83	254.87
O3	360.92	303.89
O4	445.55	387.28
O5	493.65	408.36
O6	540.21	447.10
O7	519.85	422.57

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.

N/A

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?

N/A

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?

N/A

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 o 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthl payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

N/A

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.

N/A

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

N/A

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)
San Diego, CA	100%	21	33

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 t 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 colleg 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
N/A							

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

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

N/A

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 w of your response.

NO.

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

NO.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case catego 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 was assigned to or worked at the base; and 2) all reported criminal activity off base. **N/A - We are not an air station.**

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.

DATA BEING CERTIFIED **Data Call #27 UIC 00259 NAVMEDCEN SAN DIEGO CA**

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-7-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

Acting Title 10 Jun 1994 Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval School of Health Sciences, San Diego, CA
UIC:	0621A
Host Activity Name (if response is for a tenant activity):	Naval Hospital, San Diego, CA
Host Activity UIC:	00259

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 1 and 1B are submitted for a single DON activity, please ensure that no data is double counted (th is, included on both Table 1A and 1B). The following tables are designed to collect all BOS co currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research a 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).** T Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in th format shown on the table, the O&M, R&D and MPN resources currently budgeted for B services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Re direct funding for the activity. Host activities should not include reimbursable support pr to tenants, since tenants will be separately reporting these costs. Military personnel cost be included on the appropriate lines of the table. Please ensure that individual lines of th not include duplicate costs. Add additional lines to the table (following line 2j., as nece identify any additional cost elements not currently shown). **Leave shaded areas of ta**

2
2
2b.
2c.
2d. F
2e. Mo
2f. Bache
2g. Child
2h. Family S
2i. Administra
2j. Other (Spec
2k. Sub-total 2a.
3. Grand Total (sum

Naval School of Health Sciences, San Diego, CA 0621A

2j.	Chaplain	$ 2.0	$ 121.0	$123.0
	Security	1.0	123.0	124.0
	Communications	70.0	0.0	70.0

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&M,DHP	$ 662.0
MPN	1,829.0

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Naval School of Health Sceinces, San Diego, CA		**UIC:** 0621A	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: Naval School of Health Sciences, San Diego, Ca	**UIC:** 0621A
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	$ 141.0
Material and Supplies (including equipment):	1398.0
Industrial Fund Purchases (other DBOF purchases):	0.0
Transportation:	23.0
Other Purchases (Contract support, etc.):	~~22.0~~ 664.0 m 18 Jul 94
Total:	~~$1,584.0~~ $2,226.0 m 18 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name: Naval School of Health Sciences, San Diego, CA	**UIC:** 0621A
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.)
1	Instructional services

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

Date 8/5/94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/30/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Signature

Commanding Officer
Title

Date 19 July 94

Naval Health Sciences Education and Training Command
Activity

ENCLOSURE (2)

Document Separator

3-11

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVY DRUG SCREENING LAB, SAN DIEGO
UIC:	68853
Host Activity Name (if response is for a tenant activity):	NAVAL MEDICAL CENTER SAN DIEGO, CA
Host Activity UIC:	00259

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

4

DATA CALL 66
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVY DRUG SCREENING LAB SD		UIC: 68853	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	35		35
1b. Minor Construction	25		25
1c. Sub-total 1a. and 1b.	60		60
2. Other Base Operating Support Costs:			
2a. Utilities	* 87		87*
2b. Transportation	1		1
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration		105.	105
2j. Other (Specify) COMMUNICATION (TELE)	* 14		* 14
2k. Sub-total 2a. through 2j:	102	105	207
3. Grand Total (sum of 1c. and 2k.):	162	105	267

* FUNCTIONAL TRANSFER (FUNDS) REQUESTED. NMC to NDSL. 7/1/94. JR

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)
NA	

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A		UIC: 68853	
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:			
3. Depreciation			
4. Grand Total (sum of 1e., 2m., and 3.) :			

7

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: NAVY DRUG SCREENING LAB, S.D. **UIC:** 68853

Cost Category	FY 1996 Projected Costs ($000)
Travel:	30
Material and Supplies (including equipment):	1,609
Industrial Fund Purchases (other DBOF purchases):	7
Transportation:	4
Other Purchases (Contract support, etc.):	243
Total:	1,893

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: NAVDRUG SCREENING LAB S.D.	**UIC:** 68853
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:* MAINTENANCE	.5
Total Workyears:	.5

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

DATA CALL 66
INSTALLATION RESOURCES

168853

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 3.7

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

.5

2) Estimated number of workyears which would be eliminated:

&

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):

&

68853

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):**

N/A

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.)

11

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. P. Christopher	JP Christopher
NAME (Please type or print)	Signature
COMMANDING OFFICER	July 14, 1994
Title	Date
NAVY DRUG SCREENING LABORATORY	
Activity	

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

COMPTROLLER
Title

15 July 1994
Date

NAVY ENVIRONMENTAL HEALTH CENTER
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

8-2-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

8/30/94
Date

Document Separator

2

391

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Medical Center, San Diego
UIC:	00259
Host Activity Name (if response is for a tenant activity):	N/A BUMED-822 mdl, 15 Jul 94
Host Activity UIC:	N/A

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

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

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

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

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

Activity Name: Naval Medical Center, San Diego | **UIC:** 00259

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor Civ/Mil*	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	6,248	46/0	6,294
1b. Minor Construction	228	0/0	228
1c. Sub-total 1a. and 1b.	6,476	46/0	6,522
2. Other Base Operating Support Costs:			
2a. Utilities	7,912	0/0	7,912
2b. Transportation	310	244/0	544
2c. Environmental	292	0/0	292
2d. Facility Leases	0	0/0	0
2e. Morale, Welfare & Recreation	36	538/0	574
2f. Bachelor Quarters	424	30/563	1,017
2g. Child Care Centers	36	665/0	701
2h. Family Service Centers	0	0/0	0
2i. Administration	3,099	3,643/4,494	11,236
2j. Other Engineer Support	2,017	428/342	2,787
2k. Supply Operations	667	2,169/967	3,803
2l. Other Personnel Support	89	35/917	1,041
2m. Base Communications	2,424	148/132	2,704
2n. Physical Security	110	120/1,717	1,947

DATA CALL 66
INSTALLATION RESOURCES

2o. Sub-total 2a. through 2n:	17,416	8,020/9,132	34,568
3. Grand Total (sum of 1c. and 2o.):	23,892	8,066/9,132	41,090

*** Note: FY 96 Military Personnel Cost is based on FY 94 8 months actual (NC2171), use 8 months average to project out for the year and straight line for the out years.**

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)
9760130.188J	$31,958
MilPers	$9,132

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A		UIC:	
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 Center, San Diego	**UIC:** 00259
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	1,413
Material and Supplies (including equipment):	18,161
Industrial Fund Purchases (other DBOF purchases):	14,559
Transportation:	11
Other Purchases (Contract support, etc.):	72,195
Total:	106,339

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 Center, San Diego	**UIC:** 00259
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	*
Facilities Support:	*
Mission Support:	171
Procurement:	0
Other:*	0
Total Workyears:	171

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

*** All On-Base work/services are being performed/contracted by the Navy Public Works Center and the Southwest Division, Naval Facilities Engineering Command.**

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)):

2) Estimated number of workyears which would be eliminated:

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):

171

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): None.**

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

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

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. K. BURKHARD, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDER, ACTING
Title

7/14/94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 7-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 16 AUG 1994 Date

Document Separator

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

20 APRIL 1994

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

N/A

1d.

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

1e.

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

4c.

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

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

N/A

4d.

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

List permit violations and discuss any projects to correct deficiencies.

N/A

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

> **4e.1 The average daily discharge from the Naval Medical Center's (NMC) sanitary sewer to the City of San Diego Sewage Treatment Plant is approximately 267,706* gallons. There is no flow limitation.**

4e.2 The daily maximum discharge for pollutants are as follows:

Acids and Alkalines		**pH range 5-11**
Oil and Grease	**500**	**mg/1**
Dissolved Sulfides	**1.0**	**mg/1**
Cyanide	**0.19**	**mg/1**
Antimony	**0.2**	**mg/1**
Arsenic	**0.2**	**mg/1**
Beryllium	**0.2**	**mg/1**
Cadmium	**0.12**	**mg/1**
Chromium	**0.7**	**mg/1**
Copper	**0.45**	**mg/1**
Lead	**0.06**	**mg/1**
Mercury	**0.2**	**mg/1**
Nickel		**0.41 mg/1**
Selenium	**0.2**	**mg/1**
Silver	**0.2**	**mg/1**
Thallium	**0.2**	**mg/1**
Zinc	**0.42**	**mg/1**
Pesticides & PCBs	**0.004**	**mg/1**
Phenolic Compounds		**2.5 mg/1**

4e.3 NMC is currently in compliance with it's Industrial Waste Discharge Permit.

4f.

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

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

N/A

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

4g.1 NMC maintains and operates twenty nine (29)* conditionally authorized treatment units. These units are regulated under Permit by Rule (PBR) requirements by the State of California, Department of Toxic Substance Control, to treat waste water. The procedures covered under the permit include silver recovery, acid neutralization, oil/water separator, and formaldehyde treatment.

Twenty three (23) silver recovery units, located throughout NMC are used to extract silver from waste water generated by photographic and X-ray processing equipment. Approximately 2,380* gallons of waste water is processed through theses units per month.

Three (3)* acid neutralization units are used to treat waste water generated by laboratories. These unit adjust pH up to the 5-11 range prior to disposal. Approximately 3,100* gallons of waste water are treated per month.

One (1) oil/water separator. This unit separates the oil fraction from waste water generated during vehicle washing or maintenance operations. Approximately 2000 gallons of waste water, per month, is processed through the separator.

Two (2) aldehyde-X management systems, These systems convert formaldehyde solutions into a nontoxic, water soluble polymer. Approximately 200 gallons of formaldehyde are treated, per month, prior to disposal into the sanitary sewer.

4h.

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

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

N/A

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

4i.1 Water is supply to NMC by the City of San Diego via the Navy Public Works Center, San Diego, Utilities Department. Agreements and/or contracts are not applicable.

4j.

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

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? **San Diego County Air Pollution Control District (APCD)**
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? NO . List site, location and name of AQCA.

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

Site: _____ AQCA: _____

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

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

6. ENVIRONMENTAL COMPLIANCE

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

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air		0*	2.1*	0*	0*	0*	0*
Hazardous Waste		0*	0*	0*	0*	0*	0*
Safe Drinking Water Act		0	0	0	0	0	0
PCBs		0	0	0	0	0	0
Other (non-PCB) Toxic Substance Control Act		0	0	0	0	0	0
Lead Based Paint		0	0	0	0	0	0
Radon		0	0	0	0	0	0
Clean Water Act		0*	0*	0*	0*	0*	0*
Solid Waste		0	78*	0	0	0	0
Oil Pollution Act		0	0	0	0	0	0
USTs		0	100*	0	0	0	0
Other		0*	0	0	0	0	0
Total		0*	180.1*	0*	0*	0*	0*

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

Survey completed.*

6b.
Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 100% Are additional surveys planned? NO What is the estimated cost to remediate asbestos ($K) 1,158 . Are asbestos survey costs based on encapsulation, removal or a combination of both?

REMOVAL

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

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN	204	256	280	294	308	324	697*	769*
HA	0	0	0	0	0	0	0	0
PA	398*	65*	33*	0	0	0	0	0
Other (specify)								
TOTAL	602*	321*	313*	294	308	324	697*	769*

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

1990 Admenments to the Clean Air Act, Title V and Executive Order 12856 dealing with Emergency Planning and Community Right to Know Act (EPCRA) will have a major impact.*

7. INSTALLATION RESTORATION

7a.

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

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

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

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

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

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

NO*

7d.

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

State scope and expected length of pump and treat operation.

N/A

7e.

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

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

NO

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

NO

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

NO*

7i.

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

7j. Have any base operations or development plans been restricted due to Installation Restoration considerations? **N/A.**

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions. **N/A.**

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

N/A

8h.

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

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

N/A

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

N/A

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	**N/A***

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

N/A

UIC: 00259 REVISION (1) OF BRAC-95 DATA CALL #33

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

30 Aug 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-6-94

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 9/12/94

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL NAS NORTH ISLAND SDIEGO CA
ACTIVITY UIC: 32546

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

MISSION REQUIREMENTS

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

Branch Medical Clinic, NAS North Island is primarily an active duty clinic whose mission is deirect medical support to the operating forces. Additionally, support to active duty Navy and Marine Corps units assigned or homeported to NAS North Island. Limited medical support is also available to dependents residing on base and at the Navy Lodge. The medical support is provided by Flight Surgeons, General Medicine Officers, Physician Assistant, Physical Therapy Officer, Staff Oprometrist, Nurse Practitioner, Independent Duty and general duty corpsmen. The scope of care provided includes routine laboratory testing, X-ray procedures, immunizations. optometry services, OB/GYN, aviation and regular physical exams, audiograms, routine military sickcall, acute/urgent care response via ambulance service, mental health, orthopedic casting, wellness information classes such as smoking cessation and cholesterol control program. Specialty referrals are made through consultation to Naval Medical Center San Diego.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Include the client/customer Unit Identification Code (UIC).

UINT NAME	UIC	UINT LOCATION
See attachment 1, ZIP Code: 92135		

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

UIC	NAME	ZIP	FY93	FY94	FY95	FY96	FY97	FY98	FY99
47526	SWNVFACENGCOM DT	92101	0	2	2	2	2	2	2
63057	NIS WREG SDGO CA	92101	7	4	4	4	4	4	4
68634	MEPS SAN DIEGO	92101	11	8	8	8	8	8	8
05380	ARD 30 SAN ONOFR	92106	101	110	0	0	0	0	0
31712	NAVINTACT CSGRU5	92106	2	0	0	0	0	0	0
31753	SB SDGO TWR 3	92106	17	15	15	15	15	15	15
31954	SUBTRAFAC SDIEGO	92106	170	170	139	139	139	139	139
33175	CSUBGR 5	92106	86	86	2	2	2	2	2
35622	CSDG1 DET BRAVO	92106	14	15	15	15	15	15	15
40823	SUBASE TWR 842	92106	15	15	15	15	15	15	15
41685	DISAJTAC3A EFTHU	92106	9	10	10	10	10	10	10
42474	CSUBGR 5 CBSTT	92106	6	7	0	0	0	0	0
43304	SUBTRAFAC SD BOS	92106	11	9	9	9	9	9	9
43979	JNTMGMTO THTNFOR	92106	0	1	1	1	1	1	1
44430	ARD 30 S ON SRAC	92106	17	21	0	0	0	0	0
44943	SB SDGO WEAP IMA	92106	130	125	125	0	0	0	0
44978	COMSUBGRU 5 SMMS	92106	24	24	0	0	0	0	0
45424	TR 5	92106	6	6	6	6	6	6	6
45425	TR 6	92106	6	6	6	6	6	6	6
45675	SUBASE SD TWR823	92106	12	14	14	12	14	14	14
46132	SUBASE SD TWR771	92106	14	15	15	15	15	15	15
46259	SUBASE SDGO SECD	92106	59	60	60	60	60	60	60
46708	NB SD NADSAP SB	92106	5	4	4	4	4	4	4
47336	SB SDGO S-HELP	92106	12	14	14	14	14	14	14
48655	SB SDIEGO FSC	92106	2	3	3	3	3	3	3
55244	COMSUBRON 11	92106	49	44	44	44	0	0	0
55522	COMSUBDEVGR 1	92106	40	38	38	38	38	37	37
63406	SUBASE SDGO CA	92106	208	146	146	146	145	146	146
65370	CSUBGR 5 SSO	92106	2	1	1	1	1	1	1
66937	CSDG 1 NSCHDVG S	92106	10	11	0	0	0	0	0
68554	PSD PT LOMA SDGO	92106	35	12	12	12	12	12	12
44753	DIR12MCD OSO SD	92108	1	1	1	1	1	1	1
68692	NROTCUUSDSDSUSDC	92110	13	11	11	11	11	11	11
43790	DCMAO S DIEGO	92111	2	3	3	3	3	3	3
43756	DSO DIEGO	92112	1	1	1	1	1	1	1
42039	NUSWCD SDIEGO CA	92123	0	1	0	0	0	0	0
55625	AFTGP SEADU COMP	92126	76	74	74	74	74	74	74
62106	NMCREDCEN SDGO	92131	51	39	38	38	38	37	37
80013	MIUWU 107	92131	10	8	8	8	8	8	8
81176	MIUWU 106	92131	8	8	8	8	8	8	8
00123	NAVREGCONTC SDGO	92132	4	2	2	2	2	2	2
00242	CNAVBASE SDGO	92132	51	33	35	35	35	35	35
00244	FISC SDIEGO CA	92132	22	18	16	16	16	16	16
20036	ARDM 5 ARCO	92132	127	131	130	130	0	0	0
35612	OPNASUPACT HNDCL	92132	8	5	5	5	5	5	5
41875	NRRCREG 19/RPN	92132	6	4	4	4	4	4	4
43406	NTSC FLDOPSD PAC	92132	2	2	2	2	2	2	2
43435	MSCO SAN DIEGO	92132	9	5	5	5	5	5	5
45189	NCIS LE&PSAT SDG	92132	5	6	6	6	6	6	6
45242	CSS 3 TACRED SCO	92132	1	1	0	0	0	0	0
45517	SPCC NACO P SAND	92132	0	1	1	1	1	1	1
46548	COMSUBRON 11 SDC	92132	0	1	1	1	0	0	0

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

47638	NCTA SAN DIEGO	92132	1	0	0	0	0	0	0
55347	CSUBRON 3	92132	45	45	0	0	0	0	0
60957	DAO-CL SDGO CA	92132	20	23	19	19	19	19	19
63015	NEDTRASUPCEN PAC	92132	52	11	11	10	11	12	12
67796	NMC MARS SDGO	92132	1	1	1	1	1	1	1
68350	NRRCREG19 SDIEGO	92132	29	27	27	30	30	30	30
68553	PSA SAN DIEGO	92132	16	10	10	10	10	10	10
68564	CNAVBASE SDGO CR	92132	6	6	6	6	6	6	6
68711	SOWNFEC SDIEGO	92132	17	20	20	19	18	18	18
00247	NTC SDGO	92133	396	243	220	208	47	9	9
0388A	FITCPAC SDGO	92133	29	33	32	30	32	32	2
0581A	SSC SDGO	92133	637	212	145	11	9	9	9
0753A	CRUITRACOM SDGO	92133	91	0	0	0	0	0	0
30643	S CRU TRCOM SDGO	92133	5112	2372	2097	1716	1631	1550	1550
32553	BRMCL NTC SDGO	92133	112	118	118	118	118	118	118
35109	NJROTC AREA 11	92133	3	3	3	3	3	3	3
35287	SSC SDGO FMSTPRG	92133	6	4	4	0	0	0	0
35405	NBAND DC SDIEGO	92133	40	1	1	1	1	1	1
41453	CO CDRS RTC SDGO	92133	222	0	0	0	0	0	0
42084	RTCSDGENSKILLTNG	92133	50	0	0	0	0	0	0
42132	SSC SDGO BOOSTPG	92133	17	0	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92133	0	0	0	0	0	2	0
42815	PSD RTC SD	92133	44	48	0	0	0	0	0
42816	PSD NTC SD	92133	56	54	43	43	43	43	17
42820	NTC SDGO CAA CTR	92133	7	8	0	0	0	0	0
43298	BUPERS NACU SD	92133	23	0	0	0	0	0	0
43311	SSC SDGO BOS	92133	32	27	17	16	5	5	5
43521	NCPS PHOENIX	92133	11	4	4	4	4	4	4
43542	RQAT SDIEGO	92133	5	4	4	4	4	4	4
43721	S SSC SD BOST PG	92133	248	248	248	248	248	248	248
43907	SSC SDGO SURF	92133	0	87	6	0	0	0	0
43908	SSC SDGO LDG	92133	0	17	16	16	16	0	0
43909	SSC SDGO SUB	92133	0	24	1	1	1	1	1
43910	SSC SDGO EW	92133	0	85	0	0	0	0	0
43914	SSC SDGO INS AIR	92133	0	5	0	0	0	0	0
45032	FITCPAC FMS TRNG	92133	1	1	1	1	1	1	0
46093	CPF MPWRASSTM SD	92133	0	2	2	2	2	2	2
47462	STU MED DEPT OST	92133	1	0	0	0	0	0	0
47775	CNET SUP UN SDGO	92133	1	1	1	1	1	1	1
48390	NAVINTACT FTPC S	92133	16	18	18	18	18	18	18
49203	DECA NTC SDIEGO	92133	11	7	6	6	6	6	6
49274	MOIC EASTPAC FP	92133	23	0	0	0	0	0	0
49756	PSD NTC SDGO F H	92133	0	3	3	3	1	1	1
66283	NECH N SDIEGO CA	92133	1	1	0	0	0	0	0
68401	NAVCRUITDIST SD	92133	232	0	0	0	0	0	0
00228	FISC OAKLAND CA	92134	0	0	0	0	5	5	5
00247	NTC SDGO	92134	0	0	0	0	0	37	36
00259	NMC SDGO CA	92134	2236	2079	2078	2072	2205	2055	1833
00619	NMEDCEN OAKLAND	92134	0	0	0	0	338	338	338
0114A	COMDESRON 5	92134	14	12	12	12	12	12	12
0116A	COMDESRON 7	92134	13	12	12	12	12	12	12
0126A	COMDESRON 17	92134	12	12	0	0	0	0	0
0130A	COMDESRON 21	92134	14	12	12	12	12	12	12

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

0132A	COMDESRON 23	92134	12	12	12	12	12	12	12
03361	CV 61 RANGER	92134	76	0	0	0	0	0	0
03363	CV 63 KITTY HAWK	92134	2768	2906	2906	2906	2906	2906	2906
03551	CGN 9 LONG BEACH	92134	868	562	14	0	0	0	0
0388A	FITCPAC SDGO	92134	0	0	0	0	0	0	30
05072	AGSS 555 DOLPHIN	92134	58	48	48	48	48	48	48
05134	SSN 647 POGY	92134	152	136	136	136	136	136	100
05139	SSN 652 PUFFER	92134	144	136	136	100	0	0	0
05143	SSN 662 GURNARD	92134	146	100	0	0	0	0	0
05725	SSN 677 DRUM	92134	147	136	100	0	0	0	0
05845	LKA 114 DURHAM	92134	323	0	0	0	0	0	0
0621A	NSHS SDIEGO	92134	202	195	191	191	191	191	191
07177	LPD 6 DULUTH	92134	375	386	386	386	386	386	386
07181	LPD 7 CLEVELAND	92134	387	398	398	398	398	398	397
07183	LPD 9 DENVER	92134	371	398	398	398	398	397	397
07184	LPD 10 JUNEAU	92134	373	398	398	398	398	398	397
07194	AGF 11 CORONADO	92134	459	457	457	457	457	457	457
07198	LPH 10 TRIPOLI	92134	725	701	0	0	0	0	0
07202	LPH 11 NRLNS	92134	663	816	819	819	819	0	0
08810	AR 8 JASON	92134	904	965	0	0	0	0	0
09061	HS 85	92134	0	141	141	140	140	140	140
09108	VF 301	92134	0	0	1	1	1	1	1
09120	VF 302	92134	0	0	1	1	1	1	1
09394	CVWR 30	92134	0	0	3	3	3	3	3
20015	LSD 40 FT FISHER	92134	336	321	321	321	321	321	320
20022	LST1183 PEORIA	92134	231	0	0	0	0	0	0
20023	LST1184 FREDERIC	92134	253	249	0	0	0	0	0
20024	LST1185 SCHENECT	92134	192	0	0	0	0	0	0
20026	LST1187 TUSCALOO	92134	220	0	0	0	0	0	0
20132	AS 37 DIXON	92134	559	620	595	570	0	0	0
20221	LST1195BARBOUR C	92134	251	0	0	0	0	0	0
20224	LST1198 BRISTOL	92134	215	5	0	0	0	0	0
20550	LHA 1 TARAWA	92134	958	1063	1063	1063	1067	1069	1069
20576	DD 965 KINKAID	92134	319	332	332	332	332	332	332
20587	DD 967 ELLIOT	92134	349	351	351	351	351	351	351
20599	DD 973 J YOUNG	92134	342	334	334	334	334	334	334
20602	DD 976 MERRILL	92134	311	339	339	339	339	339	339
20826	SSN 701 LA JOLLA	92134	142	141	141	141	151	151	151
20833	DD 986 H W HILL	92134	319	309	309	309	309	309	309
20967	FFG 14 SIDES	92134	184	163	166	166	166	166	166
20978	FFG 25 COPELAND	92134	181	159	162	162	162	0	0
20994	SSN 713 HOUSTON	92134	142	141	141	141	141	141	151
21023	SSN 716 SLAKE C	92134	143	141	141	141	141	141	141
21047	AD 42 ACADIA	92134	550	626	0	0	0	0	0
21052	FFG 27 MS TISDLE	92134	184	159	162	162	162	0	0
21055	FFG 30 REID	92134	198	211	211	211	0	0	0
21063	AD 43 CAPE COD	92134	562	626	626	626	626	626	626
21100	SSN 721 CHICAGO	92134	151	141	164	164	141	141	141
21118	AS 41 MCKEE	92134	557	620	620	620	620	620	620
21198	FFG 46 RENTZ	92134	194	214	214	214	214	214	214
21295	CG 49 VINCENNES	92134	350	380	380	380	380	380	380
21296	CG 50 VALL FORGE	92134	372	380	380	380	380	380	380
21302	SSN 724 LOUIVILL	92134	144	164	164	141	141	141	141

21400	LSD 43 FT MCHENR	92134	311	312	317	317	317	317	317
21404	MCM 3 SENTRY	92134	84	81	81	81	81	81	81
21405	MCM 4 CHAMPION	92134	72	81	70	70	70	70	70
21413	SSN 752 PASADENA	92134	146	141	141	141	164	164	141
21428	CG 57 LAKE CHAMP	92134	377	387	387	387	387	387	387
21437	DDG 994 CALLAGHA	92134	327	331	331	331	331	331	331
21439	DDG 996 CHANDLER	92134	327	331	331	331	331	331	331
21451	CG 62 CHANCELVIL	92134	377	387	387	387	387	387	387
21452	LSD 45 COMSTOCK	92134	298	322	312	312	312	312	312
21463	SSN 754 TOPEKA	92134	149	141	141	141	141	164	164
21530	LSD 47 RUSHMORE	92134	335	317	317	317	317	317	317
21623	CG 63 COWPENS	92134	392	387	387	387	387	387	387
30276	NEXCH MIRAMAR CA	92134	0	0	0	0	1	1	1
30291	STU COMBAT TRA C	92134	50	0	0	0	0	0	0
30522	NS SDGO BRIG	92134	18	0	0	0	0	0	0
30586	STU FLEASWTRACEN	92134	519	467	420	357	339	322	322
30602	CV 61 RAN DSSGD	92134	10	0	0	0	0	0	0
30604	CV 63 KIT DSSGD	92134	12	11	11	11	11	11	11
30627	STU NAVSERVSCOLC	92134	1113	902	514	174	0	0	0
30639	S NHCORSCH SDGO	92134	1066	959	813	691	656	654	654
30808	STU FLT TRA CEN	92134	266	239	215	183	174	165	165
31045	IST NH SAN DIEGO	92134	1	1	1	1	1	1	1
31401	STU CDP SAN DIEG	92134	1	0	0	0	0	0	0
31558	NMTJ W NW C SFRA	92134	0	2	2	2	0	0	0
31657	DCOUNSELOR SDGO	92134	2	2	2	2	2	2	2
32005	TRANS PERS UNIT	92134	2	0	0	0	0	0	0
32541	BRMCL EL TORO	92134	0	0	0	0	76	76	76
33159	COM3FT NSGDT SIG	92134	0	1	1	1	1	1	1
33168	NAVINTACT COM3DF	92134	9	10	10	10	10	10	10
33207	AESU DT EL TORO	92134	0	0	0	0	2	2	2
35405	NBAND DC SDIEGO	92134	0	39	44	44	44	44	44
35410	STU SSPR SCRIPPS	92134	2	0	0	0	0	0	0
35536	STU PG SAN DIEGO	92134	12	0	0	0	0	0	0
35677	A/C OPR DET NAS	92134	34	0	0	0	0	0	0
39007	STU PG UNIV OF S	92134	1	0	0	0	0	0	0
39247	TU CDP UNIV OF S	92134	3	0	0	0	0	0	0
39288	AS 37 DIXON MSC	92134	820	851	851	851	1	0	0
41301	STU LAW ED PRG S	92134	2	0	0	0	0	0	0
41539	STU ALREHAB TRNG	92134	8	0	0	0	0	0	0
41638	CSSD-14	92134	0	0	0	17	17	17	17
42081	FLETRACEN SAN DI	92134	195	0	0	0	0	0	0
42242	STU CDP NATIONAL	92134	2	0	0	0	0	0	0
43392	STU NAVSERVSCOLC	92134	248	223	201	171	162	154	154
43502	STU AEPR SAN DIE	92134	2	0	0	0	0	0	0
43578	STU TACTRAGRUPAC	92134	23	0	0	0	0	0	0
43617	T-ATF 167 NARRAG	92134	3	4	4	4	4	4	4
43618	T-ATF 169 NAVAJO	92134	4	4	4	4	4	4	4
43662	STU FITCPAC	92134	2	0	0	0	0	0	0
43700	HC 1/STU CRAW/CR	92134	1	0	0	0	0	0	0
43841	FLCBTRC PACGSTSU	92134	0	0	0	0	0	0	1
43851	FASWTCPAC GSTSUR	92134	0	0	0	0	0	0	1
43908	SSC SDGO LDG	92134	0	0	0	0	0	16	16
43988	STU EEAP SDIEGO	92134	17	0	0	0	0	0	0

44143	STU MED DEPT OST	92134	28	0	0	0	0	0	0
44260	WNFED CO VALLEJO	92134	0	3	3	3	3	3	3
44369	NAIR CMPO NPR SD	92134	0	0	1	1	1	1	1
44480	STU COMNAVAIR PA	92134	1	0	0	0	0	0	0
44516	FTCBATSYTRUP NDC	92134	29	0	0	0	0	0	0
44570	13D C1DNBN1 FSSG	92134	0	0	0	54	54	54	54
44654	STU CRAW/CRAG VR	92134	3	0	0	0	0	0	0
45032	FITCPAC FMS TRNG	92134	0	0	0	0	0	0	1
45524	NAVBCSTSVC MOB D	92134	1	0	0	0	0	0	0
45585	NH SD NDU COMP	92134	1	1	1	1	1	1	1
45888	STU MECP NETSCP	92134	8	0	0	0	0	0	0
46333	STU EEAP SAN DIE	92134	13	0	0	0	0	0	0
46334	STU EEAP MIRAMAR	92134	3	0	0	0	0	0	0
46542	STU ECP UNIV OF	92134	13	0	0	0	0	0	0
46620	3FSSG D NH SDGO	92134	3	3	3	3	3	3	3
46791	PACFAST D SDIEGO	92134	2	0	0	0	0	0	0
46859	DMEDS NDC SFRAN	92134	0	0	0	0	4	4	4
46859	DMEDS NDC SFRAN	92134	0	0	0	3	3	3	3
46864	DMEDS NH SDIEGO	92134	68	63	63	63	63	63	63
46868	DMEDS N2 NH PVA	92134	3	3	3	3	3	3	3
46897	NSHS SDGO D OAKL	92134	0	0	17	17	17	17	17
47046	VMFAT 101 NAVDET	92134	0	0	0	113	113	113	113
47386	SUPSHIP SDIEGO D	92134	11	0	0	0	0	0	0
47449	EODMU 9	92134	0	0	48	48	43	43	43
47543	DMED FH6 NH SDGO	92134	53	53	53	53	53	53	53
47546	DM FH6 BRMCL SD	92134	15	16	16	16	16	16	16
47547	DM GH6 NH SDGO	92134	1	1	1	1	1	1	1
47552	DEPMED FH6 NH SD	92134	2	2	2	2	2	2	2
47842	AD 42 ACA REPAIR	92134	796	797	0	0	0	0	0
47843	AD 43 REPAIR COM	92134	867	798	798	798	798	798	798
47852	STU PG #2 UNIV C	92134	1	0	0	0	0	0	0
47997	NMDINFMTCENDT SD	92134	1	1	1	1	1	1	1
48441	STU EEAP #2 SOUT	92134	1	0	0	0	0	0	0
48461	NHTR SAN DIEGO	92134	372	302	302	302	302	302	302
48494	STU EEAP SAN DIE	92134	10	0	0	0	0	0	0
48512	STU EEAP NATIONA	92134	2	0	0	0	0	0	0
48616	COMTRAPAC TQL MT	92134	5	0	0	0	0	0	0
48689	STU EEAP CERRO C	92134	1	0	0	0	0	0	0
49148	HS-10 SEA DUTY C	92134	24	0	0	0	0	0	0
49599	STU EEAP UNIV PH	92134	1	0	0	0	0	0	0
49637	STU EEAP ORANGE	92134	1	0	0	0	0	0	0
49730	STU EEAP CAL COL	92134	1	0	0	0	0	0	0
52687	CG 16 LEAHY	92134	234	0	0	0	0	0	0
52692	CG 21 GRIDLEY	92134	387	0	0	0	0	0	0
52693	CG 22 ENGLAND	92134	397	0	0	0	0	0	0
52698	CG 23 HALSEY	92134	367	0	0	0	0	0	0
52704	CG 29 JOUETT	92134	423	0	0	0	0	0	0
52705	CG 30 HORNE	92134	422	0	0	0	0	0	0
52706	CG 31 STERETT	92134	403	0	0	0	0	0	0
52707	CG 32 STANDLEY	92134	426	0	0	0	0	0	0
52708	CG 33 FOX	92134	441	0	0	0	0	0	0
55269	COMPHIBRON 5	92134	25	29	29	29	29	29	29
55281	COMPHIBRON 3	92134	30	29	29	29	29	29	29

55297	COMPHIBRON 1	92134	30	29	29	29	29	29	29
55306	MOTU 9	92134	0	0	23	23	23	24	24
55501	COMCRUDESGRU 1	92134	58	57	57	57	55	55	55
55630	COMHSLWINGPACSAN	92134	5	0	0	0	0	0	0
55633	COMSEACONTROLWIN	92134	11	0	0	0	0	0	0
55635	COMHELTACWINGPAC	92134	11	0	0	0	0	0	0
55636	COMHSWINGPAC	92134	10	0	0	0	0	0	0
55775	COMCRUDESGRU 5	92134	57	57	0	0	0	0	0
55780	COMCRUDESGRU 3	92134	58	57	57	57	55	55	55
57087	COM THIRD FLEET	92134	144	143	143	143	143	143	143
60050	MCAS EL TORO	92134	0	0	64	64	64	64	64
62361	NPMOD ALAMEDA	92134	0	0	0	0	1	1	1
62361	NPMOD ALAMEDA	92134	0	0	0	2	0	0	0
62361	NPMOD ALAMEDA	92134	0	0	1	1	0	0	0
62474	WNFEC SAN BRUNO	92134	0	0	0	0	7	7	7
62760	NAVAUDSVCWEST SD	92134	1	0	0	0	0	0	0
63387	PWKS CEN SDGO	92134	0	0	0	0	1	1	1
65492	NH ORLANDO FL	92134	0	0	0	81	81	81	81
66626	NCPB DT SDIEGO	92134	3	2	2	2	2	2	2
66704	COM3FT SP DIV	92134	1	1	1	1	1	1	1
66950	PERS/AD ASTTMPA	92134	11	0	0	0	0	0	0
67823	MAG-46 (-)	92134	0	0	0	3	3	3	3
68056	NMC SW REGN	92134	0	1	1	1	1	1	1
68401	NAVCRUITDIST SD	92134	0	163	163	168	168	168	168
68555	PSD BALBOA CA	92134	34	36	36	36	36	36	36
68557	PSD NAS MIRAMAR	92134	0	0	0	0	27	27	27
68780	AS 41 MCKEE MSC	92134	823	989	989	989	851	851	851
68853	NDRUGLAB SDGO	92134	5	5	5	5	5	5	5
68906	HCSO SDIEGO	92134	21	26	25	25	25	25	25
68917	PACFLTCARIT S DG	92134	0	0	0	0	4	4	4
68944	NCCOSC ISE WEST	92134	3	0	0	0	0	0	0
70240	NCTS SD CA/EOB	92134	0	0	0	0	19	19	19
00236	NAS ALAMEDA	92135	0	0	0	0	8	8	8
00236	NAS ALAMEDA	92135	0	0	13	13	1	1	1
00246	NAS NORTH ISLAND	92135	581	463	463	463	463	463	463
09055	HSL 84	92135	42	39	13	14	14	14	14
09061	HS 85	92135	85	0	0	0	0	0	0
09074	VAW 88	92135	0	83	1	1	1	1	1
09138	HSL 33	92135	78	0	0	0	0	0	0
09164	HS 4	92135	205	202	167	167	167	167	167
09191	FASOTRAGRUPAC	92135	169	148	148	148	148	148	148
09192	SEACONRON 38	92135	203	215	215	215	215	215	215
09204	SEACONRON 29	92135	199	195	215	215	215	215	215
09209	HS 14	92135	200	202	167	167	167	167	167
09211	HC 1	92135	347	0	0	0	0	0	0
09263	SEACONRON 33	92135	212	195	195	215	215	215	215
09272	HSL 33 LAMPS	92135	186	0	0	0	0	0	0
09296	NAVAIRES SDIEGO	92135	97	110	90	101	101	101	101
09298	SEACONRON 41	92135	444	640	604	604	604	604	604
09299	HS 10	92135	333	423	326	309	307	307	305
09345	SEACONRON 35	92135	210	195	195	195	215	215	215
09372	HS 2	92135	207	202	167	167	167	167	167
09381	SEACONRON 37	92135	217	195	0	0	0	0	0

09528	FACSFAC SDIEGO	92135	152	142	142	142	142	142	142
09607	VRC 30	92135	319	253	236	236	236	236	236
09721	COMCARGRU ONE	92135	58	57	59	59	59	59	59
09722	COMCARGRU THREE	92135	0	0	0	0	57	57	57
09724	COMCARGRU SEVEN	92135	60	57	57	57	57	57	57
09822	HC 3	92135	278	311	296	310	310	310	310
09950	HS 6	92135	201	202	167	167	167	167	167
09951	HS 8	92135	195	202	167	167	167	167	167
09961	COMASWWPAC	92135	65	135	135	136	136	136	136
09983	COMHELWINGRES	92135	52	50	50	50	50	50	50
20828	DSU DET MYSTIC	92135	20	16	16	16	16	16	16
20829	DSU DET TURTLE	92135	13	11	11	11	11	11	11
20892	DSU DET AVALON	92135	17	16	16	16	16	16	16
20919	DSU DT SEA CLIF	92135	12	11	11	11	11	11	11
20993	CVN 70 VINSON	92135	0	0	0	0	3075	3075	3075
30332	AESU DT SDGO WRO	92135	4	4	4	4	4	4	4
30669	S FASOTRAGRUPAC	92135	21	11	11	11	11	11	11
30901	S CWPNTRAGRUPAC	92135	43	41	41	38	38	38	38
30911	MOB ENV TM SDGO	92135	29	31	31	31	31	31	31
31137	DEFCURSTA SDGO	92135	4	4	4	4	4	4	4
31195	NCTS SDIEGO/DCS	92135	27	17	17	17	17	17	17
31466	NAS NORIS S CLEM	92135	167	174	174	174	174	174	174
31507	CWPTRGP TECHIN D	92135	19	17	17	17	17	17	17
31508	CWPTRGP FDTRN DI	92135	19	8	8	8	8	8	8
31713	NAVINTACT SP CNA	92135	4	2	2	2	2	2	2
32117	DSU SAN DIEGO CA	92135	61	48	48	48	48	48	48
32546	BRMCL NAS NISL	92135	56	47	47	47	47	47	47
32673	CMS TRNG SDIEGO	92135	5	5	5	5	5	5	5
32719	NSGD NCTS SD/CC	92135	47	47	47	47	47	47	47
35455	NSGD NCTS SD/DS	92135	83	73	75	75	75	75	73
35499	NLEGSVCOFDT NORI	92135	4	14	14	14	14	14	14
35623	FACSFAC S CLE CO	92135	17	17	17	17	17	17	17
35705	COMASWWPAC NORIS	92135	64	50	32	32	32	32	32
35734	NDCLBR NAS N ISL	92135	40	45	45	45	45	45	45
35947	FASOPAC DT STRTM	92135	76	78	78	78	78	78	78
41431	BRMCL NUC S CLEM	92135	3	3	3	3	3	3	3
42197	NAIRTECH SF D SD	92135	2	1	1	1	1	1	1
42300	HC 11 SEA COMP	92135	360	443	443	443	443	443	443
42431	S CRAW/CRAG HC 3	92135	69	69	69	89	89	89	89
42500	DSU DET UMV	92135	69	60	60	60	60	60	60
42827	PSD N ISL CA	92135	77	86	86	86	86	86	86
43711	CVN 70 VIN DSSGD	92135	0	0	0	0	11	11	11
44326	NAS NORIS AIMD	92135	689	641	641	641	641	641	641
44597	NSGD NCTS DS/CSS	92135	29	10	9	9	10	10	10
45082	NSGDNCTS SD ECCM	92135	41	15	19	19	19	19	19
45083	NCIS FSD NO ISLD	92135	2	2	2	2	2	2	2
45847	PQMM SPEC SDGO	92135	2	2	2	2	2	2	2
45908	CNARF PAC REP	92135	3	3	3	3	3	3	3
45909	CNARF PACREP/RPN	92135	4	3	3	3	3	3	3
46249	NAS ALAMEDA SECD	92135	0	0	0	0	38	37	36
46250	NAS N ISL SEC DT	92135	92	106	106	106	106	106	106
46501	FTCOMBATCAMGUPAC	92135	36	36	36	36	36	36	36
46732	AMCC 07 SDIEGO	92135	6	6	6	6	6	6	6

46776	NASC DT WSM N IS	92135	1	1	1	1	1	1	1
46815	FASOTRAGRUP EMTT	92135	10	10	10	10	10	10	10
46968	NAS NOIS SEA ODT	92135	184	179	179	179	179	179	179
47181	NAIRTSFAC SDGO N	92135	1	1	1	1	1	1	1
47549	DMED FH6 NBR NIL	92135	1	1	1	1	1	1	1
47679	NSGDNCTS SD/SDTY	92135	22	18	18	18	18	18	18
47721	SWATSCOLPAC NI	92135	24	26	26	26	26	26	26
47736	HELASRON 10 FDPT	92135	50	59	40	39	39	39	45
47908	NSGDNCTSNESEC/DS	92135	20	13	1	1	1	1	1
47916	RIPO AREA 4	92135	5	6	6	6	6	6	6
48161	HC 3 N D CP	92135	2	2	2	2	2	2	2
48176	EODMU 3 D NO ISL	92135	0	6	6	6	6	6	6
48517	CSAW SAN DIEGO	92135	88	77	77	77	77	77	77
48544	ASCOMDET NRTH IS	92135	29	19	19	19	19	19	19
49202	DECA NO ISLAND	92135	11	7	7	7	7	6	6
49390	FAMSERVCEN N IS	92135	1	2	2	2	2	2	2
49755	NVBASE SDGO	92135	0	16	16	16	16	16	16
53910	VR 57	92135	97	88	88	89	89	89	89
53914	HSL 43	92135	61	54	54	54	54	54	54
53915	HSL 45	92135	55	54	54	54	54	54	54
53917	HSL 47	92135	59	54	54	54	54	54	54
53919	HSL 49	92135	58	54	54	54	54	54	56
53920	HC 11	92135	39	42	42	107	107	107	107
55138	HSL 41	92135	325	294	281	291	291	291	291
55139	S C/C HSL 41	92135	112	107	107	107	107	107	107
55146	HSL 43 LAMPS	92135	174	169	169	169	169	169	169
55148	HSL 45 LAMPS	92135	172	169	169	169	169	169	169
55150	HSL 47 LAMPS	92135	167	169	169	169	169	169	169
55152	HSL 49 LAMPS	92135	173	169	169	169	169	169	217
55201	HM 15	92135	0	0	414	423	423	423	423
55230	HSL 84 LAMPS	92135	72	66	66	66	66	66	66
57025	COMNAVAIRPAC	92135	189	188	188	188	188	188	188
57092	CNAVIUWGRU 1	92135	17	14	14	14	14	14	14
57094	FLTIMGCOMPAC SDG	92135	19	15	15	15	15	15	15
63013	CWPNTRAGRUPAC SD	92135	67	40	40	41	47	41	41
63037	NPOF SAN DIEGO	92135	57	41	40	40	40	40	40
63896	NSGDNCTS SDIEGO	92135	79	65	65	65	65	65	65
65557	S C/C HS 10	92135	73	73	73	122	122	122	122
65566	S C/C VS 41	92135	159	159	159	159	159	159	159
65888	NAVNDEPOT NORIS	92135	32	31	16	31	31	31	31
66065	AMTGD NORIS CA	92135	165	148	124	126	127	131	131
66422	NEXCH NO ISLAND	92135	1	1	1	1	1	1	1
66633	DMA CSC EPAC OFF	92135	3	2	2	2	2	2	2
66649	CBU 405	92135	0	0	0	0	45	45	45
68046	NCTS SAN DIEGO	92135	22	22	22	22	22	22	22
68118	NB SD NADSAP N I	92135	5	4	4	4	4	4	4
68451	NARDAC SANFRA C	92135	0	0	0	0	9	9	9
68451	NARDAC SANFRA C	92135	0	0	0	2	2	2	2
68557	PSD NAS MIRAMAR	92135	0	0	0	1	1	1	1
68917	PACFLTCARIT S DG	92135	16	12	12	12	8	8	8
70240	NCTS SD CA/EOB	92135	268	208	202	196	168	168	168
00245	NS SAN DIEGO CA	92136	486	239	239	239	239	239	239
0025A	FLTCOMBATSYSTRUP	92136	9	1	1	1	1	1	1

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

0122A	COMDESRON 13	92136	37	20	30	30	29	29	29
04648	AD 37 S GOMPERS	92136	0	625	625	0	0	0	0
0546A	ENPVNTMEDU 5 DGO	92136	39	33	33	33	33	33	33
0609A	S DT SDAT SD	92136	314	283	255	217	206	196	196
13871	AFDM 14 STEADFST	92136	118	116	116	116	116	116	116
20807	CGN 41 ARKANSAS	92136	0	554	554	553	553	369	185
21839	AOE 6 SUPPLY	92136	47	584	547	547	536	536	536
21872	AOE 7 RAINIER	92136	3	576	561	536	536	536	536
30034	NFSSO NFTM SDGO	92136	15	15	15	15	15	15	15
30394	NEXCH D S CL IS	92136	4	4	4	4	4	4	4
31557	NMTJ W SW C SDGO	92136	5	7	7	7	7	7	7
32680	CMIO SDIEGO CA	92136	18	16	16	16	16	16	16
33043	CPACFLT PEB	92136	30	19	19	19	18	18	18
35264	AFTG PAC SHDUT	92136	98	70	70	70	67	67	67
39233	NEXCH NS SDIEGO	92136	2	0	0	0	0	0	0
39354	SCH DEN A&T SDGO	92136	1	1	1	1	1	1	1
41228	CBU 427	92136	0	41	45	45	45	45	45
41331	COMDESRON 33 N D	92136	0	9	0	0	0	0	0
41472	FLT TRA CEN SD	92136	10	10	10	10	10	10	10
41966	COMDESRON 13 ND	92136	0	9	0	0	0	0	0
42144	COMDESRON 13 S D	92136	0	8	0	0	0	0	0
42149	FTC SD GST	92136	463	11	11	11	11	11	11
42980	NBS FSD SDGO	92136	15	15	15	15	1	0	0
43891	FTC SD GST SURF	92136	0	266	277	275	276	279	281
44298	NMASSO DTPACNDUC	92136	57	57	57	57	57	62	62
44386	NS SDGO TRPERSUN	92136	124	98	98	98	98	98	98
45020	BRMCL NS SDGO	92136	85	77	77	77	77	77	77
45198	NAVSURFPAC MTEC	92136	9	5	5	5	5	5	5
45870	NIRA DT 5 SDGO	92136	1	1	1	1	1	1	1
45951	AEGIS TR SUPPGRU	92136	26	33	33	33	33	33	33
46120	FTC SDGO NDUTCP	92136	6	6	6	6	6	6	6
46262	NS SDGO SEC DET	92136	111	145	145	145	145	145	145
46276	NAVSURFPAC SDGO	92136	42	42	42	42	42	42	42
46477	CPACFLT PEB SUP	92136	2	3	3	2	2	2	2
46698	COMPHIBRON 9	92136	37	24	0	0	0	0	0
46744	DMA TECH SVC CTR	92136	0	5	5	5	5	6	6
46867	DM BRMCL NS SDGO	92136	11	12	12	12	12	12	12
46870	DMEDS NDC SDIEGO	92136	12	11	11	11	11	11	11
46992	PINSUR SD D SDGO	92136	34	25	25	25	25	25	25
47042	NSP MTEC SHORE	92136	24	11	11	11	11	11	11
47152	EODMU 15	92136	0	0	5	5	5	5	5
47340	NEXCHCEN SDGO ND	92136	1	1	1	1	1	1	1
47418	FLT SURG TEAM 1	92136	18	15	15	15	15	15	15
47420	FLT SURG TEAM 3	92136	16	18	18	18	18	18	18
47548	DMED FH6 NDC SDG	92136	6	6	6	6	6	6	6
47839	AD 37 S GOM REPA	92136	0	799	799	0	0	0	0
47914	RIPO AREA 2	92136	0	4	4	4	4	4	4
48022	NAVINTACT NSDGO	92136	4	2	2	2	2	2	2
48038	CINCPACFLT DENTL	92136	1	1	1	1	1	1	1
48308	DLEA S DIEGO CA	92136	7	3	3	6	6	7	7
48522	SDSA FLESUPSEC	92136	6	6	6	6	6	6	6
48644	NS SAN DIEGO FSC	92136	6	3	3	3	3	3	3
49204	DECA NS SDIEGO	92136	17	10	9	9	7	7	6

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

49343	FLT SUG TM 5	92136	14	14	14	14	14	14	14
49381	DEFDD SDIEGO	92136	5	5	5	5	5	5	5
49996	COMPHIBRON 7 DET	92136	0	8	8	8	8	8	8
49997	COMPHIBRON 9 DET	92136	0	5	0	0	0	0	0
52725	COMDESRON 33	92136	45	27	30	30	29	29	29
52739	COMPHIBGRU THREE	92136	40	46	46	46	45	45	45
53997	CONSOLIDA DIV UN	92136	48	34	34	34	34	34	34
55236	SURPAC RSGU SDGO	92136	106	62	62	62	62	62	62
55253	HM 19	92136	0	162	156	156	156	156	156
55298	COMPHIBRON 7	92136	41	24	21	21	20	20	19
55304	MOTU 5	92136	90	72	70	70	70	70	70
57062	AFTGP ND COMP	92136	376	311	310	310	309	309	309
61690	FTC SAN DIEGO	92136	32	26	45	46	46	46	46
62791	SUPSHP SDIEGO C	92136	22	24	24	23	24	24	24
62888	INSURVPAC SDGO	92136	5	6	6	6	6	6	6
63139	NAVAIRES ALAMEDA	92136	0	114	112	112	112	112	112
63387	PWKS CEN SDGO	92136	14	14	14	13	12	12	12
65918	SIMA SDGO	92136	2320	3003	2744	2696	2351	2411	2768
66022	NDC SAN DIEGO CA	92136	366	378	368	369	372	365	359
66105	NAVEXCHCN SDGO	92136	2	2	2	2	2	2	2
68107	FLILOT SDIEGO CA	92136	12	7	8	8	8	8	8
68132	NB SD NADSAP NSD	92136	9	12	12	12	12	12	12
68152	NEXCEN SFTM SDGO	92136	12	8	8	8	8	8	8
68370	NLEGSVCOFF SDGO	92136	67	50	50	50	50	55	55
68407	NAVPACEN SDGO	92136	9	9	9	9	9	9	9
68482	BUPERS DET DAPMA	92136	11	10	10	10	10	10	10
68556	PSD NS SDGO	92136	94	96	96	94	94	94	94
68562	NMASSO DTPAC SD	92136	32	35	35	35	35	29	29
68943	NVJUSTSCOL DET	92136	5	4	4	4	4	4	4
68945	NSDAT SDIEGO CA	92136	59	63	63	63	63	63	63
68954	FOSSAC DET SDGO	92136	2	12	12	12	12	12	12
82630	EODMU 7	92136	31	25	25	25	25	25	25
44369	NAIR CMPO NPR SD	92138	1	1	0	0	0	0	0
00243	MC CRUITDEP SDGO	92140	18	13	13	14	14	14	14
32556	BRMCL MCRD SDGO	92140	77	79	79	79	79	79	79
67019	12TH MCD SDIEGO	92140	1	0	0	0	0	0	0
09012	VF 1	92145	50	0	0	0	0	0	0
09048	VAW 110	92145	332	0	0	0	0	0	0
09074	VAW 88	92145	77	0	0	0	0	0	0
09086	VF 211	92145	259	246	246	246	1	1	1
09095	VF 124	92145	695	0	0	0	0	0	0
09108	VF 301	92145	131	146	0	0	0	0	0
09113	VF 2	92145	321	290	290	290	31	31	31
09120	VF 302	92145	146	148	0	0	0	0	0
09143	NARC MIRAMAR	92145	92	87	86	1	0	0	0
09261	COM CVW 14	92145	34	31	29	29	29	29	29
09394	CVWR 30	92145	35	36	24	24	24	24	24
09458	VAW 112	92145	180	153	153	0	0	0	0
09459	VAW 113	92145	175	153	153	0	0	0	0
09462	VAW 114	92145	186	153	0	0	0	0	0
09465	VAW 116	92145	175	153	153	0	0	0	0
09475	VF 51	92145	240	230	0	0	0	0	0
09481	VF 126	92145	213	0	0	0	0	0	0

09603	VF 111	92145	270	246	1	1	0	0	0
09734	COM CVW 11	92145	28	31	29	0	0	0	0
09742	COM CVW 2	92145	29	30	28	0	0	0	0
09747	COM CVW 15	92145	27	27	0	0	0	0	0
09932	VF 24	92145	234	230	230	230	0	0	0
09934	VF 213	92145	300	287	287	287	287	287	287
09985	VAW 117	92145	189	153	153	153	0	0	0
30276	NEXCH MIRAMAR CA	92145	1	1	1	1	0	0	0
30342	AESU DT MIRAMAR	92145	3	4	4	3	0	0	0
30658	S CC VAW 110	92145	92	0	0	0	0	0	0
32547	BRMCL NAS MIRAMA	92145	58	62	62	62	0	0	0
35668	NAS MIRAM A/CODT	92145	142	22	4	0	0	0	0
42343	FMFP SDIEGO CA	92145	33	28	28	0	0	0	0
44322	NAS MIRAMAR AIMD	92145	570	513	513	141	0	0	0
45611	BUPERS C BRIG	92145	146	152	151	151	151	151	151
46253	NAS MIRAMAR SECD	92145	127	109	109	68	0	0	0
46780	4FSSG MLC4SBNDSD	92145	1	3	3	3	3	3	3
46903	F-14D FLT INTROT	92145	12	0	0	0	0	0	0
46962	NAS MIRA SEA ODT	92145	297	287	192	0	0	0	0
47397	CARAEWPNSCOL	92145	19	19	19	0	0	0	0
47464	TW 2 A/C OPS	92145	15	15	15	0	0	0	0
48708	NAS MIRAMAR FSC	92145	0	1	1	1	1	1	1
49120	E-2C FIT	92145	7	0	0	0	0	0	0
49209	DECA MIRAMAR CMS	92145	20	11	10	10	10	9	8
52912	FITWPSCOL MIRAMA	92145	146	2	2	2	2	2	2
52995	VFC 13	92145	121	123	123	0	0	0	0
55188	COM CVW 9 D MIRA	92145	2	2	2	0	0	0	0
55629	COMFITWINGPAC	92145	16	0	0	0	0	0	0
55634	COMAEWWINGPAC	92145	12	0	0	0	0	0	0
60259	NAS MIRAMAR	92145	259	242	242	160	68	66	66
61061	AMTGD EL TORO	92145	0	0	0	0	3	3	3
65563	S C/C VF 124	92145	158	79	71	61	58	55	55
66064	AMTGD MIRAMAR	92145	156	153	153	0	0	0	0
66472	NPMOD MIRAMAR	92145	7	8	8	8	0	0	0
66649	CBU 405	92145	67	45	45	45	0	0	0
66656	FASOTRAGRUP MIR	92145	13	21	21	11	6	6	6
66894	NALREHABCEN MIRA	92145	85	90	88	85	0	0	0
67680	4TH MDVIHSCO4TBN	92145	1	1	1	1	1	1	1
67805	4TH FSSGHSCO4MBN	92145	8	9	9	8	8	8	8
68117	NB SD NADSAP MIR	92145	3	4	4	0	0	0	0
68557	PSD NAS MIRAMAR	92145	65	69	69	33	2	2	2
00948	FLT ASW TRA PAC	92147	82	60	59	59	59	59	59
41443	FASWTCPAC SD FTP	92147	5	5	5	5	5	5	5
41469	FLCBTRC PACFMSTR	92147	1	1	1	1	1	1	1
42496	NCTSI DET 1SD C	92147	7	7	7	7	7	7	7
42498	NCTSI DET 3	92147	0	0	0	0	0	7	7
42817	PSD FLSWTRCEN SD	92147	22	22	22	22	22	22	22
42851	FASWTCPAC GST	92147	627	418	416	417	421	424	425
42852	FLCBTRC PAC GST	92147	490	321	270	255	148	153	153
43852	FASWTCPAC GSTSUB	92147	0	59	54	54	54	53	53
45186	FLCTRCPAC SDIEGO	92147	0	14	12	12	12	12	12
45559	REGLOGSUPOFC L B	92147	0	0	0	0	0	1	1
45605	ASWTC P LBCH	92147	0	1	0	0	0	0	0

46042	COMTRAPAC DSG	92147	3	1	1	1	1	1	1
47143	SSAAC SDGO CA	92147	2	0	0	0	0	0	0
49267	TQLTMPAC	92147	5	9	9	9	9	9	9
49365	AFTG PAC DET	92147	9	9	9	9	9	9	9
53996	TACTRAGRUPAC	92147	56	53	53	53	53	53	53
57022	COMTRAPAC	92147	44	36	35	36	36	36	36
61665	FTCOMBATRCEN PAC	92147	17	18	18	18	12	12	12
66466	NAVO PAC COMP	92147	2	2	2	2	2	2	2
68524	NCTSI SDIEGO CA	92147	26	26	26	26	26	26	26
68772	NLEGSVCOFF LBCH	92147	0	0	0	0	0	11	11
68940	NCCOSC SAN DIEGO	92147	9	9	9	9	9	9	9
39353	NSWC ICST	92152	17	11	9	9	9	9	9
41631	NCCOSC RDTE OSSD	92152	13	14	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92152	13	10	0	0	0	0	0
45772	NAVLIAISON SDGO	92152	1	1	1	1	1	1	1
45782	NCCOSC RDTE D SD	92152	14	24	0	0	0	0	0
47627	NCCOSC S D NON-N	92152	10	18	24	25	25	25	24
63152	FLTCOMBDSSA SDG	92152	99	66	34	34	34	34	34
66001	NCCOSC RDTE DV	92152	88	93	40	40	41	41	41
68221	NPERANDCEN SDGO	92152	19	13	12	11	11	11	11
68951	NUSC DET ASL SDG	92152	0	0	6	6	6	6	6
00074	NAVSPECWARCOM CA	92155	100	98	105	119	120	119	119
08971	SEAL TEAM 5	92155	214	229	229	229	229	229	229
08973	SDVT 1	92155	157	222	222	232	262	262	276
09815	COMTACGRU ONE	92155	12	15	15	15	15	15	15
21928	PC 7 SQUALL	92155	0	28	28	28	28	28	28
21929	PC 8 ZEPHYR	92155	0	28	28	28	28	28	28
31899	PACRCNSRF SDGO	92155	18	16	16	16	16	16	16
32549	BRMCL NAB CORONA	92155	39	40	40	40	40	40	40
35186	CNSRFPAC REP/RPN	92155	1	1	1	1	1	1	1
35431	CNBEACHGR 1 PRTS	92155	13	14	14	14	14	14	14
35624	PHIBCB 1 SEADUCO	92155	124	120	130	130	130	130	130
39037	SWOSCOLPAC SDGO	92155	65	0	0	0	0	0	0
39049	STU SWOSSCOLCOM	92155	111	100	90	77	73	69	69
41608	CNSURPAC SDNSGOP	92155	3	3	3	3	3	3	3
41914	BCHMSTR UN 1 SHO	92155	43	29	29	29	29	29	29
41915	FDGP SEA DUTY	92155	106	72	71	71	71	71	71
42147	NPHIBSCH COR GST	92155	145	131	130	129	129	129	130
42169	NPHIBSCH COR S D	92155	8	7	7	7	7	7	7
42221	SPECBOATU 12	92155	223	232	240	250	265	264	275
42222	SPECBOATU 13	92155	30	0	0	0	0	0	0
42828	PSD CORONADO CA	92155	31	35	35	35	35	35	35
42963	SPECBATU 13 S D	92155	9	0	0	0	0	0	0
43305	NAVINTACT CNSPAC	92155	3	3	3	3	3	3	3
44157	NPHIBS COR FMSTP	92155	12	15	15	15	15	15	15
44884	SEAL TEAM 3	92155	223	229	229	229	229	229	229
44920	BCHMSTR UN 1 D A	92155	17	19	19	19	19	19	19
44921	BCHMSTR UN 1 D B	92155	24	19	19	19	19	19	19
44922	BCHMSTR UN 1 D C	92155	19	19	19	19	19	19	19
44923	BCHMSTR UN 1 D D	92155	17	19	19	19	19	19	19
44924	BCHMSTR UN 1 D E	92155	22	19	19	19	19	19	19
44925	BCHMSTR UN 1 D F	92155	19	19	19	19	19	19	19
44939	CNSWGRU 1 SDUCOM	92155	36	44	44	44	44	44	44

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

45771	PCFAST D S DGO	92155	1	0	0	0	0	0	0
46257	NPB CORONAD SECD	92155	46	38	38	38	38	38	38
46442	CSWDG DT WEST	92155	3	3	3	3	3	3	3
46462	STU BASUNDDEM/SE	92155	250	225	203	173	164	156	156
46989	NSPECWARCEN NDC	92155	29	43	43	43	43	43	43
47330	FDGP TAC DEV&E	92155	2	2	2	2	2	2	2
48707	NAB CORONADO CDC	92155	2	1	1	1	1	1	1
48902	NPHIBSCH COR TQL	92155	14	13	13	13	13	13	13
49080	PC MST ONE	92155	13	13	13	15	15	15	15
49082	PC MST THREE	92155	7	13	13	15	15	15	15
49440	NSWC D WASH DC	92155	2	4	4	4	4	4	4
49713	PC MST 5	92155	3	13	13	15	15	15	15
49770	NSWC DET N PRCHT	92155	11	13	13	13	13	13	13
49917	NAVINTACT FTPAC	92155	0	1	1	1	1	1	1
53212	BCHMSTR UN 1	92155	12	11	11	11	10	10	10
53257	ASSAULT CFT UN 1	92155	131	62	65	63	62	62	62
53824	COMNAVSURFPAC	92155	216	224	227	227	224	224	224
55104	PHIB CB1	92155	350	274	274	270	270	270	270
55134	TACRON 11	92155	62	79	86	119	119	119	119
55135	TACRON 12	92155	60	79	86	119	119	119	119
55321	EODGR1	92155	23	27	28	28	28	28	28
55446	COMSPECBOATRON 1	92155	31	71	71	71	71	71	71
55447	EOD MOB UN 3	92155	205	207	207	207	206	206	206
55721	FTGP SDGO CA	92155	76	63	62	62	62	62	62
55777	SEAL TEAM 1	92155	222	229	229	229	229	229	229
57066	COMNBEACHGRU 1	92155	15	14	14	14	14	14	14
57100	N SPEC WAR GRU 1	92155	101	117	116	116	116	116	116
62021	NPB CORONADO	92155	303	203	212	212	212	212	212
63018	NPHIBSCH CORONAD	92155	8	6	6	6	6	6	6
67271	LANDFORTRACO PAC	92155	10	8	8	8	8	8	8
68751	FLETACREADGRU SD	92155	9	6	3	0	0	0	0
68794	FDGPD CORONADO	92155	31	30	30	30	30	30	34
68869	NSPECWARCEN CORO	92155	220	215	215	215	215	215	215
41341	BUPERS S/D SD DT	92166	20	19	19	19	19	19	19
43440	BUPERS PG S C	92166	2	2	2	2	2	2	2
44907	BUPERS S/D C H	92166	2	2	2	2	2	2	2
46819	STU EEAP #1 GOLD	92166	2	0	0	0	0	0	0
43791	DCMO SPACE	92186	2	1	1	1	1	1	1
63116	NHLTHRSCHCEN SDG	92186	25	21	20	19	19	19	19
65584	NELEXSYENGC SDEG	92186	6	5	4	3	4	4	4
65913	NSEACENPAC SDIGO	92186	43	40	39	39	39	39	39
			74701	65239	57736	53555	52953	51437	51383

UINT NAME	UIC	UINT LOCATION

N/A
CTQ BUMED-823
7 Jun 94

UINT NAME	UIC	UINT LOCATION

N/A
GTW BUM9D-823
7 Jun 94

UINT NAME	UIC	UINT LOCATION

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

N/A
CDCU BUMED-823
7 Jun 94

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	**0**	**54,368**	**0**	**0**
ACTIVE DUTY NON N/MC	**0**	**270**	**0**	**0**
TOTAL ACTIVE DUTY	**0**	**54,638**		**0**
FAMILY OF AD	**0**	**144**	**0**	**0**
RETIRED AND FAMILY MEMBERS UNDER 65 *	**0**	**98**	**0**	**0**
RETIRED AND FAMILY MEMBERS OVER 65	**0**	**0**	**0**	**0**
OTHER	**0**	**8,382**	**0**	**0**
TOTAL	**0**	**63,262**		**0**

* **Data not available by age; all ages included.**

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	**64,401**	**65,560**	**66,740**	**67,941**	**69,164**	**70,409**	**71,677**
ADMISS.	**0**	**0**	**0**	**0**	**0**	**0**	

Please show all assumptions and calculations in the space below:
- **Total projected population increase of 9% between FY94 and FY99, for 1.8% increase annually.**

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 %	STAFF NEEDED/ EVENT
EDUCATION AND TRAINING	**5**	**3**
TRAINING DRILLS AND EXERCISES	**3**	**7**
OVERSEAS SCREENING	**1**	**3**
CEREMONIES (RETIREMENT/CHANGE OF COMMAND)	**1**	**5**
ATHLETIC EVENTS	**1**	**8**
FLEET HOSPITAL TRAINING-CAMP PENDLETON	**0.5**	**2**
PRESIDENTIAL/VIP VISITS	**0.5**	**2**
HEALTH FAIR'S	**0.5**	**2**

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

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

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

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

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

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic): **N/A. The clinic is a tenant of Naval Air Station North Island CA (UIC: 00246)**

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]

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

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

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

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

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

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.

N/A

SEE BUMED-823
7 Jun 94

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

(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous

location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

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

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

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

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

DATE OF SURVEY: **N/A**

FULL ACCREDITATION: Yes/No

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

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?

Exists on base within 3 minutes of needed medical support.

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

Airport: within 3 minutes inside NAS North Isalnd, within 30 minutes of San Diego Airport.

Rail: within 30 minutes of train station.

Sea: within 3 minutes of NAS North Island pier, within 15 minutes of commercial sea.

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

Distance (in miles): __3__

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

15 minutes from Naval Medical Center, San Diego
3 minutes from NASNI pier, 15 minutews from commercial sea
3 minutes from NASNI airfield, 30 minutes from San Diego Airport.

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

The Branch Medical Clinic, NASNI is within 2-5 minutes of all activities located on NAS North Island.

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

N/A.

FEATURES AND CAPABILITIES

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

Loss of Military Sickcall, Acute/Urgent Care Area, Optometry, Aviation Medicine Audiology, Occupational Health, Mental Health, Laboratory, X-Ray, Physical Therapy in which case will result in increase patient load to Naval Medical Center, San Diego

The Marines would have no clinic except Camp Pendleton (two hours away); Naval Medical Center, San Diego is only 15 minutes away.

Loss of EMS/patient transport (emergency) to NMCSD.

Loss of Naval Air Reserve Center.

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.

See Item 10.

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 Item 10.

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

See Item 10.

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:

N/A Copy BUMED-823 7 Jun 94

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED

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

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

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care: **N/A.**

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

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

[2] The total cost in thousands of dollars.

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	**$2,785,199**	**$3,655,655**	**$4,798,154**
TOTAL OUTPATIENT VISITS	**$68,351**	**$62,807**	**$57,713**
AVERAGE COST PER VISIT	**$40.75**	**$58.20**	**$83.14**

*** FY 94 data is based on the percent of increase from FY 92 to FY 93.**

CPW BUMED -623
7 Jun 94

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

Table A: **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. **N/A. The clinic is a tenant of Naval Air Station, North Island CA (UIC: 00246)**

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[7]	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+		

[7]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:

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

(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[8] 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		

[8]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." Fo 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 BASERE

(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 lis

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

(5). Are there other military child care facilities within 30 minutes of th 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 o 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthl 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 t 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 colleg 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 w of your response.

m. Do your military dependents have any difficulty with access to medical or dent 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 t 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 o 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

UIC-32546 BRAC-27

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

NAVAL MEDICAL CENTER 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)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER 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)

D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-7-94
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)

J B Greene Jr.
Signature

Acting
Title

10 Jun 1994
Date

Document Separator

391

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Medical Center, San Diego

UIC: 00259

Category.....Personnel Support
Sub-category....Medical
Types.....Medical Centers

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	115,726	82,251	174,500	103,303	87,686	161,724
FAMILY OF AD	121,630	91,026	213,272	108,797	100,569	194,483
SUBTOTAL	237,356	173,277	387,772	212,100	188,255	356,207
R RETIRED AND FAMILY MEMBERS UNDER 65	83,595	68,583	193,237	81,338	66,713	188,113
R RETIRED AND FAMILY MEMBERS OVER 65[4]	30,708	23,947	78,171	38,959	30,385	99,245
OTHER	22,511	16,982	53,541	25,341	19,343	58,735
TOTAL	374,170	282,789	712,721 R	357,738	304,696 R	702,300 R

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.

R

3R CGTW 10/5/94
BUMED-823

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	115,726 ~~79,996~~	82,251 ~~79,996~~	175,495 ~~204,381~~	103,303 ~~89,894~~	89,894	164,845 ~~187,784~~
FAMILY OF AD	121,630 ~~86,685~~	91,026 ~~86,685~~	219,701 ~~230,507~~	108,797 ~~100,738~~	100,738	200,670 ~~212,181~~
SUBTOTAL	237,356 ~~166,681~~	173,277 ~~166,681~~	395,196 ~~434,888~~	212,100 ~~190,632~~	190,632	365,515 ~~399,965~~
RETIRED AND FAMILY MEMBERS UNDER 65	76,202 ~~67,218~~	~~67,218~~ 61,687	~~231,146~~ 183,084	80,198 ~~64,852~~	64,852	186,225 ~~224,856~~
RETIRED AND FAMILY MEMBERS OVER 65[4]	38,101 ~~25,986~~	30,843 ~~25,986~~	~~103,052~~ 91,541	40,099 ~~30,881~~	30,881	93,100 ~~134,196~~
OTHER	22,511 ~~14,731~~	16,982 ~~14,731~~	40,699 ~~8~~	25,341 ~~16,691~~	16,691	46,934 ~~8~~
TOTAL	374,170 ~~274,616~~	282,789 ~~274,616~~	710,520 ~~769,086~~	357,738 ~~303,056~~	303,056	691,774 ~~759,017~~

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.

R

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

Operating Beds[1]:	422	R (10/26/94)
Set Up Beds[1]:	195	R (10/26/94)
Expanded Bed Capacity[2]:	583	R (10/26/94)

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

CHANGES BEING MADE BY MAJOR CLAIMANT IN ACCORDANCE WITH CONVERSATIONS WITH ACTIVITY.

R

Revision of BRAC 95 Data Call #26
UIC: 00259

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]:	~~389~~ 422	R Sgt CU BUMED-823
Set Up Beds[1]:	~~228~~ 195	R 6 Oct 94
Expanded Bed Capacity[2]:	617	R

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

4 R (6 Oct 94)
Sgt CU BUMED-823

ENCLOSURE (1)

R

UIC: 00259

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]:	572
Set Up Beds[1]:	399
Expanded Bed Capacity[2]:	583

R VRBumed824 9/28/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

(9/23/94) R VRBumed824 9/28/94

Revised pg

UIC: 00259

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]:		564
Set Up Beds[1]:		393
Expanded Bed Capacity[2]:	(*)	879

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

Operating Beds[1]:	~~564~~ 422
Set Up Beds[1]:	~~393~~ 195
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.

Eff BUMED-823
6 Jun 94

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	213,124	286,738	211,231	4,700	715,793
ADMISSIONS	8,338	11,218	8,264	184	28,003
LABORATORY TESTS (WEIGHTED)[1] *	5,844,499	7,863,216	5,792,588	128,888	19,629,191
RADIOLOGY PROCEDURES (WEIGHTED)[1] *	396,376	533,285	392,855	8,741	1,331,257
PHARMACY UNITS (WEIGHTED)[1] *	685,835	922,725	679,743	15,125	2,303,427
OTHER (SPECIFY)	0	0	0	0	0

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

*ANCILLARY WORKLOAD NOT COLLECTED BY PATCAT; USED PAT CAT % FOR 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	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]	*SEE BELOW			
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

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

***THIS FACILITY AND IT'S ASSOCIATE UICS ARE PERFORMING AT MAXIMUM CAPACITY BASED ON EXISTING RESOURCES.**

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS*	277,061	372,759	274,600	6,110	930,531
ADMISSIONS**	9,588	12,900	9,503	211	32,203
LABORATORY TESTS (WEIGHTED)[1]***	7,305,624	9,829,020	7,240,734	161,110	24,536,489
RADIOLOGY PROCEDURES (WEIGHTED)[1]***	495,469	666,607	491,069	10,927	1,664,071
PHARMACY UNITS (WEIGHTED)[1]***	857,293	1,153,406	849,679	18,906	2,879,284
OTHER (SPECIFY)	0	0	0	0	0

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

* ACTUAL PLUS 30% (PROVIDED BY CHAMPUS)
** ACTUAL PLUS 15% (PROVIDED BY CHAMPUS)
ACTUAL PLUS 25% (PROVIDED BY CHAMPUS). ANCILLARY WORKLOAD NOT COLLECTED BY PAT CAT; USED PAT % FOR VISITS.

San Diego
August 26, 1994
Corrected Copy LLR

B/A

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	
PRIMARY CARE[1]	91	91	91	91	91	91	91	91	R
SPECIALTY CARE[2]	167	167	167	167	167	167	167	167	R
PHYSICIAN EXTENDERS[3]	19	19	19	19	19	19	19	19	R
INDEPENDENT DUTY CORPSMEN	23	23	23	23	23	23	23	23	R
TOTAL	300	300	300	300	300	300	300	300	R

CFTW BUMED-823 10/5/94

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

8R 10/5/94
CFTW BUMED-823

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]	94	94	96	124	124	124	124	124
SPECIALTY CARE[2]	173	174	174	188	188	188	188	188
PHYSICIAN EXTENDERS[3]	5	5	5	13	13	13	13	13
INDEPENDENT DUTY CORPSMEN	19	19	19	19	19	19	19	19
TOTAL	291	292	294	344	344	344	344	344

[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.

Revised 5/5 [illegible]

Received PG

B/A

San Diego
August 26, 1994
Corrected Copy YXR

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]	91	91	91	91	91	91	91	91
SPECIALTY CARE[2]	167	167	167	167	167	167	167	167
PHYSICIAN EXTENDERS[3]	19	19	19	19	19	19	19	19
INDEPENDENT DUTY CORPSMEN	23	23	23	23	23	23	23	23
TOTAL	300	300	300	300	300	300	300	300

[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.

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]	~~108~~ 77	~~108~~ 77	~~110~~ 77	~~138~~ 77	~~138~~ 77	~~138~~ 77	~~138~~ 77	~~138~~ 77
SPECIALTY CARE[2]	168	~~169~~/68	~~169~~/68	~~183~~/68	~~183~~/68	~~183~~/68	~~183~~/68	~~183~~/68
PHYSICIAN EXTENDERS[3]	~~23~~ 5	~~23~~ 5	~~23~~ 5	~~31~~ 5	~~31~~ 5	~~31~~ 5	~~31~~ 5	~~31~~ 5
INDEPENDENT DUTY CORPSMEN	~~49~~ 21	~~49~~ 21	~~49~~ 21	~~49~~ 21	~~49~~ 21	~~49~~ 21	~~49~~ 21	~~49~~ 21
TOTAL	~~348~~ 271	~~349~~ 271	~~351~~ 271	~~401~~ 271	~~401~~ 271	~~401~~ 271	~~401~~ 271	~~401~~ 271

[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.

GCU BUMED-823
7 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]	2,797
SPECIALTY CARE[2]	4,262
PHYSICIAN EXTENDER[3]	1,577
TOTAL	8,636

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 2,674,000 (BUREAU OF CENSUS)

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]
NAVAL HOSPITAL, SD	DOD	0	0	
NAVAL HOSPITAL, CAMP PENDLETON	DOD	33	33	MOU
ALVARADO HOSP MEDICAL CENTER, SD	PRIVATE	*	*	
CHILDREN'S HOSP AND HEALTH CENTER	PRIVATE	*	*	
COMM HOSP OF CHULA VISTA	PRIVATE	*	*	
CORONADO HOSPITAL	PRIVATE	*	*	
GREEN HOSP OF SCRIPPS CLINIC	PRIVATE	*	*	
GROSSMONT HOSPITAL	PRIVATE	*	*	
HARBOR VIEW MEDICAL CENTER	PRIVATE	*	*	
KAISER FOUNDATION HOSPITAL	PRIVATE	*	*	
MERCY HOSPITAL & MEDICAL CENTER	PRIVATE	*	*	
MISSION BAY MEMORIAL HOSPITAL	PRIVATE	*	*	
PARADISE VALLEY HOSPITAL	PRIVATE	*	*	
SCRIPPS HOSPITAL - EAST	PRIVATE	*	*	

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

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]
NAVAL HOSPITAL, SD	DOD	0	0	
NAVAL HOSPITAL, CAMP PENDLETON	DOD	33	33	MOU
ALVARADO HOSP MEDICAL CENTER, SD	PRIVATE	*	*	
CHILDREN'S HOSP AND HEALTH CENTER	PRIVATE	*	*	
COMM HOSP OF CHULA VISTA	PRIVATE	*	*	
CORONADO HOSPITAL	PRIVATE	*	*	
GREEN HOSP OF SCRIPPS CLINIC	PRIVATE	*	*	
GROSSMONT HOSPITAL	PRIVATE	*	*	
HARBOR VIEW MEDICAL CENTER	PRIVATE	*	*	
KAISER FOUNDATION HOSPITAL	PRIVATE	*	*	
MERCY HOSPITAL & MEDICAL CENTER	PRIVATE	*	*	
MISSION BAY MEMORIAL HOSPITAL	PRIVATE	*	*	
PARADISE VALLEY HOSPITAL	PRIVATE	*	*	
SCRIPPS HOSPITAL - EAST	PRIVATE	*	*	

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

Revised pg

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
NAVAL HOSPITAL, SD	DOD	0	0	
NAVAL HOSPITAL, CAMP PENDLETON	DOD	33	33	MOU
ALVARADO HOSP MEDICAL CENTER, SD	PRIVATE	*	*	
CHILDREN'S HOSP AND HEALTH CENTER	PRIVATE	*	*	
COMM HOSP OF CHULA VISTA	PRIVATE	*	*	
CORONADO HOSPITAL	PRIVATE	*	*	
CPC SAN LUIS REY HOSPITAL	PRIVATE	*	*	
GREEN HOSP OF SCRIPPS CLINIC	PRIVATE	*	*	
GROSSMONT HOSPITAL	PRIVATE	*	*	
HARBOR VIEW MEDICAL CENTER	PRIVATE	*	*	
HILLSIDE HOSPITAL	PRIVATE	*	*	
KAISER FOUNDATION HOSPITAL	PRIVATE	*	*	
MERCY HOSPITAL & MEDICAL CENTER	PRIVATE	*	*	
MESA VISTA HOSPITAL	PRIVATE	*	*	

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
SCRIPPS MEM HOSPITAL-CHULA VISTA	PRIVATE	*	*	
SCRIPPS MEM HOSPITAL - ENCINITAS	PRIVATE	*	*	
SCRIPPS MEMORIAL HOSPITAL	PRIVATE	*	*	MOU
SHARP CABRILLO HOSPITAL	PRIVATE	*	*	
SHARP MEMORIAL HOSPITAL	PRIVATE	*	*	
PALOMAR MEDICAL CENTER	PRIVATE	26	26	
POMERADO HOSPITAL	PRIVATE	*	*	
TRI-CITY MEDICAL CENTER	PRIVATE	39	39	
UNIV OF CA SAN DIEGO MED CTR	PRIVATE	*	*	MOU
VETERANS AFFAIRS MED CENTER	VETERANS AFFAIRS	*	*	

* The distance in driving miles from the Naval Medical Center, San Diego for the above Community Hospitals is within the 15-25 miles range.

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
SCRIPPS MEM HOSPITAL-CHULA VISTA	PRIVATE	*	*	
SCRIPPS MEM HOSPITAL - ENCINITAS	PRIVATE	*	*	
SCRIPPS MEMORIAL HOSPITAL	PRIVATE	*	*	MOU
SHARP CABRILLO HOSPITAL	PRIVATE	*	*	
SHARP MEMORIAL HOSPITAL	PRIVATE	*	*	
PALOMAR MEDICAL CENTER	PRIVATE	26	26	
POMERADO HOSPITAL	PRIVATE	*	*	
TRI-CITY MEDICAL CENTER	PRIVATE	39	39	
UNIV OF CA SAN DIEGO MED CTR	PRIVATE	*	*	MOU
VETERANS AFFAIRS MED CENTER	VETERANS AFFAIRS	*	*	

* The distance in driving miles from the Naval Medical Center, San Diego for the above Community Hospitals is within the 15-25 miles range.

Revised PJ

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
MISSION BAY MEMORIAL HOSPITAL	PRIVATE	0	0	
PARADISE VALLEY HOSPITAL	PRIVATE	*	*	
RANCHO PARK HOSPITAL	PRIVATE	*	*	
SAN DIEGO HOSPITAL	PRIVATE	*	*	
SCRIPPS HOSPITAL - EAST	PRIVATE	*	*	MOU
SCRIPPS MEM HOSPITAL-CHULA VISTA	PRIVATE	*	*	
SCRIPPS MEM HOSPITAL - ENCINITAS	PRIVATE	*	*	
SCRIPPS MEMORIAL HOSPITAL	PRIVATE	*	*	MOU
SHARP CABRILLO HOSPITAL	PRIVATE	*	*	
SHARP MEMORIAL HOSPITAL	PRIVATE	*	*	
SOUTHWOOD PSYCHIATRIC CENTERS	PRIVATE	*	*	
VILLA VIEW COMMUNITY HOSPITAL	PRIVATE	*	*	
VISTA HILL HOSPITAL	PRIVATE	*	*	
PALOMAR MEDICAL CENTER	PRIVATE	26	26	
POMERADO HOSPITAL	PRIVATE	*	*	
SAN DIEGO CNTY MNTL HLTH FACIL	PRIVATE	*	*	
SAN DIEGO CNTY PSYCH HOSPITAL	PRIVATE	*	*	
TRI-CITY MEDICAL CENTER	PRIVATE	33	33	
UNIV OF CA SAN DIEGO MED CTR	PRIVATE	*	*	MOU
VETERANS AFFAIRS MED CENTER	VETERANS AFFAIRS	*	*	

* The distance in driving miles from the Naval Medical Center, San Diego for the above Community Hospitals is within the 15-25 miles range.

R

Revision of BRAC 95 Data Call #26
UIC: 00259

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]
NAVAL HOSPITAL SAN DIEGO	442	Y	99.7%	
NAVAL HOSPITAL CAMP PENDLETON	166	Y	55.8%	
ALVARADO HOSP MEDICAL CENTER	231	Y	83.1%	
CHILDREN'S HOSP AND HLTH CNTR	154	Y	51.5%	CHILDREN ONLY
COMM HOSP OF CHULA VISTA	316	Y	70.6%	
CORONADO HOSPITAL	203	Y	won't report	
GREEN HOSP OF SCRIPPS CLINIC	173	Y	65.3%	
GROSSMONT HOSPITAL	438	Y	61.2%	
HARBOR VIEW MEDICAL CENTER	130	Y	60.8%	
KAISER FOUNDATION HOSPITAL	343	Y	75.8%	
MERCY HOSPITAL & MEDICAL CNTR	417	Y	62.4%	TRAUMA UNIT
MISSION BAY MEMORIAL HOSPITAL	113	Y	46.0%	
PARADISE VALLEY HOSPITAL	213	Y	won't report	
SCRIPPS MEM HOSP-EAST	162	Y	25.9%	
SCRIPPS MEM HOSP-CHULA VISTA	159	Y	78.0%	
SCRIPPS MEM HOSP-ENCINITAS	158	Y	45.6%	
SCRIPPS MEM HOSPITAL- LA JOLLA	433	Y	49.4%	TRAUMA UNIT

R

 (R) 17 Oct 94
SEC BRAC-823

Enclosure (1)

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]
NAVAL HOSPITAL SAN DIEGO	442	Y	99.7%	
NAVAL HOSPITAL CAMP PENDLETON	166	Y	55.8%	
ALVARADO HOSP MEDICAL CENTER	231	Y	83.1%	
CHILDREN'S HOSP AND HLTH CNTR	154	Y	51.5%	CHILDREN ONLY
COMM HOSP OF CHULA VISTA	316	Y	70.6%	
CORONADO HOSPITAL	203	Y	N/A	
GREEN HOSP OF SCRIPPS CLINIC	173	Y	65.3%	
GROSSMONT HOSPITAL	438	Y	61.2%	
HARBOR VIEW MEDICAL CENTER	130	Y	60.8%	
KAISER FOUNDATION HOSPITAL	343	Y	75.8%	
MERCY HOSPITAL & MEDICAL CNTR	417	Y	62.4%	TRAUMA UNIT
MISSION BAY MEMORIAL HOSPITAL	113	Y	46.0%	
PARADISE VALLEY HOSPITAL	213	Y	N/A	
SCRIPPS MEM HOSP-EAST	162	Y	25.9%	
SCRIPPS MEM HOSP-CHULA VISTA	159	Y	78.0%	
SCRIPPS MEM HOSP-ENCINITAS	158	Y	45.6%	
SCRIPPS MEM HOSPITAL- LA JOLLA	433	Y	49.4%	TRAUMA UNIT

ENCLOSURE (1)

REVISED

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]
NAVAL HOSPITAL SAN DIEGO	478	Y	75.90%	
NAVAL HOSPITAL CAMP PENDLETON	125	Y	81.60%	
ALVARADO HOSP MEDICAL CENTER	214	Y	N/A	
CHILDREN'S HOSP AND HLTH CNTR	154	Y	83.10%	CHILDREN ONLY
COMM HOSP OF CHULA VISTA	236	Y	88.30%	
CORONADO HOSPITAL	115	Y	N/A	
CPC SAN LUIS REY HOSPITAL	123	Y	N/A	PSYCHIATRIC HOSPITAL
GREEN HOSP OF SCRIPPS CLINIC	173	Y	65.30%	
GROSSMONT HOSPITAL	438	Y	71.40%	
HARBOR VIEW MEDICAL CENTER	176	Y	29.50%	
HILLSIDE HOSPITAL	133	Y	46.60%	
KAISER FOUNDATION HOSPITAL	296	Y	84.80%	
MERCY HOSPITAL & MEDICAL CNTR	417	Y	71.70%	TRAUMA UNIT
MESA VISTA HOSPITAL	150	Y	N/A	PSYCHIATRIC HOSPITAL
MISSION BAY MEMORIAL HOSPITAL	150	Y	46.70%	
PARADISE VALLEY HOSPITAL	213	Y	62.00%	
RANCHO PARK HOSPITAL	76	Y	56.70%	PSYCHIATRIC HOSPITAL
SAN DIEGO GENERAL HOSPITAL	187	Y	N/A	

Revised pg

Call #26

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]
NAVAL HOSPITAL SAN DIEGO	442	Y	25,853	
NAVAL HOSPITAL CAMP PENDLETON	166	Y	7,119	
ALVARADO HOSP MEDICAL CENTER	231	Y	7,578	
CHILDREN'S HOSP AND HLTH CNTR	154	Y	9,158	CHILDREN ONLY
COMM HOSP OF CHULA VISTA	316	Y	6,735	
CORONADO HOSPITAL	203	Y		
CPC SAN LUIS REY HOSPITAL	123	Y		PSYCHIATRIC HOSPITAL
GREEN HOSP OF SCRIPPS CLINIC	173	Y	7,450	
GROSSMONT HOSPITAL	438	Y	19,519	
HARBOR VIEW MEDICAL CENTER	130	Y	3,825	
HILLSIDE HOSPITAL	133	Y		
KAISER FOUNDATION HOSPITAL	343	Y	22,288	
MERCY HOSPITAL & MEDICAL CNTR	417	Y	18,977	TRAUMA UNIT
MESA VISTA HOSPITAL	150	Y		PSYCHIATRIC HOSPITAL
MISSION BAY MEMORIAL HOSPITAL	113	Y	3,227	
PARADISE VALLEY HOSPITAL	213	Y		
RANCHO PARK HOSPITAL	90	Y		PSYCHIATRIC HOSPITAL
SAN DIEGO HOSPICE	24	Y	461	

K

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
SHARP CABRILLO HOSPITAL	219	Y	53.0%	
SHARP MEMORIAL HOSPITAL	385	Y	81.8%	
PALOMAR MEDICAL CENTER	396	Y	70.1%	
POMERADO HOSPITAL	247	Y	70.2%	
TRI-CITY MEDICAL CENTER	382	Y	68.1%	
UNIV OF CA SAN DIEGO MED CTR	412	Y	79.6%	
VETERANS AFFAIRS MED CENTER	355	Y	77.5%	

R

R

[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.

13 (R) 17 Oct 94 SAW
BUMED-823

UIC: 00259

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
SHARP CABRILLO HOSPITAL	219	Y	53.0%	
SHARP MEMORIAL HOSPITAL	385	Y	81.8%	
PALOMAR MEDICAL CENTER	396	Y	70.1%	
POMERADO HOSPITAL	247	Y	70.2%	
TRI-CITY MEDICAL CENTER	382	Y	68.1%	
UNIV OF CA SAN DIEGO MED CTR	412	Y	79.6%	
VETERANS AFFAIRS MED CENTER	355	Y	77.5%	

[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.

REVISED

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
SAMARITAN MED CTR SAN CLEMENTE	84	Y	50.00%	
SCRIPPS MEM HOSP-CHULA VISTA	159	Y	83.60%	
SCRIPPS MEM HOSP-ENCINITAS	146	Y	59.30%	
SCRIPPS MEMORIAL HOSPITAL LA JOLLA	462	Y	53.60%	TRAUMA UNIT
SHARP CABRILLO HOSPITAL	250	Y	47.60%	
SHARP MEMORIAL HOSPITAL	581	Y	83.00%	
SOUTHWOOD PSYCHIATRIC CENTERS	187	Y	66.30%	PSYCHIATRIC HOSPITAL
VALLEY MEDICAL HOSPITAL	104	Y	N/A	
VISTA HILL HOSPITAL	77	Y	N/A	PSYCHIATRIC HOSPITAL
PALOMAR MEDICAL CENTER	400	Y	75.00%	
POMERADO HOSPITAL	273	Y	54.60%	
SAN DIEGO CNTY MNTL HLTH FACIL	58	Y	63.80%	
SAN DIEGO CNTY PSYCH HOSPITAL	372	Y	87.20%	
TRI-CITY MEDICAL CENTER	385	Y	68.70%	
UNIV OF CA SAN DIEGO MED CTR	413	Y	N/A	
VETERANS AFFAIRS MED CENTER	606	Y	46.50%	
FALLBROOK HOSPITAL DISTRICT	50	Y	62.00%	
VILLAVIEW COMMUNITY HOSPITAL	100	Y	45.00%	

[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.

Revised pg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
SCRIPPS HOSPITAL-EAST	162	Y	2,543	
SCRIPPS MEM HOSP-CHULA VISTA	159	Y	10,824	
SCRIPPS MEM HOSP-ENCINITAS	158	Y	4,919	
SCRIPPS MEMORIAL HOSPITAL LA JOLLA	433	Y	13,412	TRAUMA UNIT
SHARP CABRILLO HOSPITAL	219	Y	5,825	
SHARP MEMORIAL HOSPITAL	385	Y	23,632	
SOUTHWOOD PSYCHIATRIC CENTERS	187	Y		PSYCHIATRIC HOSPITAL
VILLAVIEW COMMUNITY HOSPITAL	99	Y		
VISTA HILL HOSPITAL	77	Y		PSYCHIATRIC HOSPITAL
PALOMAR MEDICAL CENTER	396	Y	15,225	
POMERADO HOSPITAL	247	Y	5,778	
SAN DIEGO CNTY MNTL HLTH FACIL	32	Y		
SAN DIEGO CNTY PSYCH HOSPITAL	419	Y	1,039	
TRI-CITY MEDICAL CENTER	382	Y	19,481	
UNIV OF CA SAN DIEGO MED CTR	412	Y	21,418	
VETERANS AFFAIRS MED CENTER	355	Y	8,916	

[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
See attachment 2								

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

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
NSHS/171-20	BHCS	A	1590	560	890,400	1911	560	1,070,160
NSHS/171-20	SFIDC	C	45	2000	90,000	68	2000	136,000
NSHS/171-20	OCULAR	C	27	880	23,760	28	880	24,640
NSHS/171-20	OTO	C	42	480	20,160	40	480	19,200
NSHS/171-20	UROLOGY	C	10	1040	10,400	COI Transferred 1994 to NSHS Portsmouth, VA		
NSHS/171-20	DERM	C	32	480	15,360	8	480	3840
NSHS/171-20	Surgical Technoligist	C	77	1058	81,466	61	1058	64,538
NSHS/171-20	MLT	C	109	2080	226,720	160	2080	332,800
NSHS/171-20	Pharmacy	C	67	880	58,960	COI Transferred 1994 to NSHS Portsmouth, VA		
NSHS/171-20	Advanced X-Ray	C	63	1881	118,503	100	1881	188,100
NSHS/171-20	Basic X-Ray	C	Anticipated Gain FY 95			105	480	50,400
NSHS/171-20	PMT	C	Anticipated Gain FY 95			80	880	70,400
NSHS/171-20	Physician Assistant	PHASE I	25	1640	41,000	No Figures Available due to ITRO decisions.		
NSHS/171-20 *	Physician Assistant	PHASE II	33	2000	66,000			
NSHS/171-20 *	Psychiatric Technician	PHASE II	60	320	19,200			
NSHS/171-20 *	Physical Therapy	PHASE II	7	320	2,240	9	320	2,880
NSHS/171-20 *	Nuclear Med. Technician	PHASE II	4	1288	5,152	4	1288	5,152
NSHS/171-20 *	Respiratory Therapy	PHASE II	26	640	16,640	20	640	12,800
NSHS/171-20	SFIDC Refresher		4	240	960	Unable to project.		
NSHS/171-20	Surface Warfare Medical Officer Indoctrination		24	156	3,744	Unable to project.		

* These Phase II schools are assigned to the Naval School of Health Sciences, San Diego, CA however, these are clinical courses conducted at the Naval Medical Command, San Diego, CA.

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

Attachment 2

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
Applied Instruction/171-20	24	1002	3,287,061 *
	16	402	1,318,761 **

* **Didactic classrooms**
** **Practice laboratories**

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

Number of days/year	**365**
- Christmas break	**- 10**
- 52 weekends	**-104**
- 8 Federal Holidays	**-8**
= number of days available	**243**
x hours available/day	**x13.4**
x design capacity	**x(PN)**

[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.

DATA BEING CERTIFIED **Data Call #26 UIC 00259 NAVMEDCEN SAN DIEGO CA**

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-7-94 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) JB Greene Jr Signature

Acting Title 10 Jun 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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.

DATA BEING CERTIFIED **Data Call #26 UIC 00259 NAVMEDCEN SAN DIEGO CA**

Revised pg 12 + 13

ACTIVITY COMMANDER

T. K. BURKHARD, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDER, ACTING
Title

17 June 94
Date

NAVAL MEDICAL CENTER, SAN DIEGO, CA
Activity

Revised pg 12+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

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

Corrected
San Diego

BRAC-95 CERTIFICATION

pg 8

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

Tamara L. Rollins
NAME (Please type or print)

Tamara L. Rollins
Signature

Hospital Analyst
Title

26 August 1994
Date

BUMED-312
Division

BUMED-31
Department

Bureau of Medicine and Surgery
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 9/1/94

Revised pg 4, 8, 10, 11

UIC: 00259 REVISION (1) OF BRAC-95 DATA CALL #26

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

30 Aug 94
Date

NAVAL MEDICAL CENTER, SAN DIEGO
Activity

Revised pg 4, 8, 10, 11

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-6-94

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 9/12/94

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) Signature

ACTING

Title 13 OCT 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

ACTING COMMANDER
Title

SEP 23, 1994
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X 9-28-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 13 OCT 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

6 Oct 1994
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

X 10/14/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

10/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

6 Oct 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

10/14/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

10/21/94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X Oct 26, '94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W Earner Signature

Title 11/2/94 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

T. K. BURKHARD, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDER, ACTING
Title

17 Oct 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X Oct 26, '94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 11/2/94 Date

Document Separator

391 Entire DC Revision

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CENTER, SAN DIEGO

ACTIVITY UIC: N00259

Category.....Personnel Support
Sub-category.....Medical
Types.....Medical Centers

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8-12

Facilities
7. Facilities Description 13-18

Location
8. Geographic Location 19
9. Manpower and Recruiting Issues 19

Features and Capabilities
10. Capabilities 20-21
11. Mobilization 22-23
12. Non Availability Statements 24
13. Supplemental Care 24
14. Costs 25-29
15. Quality of Life 30-53

MISSION REQUIREMENTS

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

Naval Medical Center, San Diego provides a comprehensive range of emergency, outpatient, and inpatient health care services to activity duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services; ensures that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties; ensures that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans; provides as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces; provides, subject to the availability of space and resources, the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U.s. Code, and other applicable directives; conducts appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained; conducts graduate and postgraduate education programs for medical students and Medical Department officers; participates as an integral element of the Navy and Tri-Service Regional Health Care System; cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies; maintains requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).

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)
SEE ATTACHMENT 1, SEE ALL ZIP CODES			

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

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

UIC	NAME	ZIP	FY93	FY94	FY95	FY96	FY97	FY98	FY99
47526	SWNVFACENGCOM DT	92101	0	2	2	2	2	2	2
63057	NIS WREG SDGO CA	92101	7	4	4	4	4	4	4
68634	MEPS SAN DIEGO	92101	11	8	8	8	8	8	8
05380	ARD 30 SAN ONOFR	92106	101	110	0	0	0	0	0
31712	NAVINTACT CSGRU5	92106	2	0	0	0	0	0	0
31753	SB SDGO TWR 3	92106	17	15	15	15	15	15	15
31954	SUBTRAFAC SDIEGO	92106	170	170	139	139	139	139	139
33175	CSUBGR 5	92106	86	86	2	2	2	2	2
35622	CSDG1 DET BRAVO	92106	14	15	15	15	15	15	15
40823	SUBASE TWR 842	92106	15	15	15	15	15	15	15
41685	DISAJTAC3A EFTHU	92106	9	10	10	10	10	10	10
42474	CSUBGR 5 CBSTT	92106	6	7	0	0	0	0	0
43304	SUBTRAFAC SD BOS	92106	11	9	9	9	9	9	9
43979	JNTMGMTO THTNFOR	92106	0	1	1	1	1	1	1
44430	ARD 30 S ON SRAC	92106	17	21	0	0	0	0	0
44943	SB SDGO WEAP IMA	92106	130	125	125	0	0	0	0
44978	COMSUBGRU 5 SMMS	92106	24	24	0	0	0	0	0
45424	TR 5	92106	6	6	6	6	6	6	6
45425	TR 6	92106	6	6	6	6	6	6	6
45675	SUBASE SD TWR823	92106	12	14	14	12	14	14	14
46132	SUBASE SD TWR771	92106	14	15	15	15	15	15	15
46259	SUBASE SDGO SECD	92106	59	60	60	60	60	60	60
46708	NB SD NADSAP SB	92106	5	4	4	4	4	4	4
47336	SB SDGO S-HELP	92106	12	14	14	14	14	14	14
48655	SB SDIEGO FSC	92106	2	3	3	3	3	3	3
55244	COMSUBRON 11	92106	49	44	44	44	0	0	0
55522	COMSUBDEVGR 1	92106	40	38	38	38	38	37	37
63406	SUBASE SDGO CA	92106	208	146	146	146	145	146	146
65370	CSUBGR 5 SSO	92106	2	1	1	1	1	1	1
66937	CSDG 1 NSCHDVG S	92106	10	11	0	0	0	0	0
68554	PSD PT LOMA SDGO	92106	35	12	12	12	12	12	12
44753	DIR12MCD OSO SD	92108	1	1	1	1	1	1	1
68692	NROTCUUSDSDSUSDC	92110	13	11	11	11	11	11	11
43790	DCMAO S DIEGO	92111	2	3	3	3	3	3	3
43756	DSO DIEGO	92112	1	1	1	1	1	1	1
42039	NUSWCD SDIEGO CA	92123	0	1	0	0	0	0	0
55625	AFTGP SEADU COMP	92126	76	74	74	74	74	74	74
62106	NMCREDCEN SDGO	92131	51	39	38	38	38	37	37
80013	MIUWU 107	92131	10	8	8	8	8	8	8
81176	MIUWU 106	92131	8	8	8	8	8	8	8
00123	NAVREGCONTC SDGO	92132	4	2	2	2	2	2	2
00242	CNAVBASE SDGO	92132	51	33	35	35	35	35	35
00244	FISC SDIEGO CA	92132	22	18	16	16	16	16	16
20036	ARDM 5 ARCO	92132	127	131	130	130	0	0	0
35612	OPNASUPACT HNDCL	92132	8	5	5	5	5	5	5
41875	NRRCREG 19/RPN	92132	6	4	4	4	4	4	4
43406	NTSC FLDOPSD PAC	92132	2	2	2	2	2	2	2
43435	MSCO SAN DIEGO	92132	9	5	5	5	5	5	5
45189	NCIS LE&PSAT SDG	92132	5	6	6	6	6	6	6
45242	CSS 3 TACRED SCO	92132	1	1	0	0	0	0	0
45517	SPCC NACO P SAND	92132	0	1	1	1	1	1	1
46548	COMSUBRON 11 SDC	92132	0	1	1	1	0	0	0

47638	NCTA SAN DIEGO	92132	1	0	0	0	0	0	0
55347	CSUBRON 3	92132	45	45	0	0	0	0	0
60957	DAO-CL SDGO CA	92132	20	23	19	19	19	19	19
63015	NEDTRASUPCEN PAC	92132	52	11	11	10	11	12	12
67796	NMC MARS SDGO	92132	1	1	1	1	1	1	1
68350	NRRCREG19 SDIEGO	92132	29	27	27	30	30	30	30
68553	PSA SAN DIEGO	92132	16	10	10	10	10	10	10
68564	CNAVBASE SDGO CR	92132	6	6	6	6	6	6	6
68711	SOWNFEC SDIEGO	92132	17	20	20	19	18	18	18
00247	NTC SDGO	92133	396	243	220	208	47	9	9
0388A	FITCPAC SDGO	92133	29	33	32	30	32	32	2
0581A	SSC SDGO	92133	637	212	145	11	9	9	9
0753A	CRUITRACOM SDGO	92133	91	0	0	0	0	0	0
30643	S CRU TRCOM SDGO	92133	5112	2372	2097	1716	1631	1550	1550
32553	BRMCL NTC SDGO	92133	112	118	118	118	118	118	118
35109	NJROTC AREA 11	92133	3	3	3	3	3	3	3
35287	SSC SDGO FMSTPRG	92133	6	4	4	0	0	0	0
35405	NBAND DC SDIEGO	92133	40	1	1	1	1	1	1
41453	CO CDRS RTC SDGO	92133	222	0	0	0	0	0	0
42084	RTCSDGENSKILLTNG	92133	50	0	0	0	0	0	0
42132	SSC SDGO BOOSTPG	92133	17	0	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92133	0	0	0	0	2	2	0
42815	PSD RTC SD	92133	44	48	0	0	0	0	0
42816	PSD NTC SD	92133	56	54	43	43	43	43	17
42820	NTC SDGO CAA CTR	92133	7	8	0	0	0	0	0
43298	BUPERS NACU SD	92133	23	0	0	0	0	0	0
43311	SSC SDGO BOS	92133	32	27	17	16		5	5
43521	NCPS PHOENIX	92133	11	4	4	4	4	4	4
43542	RQAT SDIEGO	92133	5	4	4	4	4	4	4
43721	S SSC SD BOST PG	92133	248	248	248	248	248	248	248
43907	SSC SDGO SURF	92133	0	87	6	0	0	0	0
43908	SSC SDGO LDG	92133	0	17	16	16	16	0	0
43909	SSC SDGO SUB	92133	0	24	1	1	1	1	1
43910	SSC SDGO EW	92133	0	85	0	0	0	0	0
43914	SSC SDGO INS AIR	92133	0	5	0	0	0	0	0
45032	FITCPAC FMS TRNG	92133	1	1	1	1	1	1	0
46093	CPF MPWRASSTM SD	92133	0	2	2	2	2	2	2
47462	STU MED DEPT OST	92133	1	0	0	0	0	0	0
47775	CNET SUP UN SDGO	92133	1	1	1	1	1	1	1
48390	NAVINTACT FTPC S	92133	16	18	18	18	18	18	18
49203	DECA NTC SDIEGO	92133	11	7	6	6	6	6	6
49274	MOIC EASTPAC FP	92133	23	0	0	0	0	0	0
49756	PSD NTC SDGO F H	92133	0	3	3	3	1	1	1
66283	NECH N SDIEGO CA	92133	1	1	0	0	0	0	0
68401	NAVCRUITDIST SD	92133	232	0	0	0	0	0	0
00228	FISC OAKLAND CA	92134	0	0	0	0	5	5	5
00247	NTC SDGO	92134	0	0	0	0	0	37	36
00259	NMC SDGO CA	92134	2236	2079	2078	2072	2205	2055	1833
00619	NMEDCEN OAKLAND	92134	0	0	0	0	338	338	338
0114A	COMDESRON 5	92134	14	12	12	12	12	12	12
0116A	COMDESRON 7	92134	13	12	12	12	12	12	12
0126A	COMDESRON 17	92134	12	12	0	0	0	0	0
0130A	COMDESRON 21	92134	14	12	12	12	12	12	12

0132A	COMDESRON 23	92134	12	12	12	12	12	12	12
03361	CV 61 RANGER	92134	76	0	0	0	0	0	0
03363	CV 63 KITTY HAWK	92134	2768	2906	2906	2906	2906	2906	2906
03651	CGN 9 LONG BEACH	92134	868	562	14	0	0	0	0
0388A	FITCPAC SDGO	92134	0	0	0	0	0	0	30
05072	AGSS 555 DOLPHIN	92134	58	48	48	48	48	48	48
05134	SSN 647 POGY	92134	152	136	136	136	136	136	100
05139	SSN 652 PUFFER	92134	144	136	136	100	0	0	0
05143	SSN 662 GURNARD	92134	146	100	0	0	0	0	0
05725	SSN 677 DRUM	92134	147	136	100	0	0	0	0
05845	LKA 114 DURHAM	92134	323	0	0	0	0	0	0
0521A	NSHS SDIEGO	92134	202	195	191	191	191	191	191
07177	LPD 6 DULUTH	92134	375	386	386	386	386	386	386
07181	LPD 7 CLEVELAND	92134	387	398	398	398	398	398	397
07183	LPD 9 DENVER	92134	371	398	398	398	398	397	397
07184	LPD 10 JUNEAU	92134	373	398	398	398	398	398	397
07194	AGF 11 CORONADO	92134	459	457	457	457	457	457	457
07198	LPH 10 TRIPOLI	92134	725	701	0	0	0	0	0
07202	LPH 11 NRLNS	92134	663	816	819	819	819	0	0
08810	AR 8 JASON	92134	904	965	0	0	0	0	0
09061	HS 85	92134	0	141	141	140	140	140	140
09108	VF 301	92134	0	0	1	1	1	1	1
09120	VF 302	92134	0	0	1	1	1	1	1
09394	CVWR 30	92134	0	0	3	3	3	3	3
20015	LSD 40 FT FISHER	92134	336	321	321	321	321	321	320
20022	LST1183 PEORIA	92134	231	0	0	0	0	0	0
20023	LST1184 FREDERIC	92134	253	249	0	0	0	0	0
20024	LST1185 SCHENECT	92134	192	0	0	0	0	0	0
20026	LST1187 TUSCALOO	92134	220	0	0	0	0	0	0
20132	AS 37 DIXON	92134	559	620	595	570	0	0	0
20221	LST1195BARBOUR C	92134	251	0	0	0	0	0	0
20224	LST1198 BRISTOL	92134	215	5	0	0	0	0	0
20550	LHA 1 TARAWA	92134	958	1063	1063	1063	1067	1069	1069
20576	DD 965 KINKAID	92134	319	332	332	332	332	332	332
20587	DD 967 ELLIOT	92134	349	351	351	351	351	351	351
20599	DD 973 J YOUNG	92134	342	334	334	334	334	334	334
20602	DD 976 MERRILL	92134	311	339	339	339	339	339	339
20826	SSN 701 LA JOLLA	92134	142	141	141	141	151	151	151
20833	DD 986 H W HILL	92134	319	309	309	309	309	309	309
20967	FFG 14 SIDES	92134	184	163	166	166	166	166	166
20978	FFG 25 COPELAND	92134	181	159	162	162	162	0	0
20994	SSN 713 HOUSTON	92134	142	141	141	141	141	141	151
21023	SSN 716 SLAKE C	92134	143	141	141	141	141	141	141
21047	AD 42 ACADIA	92134	550	626	0	0	0	0	0
21052	FFG 27 MS TISDLE	92134	184	159	162	162	162	0	0
21055	FFG 30 REID	92134	198	211	211	211	0	0	0
21063	AD 43 CAPE COD	92134	562	626	626	626	626	626	626
21100	SSN 721 CHICAGO	92134	151	141	164	164	141	141	141
21118	AS 41 MCKEE	92134	557	620	620	620	620	620	620
21198	FFG 46 RENTZ	92134	194	214	214	214	214	214	214
21295	CG 49 VINCENNES	92134	350	380	380	380	380	380	380
21296	CG 50 VALL FORGE	92134	372	380	380	380	380	380	380
21302	SSN 724 LOUIVILL	92134	144	164	164	141	141	141	141

21400	LSD 43 FT MCHENR	92134	311	312	317	317	317	317	317
21404	MCM 3 SENTRY	92134	84	81	81	81	81	81	81
21405	MCM 4 CHAMPION	92134	72	81	70	70	70	70	70
21413	SSN 752 PASADENA	92134	146	141	141	141	164	164	141
21428	CG 57 LAKE CHAMP	92134	377	387	387	387	387	387	387
21437	DDG 994 CALLAGHA	92134	327	331	331	331	331	331	331
21439	DDG 996 CHANDLER	92134	327	331	331	331	331	331	331
21451	CG 62 CHANCELVIL	92134	377	387	387	387	387	387	387
21452	LSD 45 COMSTOCK	92134	298	322	312	312	312	312	312
21463	SSN 754 TOPEKA	92134	149	141	141	141	141	164	164
21530	LSD 47 RUSHMORE	92134	335	317	317	317	317	317	317
21623	CG 63 COWPENS	92134	392	387	387	387	387	387	387
30276	NEXCH MIRAMAR CA	92134	0	0	0	0	1	1	1
30291	STU COMBAT TRA C	92134	50	0	0	0	0	0	0
30522	NS SDGO BRIG	92134	18	0	0	0	0	0	0
30586	STU FLEASWTRACEN	92134	519	467	420	357	339	322	322
30602	CV 61 RAN DSSGD	92134	10	0	0	0	0	0	0
30604	CV 63 KIT DSSGD	92134	12	11	11	11	11	11	11
30627	STU NAVSERVSCOLC	92134	1113	902	514	174	0	0	0
30639	S NHCORSCH SDGO	92134	1066	959	813	691	656	654	654
30808	STU FLT TRA CEN	92134	266	239	215	183	174	165	165
31045	IST NH SAN DIEGO	92134	1	1	1	1	1	1	1
31401	STU CDP SAN DIEG	92134	1	0	0	0	0	0	0
31558	NMTJ W NW C SFRA	92134	0	2	2	2	0	0	0
31657	DCOUNSELOR SDGO	92134	2	2	2	2	2	2	2
32005	TRANS PERS UNIT	92134	2	0	0	0	0	0	0
32541	BRMCL EL TORO	92134	0	0	0	0	76	76	76
33159	COM3FT NSGDT SIG	92134	0	1	1	1	1	1	1
33168	NAVINTACT COM3DF	92134	9	10	10	10	10	10	10
33207	AESU DT EL TORO	92134	0	0	0	0	2	2	2
35405	NBAND DC SDIEGO	92134	0	39	44	44	44	44	44
35410	STU SSPR SCRIPPS	92134	2	0	0	0	0	0	0
35536	STU PG SAN DIEGO	92134	12	0	0	0	0	0	0
35677	A/C OPR DET NAS	92134	34	0	0	0	0	0	0
39007	STU PG UNIV OF S	92134	1	0	0	0	0	0	0
39247	TU CDP UNIV OF S	92134	3	0	0	0	0	0	0
39288	AS 37 DIXON MSC	92134	820	851	851	851	1	0	0
41301	STU LAW ED PRG S	92134	2	0	0	0	0	0	0
41539	STU ALREHAB TRNG	92134	8	0	0	0	0	0	0
41638	CSSD-14	92134	0	0	0	17	17	17	17
42081	FLETRACEN SAN DI	92134	195	0	0	0	0	0	0
42242	STU CDP NATIONAL	92134	2	0	0	0	0	0	0
43392	STU NAVSERVSCOLC	92134	248	223	201	171	162	154	154
43502	STU AEPR SAN DIE	92134	2	0	0	0	0	0	0
43578	STU TACTRAGRUPAC	92134	23	0	0	0	0	0	0
43617	T-ATF 167 NARRAG	92134	3	4	4	4	4	4	4
43618	T-ATF 169 NAVAJO	92134	4	4	4	4	4	4	4
43662	STU FITCPAC	92134	2	0	0	0	0	0	0
43700	HC 1/STU CRAW/CR	92134	1	0	0	0	0	0	0
43841	FLCBTRC PACGSTSU	92134	0	0	0	0	0	0	1
43851	FASWTCPAC GSTSUR	92134	0	0	0	0	0	0	1
43908	SSC SDGO LDG	92134	0	0	0	0	0	16	16
43988	STU EEAP SDIEGO	92134	17	0	0	0	0	0	0

44143	STU MED DEPT OST	92134	28	0	0	0	0	0	0
44260	WNFED CO VALLEJO	92134	0	3	3	3	3	3	3
44369	NAIR CMPO NPR SD	92134	0	0	1	1	1	1	1
44480	STU COMNAVAIR PA	92134	1	0	0	0	0	0	0
44516	FTCBATSYTRUP NDC	92134	29	0	0	0	0	0	0
44570	13D C1DNBN1 FSSG	92134	0	0	0	54	54	54	54
44654	STU CRAW/CRAG VR	92134	3	0	0	0	0	0	0
45032	FITCPAC FMS TRNG	92134	0	0	0	0	0	0	1
45524	NAVBCSTSVC MOB D	92134	1	0	0	0	0	0	0
45585	NH SD NDU COMP	92134	1	1	1	1	1	1	1
45888	STU MECP NETSCP	92134	8	0	0	0	0	0	0
46333	STU EEAP SAN DIE	92134	13	0	0	0	0	0	0
46334	STU EEAP MIRAMAR	92134	3	0	0	0	0	0	0
46542	STU ECP UNIV OF	92134	13	0	0	0	0	0	0
46620	3FSSG D NH SDGO	92134	3	3	3	3	3	3	3
46791	PACFAST D SDIEGO	92134	2	0	0	0	0	0	0
46859	DMEDS NDC SFRAN	92134	0	0	0	0	4	4	4
46859	DMEDS NDC SFRAN	92134	0	0	0	3	3	3	3
46864	DMEDS NH SDIEGO	92134	68	63	63	63	63	63	63
46868	DMEDS N2 NH PVA	92134	3	3	3	3	3	3	3
46897	NSHS SDGO D OAKL	92134	0	0	17	17	17	17	17
47046	VMFAT 101 NAVDET	92134	0	0	0	113	113	113	113
47386	SUPSHIP SDIEGO D	92134	11	0	0	0	0	0	0
47449	EODMU 9	92134	0	0	48	48	43	43	43
47543	DMED FH6 NH SDGO	92134	53	53	53	53	53	53	53
47546	DM FH6 BRMCL SD	92134	15	16	16	16	16	16	16
47547	DM GH6 NH SDGO	92134	1	1	1	1	1	1	1
47552	DEPMED FH6 NH SD	92134	2	2	2	2	2	2	2
47842	AD 42 ACA REPAIR	92134	796	797	0	0	0	0	0
47843	AD 43 REPAIR COM	92134	867	798	798	798	798	798	798
47852	STU PG #2 UNIV C	92134	1	0	0	0	0	0	0
47997	NMDINFMTCENDT SD	92134	1	1	1	1	1	1	1
48441	STU EEAP #2 SOUT	92134	1	0	0	0	0	0	0
48461	NHTR SAN DIEGO	92134	372	302	302	302	302	302	302
48494	STU EEAP SAN DIE	92134	10	0	0	0	0	0	0
48512	STU EEAP NATIONA	92134	2	0	0	0	0	0	0
48616	COMTRAPAC TQL MT	92134	5	0	0	0	0	0	0
48689	STU EEAP CERRO C	92134	1	0	0	0	0	0	0
49148	HS-10 SEA DUTY C	92134	24	0	0	0	0	0	0
49599	STU EEAP UNIV PH	92134	1	0	0	0	0	0	0
49637	STU EEAP ORANGE	92134	1	0	0	0	0	0	0
49730	STU EEAP CAL COL	92134	1	0	0	0	0	0	0
52687	CG 16 LEAHY	92134	234	0	0	0	0	0	0
52692	CG 21 GRIDLEY	92134	387	0	0	0	0	0	0
52693	CG 22 ENGLAND	92134	397	0	0	0	0	0	0
52698	CG 23 HALSEY	92134	367	0	0	0	0	0	0
52704	CG 29 JOUETT	92134	423	0	0	0	0	0	0
52705	CG 30 HORNE	92134	422	0	0	0	0	0	0
52706	CG 31 STERETT	92134	403	0	0	0	0	0	0
52707	CG 32 STANDLEY	92134	426	0	0	0	0	0	0
52708	CG 33 FOX	92134	441	0	0	0	0	0	0
55269	COMPHIBRON 5	92134	25	29	29	29	29	29	29
55281	COMPHIBRON 3	92134	30	29	29	29	29	29	29

55297	COMPHIBRON 1	92134	30	29	29	29	29	29	29
55306	MOTU 9	92134	0	0	23	23	23	24	24
55501	COMCRUDESGRU 1	92134	58	57	57	57	55	55	55
55630	COMHSLWINGPACSAN	92134	5	0	0	0	0	0	0
55633	COMSEACONTROLWIN	92134	11	0	0	0	0	0	0
55635	COMHELTACWINGPAC	92134	11	0	0	0	0	0	0
55636	COMHSWINGPAC	92134	10	0	0	0	0	0	0
55775	COMCRUDESGRU 5	92134	57	57	0	0	0	0	0
55780	COMCRUDESGRU 3	92134	58	57	57	57	55	55	55
57087	COM THIRD FLEET	92134	144	143	143	143	143	143	143
60050	MCAS EL TORO	92134	0	0	64	64	64	64	64
62361	NPMOD ALAMEDA	92134	0	0	0	0	1	1	1
62361	NPMOD ALAMEDA	92134	0	0	0	2	0	0	0
62361	NPMOD ALAMEDA	92134	0	0	1	1	0	0	0
62474	WNFEC SAN BRUNO	92134	0	0	0	0	7	7	7
62760	NAVAUDSVCWEST SD	92134	1	0	0	0	0	0	0
63387	PWKS CEN SDGO	92134	0	0	0	0	1	1	1
65492	NH ORLANDO FL	92134	0	0	0	81	81	81	81
66626	NCPB DT SDIEGO	92134	3	2	2	2	2	2	2
66704	COM3FT SP DIV	92134	1	1	1	1	1	1	1
66950	PERS/AD ASTTMPA	92134	11	0	0	0	0	0	0
67823	MAG-46 (-)	92134	0	0	0	3	[illegible]	3	3
68056	NMC SW REGN	92134	0	1	1	1	1	1	1
68401	NAVCRUITDIST SD	92134	0	163	163	168	168	168	168
68555	PSD BALBOA CA	92134	34	36	36	36	36	36	36
68557	PSD NAS MIRAMAR	92134	0	0	0	0	27	27	27
68780	AS 41 MCKEE MSC	92134	823	989	989	989	851	851	851
68853	NDRUGLAB SDGO	92134	5	5	5	5	5	5	5
68906	HCSO SDIEGO	92134	21	26	25	25	25	25	25
68917	PACFLTCARIT S DG	92134	0	0	0	0	4	4	4
68944	NCCOSC ISE WEST	92134	3	0	0	0	0	0	0
70240	NCTS SD CA/EOB	92134	0	0	0	0	19	19	19
00236	NAS ALAMEDA	92135	0	0	0	0	8	8	8
00236	NAS ALAMEDA	92135	0	0	13	13	1	1	1
00246	NAS NORTH ISLAND	92135	581	463	463	463	463	463	463
09055	HSL 84	92135	42	39	13	14	14	14	14
09061	HS 85	92135	85	0	0	0	0	0	0
09074	VAW 88	92135	0	83	1	1	1	1	1
09138	HSL 33	92135	78	0	0	0	0	0	0
09164	HS 4	92135	205	202	167	167	167	167	167
09191	FASOTRAGRUPAC	92135	169	148	148	148	148	148	148
09192	SEACONRON 38	92135	203	215	215	215	215	215	215
09204	SEACONRON 29	92135	199	195	215	215	215	215	215
09209	HS 14	92135	200	202	167	167	167	167	167
09211	HC 1	92135	347	0	0	0	0	0	0
09263	SEACONRON 33	92135	212	195	195	215	215	215	215
09272	HSL 33 LAMPS	92135	186	0	0	0	0	0	0
09296	NAVAIRES SDIEGO	92135	97	110	90	101	101	101	101
09298	SEACONRON 41	92135	444	640	604	604	604	604	604
09299	HS 10	92135	333	423	326	309	307	307	305
09345	SEACONRON 35	92135	210	195	195	195	215	215	215
09372	HS 2	92135	207	202	167	167	167	167	167
09381	SEACONRON 37	92135	217	195	0	0	0	0	0

09528	FACSFAC SDIEGO	92135	152	142	142	142	142	142	142
09607	VRC 30	92135	319	253	236	236	236	236	236
09721	COMCARGRU ONE	92135	58	57	59	59	59	59	59
09722	COMCARGRU THREE	92135	0	0	0	0	57	57	57
09724	COMCARGRU SEVEN	92135	60	57	57	57	57	57	57
09822	HC 3	92135	278	311	296	310	310	310	310
09950	HS 6	92135	201	202	167	167	167	167	167
09951	HS 8	92135	195	202	167	167	167	167	167
09961	COMASWWPAC	92135	65	135	135	136	136	136	136
09983	COMHELWINGRES	92135	52	50	50	50	50	50	50
20828	DSU DET MYSTIC --	92135	20	16	16	16	16	16	16
20829	DSU DET TURTLE	92135	13	11	11	11	11	11	11
20892	DSU DET AVALON	92135	17	16	16	16	16	16	16
20919	DSU DT SEA CLIF	92135	12	11	11	11	11	11	11
20993	CVN 70 VINSON	92135	0	0	0	0	3075	3075	3075
30332	AESU DT SDGO WRO	92135	4	4	4	4	4	4	4
30669	S FASOTRAGRUPAC	92135	21	11	11	11	11	11	11
30901	S CWPNTRAGRUPAC	92135	43	41	41	38	38	38	38
30911	MOB ENV TM SDGO	92135	29	31	31	31	31	31	31
31137	DEFCURSTA SDGO	92135	4	4	4	4	4	4	4
31195	NCTS SDIEGO/DCS	92135	27	17	17	17	17	17	17
31466	NAS NORIS S CLEM	92135	167	174	174	174	174	174	174
31507	CWPTRGP TECHIN D	92135	19	17	17	17	17	17	17
31508	CWPTRGP FDTRN DI	92135	19	8	8	8	8	8	8
31713	NAVINTACT SP CNA	92135	4	2	2	2	2	2	2
32117	DSU SAN DIEGO CA	92135	61	48	48	48	48	48	48
32546	BRMCL NAS NISL	92135	56	47	47	47	47	47	47
32673	CMS TRNG SDIEGO	92135	5	5	5	5	5	5	5
32719	NSGD NCTS SD/CC	92135	47	47	47	47	47	47	47
35455	NSGD NCTS SD/DS	92135	83	73	75	75	75	75	73
35499	NLEGSVCOFDT NORI	92135	4	14	14	14	14	14	14
35623	FACSFAC S CLE CO	92135	17	17	17	17	17	17	17
35705	COMASWWPAC NORIS	92135	64	50	32	32	32	32	32
35734	NDCLBR NAS N ISL	92135	40	45	45	45	45	45	45
35947	FASOPAC DT STRTM	92135	76	78	78	78	78	78	78
41431	BRMCL NUC S CLEM	92135	3	3	3	3	3	3	3
42197	NAIRTECH SF D SD	92135	2	1	1	1	1	1	1
42300	HC 11 SEA COMP	92135	360	443	443	443	443	443	443
42431	S CRAW/CRAG HC 3	92135	69	69	69	89	89	89	89
42500	DSU DET UMV	92135	69	60	60	60	60	60	60
42827	PSD N ISL CA	92135	77	86	86	86	86	86	86
43711	CVN 70 VIN DSSGD	92135	0	0	0	0	11	11	11
44326	NAS NORIS AIMD	92135	689	641	641	641	641	641	641
44597	NSGD NCTS DS/CSS	92135	29	10	9	9	10	10	10
45082	NSGDNCTS SD ECCM	92135	41	15	19	19	19	19	19
45083	NCIS FSD NO ISLD	92135	2	2	2	2	2	2	2
45847	PQMM SPEC SDGO	92135	2	2	2	2	2	2	2
45908	CNARF PAC REP	92135	3	3	3	3	3	3	3
45909	CNARF PACREP/RPN	92135	4	3	3	3	3	3	3
46249	NAS ALAMEDA SECD	92135	0	0	0	0	38	37	36
46250	NAS N ISL SEC DT	92135	92	106	106	106	106	106	106
46501	FTCOMBATCAMGUPAC	92135	36	36	36	36	36	36	36
46732	AMCC 07 SDIEGO	92135	6	6	6	6	6	6	6

46776	NASC DT WSM N IS	92135	1	1	1	1	1	1	1
46815	FASOTRAGRUP EMTT	92135	10	10	10	10	10	10	10
46968	NAS NOIS SEA ODT	92135	184	179	179	179	179	179	179
47181	NAIRTSFAC SDGO N	92135	1	1	1	1	1	1	1
47549	DMED FH6 NBR NIL	92135	1	1	1	1	1	1	1
47679	NSGDNCTS SD/SDTY	92135	22	18	18	18	18	18	18
47721	SWATSCOLPAC NI	92135	24	26	26	26	26	26	26
47736	HELASRON 10 FDPT	92135	50	59	40	39	39	39	45
47908	NSGDNCTSNESEC/DS	92135	20	13	1	1	1	1	1
47916	RIPO AREA 4	92135	5	6	6	6	6	6	6
48161	HC 3 N D CP	92135	2	2	2	2	2	2	2
48176	EODMU 3 D NO ISL	92135	0	6	6	6	6	6	6
48517	CSAW SAN DIEGO	92135	88	77	77	77	77	77	77
48544	ASCOMDET NRTH IS	92135	29	19	19	19	19	19	19
49202	DECA NO ISLAND	92135	11	7	7	7	7	6	6
49390	FAMSERVCEN N IS	92135	1	2	2	2	2	2	2
49755	NVBASE SDGO	92135	0	16	16	16	16	16	16
53910	VR 57	92135	97	88	88	89	89	89	89
53914	HSL 43	92135	61	54	54	54	54	54	54
53915	HSL 45	92135	55	54	54	54	54	54	54
53917	HSL 47	92135	59	54	54	54	54	54	54
53919	HSL 49	92135	58	54	54	54	54	54	56
53920	HC 11	92135	39	42	42	107	107	107	107
55138	HSL 41	92135	325	294	281	291	291	291	291
55139	S C/C HSL 41	92135	112	107	107	107	107	107	107
55146	HSL 43 LAMPS	92135	174	169	169	169	169	169	169
55148	HSL 45 LAMPS	92135	172	169	169	169	169	169	169
55150	HSL 47 LAMPS	92135	167	169	169	169	169	169	169
55152	HSL 49 LAMPS	92135	173	169	169	169	169	169	217
55201	HM 15	92135	0	0	414	423	423	423	423
55230	HSL 84 LAMPS	92135	72	66	66	66	66	66	66
57025	COMNAVAIRPAC	92135	189	188	188	188	188	188	188
57092	CNAVIUWGRU 1	92135	17	14	14	14	14	14	14
57094	FLTIMGCOMPAC SDG	92135	19	15	15	15	15	15	15
63013	CWPNTRAGRUPAC SD	92135	67	40	40	41	47	41	41
63037	NPOF SAN DIEGO	92135	57	41	40	40	40	40	40
63896	NSGDNCTS SDIEGO	92135	79	65	65	65	65	65	65
65557	S C/C HS 10	92135	73	73	73	122	122	122	122
65566	S C/C VS 41	92135	159	159	159	159	159	159	159
65888	NAVNDEPOT NORIS	92135	32	31	16	31	31	31	31
66065	AMTGD NORIS CA	92135	165	148	124	126	127	131	131
66422	NEXCH NO ISLAND	92135	1	1	1	1	1	1	1
66633	DMA CSC EPAC OFF	92135	3	2	2	2	2	2	2
66649	CBU 405	92135	0	0	0	0	45	45	45
68046	NCTS SAN DIEGO	92135	22	22	22	22	22	22	22
68118	NB SD NADSAP N I	92135	5	4	4	4	4	4	4
68451	NARDAC SANFRA C	92135	0	0	0	0	9	9	9
68451	NARDAC SANFRA C	92135	0	0	0	2	2	2	2
68557	PSD NAS MIRAMAR	92135	0	0	0	1	1	1	1
68917	PACFLTCARIT S DG	92135	16	12	12	12	8	8	8
70240	NCTS SD CA/EOB	92135	268	208	202	196	168	168	168
00245	NS SAN DIEGO CA	92136	486	239	239	239	239	239	239
0025A	FLTCOMBATSYSTRUP	92136	9	1	1	1	1	1	1

0122A	COMDESRON 13	92136	37	20	30	30	29	29	29
04648	AD 37 S GOMPERS	92136	0	625	625	0	0	0	0
0546A	ENPVNTMEDU 5 DGO	92136	39	33	33	33	33	33	33
0609A	S DT SDAT SD	92136	314	283	255	217	206	196	196
13871	AFDM 14 STEADFST	92136	118	116	116	116	116	116	116
20807	CGN 41 ARKANSAS	92136	0	554	554	553	553	369	185
21839	AOE 6 SUPPLY	92136	47	584	547	547	536	536	536
21872	AOE 7 RAINIER	92136	3	576	561	536	536	536	536
30034	NFSSO NFTM SDGO	92136	15	15	15	15	15	15	15
30394	NEXCH D S CL IS	92136	4	4	4	4	4	4	4
31557	NMTJ W SW C SDGO	92136	5	7	7	7	7	7	7
32680	CMIO SDIEGO CA	92136	18	16	16	16	16	16	16
33043	CPACFLT PEB	92136	30	19	19	19	18	18	18
35264	AFTG PAC SHDUT	92136	98	70	70	70	67	67	67
39233	NEXCH NS SDIEGO	92136	2	0	0	0	0	0	0
39354	SCH DEN A&T SDGO	92136	1	1	1	1	1	1	1
41228	CBU 427	92136	0	41	45	45	45	45	45
41331	COMDESRON 33 N D	92136	0	9	0	0	0	0	0
41472	FLT TRA CEN SD	92136	10	10	10	10	10	10	10
41966	COMDESRON 13 ND	92136	0	9	0	0	0	0	0
42144	COMDESRON 13 S D	92136	0	8	0	0	0	0	0
42149	FTC SD GST	92136	463	11	11	11	11	11	11
42980	NBS FSD SDGO	92136	15	15	15	15	1	0	0
43891	FTC SD GST SURF	92136	0	266	277	275	276	279	281
44298	NMASSO DTPACNDUC	92136	57	57	57	57	57	62	62
44386	NS SDGO TRPERSUN	92136	124	98	98	98	98	98	98
45020	BRMCL NS SDGO	92136	85	77	77	77	77	77	77
45198	NAVSURFPAC MTEC	92136	4	5	5	5	5	5	5
45870	NIRA DT 5 SDGO	92136	1	1	1	1	1	1	1
45951	AEGIS TR SUPPGRU	92136	26	33	33	33	33	33	33
46120	FTC SDGO NDUTCP	92136	6	6	6	6	6	6	6
46262	NS SDGO SEC DET	92136	111	145	145	145	145	145	145
46276	NAVSURFPAC SDGO	92136	42	42	42	42	42	42	42
46477	CPACFLT PEB SUP	92136	2	3	3	2	2	2	2
46698	COMPHIBRON 9	92136	37	24	0	0	0	0	0
46744	DMA TECH SVC CTR	92136	0	5	5	5	5	6	6
46867	DM BRMCL NS SDGO	92136	11	12	12	12	12	12	12
46870	DMEDS NDC SDIEGO	92136	12	11	11	11	11	11	11
46992	PINSUR SD D SDGO	92136	34	25	25	25	25	25	25
47042	NSP MTEC SHORE	92136	24	11	11	11	11	11	11
47152	EODMU 15	92136	0	0	5	5	5	5	5
47340	NEXCHCEN SDGO ND	92136	1	1	1	1	1	1	1
47418	FLT SURG TEAM 1	92136	18	15	15	15	15	15	15
47420	FLT SURG TEAM 3	92136	16	18	18	18	18	18	18
47548	DMED FH6 NDC SDG	92136	6	6	6	6	6	6	6
47839	AD 37 S GOM REPA	92136	0	799	799	0	0	0	0
47914	RIPO AREA 2	92136	0	4	4	4	4	4	4
48022	NAVINTACT NSDGO	92136	4	2	2	2	2	2	2
48038	CINCPACFLT DENTL	92136	1	1	1	1	1	1	1
48308	DLEA S DIEGO CA	92136	7	3	3	6	6	7	7
48522	SDSA FLESUPSEC	92136	6	6	6	6	6	6	6
48644	NS SAN DIEGO FSC	92136	6	3	3	3	3	3	3
49204	DECA NS SDIEGO	92136	17	10	9	9	7	7	6

49343	FLT SUG TM 5	92136	14	14	14	14	14	14	14
49381	DEFDD SDIEGO	92136	5	5	5	5	5	5	5
49996	COMPHIBRON 7 DET	92136	0	8	8	8	8	8	8
49997	COMPHIBRON 9 DET	92136	0	5	0	0	0	0	0
52725	COMDESRON 33	92136	45	27	30	30	29	29	29
52739	COMPHIBGRU THREE	92136	40	46	46	46	45	45	45
53997	CONSOLIDA DIV UN	92136	48	34	34	34	34	34	34
55236	SURPAC RSGU SDGO	92136	106	62	62	62	62	62	62
55253	HM 19	92136	0	162	156	156	156	156	156
55298	COMPHIBRON 7	92136	41	24	21	21	20	20	19
55304	MOTU 5	92136	90	72	70	70	70	70	70
57062	AFTGP ND COMP	92136	376	311	310	310	309	309	309
61690	FTC SAN DIEGO	92136	32	26	45	46	46	46	46
62791	SUPSHP SDIEGO C	92136	22	24	24	23	24	24	24
62888	INSURVPAC SDGO	92136	5	6	6	6	6	6	6
63139	NAVAIRES ALAMEDA	92136	0	114	112	112	112	112	112
63387	PWKS CEN SDGO	92136	14	14	14	13	12	12	12
65918	SIMA SDGO	92136	2320	3003	2744	2696	2351	2411	2768
66022	NDC SAN DIEGO CA	92136	366	378	368	369	372	365	359
66105	NAVEXCHCN SDGO	92136	2	2	2	2	2	2	2
68107	FLILOT SDIEGO CA	92136	12	7	8	8	8	8	8
68132	NB SD NADSAP NSD	92136	9	12	12	12	12	12	12
68152	NEXCEN SFTM SDGO	92136	12	8	8	8	8	8	8
68370	NLEGSVCOFF SDGO	92136	67	50	50	50	50	55	55
68407	NAVPACEN SDGO	92136	9	9	9	9	9	9	9
68482	BUPERS DET DAPMA	92136	11	10	10	10	10	10	10
68556	PSD NS SDGO	92136	94	96	96	94	94	94	94
68562	NMASSO DTPAC SD	92136	32	35	35	35	35	29	29
68943	NVJUSTSCOL DET	92136	5	4	4	4	4	4	4
68945	NSDAT SDIEGO CA	92136	59	63	63	63	63	63	63
68954	FOSSAC DET SDGO	92136	2	12	12	12	12	12	12
82630	EODMU 7	92136	31	25	25	25	25	25	25
44369	NAIR CMPO NPR SD	92138	1	1	0	0	0	0	0
00243	MC CRUITDEP SDGO	92140	18	13	13	14	14	14	14
32556	BRMCL MCRD SDGO	92140	77	79	79	79	79	79	79
67019	12TH MCD SDIEGO	92140	1	0	0	0	0	0	0
09012	VF 1	92145	50	0	0	0	0	0	0
09048	VAW 110	92145	332	0	0	0	0	0	0
09074	VAW 88	92145	77	0	0	0	0	0	0
09086	VF 211	92145	259	246	246	246	1	1	1
09095	VF 124	92145	695	0	0	0	0	0	0
09108	VF 301	92145	131	146	0	0	0	0	0
09113	VF 2	92145	321	290	290	290	31	31	31
09120	VF 302	92145	146	148	0	0	0	0	0
09143	NARC MIRAMAR	92145	92	87	86	1	0	0	0
09261	COM CVW 14	92145	34	31	29	29	29	29	29
09394	CVWR 30	92145	35	36	24	24	24	24	24
09458	VAW 112	92145	180	153	153	0	0	0	0
09459	VAW 113	92145	175	153	153	0	0	0	0
09462	VAW 114	92145	186	153	0	0	0	0	0
09465	VAW 116	92145	175	153	153	0	0	0	0
09475	VF 51	92145	240	230	0	0	0	0	0
09481	VF 126	92145	213	0	0	0	0	0	0

09603	VF 111	92145	270	246	1	1	0	0	0
09734	COM CVW 11	92145	28	31	29	0	0	0	0
09742	COM CVW 2	92145	29	30	28	0	0	0	0
09747	COM CVW 15	92145	27	27	0	0	0	0	0
09932	VF 24	92145	234	230	230	230	0	0	0
09934	VF 213	92145	300	287	287	287	287	287	287
09985	VAW 117	92145	189	153	153	153	0	0	0
30276	NEXCH MIRAMAR CA	92145	1	1	1	1	0	0	0
30342	AESU DT MIRAMAR	92145	3	4	4	3	0	0	0
30658	S CC VAW 110	92145	92	0	0	0	0	0	0
32547	BRMCL NAS MIRAMA	92145	58	62	62	62	0	0	0
35668	NAS MIRAM A CODT	92145	142	22	4	0	0	0	0
42343	FMFP SDIEGO CA	92145	33	28	28	0	0	0	0
44322	NAS MIRAMAR AIMD	92145	570	513	513	141	0	0	0
45611	BUPERS C BRIG	92145	146	152	151	151	151	151	151
46253	NAS MIRAMAR SECD	92145	127	109	109	68	0	0	0
46780	4FSSG MLC4SBNDSD	92145	1	3	3	3	3	3	3
46903	F-14D FLT INTROT	92145	12	0	0	0	0	0	0
46962	NAS MIRA SEA ODT	92145	297	287	192	0	0	0	0
47397	CARAEWPNSCOL	92145	19	19	19	0	0	0	0
47464	TW 2 A/C OPS	92145	15	15	15	0	0	0	0
48708	NAS MIRAMAR FSC	92145	0	1	1	1	1	1	1
49120	E-2C FIT	92145	7	0	0	0	0	0	0
49209	DECA MIRAMAR CMS	92145	20	11	10	10	10	9	8
52912	FITWPSCOL MIRAMA	92145	146	2	2	2	2	2	2
52995	VFC 13	92145	121	123	123	0	0	0	0
55188	COM CVW 9 D MIRA	92145	2	2	2	0	0	0	0
55629	COMFITWINGPAC	92145	16	0	0	0	0	0	0
55634	COMAEWWINGPAC	92145	12	0	0	0	0	0	0
60259	NAS MIRAMAR	92145	259	242	242	160	68	66	66
61061	AMTGD EL TORO	92145	0	0	0	0	3	3	3
65563	S C/C VF 124	92145	158	79	71	61	58	55	55
66064	AMTGD MIRAMAR	92145	156	153	153	0	0	0	0
66472	NPMOD MIRAMAR	92145	7	8	8	8	0	0	0
66649	CBU 405	92145	67	45	45	45	0	0	0
66656	FASOTRAGRUP MIR	92145	13	21	21	11	6	6	6
66894	NALREHABCEN MIRA	92145	85	90	88	85	0	0	0
67680	4TH MDVIHSCO4TBN	92145	1	1	1	1	1	1	1
67805	4TH FSSGHSCO4MBN	92145	8	9	9	8	8	8	8
68117	NB SD NADSAP MIR	92145	3	4	4	0	0	0	0
68557	PSD NAS MIRAMAR	92145	65	69	69	33	2	2	2
00948	FLT ASW TRA PAC	92147	82	60	59	59	59	59	59
41443	FASWTCPAC SD FTP	92147	5	5	5	5	5	5	5
41469	FLCBTRC PACFMSTR	92147	1	1	1	1	1	1	1
42496	NCTSI DET 1SD C	92147	7	7	7	7	7	7	7
42498	NCTSI DET 3	92147	0	0	0	0	0	7	7
42817	PSD FLSWTRCEN SD	92147	22	22	22	22	22	22	22
42851	FASWTCPAC GST	92147	627	418	416	417	421	424	425
42852	FLCBTRC PAC GST	92147	490	321	270	255	148	153	153
43852	FASWTCPAC GSTSUB	92147	0	59	54	54	54	53	53
45186	FLCTRCPAC SDIEGO	92147	0	14	12	12	12	12	12
45559	REGLOGSUPOFC L B	92147	0	0	0	0	0	1	1
45605	ASWTC P LBCH	92147	0	1	0	0	0	0	0

46042	COMTRAPAC DSG	92147	3	1	1	1	1	1	1
47143	SSAAC SDGO CA	92147	2	0	0	0	0	0	0
49267	TQLTMPAC	92147	5	9	9	9	9	9	9
49365	AFTG PAC DET	92147	9	9	9	9	9	9	9
53996	TACTRAGRUPAC	92147	56	53	53	53	53	53	53
57022	COMTRAPAC	92147	44	36	35	36	36	36	36
61665	FTCOMBATRCEN PAC	92147	17	18	18	18	12	12	12
66466	NAVO PAC COMP	92147	2	2	2	2	2	2	2
63524	NCTSI SDIEGO CA	92147	26	26	26	26	26	26	26
63772	NLEGSVCOFF LBCH	92147	0	0	0	0	0	11	11
63940	NCCOSC SAN DIEGO	92147	9	9	9	9	9	9	9
39353	NSWC ICST	92152	17	11	9	9	9	9	9
41631	NCCOSC RDTE OSSD	92152	13	14	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92152	13	10	0	0	0	0	0
45772	NAVLIAISON SDGO	92152	1	1	1	1	1	1	1
45782	NCCOSC RDTE D SD	92152	14	24	0	0	0	0	0
47627	NCCOSC S D NON-N	92152	10	18	24	25	25	25	24
63152	FLTCOMBDSSA SDG	92152	99	66	34	34	34	34	34
66001	NCCOSC RDTE DV	92152	88	93	40	40	41	41	41
68221	NPERANDCEN SDGO	92152	19	13	12	11	11	11	11
68951	NUSC DET ASL SDG	92152	0	0	6	6	6	6	6
00074	NAVSPECWARCOM CA	92155	100	98	105	119	120	119	119
08971	SEAL TEAM 5	92155	214	229	229	229	229	229	229
08973	SDVT 1	92155	157	222	222	232	262	262	276
09815	COMTACGRU ONE	92155	12	15	15	15	15	15	15
21928	PC 7 SQUALL	92155	0	28	28	28	28	28	28
21929	PC 8 ZEPHYR	92155	0	28	28	23	28	28	28
31899	PACRCNSRF SDGO	92155	18	16	16	16	16	16	16
32549	BRMCL NAB CORONA	92155	39	40	40	40	40	40	40
35186	CNSRFPAC REP/RPN	92155	1	1	1	1	1	1	1
35431	CNBEACHGR 1 PRTS	92155	13	14	14	14	14	14	14
35624	PHIBCB 1 SEADUCO	92155	124	120	130	130	130	130	130
39037	SWOSCOLPAC SDGO	92155	65	0	0	0	0	0	0
39049	STU SWOSSCOLCOM	92155	111	100	90	77	73	69	69
41608	CNSURPAC SDNSGOP	92155	3	3	3	3	3	3	3
41914	BCHMSTR UN 1 SHO	92155	43	29	29	29	29	29	29
41915	FDGP SEA DUTY	92155	106	72	71	71	71	71	71
42147	NPHIBSCH COR GST	92155	145	131	130	129	129	129	130
42169	NPHIBSCH COR S D	92155	8	7	7	7	7	7	7
42221	SPECBOATU 12	92155	223	232	240	250	265	264	275
42222	SPECBOATU 13	92155	30	0	0	0	0	0	0
42828	PSD CORONADO CA	92155	31	35	35	35	35	35	35
42963	SPECBATU 13 S D	92155	9	0	0	0	0	0	0
43305	NAVINTACT CNSPAC	92155	3	3	3	3	3	3	3
44157	NPHIBS COR FMSTP	92155	12	15	15	15	15	15	15
44884	SEAL TEAM 3	92155	223	229	229	229	229	229	229
44920	BCHMSTR UN 1 D A	92155	17	19	19	19	19	19	19
44921	BCHMSTR UN 1 D B	92155	24	19	19	19	19	19	19
44922	BCHMSTR UN 1 D C	92155	19	19	19	19	19	19	19
44923	BCHMSTR UN 1 D D	92155	17	19	19	19	19	19	19
44924	BCHMSTR UN 1 D E	92155	22	19	19	19	19	19	19
44925	BCHMSTR UN 1 D F	92155	19	19	19	19	19	19	19
44939	CNSWGRU 1 SDUCOM	92155	36	44	44	44	44	44	44

45771	PCFAST D S DGO	92155	1	0	0	0	0	0	0
46257	NPB CORONAD SECD	92155	46	38	38	38	38	38	38
46442	CSWDG DT WEST	92155	3	3	3	3	3	3	3
46462	STU BASUNDDEM/SE	92155	250	225	203	173	164	156	156
46989	NSPECWARCEN NDC	92155	29	43	43	43	43	43	43
47330	FDGP TAC DEV&E	92155	2	2	2	2	2	2	2
48707	NAB CORONADO CDC	92155	2	1	1	1	1	1	1
48902	NPHIBSCH COR TQL	92155	14	13	13	13	13	13	13
49080	PC MST ONE	92155	13	13	13	15	15	15	15
49082	PC MST THREE	92155	7	13	13	15	15	15	15
49440	NSWC D WASH DC	92155	2	4	4	4	4	4	4
49713	PC MST 5	92155	3	13	13	15	15	15	15
49770	NSWC DET N PRCHT	92155	11	13	13	13	13	13	13
49917	NAVINTACT FTPAC	92155	0	1	1	1	1	1	1
53212	BCHMSTR UN 1	92155	12	11	11	11	10	10	10
53257	ASSAULT CFT UN 1	92155	131	62	65	63	62	62	62
53824	COMNAVSURFPAC	92155	216	224	227	227	224	224	224
55104	PHIB CB1	92155	350	274	274	270	270	270	270
55134	TACRON 11	92155	62	79	86	119	119	119	119
55135	TACRON 12	92155	60	79	86	119	119	119	119
55321	EODGR1	92155	23	27	28	28	28	28	28
55446	COMSPECBOATRON 1	92155	31	71	71	71	71	71	71
55447	EOD MOB UN 3	92155	205	207	207	207	206	206	206
55721	FTGP SDGO CA	92155	76	63	62	62	62	62	62
55777	SEAL TEAM 1	92155	222	229	229	229	229	229	229
57066	COMNBEACHGRU 1	92155	15	14	14	14	14	14	14
57100	N SPEC WAR GRU 1	92155	101	117	116	116	116	116	116
62021	NPB CORONADO	92155	303	203	212	212	212	212	212
63018	NPHIBSCH CORONAD	92155	8	6	6	6	6	6	6
67271	LANDFORTRACO PAC	92155	10	8	8	8	8	8	8
68751	FLETACREADGRU SD	92155	9	6	3	0	0	0	0
68794	FDGPD CORONADO	92155	31	30	30	30	30	30	34
68869	NSPECWARCEN CORO	92155	220	215	215	215	215	215	215
41341	BUPERS S/D SD DT	92166	20	19	19	19	19	19	19
43440	BUPERS PG S C	92166	2	2	2	2	2	2	2
44907	BUPERS S/D C H	92166	2	2	2	2	2	2	2
46819	STU EEAP #1 GOLD	92166	2	0	0	0	0	0	0
43791	DCMO SPACE	92186	2	1	1	1	1	1	1
63116	NHLTHRSCHCEN SDG	92186	25	21	20	19	19	19	19
65584	NELEXSYENGC SDEG	92186	6	5	4	3	4	4	4
65913	NSEACENPAC SDIGO	92186	43	40	39	39	39	39	39
			74701	65239	57736	53555	52953	51437	51383

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	7,137	201,440	4.37	84.69
ACTIVE DUTY NON N/MC	399	11,266	4.94	4.74
TOTAL ACTIVE DUTY	7,536	212,706		89.43
FAMILY OF AD	13,246	504,934	2.89	107.07
RETIRED AND FAMILY MEMBERS UNDER 65 *	**5,458	**212,737	***6.56	**76.36
RETIRED AND FAMILY MEMBERS OVER 65	**2,122	**82,731	***4.47	**29.69
OTHER	238	4,934	3.98	2.26
TOTAL	28,600	1,018,042		304.81

What is your occupancy rate for FY 1994 to date? 78%

*DATA NOT AVAILABLE BY AGE; ALL AGES INCLUDED.
** Percentage computed from RAPS Data:
Retired and family Under 65 - 72%
Retired and family 65 and over - 28%
Same percentage used for Admissions, outpatient visits and ADPL
*** CHCS actual data from Oct 93 through March 1994

Revised pg

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	7,137	201,440	4.37	84.69
ACTIVE DUTY NON N/MC	399	11,266	4.94	4.74
TOTAL ACTIVE DUTY	7,536	212,706		89.43
FAMILY OF AD	13,246	504,934	2.89	107.07
RETIRED AND FAMILY MEMBERS UNDER 65 *	7,580	295,468	4.94	106.05
RETIRED AND FAMILY MEMBERS OVER 65	-	-	-	-
OTHER	238	4,934	3.98	2.26
TOTAL	28,600	1,018,042		304.81

What is your occupancy rate for FY 1994 to date? 78%

*DATA NOT AVAILABLE BY AGE; ALL AGES INCLUDED.

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	1,036,367	1,055,021	1,074,012	1,093,344	1,113,024	1,133,059	1,153,454
ADMISS	29,115	29,639	30,172	30,715	31,268	31,831	32,404

Please show all assumptions and calculations in the space below:

- **TOTAL PROJECTED POPULATION INCREASE OF 9% BETWEN FY94 AND FY99, FOR 1.8% INCREASE ANNUALLY.**

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
SEE NOTE BELOW		

NOTE: All miscellaneous (other) medical support provided (not direct patient care) is performed by Branch Medical Clinic(s) personnel and, as such, was reported in Data Call ~~#41~~ for each respective Branch Medical Clinic.

#27 BUMED-822
MM, 27 Jun 94

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							
RESIDENCIES:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Anesthesiology	6	7	6	6	6	6	6	6
Dermatology	5	3	4	4	4	4	4	4
Diagnostic Radiology	8	7	8	8	8	8	8	8
Emergency Medicine	8	6	10	8	8	8	8	8
General Surgery	4	3	4	4	4	4	4	4
Internal Medicine	10	11	12	12	12	12	12	12
Obstetrics/Gynecology	5	5	5	5	5	5	5	5
Ophthalmology	4	4	4	4	4	4	4	4
Orthopaedic Surgery	5	5	5	5	5	5	5	5
Otolaryngology	3	3	3	3	3	3	3	3
Pathology	3	2	1	2	2	2	2	2
Pediatrics	5	6	6	6	6	6	6	6
Psychiatry	2	2	4	4	4	4	4	4
Urology	2	2	2	2	2	2	2	2

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
FELLOWSHIPS:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Adolescent Medicine	1	0	1	2	1	2	1	2
Cardiology	3	4	4	4	4	4	4	4
Critical Care	1	1	1	2	2	2	2	2
Gastroenterology	1	1	2	2	2	2	2	2
Dermatopathology	1	1	1	1	1	1	1	1
Hematology/Oncology	1	2	2	2	2	2	2	2
Infectious Disease	1	2	2	2	2	2	2	2
Nephrology	1	0	1	1	1	1	1	1
Pulmonary Disease	1	1	1	2	2	2	2	2
Body Imaging (Rad)	1	1	1	1	1	1	1	1

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
DENTISTRY:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Oral Surgery	2	2	2	2	2	2	2	2
General Practice	5	5	5	5	5	5	5	5
Psychology Interns	4	4	4	4	4	4	4	4
Nurse Anesthesia	6	6	6	6	6	6	6	6
Hospital Pharmacy	1	1	1	1	1	1	1	1

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
DENTISTRY:	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
INTERNSHIPS:								
Transitional Year	22	22	22	22	22	22	22	22
Basic Medicine	21	21	21	21	21	21	21	21
Basic Surgery	22	22	22	22	22	22	22	22
Obstetrics/Gynecology	6	6	6	6	6	6	6	6
Pediatrics	8	8	8	8	8	8	8	8
Psychiatry	6	6	6	6	6	6	6	6

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):

BASED ON PAST 3 YEARS BOARDS' PERFORMANCE

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Anesthesiology	F	100%	
Dermatology	F	100%	
Emerg Medicine	F	100%	
Internal Med	F	95%	
OB/GYN	F	100%	
Ophthalmology	F	100%	
Orthopedics	F	100%	
Otolaryngology	F	100%	
Pathology	F	100%	
Pediatrics	F	100%	
Psychiatry	F	77%	Of 11 graduates, 8.5 passed written and oral exams, 1 failed, 1 was ineligible as a D.O., and 1 chose not to take the boards.
Diag Radiology	F	100%	
Gen Surgery	F	92%	
Urology	F	100%	
Oral Surgery	F	100%	
Cardiology	F	100%	
Critical Care	F	100%	
Gastroenterology	F	100%	
Hema/Oncology	F	100%	
Infect Disease	F	100%	
Nephrology	F	100%	COMBINED PROGRAM WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO.
Pulmonary Dis	F	100%	

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

R

Revision of Data Call #27
UIC: 00259 10/11/94

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
* 51010	MAIN HOSPITAL COMPLEX	* 867,271	7	ADEQUATE
55010	SOUTH CLINIC	* 152,883	7	ADEQUATE
55010	NORTH CLINIC	* 159,941	7	ADEQUATE
73083	CHAPEL	13,917	6	ADEQUATE
73025	GATE/SENTRY HOUSE	38	7	ADEQUATE
44135	GENERAL STORAGE SHED	2,360	1	ADEQUATE
72111	EM BARRACKS	44,461	25	ADEQUATE
74020	FISHER HOUSE	5,120	2	ADEQUATE
73080	EMPLOYEE PARKING	352,500	9	ADEQUATE
61010	REGIONAL CMD HDQTRS	29,428	46	*SUBSTANDARD R
72114	CLASS A STUDENT BARRACKS	* 330,583	38	B41, B26 F50 SUBS
81159	STAND-BY GEN PLANT	840	38	ADEQUATE
74043	GYMNASIUM	17,669	1	ADEQUATE
17120	NSHS	* 120,975	7	ADEQUATE
73080	PARKING STRUCTURE	216,000	2	ADEQUATE
73025	GATE/SENTRY HOUSE	66	11	ADEQUATE
74076	LIBRARY EDUCATIONAL CENTER	37,719	6	ADEQUATE
73081	LIGHT CARE REHAB	* 60,236	6	ADEQUATE
53040	VIVARIUM	18,792	4	ADEQUATE
73010	FIRE STATION	* 3,600	7	ADEQUATE

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

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

13R 14 Oct 94
SW Dumed-823

ENCLOSURE (2)

Revised pg

UIC: 00259

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
* 51010	MAIN HOSPITAL COMPLEX	* 867,271	7	ADEQUATE
55010	SOUTH CLINIC	* 152,883	7	ADEQUATE
55010	NORTH CLINIC	* 159,941	7	ADEQUATE
73083	CHAPEL	13,917	6	ADEQUATE
73025	GATE/SENTRY HOUSE	38	7	ADEQUATE
44135	GENERAL STORAGE SHED	2,360	1	ADEQUATE
72111	EM BARRACKS	44,461	25	ADEQUATE
74020	FISHER HOUSE	5,120	2	ADEQUATE
73080	EMPLOYEE PARKING	352,500	9	ADEQUATE
61010	REGIONAL CMD HDQTRS	29,428	46	ADEQUATE
72114	CLASS A STUDENT BARRACKS	* 330,583	38	B41, B26 F50 SUBS
81159	STAND-BY GEN PLANT	840	38	ADEQUATE
74043	GYMNASIUM	17,669	1	ADEQUATE
17120	NSHS	* 120,975	7	ADEQUATE
73080	PARKING STRUCTURE	216,000	2	ADEQUATE
73025	GATE/SENTRY HOUSE	66	11	ADEQUATE
74076	LIBRARY EDUCATIONAL CENTER	37,719	6	ADEQUATE
73081	LIGHT CARE REHAB	* 60,236	6	ADEQUATE
53040	VIVARIUM	18,792	4	ADEQUATE
73010	FIRE STATION	* 3,600	7	ADEQUATE

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

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

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 (CC where possible. Do not include any buildings that would receive the 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	MAIN HOSPITAL COMPLEX	868,595	7	ADEQUATE
55010	SOUTH CLINIC	150,000	7	ADEQUATE
55010	NORTH CLINIC	150,000	7	ADEQUATE
73083	CHAPEL	13,917	6	ADEQUATE
73025	GATE/SENTRY HOUSE	38	7	ADEQUATE
44135	GENERAL STORAGE SHED	2,360	1	ADEQUATE
72111	EM BARRACKS	44,461	25	ADEQUATE
74020	FISHER HOUSE	5,120	2	ADEQUATE
73080	EMPLOYEE PARKING	352,500	9	ADEQUATE
61010	REGIONAL CMD HDQTRS	29,428	46	ADEQUATE
72114	CLASS A STUDENT BARRACKS	375,262	38	B41, B26 F50 SUBS
81159	STAND-BY GEN PLANT	840	38	ADEQUATE
74043	GYMNASIUM	17,669	1	ADEQUATE
17120	NSHS	96,800	7	ADEQUATE
73080	PARKING STRUCTURE	216,000	2	ADEQUATE
73025	GATE/SENTRY HOUSE	66	11	ADEQUATE
74073	LIBRARY EDUCATIONAL CENTER	37,719	6	ADEQUATE
73081	LIGHT CARE REHAB	118,949	6	ADEQUATE
53040	VIVARIUM	18,792	4	ADEQUATE
73010	FIRE STATION	3,922	7	ADEQUATE

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

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

Revised pg

UIC: 00259

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: **None.**

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?

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?

Revised pg

UIC: 00259

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-606	CONSTRUCT PARKING STRUCTURE	1990	$5,841K
P-600H	CONSTRUCT RECREATIONAL FACILITY	1989	*** $3,530K**
P-600G	CONVERSION OF B-26	1989	***7,439,695**

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-102	CHILD DEVELOPMENT CENTER	1994	$2,500K
P-600H	DEMOLITION OF BUILDING 24	1994	$556K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-175T	CONSTRUCT MEDICAL/DENTAL CLINIC MIRAMAR	1996	$44,020K
P-202T	CONSTRUCT PARKING STRUCTURE	1996	$11,060K
P-201T	CONSTRUCT BEQ	1996	$9,300K
P-204T	EXPAND MEDICAL CLINIC NORTH ISLAND	1996	$5,100K
P-205T	EXPAND MEDICAL CLINIC NAVAL STATION	1996	$8,440K
P-382T	CONSTRUCT MEDICAL/DENTAL CLINIC, SUBMARINE BASE	1996	$6,140K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-606	CONSTRUCT PARKING STRUCTURE	1990	$5,841K
P-600H	CONSTRUCT RECREATIONAL FACILITY	1989	$3,323K
P-600G	CONVERSION OF B-26	1989	APPROX $9M

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-102	CHILD DEVELOPMENT CENTER	1994	$2,500K
P-600H	DEMOLITION OF BUILDING 24	1994	$556K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-175T	CONSTRUCT MEDICAL/DENTAL CLINIC MIRAMAR	1996	$44,020K
P-202T	CONSTRUCT PARKING STRUCTURE	1996	$11,060K
P-201T	CONSTRUCT BEQ	1996	$9,300K
P-204T	EXPAND MEDICAL CLINIC NORTH ISLAND	1996	$5,100K
P-205T	EXPAND MEDICAL CLINIC NAVAL STATION	1996	$8,440K
P-382T	CONSTRUCT MEDICAL/DENTAL CLINIC, SUBMARINE BASE	1996	$6,140K

Revised pg

UIC: 00259

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 * 0029
1. FACILITY NAME NAVAL MEDICAL CENTER				
2. UIC * 00259	3. CATEGORY CODE * See Page 13, Item 7.	4. NO. OF BUILDINGS 20		
5. SIZE	A. GSF * 2,434,399	B. NORMAL BEDS		C.DTRS *
6. LOCATION	A. CITY		B.STATE	

7. FACILITY ASSESSMENT

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

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 CENTER					
2. UIC 60259	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS 20		
5. SIZE	A. GSF 2,208,541		B. NORMAL BEDS		C.DTRS 22
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	50	25	25	B09, E20	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B12	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				

Revised Pg

UIC: 00259

(B) HVAC	60	40		C01, E01	
(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.

(B) HVAC	60	40		C01, E01	
(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 a of your facilities.

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

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

4. Fill in N/A (not applicable) where certain Function/System is not present in t 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 Medic Facilities usage (i.e., building, structure or utility). The first three digits o 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 ne five years due to expected deterioration , the use of a facility for its designate 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 thereo in percentage form, that is in inadequate condition and associated with a designat 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 ne 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 indicat the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: **7-27-92**

FULL ACCREDITATION: **YES**

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

LOCATION:

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

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

Naval Medical Center is centrally located between all Navy activities supported and easily accessible via modern roadway systems.

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

A major North-South Interstate Highway (I-5 is adjacent to the base and a major East-West Interstate Highway (I-94) is les than 1 mile away and accessed by surface roads and an I-5 interchange. Helo flight approaches to the hospital are the be in the city. Both military and civilian sea port services are within 3 miles of the hospital. Both military and civilian airports are within 15 minutes.

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

Distance (in miles): 3

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

San Diego is immediately accessible to both military and civilian air terminals with flights to the entire Pacific theat and South/Central America. Additionally, Naval Medical Center is within 30 minutes of USMC Base Camp Pendleton, which is a major recipient of NavMed's mob medical forces.

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

15 to 30 minutes.

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

The central location of NavMed within San Diego "helps" in the hiring of personnel from all surrounding communities.

Revised pg

UIC: 00259

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.

Extremely negative impact on USN/USMC personnel and all other beneficiaries. Closure of only Navy tertiary Medical Center west of Mississippi, wold drastically increase Government Direct Care costs for Alternative Health Care; eliminate main receiving hospital for western Hemisphere patient Medivacs; send CHAMPUS costs through the roof; reduce local economy by 20%; send unemployment rates sharply upword, and compromise the Navy and Marine Corps ability to meet mission requirements. As the only major Navy specialized treatment center in the western U.S., and one only three remaining major Navy teaching hospitals, (NH Oakland, BRAC 95), closure would reduce the Navy's medical teaching facilities by 33%. San Diego is the operational center for the largest Naval establishment in the country. The defense project its Global presence. Medical capability is essential to the success of navy's mission. Loss of NMCSD would eliminate the largest training program in the Navy which would directly impact on the present and future ability of the Navy's ability to remain the number one Navy in the world. NMCSD is a new facility (1987) constructed with state-of-the-art, high-tech medical equipment and virtually every sub-specialty service. Loss of the fines MTF in the Navy would be catastrophic to our Government, Beneficiaries, Civilian employees, and the local San Diego economy.

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. See 10 and 10c.

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

If <u>ALL</u> active duty personnel and their families left he San Diego area, the remaining retired population could be easily absorbed into the private sector medical community. There are an estimated (*) 94,571 Retirees/Dependents residing in San Diego County. Although, the CHAMPUS costs for treating their population would sharply rise, as most retirees and their families attempt to receive care through the Direct Care system to avoid CHAMPUS co-pays and deductibles, the overall CHAMPUS costs should decline due to the absence of Activity Duty dependents whose numbers are three times the number of retired population and historically had a higher CHAMPUS use.

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.

Extremely negative impact on USN/USMC personnel and all other beneficiaries. Closure of only Navy tertiary Medical Center west of Mississippi, wold drastically increase Government Direct Care costs for Alternative Health Care; eliminate main receiving hospital for western Hemisphere patient Medivacs; send CHAMPUS costs through the roof; reduce local economy by 20%; send unemployment rates sharply upword, and compromise the Navy and Marine Corps ability to meet mission requirements. As the only major Navy specialized treatment center in the western U.S., and one only three remaining major Navy teaching hospitals, (NH Oakland, BRAC 95), closure would reduce the Navy's medical teaching facilities by 33%. San Diego is the operational center for the largest Naval establishment in the countr The defense project its Global presence. Medical capability is essential to the success of navy's mission. Loss of NMCSD would eliminate the largest training program in the Navy which would directly impact on the present and future ability of the Navy's ability to remain the number one Navy in the world. NMCSD is a new facility (1987) constructed with state-of-the-art, high-tech medical equipment and virtually every sub-specialty service. Loss of the fines MTF in the Navy would be catastrophic to our Government, Beneficiaries, Civilian employees, and the local San Diego economy.

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

No. See 10 and 10c.

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

If <u>ALL</u> active duty personnel and their families left he San Die area, the remaining retired population could be easily absorbed into the private sector medical community. There are an estimated 50,000 Retirees/Dependents residing in San Diego County. Although, the CHAMPUS costs for treating their population would sharply rise, as most retirees and their families attempt to receive care through the Direct Care system to avoid CHAMPUS co-pays and deductibles, the overall CHAMPUS costs should decline due to the absence of Activity Duty dependents whose numbers are three times the number of retired population and historically had a higher CHAMPUS use.

R

Revision of Data Call #27
UIC: 00259 10/11/94

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:

NMCSD had (*) 28,000 inpatient admissions with an 81% occupancy rate during FY93. The total number of hospital beds overall in the private sector in San Diego County is (*) 6,414. During 1990, the thirty-two civilian hospitals located in San Diego county had (*) (R) 210,998 admissions, with (*) 62% average occupancy rate. Therefore, the community appears able to absorb inpatient care for DOD beneficiaries in the San Diego area. If DOD beneficiaries were required to receive inpatient care at civilian facilities, the active duty population could possibly be negatively impacted in of meeting mission requirements LOS, Limited Duty, P.E. boards, etc. All of these factors are foreign to the private sector and would require extensive training of provider and a willingness on their part to accommodate the military. New contractual arrangements with civilian hospitals for specific military requirements would become quite expensive and probably unworkable. Quality of care, in some specialties, could become a concern for DOD beneficiaries.

21R 14 Oct 94 Dunn 823

ENCLOSURE (2)

Revised pg

UIC: 00259

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:

NMCSD had (*) 28,000 inpatient admissions with an 81% occupancy rate during FY93. The total number of hospital beds overall in the private sector in San Diego County is (*) 6,414. During 1990, the twenty-one civilian hospitals located in San Diego county had (*) 210,998 admissions, with (*) 62% average occupancy rate. Therefore, the community appears able to absorb inpatient care for DOD beneficiaries in the San Diego area. If DOD beneficiaries were required to receive inpatient care at civilian facilities, the active duty population could possibly be negatively impacted in of meeting mission requirements LOS, Limited Duty, P.E. boards, etc. All of these factors are foreign to the private sector and would require extensive training of provider and a willingness on their part to accommodate the military. New contractual arrangements with civilian hospitals for specific military requirements would become quite expensive and probably unworkable. Quality of care, in some specialties, could become a concern for DOD beneficiaries.

10c. If your inpatient care capability were to close, would the loc 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:

NMCSD had 48,000 inpatient admissions with an 81% occupancy ra during FY93. The total number of hospital beds overall in the priva sector in San Diego County is 5,842. During 1990, the twenty-one civilian hospitals located in San Diego county had 199,436 admission with 63% average occupancy rate. Therefore, the community appears able to absorb inpatient care for DOD beneficiaries in the San Diego area. If DOD beneficiaries were required to receive inpatient care at civilian facilities, the active duty population could possibly be negatively impacted in of meeting mission requirements LOS, Limited Duty, P.E. boards, etc. All of these factors are foreign to the private sector and would require extensive training of provider and a willingness on their part to accommodate the military. New contractual arrangements with civilian hospitals for specific milita requirements would become quite expensive and probably unworkable. Quality of care, in some specialties, could become a concern for DOD beneficiaries.

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
NEPMU-6, PEARL HARBOR, HI		6
USS GUAM	LPH-9	3
USS TRIPOLI	LPH-10	3
USS NEW ORLEANS	LPH-11	3
USS TARAWA	LHA-1	4
USS BELLEAU WOOD	LHA-3	1
USS ESSEX	LSD-2	3
3D MAW, CAMP PENDLETON		5
DET 3D MAW, YUMA, AZ		5
USNS MERCY	TAH-19	180
1ST MARINE AIR WING		1
3D MARINE AIR WING		4
NAVDENCEN PEARL HARBOR		1
HQ FMFPAC, CAMP SMITH, HI		1
3D MARINE DIVISION		1
3D FORCE SERVICE SUPPORT GROUP		19
1ST FORCE SERVICE SUPPORT GROUP		42
1ST MARINE DIVISION		1
NAVAL HOSPITAL GUAM		81
NAVMEDCLINIC PEARL HARBOR		35
NAVAL HOSPITAL YOKOSUKA		136
NAVAL HOSPITAL OKINAWA		106
NAVDENCEN YOKOSUKA		1

R

Revision of BRAC-95 Data Call #27
UIC: 00259

NAVAL HOSPITAL OKINAWA		106
NAVDENCEN YOKOSUKA		1

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVDENCEN OKINAWA		1
FLTHOSP #1		325
FLTHOSP #2		72
FLTHOSP #6		246
8TH MEB (COMMAND ELEMENT)		1
1ST FSSG (ADV ELEMENT)		7
3D MARDIV (ADV ELEMENT)		1
3RD FSSG (ADV ELEMENT)		8

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.

Assumptions:
Total Cliniccal Mobilization FTE's for FY94 = 41.85
One Month = 3.39 FTE's
25 Visits per day x 22 days = 550 visits per month R
550 visits x 3.49 FTE's = 1919.5 visits per month
1919.5 visits per mnth x 12 months = 23,034 visits per year
23,034 visits per year - 3.1 visits = 743- admissions per year
7430 admissions per year x 3.6 ALOS = 26,748 OBD's per year

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]: ~~617~~ 583 R

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

23R 14 Oct 94
copy BUMED-823

ENCLOSURE (2)

R

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

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

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

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

Number of "stubbed" expanded beds[1]: 583 R (10/26/94)

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

CHANGES BEING MADE BY MAJOR CLAIMANT IN ACCORDANCE WITH CONVERSATIONS WITH ACTIVITY.

R

Revision of BRAC-95 Data Call #27
UIC: 00259

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVDENCEN OKINAWA		1
FLTHOSP #1		325
FLTHOSP #2		72
FLTHOSP #6		246
8TH MEB (COMMAND ELEMENT)		1
1ST FSSG (ADV ELEMENT)		7
3D MARDIV (ADV ELEMENT)		1
3RD FSSG (ADV ELEMENT)		8

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

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

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

Number of "stubbed" expanded beds[1]: 617 R

TCW DUMED-823 6 Oct 94

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

23R 6 Oct 94
TCW DUMED-823

ENCLOSURE (2)

R

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVDENCEN OKINAWA		1
FLTHOSP #1		325
FLTHOSP #2		72
FLTHOSP #6		246
8TH MEB (COMMAND ELEMENT)		1
1ST FSSG (ADV ELEMENT)		7
3D MARDIV (ADV ELEMENT)		1
3RD FSSG (ADV ELEMENT)		8

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

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

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

Number of "stubbed" expanded beds[1]: **583** R VRBUMED824 9/28/94

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

23 R VRBUMED 824 9/28/94
(9/28/94)

Revised pg

UIC: 00259

NAVAL HOSPITAL OKINAWA		106
NAVDENCEN YOKOSUKA		1

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVDENCEN OKINAWA		1
FLTHOSP #1		325
FLTHOSP #2		72
FLTHOSP #6		246
8TH MEB (COMMAND ELEMENT)		1
1ST FSSG (ADV ELEMENT)		7
3D MARDIV (ADV ELEMENT)		1
3RD FSSG (ADV ELEMENT)		8

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

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

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

Number of "stubbed" expanded beds[1]: **(*) 879**

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVDENCEN OKINAWA		1
FLTHOSP #1		325
FLTHOSP #2		72
FLTHOSP #6		246
8TH MEB (COMMAND ELEMENT)		1
1ST FSSG (ADV ELEMENT)		7
3D MARDIV (ADV ELEMENT)		1
3RD FSSG (ADV ELEMENT)		8

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

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

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced o 6 foot centers and include embedded electrical and gas utility suppo 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]: **564**

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994*
INPATIENT	5,124	3,535	1,908
OUTPATIENT	2,234	1,578	514

*** THRU MARCH 1994**

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	2,691	$3,196	821	$2,049	846	$734
AD FAMILY	276	$1,020	308	$ 772	59	$ 73
OTHER	261	$ 220	117	$ 199	29	$ 75
TOTAL	3,228	$4,436	2,246	$3,021	934	$882

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

[2] The total cost in thousands of dollars.

***THRU 9 MAY 1994**

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

CATEGORY	FY 1992	FY 1993	FY 1994*
TOTAL COSTS	$77,423,328	$96,933,281	$121,359,559
TOTAL VISITS	1,054,298	715,793	1,018,044
TOTAL INPATIENT VISITS	401,396	47,906	51,480
TOTAL OUTPATIENT VISITS	652,902	667,887	966,564
AVERAGE COST PER VISIT	$73.44	$135.42	$119.21

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994*
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	$119,427,651	$137,954,821	$23,570,817

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994*
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	$432,574	$760,166	$118,152
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	$2,530,464	$3,326,304	$627,734
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	$2,963,038	$4,086,470	$745,886
E. TOTAL E EXPENSES (ALL ACCOUNTS)	$60,513,549	$85,101,749	$15,117,289
F. % SELECTED E EXPENSES (D÷E)[1]	4.896487%	4.801864%	4.933993%

[1] Record as a decimal to 6 digits.

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994*
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	$10,177,004	$27,788,106	
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	$498,316	$1,334,347	
I. AREA REFERENCE LABORATORIES (FAA)	$0	$0	$0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	$2,023,248	$2,183,690	$334,945
K. TOTAL SELECTED F (I+J)	$2,023,248	$2,183,690	$334,945
L. CONTINUING HEALTH EDUCATION (FAL)	$1,748,894	$3,124,256	$685,135
M. DECEDENT AFFAIRS (FDD)	$45,814	$869,712	$63,745
N. INITIAL OUTFITTING (FDE)	$0	$0	$0
O. URGENT MINOR CONSTRUCTION (FDF)	$0	$0	$0
P. TOTAL (L+M+N+O)	$1,794,708	$3,993,968	$748,880
Q. E EXPENSES INCLUDED IN ROW P	$76,712	$357,807	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	$3,756	$17,181	
S. OTHER F'S LESS E (P-R)	$1,790,952	$3,976,787	

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994*
T. INPATIENT WORK UNIT (IWU)	33069	29195	7962
U. TOTAL WORK UNITS (MWU)[2]	61970	58302	16216
V. PERCENT INPATIENT (IWU÷AWU)	114.42%	101.02%	96.45%
W. FINAL OTHER F EXPENSES (S×V)	$2,049,237	$4,017,241	
X. FINAL F EXPENSES (K+W)	$4,072,485	$6,200,931	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	$123,001,820	$142,821,405	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	29008	25610	6984
AA. TOTAL MEPRS DISPOSITIONS	29008	25610	6984
BB. ADJUSTED DISPOSITIONS (Z÷AA)	1	1	1
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	$123,001,820	$142,821,405	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	28180	27066	
EE. COST PER RWP (CC÷DD)	$4,365	$5,277	
FF. TOTAL CATEGORY II RWPs[3]	13905	14426	
GG. TOTAL CATEGORY II COST (EE×FF)	$60,693,410	$76,122,870	
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	$62,308,409	$66,698,535	
II. TOTAL CATEGORY III RWPs (DD-FF)	14275	12640	
JJ. COST PER CATEGORY III RWP (HH÷II)	$4,365	$5,277	

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

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

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)	130480	116188	7872
LL. CATEGORY II (AS DEFINED IN FF) OBDs	748	176	
MM. CATEGORY III OBDs (KK-LL)	129732	116012	
NN. AVERAGE DAYS/RWP (MM÷II)	9	9	
OO. ADD ON PER RWP (NN×77)	$700	$707	
PP. TOTAL COST PER RWP (JJ+OO)	$5,065	$5,984	
QQ. CIVILIAN PAY COST (PP×.15)	$760	$898	
RR. MILITARY PAY COST (PP×.56)	$2,836	$3,351	
SS. OTHER COSTS (PP×.29)	$1,469	$1,735	
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	$811	$958	
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	$2,990	$3,532	
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	$930	$1,099	
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	$968	$1,143	
XX. MILITARY ASSET USE CHARGE (UU×1.04)	$3,109	$3,673	
YY. OTHER ASSET USE CHARGES (SS×1.04)	$1,527	$1,805	
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	$1,654	$1,954	
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	$5,731	$6,771	

*FY 1994 data is first QTR total. Data not available was left blank.

Revised QOL.
pg 30-59

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) **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+	194	194		
Officer	3	341	341		
Officer	1 or 2	24	24		
Enlisted	4+	1605	1605		
Enlisted	3	2853	2853		
Enlisted	1 or 2	2648	2648		
Mobile Homes		0	0		
Mobile Home lots		108	108		

(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: **None.**

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

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

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	0	N/A
	2	0	N/A
	3	0	N/A
	4+	28	18-19 MONTHS
O-4/5	1	0	N/A
	2	16	11-12 MONTHS
	3	92	18-19 MONTHS
	4+	38	19-20 MONTHS
O-1/2/3/CWO	1	0	N/A
	2	141	30-41 MONTHS
	3	67	13-14 MONTHS
	4+	38	23-24 MONTHS
E7-E9	1	0	N/A
	2	72	22-23 MONTHS
	3	185	23-24 MONTHS
	4+	127	36-37 MONTHS
E1-E6	1	50	8-9 MONTHS
	2	1684	16-17 MONTHS
	3	1575	27-28 MONTHS
	4+	722	23-24 MONTHS
	MOBILE HOME LOTS	45	12-13MONTHS

[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	Cost-San diego is one of the most expensive areas within the United States in which to live, Average monthly rental rates exceed maximum allowable housing cost (MAHC) for most military pay grades. Generally, E1-E6 personnel can only afford to rent homes in high crime neighborhoods. E1-E3 personnel can afford only one bedroom homes. E4-E6 personnel can afford two bedroom homes. Four bedroom homes are out of reach for all but 04 and above personnel. A December 1992 market analysis indicates this problem will worsen within the next five years. The average price of a single family home is 1993 was $219,609 - well beyond the means of most military families
2	Security - Due to high cost of housing in San Diego, many families are forced to live high crime areas. Gang activity and other types of crime common to major metropolitan areas are prevalent with the region. Security is a primary concern of service members whose families must fend for themselves during deployment.
3	Proximity to Work/Location - Military family housing sites are located within minutes of all eleven major military installations in the San Diego area. Many service members prefer to reside close to work to limit commute time, save money, and facilitate rapid recall. Most housing sites are located close to support facilities such as family service centers, commissary and exchange facilities. Some sites are particularly desirable due to their location. The housing sites on Coronado, for example have the longest waiting lists due to the quiet atmosphere and outstanding schools located there.
4	Community Support - Many service members and their dependents cite the strong bond and support they receive from military neighbors as a primary reason for applying for family housing. This is especially important to families with sponsors attached to afloat commands
5	Quality of Facilities - San Diego offers many different types of homes. Age, style, amenities, location varies from one site to another. Single family, duplex, townhomes and apartment style homes are available. Many new sites have been acquired through the "Direct Purchase Program". The program enables the government to purchase entire communities from developers. These military housing communities blend in with other civilian homes as they were constructed to be rental or sales properties.

Note Q15e(5)-1: While the top five factors apply to all grade categories, they do vary in order of importance depending upon the grade. Senior officers are more likely to choose family housing due to proximity to work/location or community support. Cost and security are the primary concerns of enlisted personnel.

(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)? **79%**

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

Type of Quarters	Utilization Rate
Adequate	**98.39%**
Substandard	
Inadequate	

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

Revised pg

UIC:00259

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	------
Substandard	(*) 92%
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?

We have not experienced much of a change since FY 1993.

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

(*) 85

AOB = (# Geographic Bachelors x average number of days in barracks)
59 X 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.)	30	51%	
Spouse Employment (non-military)	1	1%	
Other "C" SCHOOLERS	28	48%	
TOTAL	59	100	

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

Unknown. We do not keep track of this.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	------
Substandard	(*) 92%
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?

We have not experienced much of a change since FY 1993.

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

(*) 85

AOB = (# Geographic Bachelors x average number of days in barracks)
59 x 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.)	30	51%	
Spouse Employment (non-military)	1	1%	
Other "C" SCHOOLERS	28	48%	
TOTAL	59	100	

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

Unkown. We do not keep track of this.

(3) BOQ:

WE DO NOT HOUSE OFFICERS. THIS COMMAND DOES NOT HAVE A BOQ.

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

Type of Quarters	Utilization Rate
Adequate	N/A
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.)	N/A		
Spouse Employment (non-military)			
Other			
TOTAL		100	

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

N/A

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

LOCATION NAVAL MEDICAL CENTER, SAN DIEGO, CA **DISTANCE ON BASE**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	0	N/A
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	110 SF	1	N
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	5 Lanes	1	N
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	2	N

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	Y
Basketball CT (outdoor)	Each	1	Y
Racquetball CT	Each	2	N
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	17,669 SF	1	N
Fitness Center	9,655 SF	3	N
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	1	Y
Football Fld	Each	1	Y
Soccer Fld	Each	1	Y
Youth Center(Childrens Waiting Room)	SF	1	N
Fisher House(Medical Hospitality	9 ROOMS	1	Y

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

yes

Revised pg

UIC: 00259

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	4		X		25 (38 ON EXPT BIRTH LIST)	
6-12 Mos	4		X		20	420
12-24 Mos	20		X		54	540
24-36 Mos	14		X		51	730
3-5 Yrs	29		X		4	50

(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: **(*) N/A.**

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.

N/A

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

N/A

(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).

NAVAL TRAINING CENTER
NAVAL AMPHIBIOUS BASE CORONADO
CDC NORTH ISLAND NAVAL AIR STATION
NAVAL SUBMARINE BASE
NAVAL STATION SAN DIEGO

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	4		(1) 468		25 (38 ON EXPT BIRTH LIST)	
6-12 Mos	4		(2) 624		20	420
12-24 Mos	20		(3) 480		54	540
24-36 Mos	14		(4) 730		51	730
3-5 Yrs	29		1740		4	50

Age Category for Note (1): is 6 wks-12 mos, (2) is 12 mos-18 mos, (3) is 18 mos-24 mos and (4) is 2 year olds

(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: **(*) None.**

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.

N/A

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

N/A

(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).

NAVAL TRAINING CENTER
NAVAL AMPHIBIOUS BASE CORONADO
CDC NORTH ISLAND NAVAL AIR STATION
NAVAL SUBMARINE BASE
NAVAL STATION SAN DIEGO

(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	NEX
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	NEX
Package Store	SF	0
Fast Food Restaurants	Each	NEX
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	NEX
Dry Cleaners	Each	NEX
ARC	PN	CO
Chapel	PN	CO
FSC Classrm/Auditorium	PN	CO

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

City	Distance (Miles)
San Diego	0
Escondido	26
Oceanside	33
Tijuana, Baja Norte, Mexico	20

Facilities offering services approaching similar amenities cannot compete with the no cost factor of a military base.

Revised pg

UIC: 00259

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	320.10	179.10
E2	320.10	201.30
E3	336.30	247.80
E4	361.50	252.30
E5	415.50	290.10
E6	462.30	314.70
E7	500.10	347.40
E8	538.50	407.10
E9	584.10	443.40
W1	444.00	337.20
W2	513.30	402.60
W3	558.00	453.60
W4	608.70	539.70
O1E	510.00	378.30
O2E	552.00	440.10
O3E	611.70	517.50
O1	434.40	320.10
O2	486.30	380.10
O3	569.40	479.40
O4	687.90	598.20
O5	780.30	645.30
O6	809.70	670.20
O7	899.10	730.50

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	218.36	122.17
E2	211.66	133.11
E3	206.44	152.11
E4	228.51	159.48
E5	261.55	182.62
E6	301.89	205.51
E7	339.62	235.92
E8	352.67	266.62
E9	358.64	272.25
W1	391.25	297.14
W2	385.34	303.02
W3	386.73	314.37
W4	403.06	357.37
O1E	386.83	286.94
O2E	348.28	277.68
O3E	414.92	351.02
O1	345.66	254.71
O2	332.79	260.12
O3	342.83	288.64
O4	411.69	358.00
O5	454.49	375.85
O6	477.20	394.99
O7	486.52	395.29

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	$521	$521	$29
Apartment (1-2 Bedroom)	$581	$581	$32
Apartment (3+ Bedroom)	$823	$821	$62
Single Family Home (3 Bedroom)	$823	$821	$62
Single Family Home (4+ Bedroom)	$1026	$988	$97
Town House (2 Bedroom)	$700	$698	$34
Town House (3+ Bedroom)	$823	$821	$62
Condominium (2 Bedroom)	$700	$698	$34
Condominium (3+ Bedroom)	$823	$821	$62

Note Q15g-(1): Average monthly rental rates from market profiles, Inc. rental trends reports date September 1993, and March 1994. Average monthly utilities provided by SDG&E.

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

Type Rental	Percent Occupancy Rate
Efficiency	95.04
Apartment (1-2 Bedroom)	94.63
Apartment (3+ Bedroom)	93.07
Single Family Home (3 Bedroom)	93.96
Single Family Home (4+ Bedroom)	93.89
Town House (2 Bedroom)	93.07
Town House (3+ Bedroom)	93.89
Condominium (2 Bedroom)	93.07
Condominium (3+ Bedroom)	

Note Q15g-(2): Occupancy rates from Market Profiles, Inc. rental trends report dated March 1994

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	$175,000
Single Family Home (4+ Bedroom)	$175,000
Town House (2 Bedroom)	$128,000
Town House (3+ Bedroom)	$128,000
Condominium (2 Bedroom)	$128,000
Condominium (3+ Bedroom)	$128,000

Note Q15g-(3): Median costs provided by data quick information systems. Cost broken down by bedroom were not available. (PWC HOUSING)

(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			
April	223	24	4

Note Q15g-(4): Historical data not available. Numbers provided above reflect current availabilities. Information provided by Remax Metro.

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

Housing cost is closely correlated with location, amount of land and number of bedrooms. Southern California coastal regions are among the most costly in CONUS. Temperatures in both the summer and winter are moderated by nearby waters of the Pacific ocean. Average daily maximum temperatures are approximately 65 degrees fahrenheit during the winter and 75 degrees fahrenheit during the summer. Temperatures below freezing rarely occur. Annual rainfall averages approximately 9 inches. Although most households are likely to prefer housing close to amenities associated with coastal communities, the cost of housing in these communities are generally higher than locations further inland.

A well-developed regional road transportation system of interstate, state and country highways serves the area, as does a system of causeway linking the mainland with Coronado and North Island. Air service is available at San Diego International Airport (Lindbergh Field), Montgomery Field, and Ramona airport. Passenger and freight rail service are provided by Amtrak and the Santa Fe railroad, respectively. Bus and trolley services are available within the area for local transportation.

San Diego has a diversified economic base characterized by several key elements:

a. A wide range of manufacturing and service activities

b. A large military presence

c. An active tourism sector

d. An educational complex consisting of campuses of both the University of California and California State University systems as well as 5 other private universities and colleges.

e. A growing research and development sector specializing in health care services.

Local forecasts of population growth indicate expected increases through 1996 averaging 2.1 percent annually. Both the job and population projections reflect a reduction in expected growth compared to the rapid rates of the past two decades.

The major industry sections in the county are the services sector, the wholesale and retail trade sectors and the civilian government. A mild recovery is projected for

the county with employment increasing slowly.

Note Q15-(5): Cost drivers were identified in a December 1992 market anaylysis prepared by Robert D. Neihaus, Inc.

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

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area
HM	0	1260
DT	0	34
SK	0	2
YN	0	1
TOTAL	0	1297

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base. San Diego region only, ROICC locations not included.

Location	% Employees	Distance (mi)	Time(min)
City of San Diego	100%	21	33

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: **San Diego region only, ROICC locations not included.**

(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
San Diego Unified School Dist.	Public	K-12	Yes	$3800 Enrollmentof military dependents is 15291 students.			SD Unified School Dist.
Warner Union Elem. School Dist.	Public	K-8		$3800 Enrollment is 264 students	unkn	unkn	San Diego County Office of Education
Sweetwater Union High School Dist.	Public	9-12	Yes	$3800 Enrollment is 28828 students	unkn	unkn	Sweetwater Union HS District
South Bay Union Elem School Dist.	Public	K-6	Yes	$3800 Enrollment is 9785 students			SB Union Dist.
San Ysidro Elem School Dist.	Public	K-8	Yes	$3800 Enrollment is 3834 students			SY School Dist.
Chula Vista Elementary School Dist.	Public	K-6	Yes	$3800 Enrollment is 18581 students			CV Elem School Dist.
Del Mar Union Elem. School Dist.	Public	K-6	Yes	$3800 Enrollment is 1264 students			DM Union Dist
Santee Elementary School Dist.	Public	K-8	Yes	$3800 Enrollment is 8200 students			Santee Elem School Dist.
Lemon Grove Elementary School Dist.	Public	K-8	Yes	$3800 Enrollment is 4280 students			LG Elem School Dist.
National Elementary School Dist.	Public	K-6	Yes	$3800 Enrollment is 6141 students			Nat'l Elem School Dist.
Valley Center Union Elem School Dist.	Public	K-8	Yes	$3800 Enrollment is 2400 students			VC School Dist
Sante Fe Christian School	Private	K-12	No	$3883 to $5478			SFC School
Cajon Valley Union Elementary School Dist	Public	K-8	Yes	$3800 Enrollment is 18357 students			CV School District

Alpine Union Elementary School Dist.	Public	K-8	Yes	$3800 Enrollment is 2110 students			Alpine School Dist.
Dehesa Elementary School Dist	Public	K-6	Yes	$3800 Enrollment is 194 students			Dehesa School Dist.
Cardiff Elementary School Dist.	Public	K-6	Yes	$3800 Enrollment is 942 students			Cardiff School Dist.
Bonsall Union Elementary School Dist.	Public	K-8	Yes	$3800 Enrollment is 1238			Bonsall Union School Dist.
Solana Beach Elementary School Dist.	Public	K-6	Yes	$3800 Enrollment is 2040			Solana Beach School Dist.
Rancho Santa Fe Elem School Dist.	Public	K-8	Yes	$3800 Enrollment is 576 students			Rancho Santa Fe School Dist.
Vallecitos Elementary School Dist.	Public	K-8	Yes	$3800 Enrollment is 246 students			Vallecitos School Dist.
Spencer Valley Elem School Dist	Public	K-8	No	$3800 Enrollment is 31 students			Spencer Valley School Dist.
Pauma Elem School Dist	Public	K-8	Yes	$3800 Enrollment is 400 students			Pauma School Dist.
Encinitas Union Elem School Dist.	Public	K-6	Yes	$3800 Enrollment is 4834 students			Encinitas School Dist.
Escondido Union High School Dist.	Public	9-12	Yes	$3800 Enrollment is 6400 students	unkn	unkn	same as above
Fallbrook Union High School Dist.	Public	9-12	Yes	$3800 Enrollment is 2284 students	unkn	unkn	same as above
Julian Union High School Dist.	Public	9-12		$3800 Enrollment is 265 students	unkn	unkn	same as above
San Dieguito Union High School Dist.	Public	9-12		$3800 Enrollment is 7303 students	unkn	unkn	same as above
Borrego Springs Unified School Dist.	Public	K-8, 9-12		$3800 Enrollment is 443 students			
Mountain Empire Unified School Dist.	Public	K-6, 7-8, 9-12		$3800 Enrollment is 2000 students			
Oceanside Unified School Dist.	Public	K-6, 7-8, 9-12		$3800 Enrollment is 18056 students			
Ramona Unified School Dist.	Public	K-6, 7-8, 9-12		$3800 Enrollment is 6500 students			

San Marcos Unified School Dist.	Public	K-6, 7-8, 9-12		$3800 Enrollment is 10189 students			
Vista Unified School Dist.	Public	K-6, 7-8, 9-12	Yes	$3800 Enrollment is 20700 students			
Carlsbad Unified School Dist.	Public	K-6, 7-8, 9-12		$3800 Enrollment is 6791 students.			
Coronado Unified School Dist.	Public	K-6, 7-8, 9-12		$3800 Enrollment is 2321 students			
Grossmont Union High School Dist	Public	9-12	Yes	$3800 Enrollment is 19636 students			
Escondido Union Elem. School Dist	Public	K-8, 9-12, preschool	Yes	$3800 Enrollment is 15673 students.			
Fallbrook Union Elem. School Dist.	Public	K-8, 9-12		$3800 Enrollment is 5715 students			
Jamul-Dulzura Union Elem School Dist.	Public	K-8, 9-12		$3800 Enrollment is 1230 students			
Julian Union Elem School Dist.	Public	K-8	Yes	$3800 Enrollment is 515 students			
Lakeside Union Elem School Dist.	Public	K-8, 9-12		$3800 Enrollment is 4903 students			
La Mesa-Spring Valley	Public	K-8, 9-12, preschool		$3800 Enrollment is 13992 students			
San Diego Hebrew Day School	Private preschool through high school	preschool through high school		$5400 (K-3); $5750 (4-6); $6200 (7-9)			
St. Augustine High	Private	9-12		$3930 to $4680			
Warren Walker	Private	Preschool through 6	No	$5070			
SD Jewish Academy	Private	K-9	No	$6200 to $6810			
Lutheran High School	Private	9-12	No	$3000 to $3550			
St. Therese	Private	preschool-through 8		$1900 to $2600			
La Jolla County Day School	Private	preschool through 12		$8000 (preschool through 4); $8425 (5-8); $8750 (9-12)			
Poway School District	Public	K-12	Yes	$3800 Enrollment is 2400.			

Note: The 1991 combined County wide SAT score average is 907. The College-going rate for 1992 is 47.2 percent. Tuition costs were unavailable. According to 2 school districts, the Average Daily Attendance (ADA) amount per child is approximately $3700.00 -$3900.00 per student, per year.

(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. **San Diego region only, ROICC locations not included.**

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Chapman University	Day	No	No	None	None	None
	Night	No	No	None	Yes (B.A., B.S.)	Yes (MBA, MFCC, M.A., H.R.M.)
National University	Day	None	None	None	None	None
	Night	None	Yes (Paralegal)	None	Yes (B.A.)	Yes (M.A., MBA)
University of California at San Diego	Day	None	None	Yes	Yes (B.A., B.S.)	Yes (M.A., PhD)
	Night	None	None	Yes	Yes (B.A., B.S)	Yes (M.A., PhD)
University of California at San Diego Extension	Day	None	None	Yes	None	None
	Night	None	Yes	Yes	None	None
Academy of Art College	Day	No	Yes	Yes	Yes (BFA)	Yes (MFA)
	Night	No	Yes	Yes	Yes (BFA)	Yes (MFA)
Edutek	Day	No	Yes	Yes	No	No
	Night	No	No	No	No	No
Maric College	Day	No	Yes	Yes	Yes (A.S.)	No
	Night	No	No	No	No	No
Pacific Coast College	Day	No	Yes	Yes	No	No
	Night	No	Yes	Yes	No	No
Kelsey-Jenney	Day	No	Yes	Yes	Yes (A.A.)	No
	Night	No	Yes	Yes	Yes (A.A.)	No
Coleman College	Day	No	Yes	Yes	Yes (A.S., B.S.)	Yes (M.S., MBA)
	Night	No	Yes	Yes	Yes (A.S., B.S.)	Yes (M.S., MBA)
Century Business College	Day	No	Yes	Yes	No	No
	Night	No	Yes	Yes	No	No
Advertising Arts College	Day	No	Yes	Yes	Yes (A.A., B.A.)	No
	Night	No	Yes	Yes	Yes (A.A., B.A.)	No
El Dorado College	Day	No	Yes	Yes	No	No
	Night	No	No	No	No	No
ITT Technical Institute	Day	No	Yes	Yes	Yes (A.S., B.S.)	No

	Night	No	Yes	Yes	Yes (A.S., B.S.)	No
San Diego State University	Day	No	No	Yes	Yes (B.A., B.S.)	Yes (PhD, MBA, M.A.)
	Night	No	No	Yes	Yes (B.A., B.S.)	Yes (PhD, MBA, M.A.)
ConCorde Career Institute	Day	No	Yes	Yes	No	No
	Night	No	No	No	No	No
Platt College	Day	No	Yes	Yes	No	No
	Night	No	Yes	Yes	No	No
San Diego Community College	Day	Yes	Yes	Yes	Yes (A.A.)	No
	Night	Yes	Yes	Yes	Yes (A.A.)	No
Point Loma Nazarene College	Day	No	No	Yes	Yes (B.A., B.S.)	Yes (M.A.)
	Night	No	No	Yes	Yes (B.A., B.S.)	No
California Western Univ. School of Law	Day	No	No	Yes	Yes	Yes (J.D.)
	Night	No	No	No	No	No
Grossmont College	Day	No	Yes	Yes	Yes (A.A.)	No
	Night	No	Yes	Yes	Yes (A.A.)	No
United States International Univ.	Day	No	No	Yes	Yes (A.A., B.A., B.S.)	No
	Night	No	No	Yes	No	Yes (M.A., MBA, DBA, MFCC, PsyD)
Southwestern College	Day	No	Yes	Yes	Yes (A.A., A.S.)	No
	Night	No	Yes	Yes	Yes (A.A., A.S.)	No
Christian Heritage College	Day	No	No	Yes	Yes (B.A., B.S.)	No
	Night	No	No	Yes	Yes (B.A., B.S.)	No
Webster University	Day	No	No	No	No	No
	Night	No	No	Yes	Yes (B.A.)	Yes (MBA, M.A.)
New School of Art & Architecture	Day	No	Yes	Yes	No	No
	Night	No	Yes	Yes	Yes (A.A., B.A.)	Yes (M.A.)
Palomar College	Day	No	Yes	Yes	Yes (A.A.)	No
	Night	No	Yes	Yes	Yes (A.A.)	No
University of San Diego	Day	None	None	Yes	Yes (B.A., B.S.)	None
	Night	None	None	Yes	Yes (B.A., B.S.)	Yes (M.A., J.D., PhD, MBA)

(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. **San Diego region only, ROICC locations not included.**

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Chapman University	**Day**	**None**	**None**	**None**	**None**	**None**
	Night	**None**	**None**	**Yes**	**Yes (B.A., B.S.)**	**Yes (MBA, M.A.)**
	Corres-pondenc e	**No**	**No**	**No**	**No**	**No**
National University	**Day**	**None**	**None**	**None**	**None**	**None**
	Night	**None**	**None**	**Yes**	**Yes (A.A., B.A., B.S.)**	**Yes (M.A., MFCC, MBA, MBB)**
	Corres-pondenc e	**None**	**None**	**None**	**None**	**None**
Palomar College	**Day**	**None**	**Yes**	**Yes**	**Yes (A.A.)**	**No**
	Night	**None**	**Yes**	**Yes**	**Yes (A.A.)**	**No**
	Corresp ondence	**None**	**No**	**No**	**No**	**No**
San Diego Community College	**Day**	**None**	**None**	**None**	**None**	**None**
	Night	**Yes (GED)**	**None**	**Yes**	**Yes (A.A.)**	**None**
	Corres-pondenc e	**None**	**None**	**None**	**None**	**None**
University of Redlands	**Day**	**None**	**None**	**None**	**None**	**None**
	Night	**None**	**None**	**Yes**	**Yes (A.A., B.A.)**	**Yes (M.A.M., MBA)**
	Corresp ondence	**None**	**None**	**None**	**None**	**None**
University of Phoenix	**Day**	**None**	**None**	**None**	**None**	**None**
	Night	**None**	**None**	**Yes**	**Yes (B.A., credit toward A.A.)**	**Yes (M.A., MBA)**
	Corresp ondence	**None**	**None**	**None**	**None**	**None**
University of LaVerne	**Day**	**No**	**No**	**No**	**No**	**No**

	Night	No	No	Yes	Yes (A.A., B.A.)	Yes (M.A., MBA)
	Correspondence	No	No	No	No	No
Foundation of Educational Achievement	Day	No	No	No	No	No
	Night	Yes	No	No	No	No
	Correspondence	No	No	No	No	No
Southern Illinois University	Day	None	None	Yes - Weekend courses (B.S.)	Yes - Weekend courses (B.S.)	None
	Night	None	None	None	None	None
	Correspondence	No	No	No	No	No

K. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. San Diego region only, ROICC locations not included.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional	0	0	0	**Note Q15(k)**
Manufacturing	0	0	0	**Note Q15(k)**
Clerical	0	0	0	**Note Q15(k)**
Service	0	0	0	**Note Q15(k)**
Other	0	0	0	**Note Q15(k)**

Note Q15(K): UNEMPLOYMENT RATE BROKEN DOWN BY SKILL LEVEL IS NOT AVAILABLE

OVERALL LOCAL UNEMPLOYMENT RATE:
1991 - 6.1% 1992 - 7.4% 1993 - 7.8%

1.. Do your active duty personnel have any difficulty with access to medical or dental care, ineither the military or civilian health care system? Develop the why of your response. **San Diego region only, ROICC locations not included.**

NAVAL MEDICAL CENTER, SAN DIEGO

Active duty personnel do have difficulty obtaining Primary Care due to facility limitations and staffing. Active duty personnel do not have direct access to the civilian health care system and must seek care within the MHSS. Although access varies from setting to setting, there are constraints on access to various levels of care with long waiting times for specialty appointments (e.g., orthopedics) and limited availability of some very specialized services/treatments (e.g., mental health).

Active duty personnel are required to use the MHSS, which is limited in its ability to serve the patients in a timely fashion. This medical center is a tertiary referral center and operates GME programs which, in order to remain viable (in terms of accreditation), must treat a wide range of disorders (and age groups) not available in the younger and physically healthier active duty population. The case selection necessary to achieve the proper case-mix often leads to situations in which non-active-duty patients must be accepted preferentially, resulting in limitations of the availability of specialty care appointments for active duty members. Non-active-duty beneficiaries may access local civilian care under CHAMPUS (TRICARE); however, active duty members must often travel considerable distances to the nearest tertiary center and wait for an appointment availability.

The NMCSD was originally designed in the 1970's for inpatient stays. Medical Officer examination rooms were not configured for outpatient care. Outpatient services were to be performed in branch medical centers which have limited space and personnel. Ideally, the Medical Officer should have two treatment rooms and one medical office to maximize efficiency of patient care delivery.

NAVAL DENTAL CENTER, SAN DIEGO

A survey was conducted April 1994; 103 surveys were collected and the results were as follows:

a. 84% of 103 respondents surveyed said "it was easy to get an appointment at the clinic."

b. 83% of 103 respondents stated that they were able to schedule a required follow-up appointment.

Based on above statistics as well as input from Fleet and Shore Liaison Officers, there is no difficulty in access to dental care aboard NDC San Diego.

DENTAL CLINIC WITHIN NAVAL MEDICAL CENTER, SAN DIEGO

Active duty personnel do not have difficulty with access to dental care. Active duty personnel seeking dental care at the Naval Medical Center, San Diego are evaluated and treated within the time periods for specific entities as follows:

a. Annual dental exam: within 24 hours
b. Emergency exam: within 24 hours
c. Emergency treatment: within 24 hours
d. Admission for emergency: within 24 hours
e. TMJ exam: within 2 weeks
f. Major surgery evaluation: within 2 weeks
g. Major surgery treatment: within 1 month

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. San Diego region only, ROICC locations not included.

NAVAL MEDICAL CENTER, SAN DIEGO

Military dependents have difficulty accessing the MHSS (especially to the severely limited dental care and primary care) because the MHSS is inadequately sized to support the numbers of beneficiaries requiring health care services. However, dependents may access the civilian health care system under CHAMPUS (TRICARE) with relative ease, though the co-pay has in the past been a deterrent to some beneficiaries.

NAVAL DENTAL CENTER, SAN DIEGO

Approximately 97% of patients accessing dental clinic are active duty members.

a. Family members are utilizing "Dependent Dental Care Plan" (DDP) without difficulty in majority of cases.

b. Family members not using DDP are able to access military dental care on a humanitarian basis for relief of pain.

DENTAL CLINIC WITHIN NAVAL MEDICAL CENTER, SAN DIEGO

Military dependents do not have difficulty with access to dental care. Military dependents seeking dental care at the Naval Medical Center, San Diego are evaluated and treated within the time periods for the specific entities as follows:

a. Annual dental exam: Delta Dental Plan
b. Emergency exam: within 24 hours
c. Emergency treatment: within 24 hours
d. Admission for emergency: within 24 hours
e. TMJ exam: within 3 weeks or CHAMPUS referred
f. Major surgery evaluation: within 2 weeks or CHAMPUS referred
g. Major surgery treatment: within 1 month

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

Crime Definitions	* FY 1991	* FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
2. Blackmarket (6C)		0	0
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
3. Counterfeiting (6G)		0	0
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
4. Postal (6L)		0	0
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0

* NOTE: FY-91 information was not available, records are only kept for two years and FY-92 was kept only from June 92-December 92.

Crime Definitions	* FY 1991	* FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
6. Burglary (6N)			
Base Personnel - military		1	1
Base Personnel - civilian		0	0
Off Base Personnel - military		2	0
Off Base Personnel - civilian		1	0
7. Larceny - Ordnance (6R)			
Base Personnel - military		0	0
Base Personnel - /civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
8. Larceny - Government (6S)			
Base Personnel - military		16	30
Base Personnel - civilian		8	10
Off Base Personnel - military		1	0
Off Base Personnel - civilian		0	0

* NOTE: FY-91 information was not available, records are only kept for two years and FY-92 was kept only from JUne92-December 92.

Crime Definitions	* FY 1991	* FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military		61	60
Base Personnel - civilian		8	12
Off Base Personnel - military		7	5
Off Base Personnel - civilian		3	13
10. Wrongful Destruction (6U)			
Base Personnel - military		14	19
Base Personnel - civilian		4	8
Off Base Personnel - military		0	1
Off Base Personnel - civilian		2	1
11. Larceny - Vehicle (6V)			
Base Personnel - military		4	5
Base Personnel - civilian		0	1
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
12. Bomb Threat (7B)			
Base Personnel - military		3	2
Base Personnel - civilian		0	1
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	1

* NOTE: FY-91 information was not available, records are only kept for two years and FY-92 was kept only from June 92-December 92.

Crime Definitions	* FY 1991	* FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military		0	1
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
14. Assault (7G)			
Base Personnel - military		11	14
Base Personnel - civilian		0	10
Off Base Personnel - military		47	58
Off Base Personnel - civilian		44	62
15. Death (7H)			
Base Personnel - military		0	2
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
16. Kidnapping (7K)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0

* NOTE: FY-91 information was not available, records are only kept for two years and FY-92 was kept only from June 92-December 92.

Crime Definitions	* FY 1991	* FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military		1	4
Base Personnel - civilian		1	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
19. Perjury (7P)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
20. Robbery (7R)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
21. Traffic Accident (7T)			
Base Personnel - military		12	25
Base Personnel - civilian		2	11
Off Base Personnel - military		10	16
Off Base Personnel - civilian		15	13

* NOTE: FY-91 information was not available, records are only kept for two years and FY-92 was kept only from June 92-December 92.

Crime Definitions	* FY 1991	* FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military		0	1
Base Personnel - civilian		0	1
Off Base Personnel - military		0	1
Off Base Personnel - civilian		0	0
23. Indecent Assault (8D)			
Base Personnel - military		1	0
Base Personnel - civilian		0	0
Off Base Personnel - military		0	0
Off Base Personnel - civilian		0	0
24. Rape (8F)			
Base Personnel - military		0	4
Base Personnel - civilian		0	0
Off Base Personnel - military		0	1
Off Base Personnel - civilian		3	2
25. Sodomy (8G)			
Base Personnel - military		0	0
Base Personnel - civilian		0	0
Off Base Personnel - military		2	3
Off Base Personnel - civilian		0	0

* NOTE: FY-91 information was not available, records are only kept for two years and FY-92 was kept only from June 92 - December 92.

15. Quality of Life

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

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, #B26 & #B41, CCN 72114, E1 TO E4	473	180	473	90	N/A	N/A	N/A	N/A
BEQ, #B26 & #B41, CCN 72114, E5 TO E6	65	42	65	135	N/A	N/A	N/A	N/A
BEQ, #B26 & #B41, CCN 72114, E7 TO E9	15	22	15	270	N/A	N/A	N/A	N/A
RESTRICTED BEQ, #B26, #B41, CCN 72114	22	4	N/A	N/A	N/A	N/A	N/A	N/A
OPEN SQUAD BAY, BEQ #B26, 72114	767	14	N/A	N/A	N/A	N/A	N/A	N/A

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: NONE

(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?

UIC: 00259 REVISION (2) BRAC-95 DATA CALL # 27

Revised QCL pg 30-59

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

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

9 Sept 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

9/21/94
Date

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)

NO

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

N/A

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

N/A

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.

N/A

	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)?

N/A

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

Type of Quarters	Utilization Rate
Adequate	**N/A**
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	------
Substandard	95%
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?

We have not experienced much of a change since FY 1993.

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

21,535

AOB = (# Geographic Bachelors x average number of days in barracks)
59 X 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.)	30	51%	
Spouse Employment (non-military)	1	1%	
Other "C" SCHOOLERS	28	48%	
TOTAL	59	100	

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

Unknown. We do not keep track of this.

(3) BOQ:

WE DO NOT HOUSE OFFICERS. THIS COMMAND DOES NOT HAVE A BOQ.

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

Type of Quarters	Utilization Rate
Adequate	N/A
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.)	N/A		
Spouse Employment (non-military)			
Other			
TOTAL		100	

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

N/A

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

LOCATION NAVAL MEDICAL CENTER, SAN DIEGO, CA **DISTANCE ON BASE**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	0	N/A
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	1	N
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	1	N
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	2	N

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	Y
Basketball CT (outdoor)	Each	1	Y
Racquetball CT	Each	2	N
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	1	N
Fitness Center	SF	3	N
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	1	Y
Football Fld	Each	1	Y
Soccer Fld	Each	1	Y
Youth Center(Childrens Waiting Room)	SF	1	N
Fisher House(Medical Hospitality	9 ROOMS	1	Y

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

NO

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	4		X		25 (38 ON EXPT BIRTH LIST)	
6-12 Mos	4		X		20	420
12-24 Mos	20		X		54	540
24-36 Mos	14		X		51	730
3-5 Yrs	29		X		4	50

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." Fo 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 BASERE

(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 lis

N/A

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

N/A

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

NAVAL TRAINING CENTER
NAVAL AMPHIBIOUS BASE CORONADO
CDC NORTH ISLAND NAVAL AIR STATION
NAVAL SUBMARINE BASE
NAVAL STATION SAN DIEGO

(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	NEX
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	NEX
Package Store	SF	0
Fast Food Restaurants	Each	NEX
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	NEX
Dry Cleaners	Each	NEX
ARC	PN	CO
Chapel	PN	CO
FSC Classrm/Auditorium	PN	CO

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

City	Distance (Miles)
San Diego	0
Escondido	26
Oceanside	33
Tijuana, Baja Norte, Mexico	20

Facilities offering services approaching similar amenities cannot compe with the no cost factor of a military base.

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	211.67	118.90
E2	223.20	140.53
E3	212.60	166.54
E4	234.17	163.53
E5	253.97	177.21
E6	293.80	199.84
E7	322.90	224.37
E8	330.04	249.72
E9	316.55	240.21
W1	420.12	319.31
W2	381.79	299.47
W3	408.84	332.20
W4	403.84	358.06
O1E	363.5	269.68
O2E	369.94	294.93
O3E	415.48	351.56
O1	331.25	144.19
O2	325.83	254.87
O3	360.92	303.89
O4	445.55	387.28
O5	493.65	408.36
O6	540.21	447.10
O7	519.85	422.57

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.

N/A

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?

N/A

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?

N/A

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 o 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthl payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

N/A

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.

N/A

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

N/A

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)
San Diego, CA	100%	21	33

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 t 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 colleg 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
N/A							

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

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

N/A

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 w of your response.

NO.

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

NO.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case catego 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 was assigned to or worked at the base; and 2) all reported criminal activity off base. **N/A - We are not an air station.**

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.

DATA BEING CERTIFIED **Data Call #27 UIC 00259 NAVMEDCEN SAN DIEGO CA**

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 June 94 (resubmit)
Date

NAVAL MEDICAL CENTER, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-30-94

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

Revision pg 5

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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.

DATA BEING CERTIFIED **Revision of Data Call #27 Question #3 UIC 00259 NMCSD**

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

19 August 94
Date

NAVAL MEDICAL CENTER, SAN DIEGO, CA
Activity

Revision 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

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

X [signature]
Signature

ACTING CHIEF BUMED
Title

24 August 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

[signature]
Signature

Title

9/6/94
Date

UIC: 00259 REVISION (1) OF BRAC-95 DATA CALL #27

pg 13, 17, 20, 21, 23
33, 37, 39

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

30 Aug 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-6-94

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 9/12/94

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. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

21 Sept 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X 9-28-94 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)

GREENE, JR. _____ Signature

NAME (Please type or print)

ACTING _____ 13 OCT 1994

Title _____ Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X 9/28/94 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 13 OCT 1994

Title 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. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

ACTING COMMANDER
Title

SEP 23, 1994
Date

NAVAL MEDICAL CENTER, SAN DIEGO
Activity

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

6 Dec 94
Date

NAVAL MEDICAL CENTER, 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.
NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

X 10/14/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

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

Signature

Title

10/21/94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X Oct 26, 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 11/2/94 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

14 Oct 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X Oct 26, '94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 11/2/94 Date

Document Separator

UIC: 00259

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 Center, San Diego, CA*
Acronym(s) used in correspondence	*NMCSD*
Commonly accepted short title(s)	*NAVMEDCEN San Diego*

- Complete Mailing Address

  NAVAL MEDICAL CENTER
  34800 BOB WILSON DR
  SAN DIEGO, CA 92134-5000

- PLAD NAVMEDCEN SAN DIEGO CA

- PRIMARY UIC: 00259 (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 O N E PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

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

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

• Yes __X__ No ____ (check one)

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

• Yes ____ No __X__ (check one)

• Primary Host (current) UIC: __N/A__

• Primary Host (as of 01 Oct 1995) UIC: __N/A__

• Primary Host (as of 01 Oct 2001) UIC: __N/A__

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

• Yes ____ No __X__ (check one)

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 O N E	N / A	N / A

Naval Medical Center, San Diego VR Bump 824
Data Call #1
9/7/94

Revised pg

UIC: 00259

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 O N E	N/A	N/A	N/A	N/A

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

The Base Closure and Realignment decisions (BRAC-88, -91, and -93) have had an appreciable effect on Naval Medical Center, San Diego (NMCSD). During FY 90, 91, and 92, more than (*) **1,346** beneficiaries were referred to NMCSD for admission and inpatient care from Naval Hospital, Long Beach (NHLB). During this time period, Naval Hospital, Camp Pendleton (NHCP) referred more than 5,000 patients to NMCSD for admission, and March AFB (MAFB) referred over 318 patients for admission in FY 92 (figures for FY 90 and 91 not available). Although no accurate data exists, at this time, which captures the total number outpatients referred from these facilities, it is estimated that the numbers of outpatients from these facilities exceeds the inpatient referrals by a factor of 10. As Specialized Treatment Services (STS) Center for MTF's in the Southern California, NMCSD is the hub of specialty care.

The closure of Naval Hospital, Long Beach has a domino effect on NMCSD. Although beneficiary population in the NHLB catchment areas will drop by 20% during FY 94, more than 116,886 beneficiaries will remain in the Long Beach area, of these, 7,169 will reside within a 40 mile radius of Naval Hospital, Camp Pendleton (NHCP), and approximately 30,987 beneficiaries reside within a 40 mile radius of the 22nd Strategic Hospital at March AFB (MAFB), and will be the responsibility of that facility. A remaining 78,730 beneficiaries will remain outside any catchment area. These beneficiaries will be forced to rely on alternative healthcare programs, i.e., CHAMPUS, Managed Care Support Services (MCSS), etc. Demands for medical services on NHCP by beneficiaries in NHLB and MAFB catchment areas is expected to significantly increase during the transition period (FY 94/95). As NHCP and March AFB reach the saturation point, additional referrals to NMCSD for both inpatient and outpatient care is anticipated, particularly in the active duty beneficiary population.

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 O N E	N/A	N/A	N/A	N/A

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

The Base Closure and Realignment decisions (BRAC-88, -91, and -93) have had an appreciable effect on Naval Medical Center, San Diego (NMCSD). During FY 90, 91, and 92, more than 1,725 beneficiaries were referred to NMCSD for admission and inpatient care from Naval Hospital, Long Beach (NHLB). During this time period, Naval Hospital, Camp Pendleton (NHCP) referred more than 5,000 patients to NMCSD for admission, and March AFB (MAFB) referred over 318 patients for admission in FY 92 (figures for FY 90 and 91 not available). Although no accurate data exists, at this time, which captures the total number outpatients referred from these facilities, it is estimated that the numbers of outpatients from these facilities exceeds the inpatient referrals by a factor of 10. As Specialized Treatment Services (STS) Center for MTF's in the Southern California, NMCSD is the hub of specialty care.

The closure of Naval Hospital, Long Beach has a domino effect on NMCSD. Although beneficiary population in the NHLB catchment areas will drop by 20% during FY 94, more than 116,886 beneficiaries will remain in the Long Beach area, of these, 7,169 will reside within a 40 mile radius of Naval Hospital, Camp Pendleton (NHCP), and approximately 30,987 beneficiaries reside within a 40 mile radius of the 22nd Strategic Hospital at March AFB (MAFB), and will be the responsibility of that facility. A remaining 78,730 beneficiaries will remain outside any catchment area. These beneficiaries will be forced to rely on alternative healthcare programs, i.e., CHAMPUS, Managed Care Support Services (MCSS), etc. Demands for medical services on NHCP by beneficiaries in NHLB and MAFB catchment areas is expected to significantly increase during the transition period (FY 94/95). As NHCP and March AFB reach the saturation point, additional referrals to NMCSD for both inpatient and outpatient care is anticipated, particularly in the active duty beneficiary population.

Received P3

UIC: 00259

Under the Lead Agent concept recently promulgated by the Office of Health Affairs, the Commander, NMCSD is designated Lead Agent for Region Nine TRICARE. As Lead Agent, he is responsible and accountable for managing O&MN, Direct Care, and CHAMPUS dollars under capitation budgeting in his region, which includes the Long Beach, Camp Pendleton, and March AFB areas. The MCSS, a replacement to the CHAMPUS Reform Initiative (CRI), is an effort to reduce costs, increase access, and improve quality of care for CHAMPUS eligible beneficiaries. This program is functioning well for CHAMPUS beneficiaries to the extent it has been implemented thus far. However, the remaining active duty populations in the former NHLB and in the MAFB catchment areas must rely on NMCSD for significant specialized care which is not provided by host MTF's, or receive needed care through supplemental or Non-Federal Health Care procedures. The distance to NMCSD from the Long Beach, and March AFB areas is approximately 120 miles and 80 miles, respectively. An argument can be made, in terms of access to care, that the active duty population remaining in the above catchment areas, due to their distant proximity to an MTF, are receiving a lesser quality of care, compared to CHAMPUS beneficiaries who have access to more local alternative sources of care, i.e., TRICARE Prime, PPO, and Standard.

After all Navy active duty personnel, attached to BRAC commands, are removed from the Long Beach area, the projected BRAC I and II Navy population will fall to 78,730. March AFB is expected to close in FY 95. During the past FY, NMCSD has operated at a (*) **81.2%** occupancy rate. This trend, as well as an expected increase in demand for medical services under the Lead Agent concept is anticipated, regardless of the BRAC decisions.

The planned closure of the Recruit Training Center, San Diego and the U.S. Marine Corps Air Station, El Toro, CA (BRAC 93), will have a significant impact on NMCSD. The displacement of Navy personnel (10,000+) and their dependents (8,000+) by U.S. Marine Corps personnel (9,000+) and their dependents (22,000+) over the next several years at NAS Miramar, will place additional demands on NMCSD for medical services and require a change in provider mix at Miramar. A new Medical Clinic is drastically needed as the existing facility is inadequate for even the present base population let alone the additional influx of Marines. This facility must be replaced prior to the arrival of the new USMC squadrons which will begin gradually replacing Navy squadrons in FY 94. With the change in ownership of NAS Miramar, the medical provider staff will increase three-fold. At the completion of the transition from Navy to Marine Corps, NMCSD will inherit a net gain of more than 13,000 additional beneficiaries at Miramar.

The closure of the Recruit Training Command (RTC), (BRAC 93) has reduced overall demand at NTC for outpatient medical services. The Navy population presently attached to the Naval Training Center (NTC) and Service Schools Commands, adjacent to the former RTC, have enjoyed increased access to care, due to the absence of the recruits. Utilization rates have slightly increased among the remaining population. There has been negligible impact on inpatient care as a result of the closure of RTC.

Under the Lead Agent concept recently promulgated by the Office of Health Affairs, the Commander, NMCSD is designated Lead Agent for Region Nine TRICARE. As Lead Agent, he is responsible and accountable for managing O&MN, Direct Care, and CHAMPUS dollars under capitation budgeting in his region, which includes the Long Beach, Camp Pendleton, and March AFB areas. The MCSS, a replacement to the CHAMPUS Reform Initiative (CRI), is an effort to reduce costs, increase access, and improve quality of care for CHAMPUS eligible beneficiaries. This program is functioning well for CHAMPUS beneficiaries to the extent it has been implemented thus far. However, the remaining active duty populations in the former NHLB and in the MAFB catchment areas must rely on NMCSD for significant specialized care which is not provided by host MTF's, or receive needed care through supplemental or Non-Federal Health Care procedures. The distance to NMCSD from the Long Beach, and March AFB areas is approximately 120 miles and 80 miles, respectively. An argument can be made, in terms of access to care, that the active duty population remaining in the above catchment areas, due to their distant proximity to an MTF, are receiving a lesser quality of care, compared to CHAMPUS beneficiaries who have access to more local alternative sources of care, i.e., TRICARE Prime, PPO, and Standard.

After all Navy active duty personnel, attached to BRAC commands, are removed from the Long Beach area, the projected BRAC I and II Navy population will fall to 78,730. March AFB is expected to close in FY 95. During the past FY, NMCSD has operated at a 93% occupancy rate. This trend, as well as an expected increase in demand for medical services under the Lead Agent concept is anticipated, regardless of the BRAC decisions.

The planned closure of the Recruit Training Center, San Diego and the U.S. Marine Corps Air Station, El Toro, CA (BRAC 93), will have a significant impact on NMCSD. The displacement of Navy personnel (10,000+) and their dependents (8,000+) by U.S. Marine Corps personnel (9,000+) and their dependents (22,000+) over the next several years at NAS Miramar, will place additional demands on NMCSD for medical services and require a change in provider mix at Miramar. A new Medical Clinic is drastically needed as the existing facility is inadequate for even the present base population let alone the additional influx of Marines. This facility must be replaced prior to the arrival of the new USMC squadrons which will begin gradually replacing Navy squadrons in FY 94. With the change in ownership of NAS Miramar, the medical provider staff will increase three-fold. At the completion of the transition from Navy to Marine Corps, NMCSD will inherit a net gain of more than 13,000 additional beneficiaries at Miramar.

The closure of the Recruit Training Command (RTC), (BRAC 93) has reduced overall demand at NTC for outpatient medical services. The Navy population presently attached to the Naval Training Center (NTC) and Service Schools Commands, adjacent to the former RTC, have enjoyed increased access to care, due to the absence of the recruits. Utilization rates have slightly increased among the remaining population. There has been negligible impact on inpatient care as a result of the closure of RTC.

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

- To provide to entitled beneficiaries a comprehensive range of emergency, outpatient, and inpatient health care services including: all Internal Medicine subspecialties (Respiratory Therapy, Cardiology, Allergy, Endocrinology, Gastroenterology, Hematology/Oncology, Nephrology, Pulmonary, Rheumatology, and Infectious Diseases); Dermatology; Critical Care; Emergency Medicine; Primary Care; Pediatrics; Exceptional Family Member programs; Psychiatry; Psychology; Alcohol Rehabilitation; Social Work Services; all Surgery subspecialties (General, Vascular, Pediatrics, Plastic, and Cardio-Thoracic); Anesthesiology; Neurosciences; Urology; Dental; Obstetrics & Gynecology; Ophthalmology, Orthopedics; Otorhinolaryngology; Physical/Occupational Therapy; Optometry; Pharmacy; Laboratory (Clinical and Anatomic Pathology); Radiology (General Diagnostic, Radiation Therapy, Nuclear Medicine, Radiation Safety, Diagnostic Imaging, and Special Neuroradiologic Procedures); Intensive Care Unit; Cardiac Care Unit; Neonatology Care Unit; Pediatric Intensive Care Unit, Same Day Surgery; Occupational Medicine; Industrial Hygiene; Occupational Health; Occupational Audiology; Preventive Health; Aviation Physiology Training; Health & Wellness Promotion.

- To provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces; including special medical augmentation teams, deployable platforms such as the Fleet Hospital and Hospital Ship and Joint Service medical care in support of United Nations operations.

- Conduct Residency graduate medical education programs for over 350 Naval Officers in: Anesthesiology; Dental (General Practice & Oral Surgery); Dermatology; Emergency Medicine; Internal Medicine; Obstetrics & Gynecology; Ophthalmology; Orthopedic Surgery; Otolaryngology; Pathology; Pediatrics; Psychiatry; Radiology; General Surgery; and Urology. Conduct medical Fellowship post-graduate programs in: Adolescent Medicine; Cardiology; Critical Care; Dermatopathology; Gastroenterology; Hematology/Oncology; Infectious Disease; Nephrology; Pulmonary Disease; Hand Surgery; and Radiographic Imaging. Additionally, provide medical Internship programs in: Basic Surgery; Basic Medicine; Obstetrics/Gynecology; Pediatrics; and Psychiatry.

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

- As one of the few tertiary care facilities, cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

- All of the Current Missions, plus

- As the only DoD tertiary care medical facility on the western coast of the United States, NAVMEDCEN will be "the" referral center for all of DoD's Pacific area.

- A DoD Specialized Treatment Services (STS) Center for a dozen or more medical specialties, responsible for the management of all beneficiaries within the western U.S. requiring these services.

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

- Providing medical support to the annual 2-day NAS Miramar "Air Show", which attracts some 300,000 local and tourist spectators.

- Serves as the only tertiary care referral center in the Southwest (DoD Region Nine TRICARE).

- Provides medical support to the U.S. Marine Corps Recruit Depot.

Projected Unique Missions for FY 2001

- All of the Current Unique Missions

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.

COMMANDER NAVAL BASE SAN DIEGO 00242

• Operational name	UIC
~~BUREAU OF MEDICINE & SURGERY~~	~~00018~~

• Funding Source	UIC
BUREAU OF MEDICINE & SURGERY	00018

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

On Board Count as of 01 January 1994

	UIC	Officers	Enlisted	Civilian (Appro)	Contracted
●Reporting Command NMC San Diego	00259	717	1,564	1,223	203
Neutral Duty	45585	0	1	0	0
DEPMEDS	46864	0	70	0	0
DEPMEDS NO. 2	46868	0	2	0	0
DEPMED FH6	47543	0	45	0	0
DEPMED FH6	47552	0	2	0	0
NAVHOSP TRNG	48461	363	0	0	0
Total		1,080	1,684	1,223	203
● Tenants (total)		64	196	117	0

Authorized Positions as of 30 September 1994

	UIC	Officers	Enlisted	Civilian (Appro)	Contracted
●Reporting Command NMC San Diego	00259	~~759~~ 742	1,338	~~1,218~~ 1290	203
Neutral Duty	45585	0	1	0	0
DEPMEDS	46864	0	63	0	0
DEPMEDS NO. 2	46868	0	3	0	0
DEPMED FH6	47543	0	53	0	0
DEPMED FH6	47552	0	2	0	0
NAVHOSP TRNG	48461	302	0	0	0
Total		~~1,041~~	1,460	~~1,218~~	203
●Tenants (total)		68	193	117	0

UIC: 00259

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
• Director of Resources			
C. J. ROSCIAM CAPT, MSC, USN	(619) 532-6626	(619) 532-6561	(619) 482-6913
• Duty Officer	(619) 532-6400		[N/A]

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NAVAL SCHOOL OF HEALTH SCIENCES	0621A	41	152	13
NAVAL HEALTH SUPPORT OFFICE	68906	21	3	30
NAVY DRUG SCREENING LAB	68853	3	1	58
PERSONNEL SUPPORT DETACHMENT	68555	1	35	16
MARINE CORPS LIAISON	34001	0	2	0
FLEET DENTAL OFFICE CINCPACFLT	48038	2	0	0

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N O N E	N / A	N / A	N / A	N / A

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N O N E	N / A	N / A	N / A	N / A	N /A

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N O N E	N / A	N / A	N / A	N / A	N / A

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is to 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.)
Red Cross	*San Diego, CA*	*Provide manpower&training, MOU*
San Diego Police Dept	*San Diego, CA*	*Security support, MOU*
San Diego Trust & Savings	*San Diego, CA*	*Lease equipment (ATM), MOU*
Armed Forces YMCA	*San Diego, CA*	*Social Work Services, MOU*
COMNAVBASE-Fire Dept	*San Diego, CA*	*Admin, PWC support, ISSA*
Fleet Reserve Association	*San Diego, CA*	*Admin support, MOU*
Navy Marine Corps Relief Soc	*San Diego, CA*	*Admin support, MOU*
Navy Resale and Services	*San Diego, CA*	*Admin support, MOU*
Navy Alcohol Rehab Center	*NAS, Miramar*	*Credentialing, MOU*
NHRC Sleep Lab	*San Diego, CA*	*Admin, provide room, ISSA*
NMDSC Bethesda Det	*San Diego, CA*	*Admin, PWC support, ISSA*
NPPSO	*San Diego, CA*	*Admin, PWC support, ISSA*
Library of Congress	*Washington DC*	*FEDLINK, MOU*
COMNAVAIRPAC	*San Diego, CA*	*Admin Services, Credentialing, MOU*
CHMSUS	*San Diego, CA*	*Med treatment overflow, MOU*
Maryland Hosp Association	*San Diego, CA*	*Computer software, MOU*
National Disaster Med System	*San Diego, CA*	*Medical Treatment overflows, MOU*
NHCP	*Cp Pendltn, CA*	*Surgical trainees, ISSA*
NSHS-Nav Nurse Anesth Progr	*Bethesda, MD*	*Nurse Corps Anesth Pgm, ISSA*
NHSETC (Clinical Trainees)	*San Diego, CA*	*Training, MOU*
COMNAVBASE	*San Diego, CA*	*Fam Advocacy Services, MOU*

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
CLINICOMP	*San Diego, CA*	*Provide office space, MOU*
COMPHIBGRU 3	*San Diego, CA*	*Admin support, MOU*
Naval Reserve Readiness	*San Diego, CA*	*Admin support & space, MOU*
Army Reserve National	*San Diego, CA*	*Orientation, rating for USAR, MOU*
Pacific Rim Enterprises	*SanAnselmo, CA*	*Neuphrology Div Services, MOU*
Nav Marine Corps Relief Soc	*San Diego, CA*	*Provide transportation svcs, MOU*
Alcohol Rehab Miramar	*San Diego, CA*	*Credentialing, MOU*
NAVRESREDREG 19	*San Diego, CA*	*Credentialing, MOU*
So Illinois University	*San Diego, CA*	*Provide space, MOU*
National University	*San Diego, CA*	*Provide space, MOU*
Webster University	*San Diego, CA*	*Provide space, MOU*
AFSC Edwards Hospital	*San Diego, CA*	*Treat patients (emerg), ISSA*
SD Unified School District	*San Diego, CA*	*Med Svcs for Beneficiaries, LOAgree*
VA Hospital	*San Diego, CA*	*Defense sharing agreement, ISSA*
San Diego Hospice Care	*San Diego, CA*	*Provide medical support, MOU*
Inst of Med & Dental Tech	*San Diego, CA*	*Coord & oversight of students, MOU*
Pacific College	*San Diego, CA*	*Coord & oversight of students, MOU*
Centre City	*San Diego, CA*	*Provide space, MOU*
San Diego Blood Bank	*San Diego, CA*	*Blood exchange, trading, MOU*
Ofc of the Coroner, Imp Cty	*San Diego, CA*	*Forensic autopsy, MOU*
COMNAVSURFPAC	*San Diego, CA*	*Training, blood program, MOU/ISSA*
Green Hosp of Scripps Clinic	*San Diego, CA*	*Blood exchange, MOU*
Office of the Coroner, SD Cty	*San Diego, CA*	*Forensic autopsy, MOU*
COMSUBPACREP	*San Diego, CA*	*Provide radiology emerg, MOU/ISSA*

UIC: 00259

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Healthlink	*San Diego, CA*	*Television svcs, LTR of Understanding*
Palomar College	*San Diego, CA*	*Provide supervision, MOU*
FISC	*San Diego, CA*	*Civilian pers svcs; mail svc, ISSA*
SATO	*San Diego, CA*	*Provide space, Ltr of Undrstanding*
University of Phoenix	*San Diego, CA*	*Provide space, MOU*
Naval Hosp, Camp Pendleton	*San Diego, CA*	*Drug monitoring, MOU*
Scripps Memorial Hospital	*San Diego, CA*	*Transfer of patients, MOU*
Mesa College	*San Diego, CA*	*Pending, MOU*
East Carolina University	*San Diego, CA*	*Pending, MOU*
Defense Info Systems Office	*San Diego, CA*	*Pending, MOU*
Ohio State University	*San Diego, CA*	*Pending, MOU*

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

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

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

- 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. **(12 COPIES PROVIDED**, 8½"x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. **(NOT APPLICABLE)**

UIC: 00259

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

27 Feb 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

UIC: 00259

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

UIC: 00259 REVISION (1) OF BRAC-95 DATA CALL #1

pg 3+4

BRAC-95 CERTIFICATION

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

SAW-IN SCOTT
NAME (Please type or print)

Saw In Scott
Signature

BUDGET OFFICER
Title

30 AUG 94
Date

BUDGET
Division

FISCAL
Department

NAVAL MEDICAL CENTER, SAN DIEGO
Activity

pg 344

UIC: 00259 REVISION (1) OF BRAC-95 DATA CALL #1

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

30 Aug 94
Date

NAVAL MEDICAL CENTER, SAN DIEGO
Activity

Pg 3+4

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-6-94

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 9/12/94

Document Separator

UIC: **45020**

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	*Branch Medical Clinic, Naval Station, San Diego, CA*
Acronym(s) used in correspondence	*BMC NAVSTA SD*
Commonly accepted short title(s)	*BRMEDCL NAVSTA SDIEGO CA*

- Complete Mailing Address

  Branch Medical Clinic
  Naval Station San Diego
  P.O. Box 368153
  2450 Craven Street
  San Diego, CA 92136

- PLAD BRMEDCLINIC NAVSTA SAN DIEGO CA

- PRIMARY UIC: 45020 (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): NONE PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes ____ No XX (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 __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 "Yes," provide best known information for your primary host only.

- Yes __XX__ No ____ (check one)
- Primary Host (current) UIC: __00245__
- Primary Host (as of 01 Oct 1995) UIC: __00245__
- Primary Host (as of 01 Oct 2001) UIC: __00245__

• 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.

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
NONE				

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.

NONE

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

Current Missions

- Provides medical support to all Naval Station active duty personnel including ships and tenant commands.
- Provides emergency ambulance response 24 hours per day to Naval Station.
- Provides emergency medical services for contingencies including natural and manmade disasters and mass casualty situations.
- Provides auxiliary medical support for fleet operational commitments.
- Provides auxiliary medical support for all ceremonial functions held on the Naval Station involving large gatherings.
- Provides humanitarian medical support to civilians who need emergency response while on board the Naval Station.

Projected Missions for FY 2001

- Do not anticipate any significant change in our mission in the future.

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

- Currently BREMEDCLINIC NAVSTA is the site of a civilian study on the efficacy of a new herpes vaccine which is scheduled to run for the next 2-3 years.

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
Naval Medical Center San Diego	00259

Funding Source	UIC
Naval Medical Center San Diego	00259

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			
00259/45020	717/20	1564/91	1223/10
Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command			
00259/45020	[illegible]/24	[illegible] 539	[illegible] 5 94
• 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			
T.S. BREIER, LCDR, MSC, USN	(619) 556-8082	(619) 556-9419	(619) 576-1238
• Duty Officer	N/A		

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and home ported 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 (home ported 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.)
NONE		

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

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

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

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

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

UIC: 45020

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. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR BRANCH CLINIC OPERATIONS
Title

Feb 1, 1994
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

UIC: 45020

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. A. NELSON, RADM, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

27 Feb 94
Date

NAVAL MEDICAL CENTER 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

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

X Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

UIC: **32546**

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	*Branch Medical Clinic, Naval Air Station, North Island, San Diego, CA*
Acronym(s) used in correspondence	*BMC NI SD*
Commonly accepted short title(s)	*BRMEDCL NAS NORTH ISLAND SDIEGO CA*

- Complete Mailing Address

  Branch Medical Clinic
  Naval Air Station North Island
  Box 357046
  San Diego, Ca 92135-7046

- PLAD BRMEDCLINIC NAS NORTH ISLAND CA

- PRIMARY UIC: 32546 (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): NONE PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes ____ No XX (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 __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 "Yes," provide best known information for your primary host only.

  - Yes __XX__ No ____ (check one)
  - Primary Host (current) UIC: __00246__
  - Primary Host (as of 01 Oct 1995) UIC: __00246__
  - Primary Host (as of 01 Oct 2001) UIC: __00246__

- 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.

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
NONE				

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 and BRAC - 91: N/A

* BRAC - 93: Informed that the active duty population aboard NAS NORTH ISLAND could increase by 4,000 by the Fiscal Year 1995. If this is the case, and no medical personnel (Physicians and Hospital Corpsmen) are among the increase, our ability to provide quality and timely care with existing personnel resources would be severely degraded.

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

Current Missions

- Provides primary care medical services for active duty personnel aboard NAS NORTH ISLAND to include Sick Call, Acute Care, Physical Exams, Immunizations, Mental Health, Physical Therapy, Optometry and Ancillary.
- Provides Emergency Ambulance services for all personnel (Military and Civilian) aboard NASNI, and flight line response..
- Provides Occupational Health services for on-base civilian employees.
- Provides personnel and equipment in support of base contingency programs, e.g. Disaster Preparedness.

Projected Missions for FY 2001

- Missions for FY-2001 are anticipated to be the same as current only on a larger scale because of projected increase in base population. No new missions are projected.

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

- Provides Flight Physicals and Aviation Peculiar medical services for the aviation community aboard NASNI.

- Provides ambulance and personnel in response to Flight Line alerts.

Projected Unique Missions for FY 2001

- Unique missions for FY-2001 are anticipated to be the same as current only on a larger scale because of projected on base population. No new unique missions are projected.

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

- Operational name UIC

  Naval Medical Center San Diego 00259

- Funding Source UIC

  Naval Medical Center San Diego 00259

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			
00259/32546	717/9	1564/50	1223/4
Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command			
[redacted]/32546	[redacted]10	[redacted]37[redacted]	[redacted]0[redacted]
• 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			
F. C. CLINE, CDR, MSC, USN	(619) 545-4264	(619) 545-0761	(619) 656-0529
• Duty Officer	(619) 545-4306	(619) 545-0761	N/A
• A.D.O.			
M.A. SCHRINER, LT,MSC, USN	(619) 545-4268	(619) 545-0761	(619) 295-5641 (U)
• ADMIN CHIEF			
HMC (SW) D.L. KING	(619) 545-4292	(619) 545-0761	(619) 475-9128

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 home ported 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 (home ported 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.)
Outlying Landing	*Imperial Beach, Ca*	*Provide ambulance and hospital corpsman during flight operations*

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

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

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

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

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

UIC: 32546

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. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR BRANCH CLINIC OPERATIONS
Title

Feb 1, 1994
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

UIC: 32546

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. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

2 Feb 94
Date

NAVAL MEDICAL CENTER 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

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

X R. I. Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J. B. Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

DATA CALL 63
FAMILY HOUSING DATA 391

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

Installation Name:	NAVMEDCEN SAN DIEGO
Unit Identification Code (UIC):	N00259
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	19 19.1% CW
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	~~1,630.2~~ 1685.7 CW
Total Number of Officer Housing Units:	~~49.7~~ 50 CW
Total Number of Enlisted Housing Units:	~~143.8~~ 144 CW

Line 4, Percentage of Military Families Living on Base, is taken from DD Form 1377.
Lines 7-9, represents the activitys' "fair share" of the complex total of the family housing budget and inventory of officer and enlisted units. This data was provided by COMNAVFACENGCOM.
This UIC contains 1155 personnel entitled to BAQ W/Dependents out of a complex total of 44294 personnel entitled to BAQ W/Dependents.

There are 660 activities identified within this complex.

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

CW 7/13 Enclosure (1)

Chris Ward
7/13/94
NAVFAC 32JCW

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

MAJOR CLAIMANT LEVEL

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

Jack Buffington
Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

W A Earner
Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

THOMAS A. DAMES
NAME (Please type of print)

Rear Admiral, CEC, USN
Title

LANTNAVFACENGCOM
Activity

J.B. Venable
Signature J.B. VENABLE
Acting

JUL 06 1994
Date

ENCLOSURE(2)

BRAC-95 CERTIFICATION

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

Paulette C. Brown
Name (Please type or print)

for J. R. Hindstaff
Signature

Head, Operations & Projects Branch
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

J. Richard Grindstaff
Name (Please type or print)

J. Richard Grindstaff
Signature

Head, Requirements & Acquisition Branch
Title

7-6-95
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

Mark D. Raker
Name (Please type or print)

Mark D. Raker
Signature

Housing Management Specialist
Title

7/6/94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

for Moses L. Meadows
Name (Please type or print)

for J. Richard Grindstaff
Signature

Director
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

Document Separator

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**SAN DIEGO CA NH**
Unit Identification Code (UIC):	**N00259** #371
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998	202	PARKING STRUCTURE	MCON	4,350
		Sub-Total - 1998		**4,350**
		Grand Total		**4,350**

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

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

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

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

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

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

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

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

Projects with projected CWE amount greater than $15M.

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

391

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	HEALTHCARE SUPPORT OFFICE, SAN DIEGO
UIC:	68906
Host Activity Name (if response is for a tenant activity):	N/A
Host Activity UIC:	N/A

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

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: HEALTHCARE SUPPORT OFFICE - SD		UIC: 68906	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	0	0	0
2b. Transportation	14	0	14
2c. Environmental	0	0	0
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	121		121
2j. Other (Specify)*	0	0	0
2k. Sub-total 2a. through 2j:	135	0	135
3. Grand Total (sum of 1c. and 2k.):	135	0	135

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	

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: HEALTHCARE SUPPORT OFFICE	**UIC:** 68906
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	223
Material and Supplies (including equipment):	2208
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	14
Other Purchases (Contract support, etc.):	
Total:	2445

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: HEALTHCARE SUPPORT OFFICE - SD	**UIC:** 68906
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

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

R. R. SKOG	R. R. Skog
NAME (Please type or print)	Signature
Officer in Charge, Acting	14 July 1994
Title	Date
Healthcare Support Office, San Diego	
Activity	

ENCLOSURE(4)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-19-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 04 AUG 1994

Document Separator

391

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	San Diego NH
Unit Identification Code (UIC):	0621A 00259
Major Claimant:	Defense Agnecies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998		"C" School	MCON	9,400
		Sub -Total 1998		**9,400**
		Grand Total		**9,400**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

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

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL NAVSTA SDIEGO
ACTIVITY UIC: 45020

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

MISSION REQUIREMENTS

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

To provide a comprehensive range of quality outpatient health care services to active duty Navy and Marine Corps personnel, and other active duty members of the Uniformed Services in support of the operation of Naval Station, San Diego, and all tenant commands and fleet activities.

To ensure that the clinic is maintained in a proper state of readiness to fulfill wartime and contingency mission plans. Ensure that all assigned military personnel are aware of and properly trained for the performance of their assigned contingency and wartime duties.

To conduct appropriate training programs for assigned military and civilian personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained.

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

To maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).

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)
See attachment 1, ZIP Codes: 92136, 92139, 92143, 92149, 92153, 92154, 92173 and 92174			

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

UIC	NAME	ZIP	FY93	FY94	FY95	FY96	FY97	FY98	FY99
47526	SWNVFACENGCOM DT	92101	0	2	2	2	2	2	2
63057	NIS WREG SDGO CA	92101	7	4	4	4	4	4	4
68634	MEPS SAN DIEGO	92101	11	8	8	8	8	8	8
05380	ARD 30 SAN ONOFR	92106	101	110	0	0	0	0	0
31712	NAVINTACT CSGRU5	92106	2	0	0	0	0	0	0
31753	SB SDGO TWR 3	92106	17	15	15	15	15	15	15
31954	SUBTRAFAC SDIEGO	92106	170	170	139	139	139	139	139
33175	CSUBGR 5	92106	86	86	2	2	2	2	2
35622	CSDG1 DET BRAVO	92106	14	15	15	15	15	15	15
40823	SUBASE TWR 842	92106	15	15	15	15	15	15	15
41685	DISAJTAC3A EFTHU	92106	9	10	10	10	10	10	10
42474	CSUBGR 5 CBSTT	92106	6	7	0	0	0	0	0
43304	SUBTRAFAC SD BOS	92106	11	9	9	9	9	9	9
43979	JNTMGMTO THTNFOR	92106	0	1	1	1	1	1	1
44430	ARD 30 S ON SRAC	92106	17	21	0	0	0	0	0
44943	SB SDGO WEAP IMA	92106	130	125	125	0	0	0	0
44978	COMSUBGRU 5 SMMS	92106	24	24	0	0	0	0	0
45424	TR 5	92106	6	6	6	6	6	6	6
45425	TR 6	92106	6	6	6	6	6	6	6
45675	SUBASE SD TWR823	92106	12	14	14	12	14	14	14
46132	SUBASE SD TWR771	92106	14	15	15	15	15	15	15
46259	SUBASE SDGO SECD	92106	59	60	60	60	60	60	60
46708	NB SD NADSAP SB	92106	5	4	4	4	4	4	4
47336	SB SDGO S-HELP	92106	12	14	14	14	14	14	14
48655	SB SDIEGO FSC	92106	2	3	3	3	3	3	3
55244	COMSUBRON 11	92106	49	44	44	44	0	0	0
55522	COMSUBDEVGR 1	92106	40	38	38	38	38	37	37
63406	SUBASE SDGO CA	92106	208	146	146	146	145	146	146
65370	CSUBGR 5 SSO	92106	2	1	1	1	1	1	1
66937	CSDG 1 NSCHDVG S	92106	10	11	0	0	0	0	0
68554	PSD PT LOMA SDGO	92106	35	12	12	12	12	12	12
44753	DIR12MCD OSO SD	92108	1	1	1	1	1	1	1
68692	NROTCUUSDSDSUSDC	92110	13	11	11	11	11	11	11
43790	DCMAO S DIEGO	92111	2	3	3	3	3	3	3
43756	DSO DIEGO	92112	1	1	1	1	1	1	1
42039	NUSWCD SDIEGO CA	92123	0	1	0	0	0	0	0
55625	AFTGP SEADU COMP	92126	76	74	74	74	74	74	74
62106	NMCREDCEN SDGO	92131	51	39	38	38	38	37	37
80013	MIUWU 107	92131	10	8	8	8	8	8	8
81176	MIUWU 106	92131	8	8	8	8	8	8	8
00123	NAVREGCONTC SDGO	92132	4	2	2	2	2	2	2
00242	CNAVBASE SDGO	92132	51	33	35	35	35	35	35
00244	FISC SDIEGO CA	92132	22	18	16	16	16	16	16
20036	ARDM 5 ARCO	92132	127	131	130	130	0	0	0
35612	OPNASUPACT HNDCL	92132	8	5	5	5	5	5	5
41875	NRRCREG 19/RPN	92132	6	4	4	4	4	4	4
43406	NTSC FLDOPSD PAC	92132	2	2	2	2	2	2	2
43435	MSCO SAN DIEGO	92132	9	5	5	5	5	5	5
45189	NCIS LE&PSAT SDG	92132	5	6	6	6	6	6	6
45242	CSS 3 TACRED SCO	92132	1	1	0	0	0	0	0
45517	SPCC NACO P SAND	92132	0	1	1	1	1	1	1
46548	COMSUBRON 11 SDC	92132	0	1	1	1	0	0	0

47638	NCTA SAN DIEGO	92132	1	0	0	0	0	0	0
55347	CSUBRON 3	92132	45	45	0	0	0	0	0
60957	DAO-CL SDGO CA	92132	20	23	19	19	19	19	19
63015	NEDTRASUPCEN PAC	92132	52	11	11	10	11	12	12
67796	NMC MARS SDGO	92132	1	1	1	1	1	1	1
68350	NRRCREG19 SDIEGO	92132	29	27	27	30	30	30	30
68553	PSA SAN DIEGO	92132	16	10	10	10	10	10	10
68564	CNAVBASE SDGO CR	92132	6	6	6	6	6	6	6
68711	SOWNFEC SDIEGO	92132	17	20	20	19	18	18	18
00247	NTC SDGO	92133	396	243	220	208	47	9	9
0388A	FITCPAC SDGO	92133	29	33	32	30	32	32	2
0581A	SSC SDGO	92133	637	212	145	11	9	9	9
0753A	CRUITRACOM SDGO	92133	91	0	0	0	0	0	0
30643	S CRU TRCOM SDGO	92133	5112	2372	2097	1716	1631	1550	1550
32553	BRMCL NTC SDGO	92133	112	118	118	118	118	118	118
35109	NJROTC AREA 11	92133	3	3	3	3	3	3	3
35287	SSC SDGO FMSTPRG	92133	6	4	4	0	0	0	0
35405	NBAND DC SDIEGO	92133	40	1	1	1	1	1	1
41453	CO CDRS RTC SDGO	92133	222	0	0	0	0	0	0
42084	RTCSDGENSKILLTNG	92133	50	0	0	0	0	0	0
42132	SSC SDGO BOOSTPG	92133	17	0	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92133	0	0	0	0	0	2	0
42815	PSD RTC SD	92133	44	48	0	0	0	0	0
42816	PSD NTC SD	92133	56	54	43	43	43	43	17
42820	NTC SDGO CAA CTR	92133	7	8	0	0	0	0	0
43298	BUPERS NACU SD	92133	23	0	0	0	0	0	0
43311	SSC SDGO BOS	92133	32	27	17	16	5	5	5
43521	NCPS PHOENIX	92133	11	4	4	4	4	4	4
43542	RQAT SDIEGO	92133	5	4	4	4	4	4	4
43721	S SSC SD BOST PG	92133	248	248	248	248	248	248	248
43907	SSC SDGO SURF	92133	0	87	6	0	0	0	0
43908	SSC SDGO LDG	92133	0	17	16	16	16	0	0
43909	SSC SDGO SUB	92133	0	24	1	1	1	1	1
43910	SSC SDGO EW	92133	0	85	0	0	0	0	0
43914	SSC SDGO INS AIR	92133	0	5	0	0	0	0	0
45032	FITCPAC FMS TRNG	92133	1	1	1	1	1	1	0
46093	CPF MPWRASSTM SD	92133	0	2	2	2	2	2	2
47462	STU MED DEPT OST	92133	1	0	0	0	0	0	0
47775	CNET SUP UN SDGO	92133	1	1	1	1	1	1	1
48390	NAVINTACT FTPC S	92133	16	18	18	18	18	18	18
49203	DECA NTC SDIEGO	92133	11	7	6	6	6	6	6
49274	MOIC EASTPAC FP	92133	23	0	0	0	0	0	0
49756	PSD NTC SDGO F H	92133	0	3	3	3	1	1	1
66283	NECH N SDIEGO CA	92133	1	1	0	0	0	0	0
68401	NAVCRUITDIST SD	92133	232	0	0	0	0	0	0
00228	FISC OAKLAND CA	92134	0	0	0	0	5	5	5
00247	NTC SDGO	92134	0	0	0	0	0	37	36
00259	NMC SDGO CA	92134	2236	2079	2078	2072	2205	2055	1833
00619	NMEDCEN OAKLAND	92134	0	0	0	0	338	338	338
0114A	COMDESRON 5	92134	14	12	12	12	12	12	12
0116A	COMDESRON 7	92134	13	12	12	12	12	12	12
0126A	COMDESRON 17	92134	12	12	0	0	0	0	0
0130A	COMDESRON 21	92134	14	12	12	12	12	12	12

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

0132A	COMDESRON 23	92134	12	12	12	12	12	12	12
03361	CV 61 RANGER	92134	76	0	0	0	0	0	0
03363	CV 63 KITTY HAWK	92134	2768	2906	2906	2906	2906	2906	2906
03651	CGN 9 LONG BEACH	92134	868	562	14	0	0	0	0
0388A	FITCPAC SDGO	92134	0	0	0	0	0	0	30
05072	AGSS 555 DOLPHIN	92134	58	48	48	48	48	48	48
05134	SSN 647 POGY	92134	152	136	136	136	136	136	100
05139	SSN 652 PUFFER	92134	144	136	136	100	0	0	0
05143	SSN 662 GURNARD	92134	146	100	0	0	0	0	0
05725	SSN 677 DRUM	92134	147	136	100	0	0	0	0
05845	LKA 114 DURHAM	92134	323	0	0	0	0	0	0
0621A	NSHS SDIEGO	92134	202	195	191	191	191	191	191
07177	LPD 6 DULUTH	92134	375	386	386	386	386	386	386
07181	LPD 7 CLEVELAND	92134	387	398	398	398	398	398	397
07183	LPD 9 DENVER	92134	371	398	398	398	398	397	397
07184	LPD 10 JUNEAU	92134	373	398	398	398	398	398	397
07194	AGF 11 CORONADO	92134	459	457	457	457	457	457	457
07198	LPH 10 TRIPOLI	92134	725	701	0	0	0	0	0
07202	LPH 11 NRLNS	92134	663	816	819	819	819	0	0
08810	AR 8 JASON	92134	904	965	0	0	0	0	0
09061	HS 85	92134	0	141	141	140	140	140	140
09108	VF 301	92134	0	0	1	1	1	1	1
09120	VF 302	92134	0	0	1	1	1	1	1
09394	CVWR 30	92134	0	0	3	3	3	3	3
20015	LSD 40 FT FISHER	92134	336	321	321	321	321	321	320
20022	LST1183 PEORIA	92134	231	0	0	0	0	0	0
20023	LST1184 FREDERIC	92134	253	249	0	0	0	0	0
20024	LST1185 SCHENECT	92134	192	0	0	0	0	0	0
20026	LST1187 TUSCALOO	92134	220	0	0	0	0	0	0
20132	AS 37 DIXON	92134	559	620	595	570	0	0	0
20221	LST1195BARBOUR C	92134	251	0	0	0	0	0	0
20224	LST1198 BRISTOL	92134	215	5	0	0	0	0	0
20550	LHA 1 TARAWA	92134	958	1063	1063	1063	1067	1069	1069
20576	DD 965 KINKAID	92134	319	332	332	332	332	332	332
20587	DD 967 ELLIOT	92134	349	351	351	351	351	351	351
20599	DD 973 J YOUNG	92134	342	334	334	334	334	334	334
20602	DD 976 MERRILL	92134	311	339	339	339	339	339	339
20826	SSN 701 LA JOLLA	92134	142	141	141	141	151	151	151
20833	DD 986 H W HILL	92134	319	309	309	309	309	309	309
20967	FFG 14 SIDES	92134	184	163	166	166	166	166	166
20978	FFG 25 COPELAND	92134	181	159	162	162	162	0	0
20994	SSN 713 HOUSTON	92134	142	141	141	141	141	141	151
21023	SSN 716 SLAKE C	92134	143	141	141	141	141	141	141
21047	AD 42 ACADIA	92134	550	626	0	0	0	0	0
21052	FFG 27 MS TISDLE	92134	184	159	162	162	162	0	0
21055	FFG 30 REID	92134	198	211	211	211	0	0	0
21063	AD 43 CAPE COD	92134	562	626	626	626	626	626	626
21100	SSN 721 CHICAGO	92134	151	141	164	164	141	141	141
21118	AS 41 MCKEE	92134	557	620	620	620	620	620	620
21198	FFG 46 RENTZ	92134	194	214	214	214	214	214	214
21295	CG 49 VINCENNES	92134	350	380	380	380	380	380	380
21296	CG 50 VALL FORGE	92134	372	380	380	380	380	380	380
21302	SSN 724 LOUIVILL	92134	144	164	164	141	141	141	141

21400	LSD 43 FT MCHENR	92134	311	312	317	317	317	317	317
21404	MCM 3 SENTRY	92134	84	81	81	81	81	81	81
21405	MCM 4 CHAMPION	92134	72	81	70	70	70	70	70
21413	SSN 752 PASADENA	92134	146	141	141	141	164	164	141
21428	CG 57 LAKE CHAMP	92134	377	387	387	387	387	387	387
21437	DDG 994 CALLAGHA	92134	327	331	331	331	331	331	331
21439	DDG 996 CHANDLER	92134	327	331	331	331	331	331	331
21451	CG 62 CHANCELVIL	92134	377	387	387	387	387	387	387
21452	LSD 45 COMSTOCK	92134	298	322	312	312	312	312	312
21463	SSN 754 TOPEKA	92134	149	141	141	141	141	164	164
21530	LSD 47 RUSHMORE	92134	335	317	317	317	317	317	317
21623	CG 63 COWPENS	92134	392	387	387	387	387	387	387
30276	NEXCH MIRAMAR CA	92134	0	0	0	0	1	1	1
30291	STU COMBAT TRA C	92134	50	0	0	0	0	0	0
30522	NS SDGO BRIG	92134	18	0	0	0	0	0	0
30586	STU FLEASWTRACEN	92134	519	467	420	357	339	322	322
30602	CV 61 RAN DSSGD	92134	10	0	0	0	0	0	0
30604	CV 63 KIT DSSGD	92134	12	11	11	11	11	11	11
30627	STU NAVSERVSCOLC	92134	1113	902	514	174	0	0	0
30639	S NHCORSCH SDGO	92134	1066	959	813	691	656	654	654
30808	STU FLT TRA CEN	92134	266	239	215	183	174	165	165
31045	IST NH SAN DIEGO	92134	1	1	1	1	1	1	1
31401	STU CDP SAN DIEG	92134	1	0	0	0	0	0	0
31558	NMTJ W NW C SFRA	92134	0	2	2	2	0	0	0
31657	DCOUNSELOR SDGO	92134	2	2	2	2	2	2	2
32005	TRANS PERS UNIT	92134	2	0	0	0	0	0	0
32541	BRMCL EL TORO	92134	0	0	0	0	76	76	76
33159	COM3FT NSGDT SIG	92134	0	1	1	1	1	1	1
33158	NAVINTACT COM3DF	92134	9	10	10	10	10	10	10
33207	AESU DT EL TORO	92134	0	0	0	0	2	2	2
35405	NBAND DC SDIEGO	92134	0	39	44	44	44	44	44
35410	STU SSPR SCRIPPS	92134	2	0	0	0	0	0	0
35536	STU PG SAN DIEGO	92134	12	0	0	0	0	0	0
35677	A/C OPR DET NAS	92134	34	0	0	0	0	0	0
39007	STU PG UNIV OF S	92134	1	0	0	0	0	0	0
39247	TU CDP UNIV OF S	92134	3	0	0	0	0	0	0
39288	AS 37 DIXON MSC	92134	820	851	851	851	1	0	0
41301	STU LAW ED PRG S	92134	2	0	0	0	0	0	0
41539	STU ALREHAB TRNG	92134	8	0	0	0	0	0	0
41638	CSSD-14	92134	0	0	0	17	17	17	17
42081	FLETRACEN SAN DI	92134	195	0	0	0	0	0	0
42242	STU CDP NATIONAL	92134	2	0	0	0	0	0	0
43392	STU NAVSERVSCOLC	92134	248	223	201	171	162	154	154
43502	STU AEPR SAN DIE	92134	2	0	0	0	0	0	0
43578	STU TACTRAGRUPAC	92134	23	0	0	0	0	0	0
43617	T-ATF 167 NARRAG	92134	3	4	4	4	4	4	4
43618	T-ATF 169 NAVAJO	92134	4	4	4	4	4	4	4
43662	STU FITCPAC	92134	2	0	0	0	0	0	0
43700	HC 1/STU CRAW/CR	92134	1	0	0	0	0	0	0
43841	FLCBTRC PACGSTSU	92134	0	0	0	0	0	0	1
43851	FASWTCPAC GSTSUR	92134	0	0	0	0	0	0	1
43908	SSC SDGO LDG	92134	0	0	0	0	0	16	16
43988	STU EEAP SDIEGO	92134	17	0	0	0	0	0	0

44143	STU MED DEPT OST	92134	28	0	0	0	0	0	0
44260	WNFED CO VALLEJO	92134	0	3	3	3	3	3	3
44369	NAIR CMPO NPR SD	92134	0	0	1	1	1	1	1
44480	STU COMNAVAIR PA	92134	1	0	0	0	0	0	0
44516	FTCBATSYTRUP NDC	92134	29	0	0	0	0	0	0
44570	13D C1DNBN1 FSSG	92134	0	0	0	54	54	54	54
44654	STU CRAW/CRAG VR	92134	3	0	0	0	0	0	0
45032	FITCPAC FMS TRNG	92134	0	0	0	0	0	0	1
45524	NAVBCSTSVC MOB D	92134	1	0	0	0	0	0	0
45585	NH SD NDU COMP	92134	1	1	1	1	1	1	1
45888	STU MECP NETSCP	92134	8	0	0	0	0	0	0
46333	STU EEAP SAN DIE	92134	13	0	0	0	0	0	0
46334	STU EEAP MIRAMAR	92134	3	0	0	0	0	0	0
46542	STU ECP UNIV OF	92134	13	0	0	0	0	0	0
46620	3FSSG D NH SDGO	92134	3	3	3	3	3	3	3
46791	PACFAST D SDIEGO	92134	2	0	0	0	0	0	0
46859	DMEDS NDC SFRAN	92134	0	0	0	0	4	4	4
46859	DMEDS NDC SFRAN	92134	0	0	0	3	3	3	3
46864	DMEDS NH SDIEGO	92134	68	63	63	63	63	63	63
46868	DMEDS N2 NH PVA	92134	3	3	3	3	3	3	3
46897	NSHS SDGO D OAKL	92134	0	0	17	17	17	17	17
47046	VMFAT 101 NAVDET	92134	0	0	0	113	113	113	113
47386	SUPSHIP SDIEGO D	92134	11	0	0	0	0	0	0
47449	EODMU 9	92134	0	0	48	48	43	43	43
47543	DMED FH6 NH SDGO	92134	53	53	53	53	53	53	53
47546	DM FH6 BRMCL SD	92134	15	16	16	16	16	16	16
47547	DM GH6 NH SDGO	92134	1	1	1	1	1	1	1
47552	DEPMED FH6 NH SD	92134	2	2	2	2	2	2	2
47842	AD 42 ACA REPAIR	92134	796	797	0	0	0	0	0
47843	AD 43 REPAIR COM	92134	867	798	798	798	798	798	798
47852	STU PG #2 UNIV C	92134	1	0	0	0	0	0	0
47997	NMDINFMTCENDT SD	92134	1	1	1	1	1	1	1
48441	STU EEAP #2 SOUT	92134	1	0	0	0	0	0	0
48461	NHTR SAN DIEGO	92134	372	302	302	302	302	302	302
48494	STU EEAP SAN DIE	92134	10	0	0	0	0	0	0
48512	STU EEAP NATIONA	92134	2	0	0	0	0	0	0
48616	COMTRAPAC TQL MT	92134	5	0	0	0	0	0	0
48689	STU EEAP CERRO C	92134	1	0	0	0	0	0	0
49148	HS-10 SEA DUTY C	92134	24	0	0	0	0	0	0
49599	STU EEAP UNIV PH	92134	1	0	0	0	0	0	0
49637	STU EEAP ORANGE	92134	1	0	0	0	0	0	0
49730	STU EEAP CAL COL	92134	1	0	0	0	0	0	0
52687	CG 16 LEAHY	92134	234	0	0	0	0	0	0
52692	CG 21 GRIDLEY	92134	387	0	0	0	0	0	0
52693	CG 22 ENGLAND	92134	397	0	0	0	0	0	0
52698	CG 23 HALSEY	92134	367	0	0	0	0	0	0
52704	CG 29 JOUETT	92134	423	0	0	0	0	0	0
52705	CG 30 HORNE	92134	422	0	0	0	0	0	0
52706	CG 31 STERETT	92134	403	0	0	0	0	0	0
52707	CG 32 STANDLEY	92134	426	0	0	0	0	0	0
52708	CG 33 FOX	92134	441	0	0	0	0	0	0
55269	COMPHIBRON 5	92134	25	29	29	29	29	29	29
55281	COMPHIBRON 3	92134	30	29	29	29	29	29	29

55297	COMPHIBRON 1	92134	30	29	29	29	29	29	29
55306	MOTU 9	92134	0	0	23	23	23	24	24
55501	COMCRUDESGRU 1	92134	58	57	57	57	55	55	55
55630	COMHSLWINGPACSAN	92134	5	0	0	0	0	0	0
55633	COMSEACONTROLWIN	92134	11	0	0	0	0	0	0
55635	COMHELTACWINGPAC	92134	11	0	0	0	0	0	0
55636	COMHSWINGPAC	92134	10	0	0	0	0	0	0
55775	COMCRUDESGRU 5	92134	57	57	0	0	0	0	0
55780	COMCRUDESGRU 3	92134	58	57	57	57	55	55	55
57087	COM THIRD FLEET	92134	144	143	143	143	143	143	143
60050	MCAS EL TORO	92134	0	0	64	64	64	64	64
62361	NPMOD ALAMEDA	92134	0	0	0	0	1	1	1
62361	NPMOD ALAMEDA	92134	0	0	0	2	0	0	0
62361	NPMOD ALAMEDA	92134	0	0	1	1	0	0	0
62474	WNFEC SAN BRUNO	92134	0	0	0	0	7	7	7
62760	NAVAUDSVCWEST SD	92134	1	0	0	0	0	0	0
63387	PWKS CEN SDGO	92134	0	0	0	0	1	1	1
65492	NH ORLANDO FL	92134	0	0	0	81	81	81	81
66626	NCPB DT SDIEGO	92134	3	2	2	2	2	2	2
66704	COM3FT SP DIV	92134	1	1	1	1	1	1	1
66950	PERS/AD ASTTMPA	92134	11	0	0	0	0	0	0
67823	MAG-46 (-)	92134	0	0	0	3	3	3	3
68056	NMC SW REGN	92134	0	1	1	1	1	1	1
68401	NAVCRUITDIST SD	92134	0	163	163	168	168	168	168
68555	PSD BALBOA CA	92134	34	36	36	36	36	36	36
68557	PSD NAS MIRAMAR	92134	0	0	0	0	27	27	27
68780	AS 41 MCKEE MSC	92134	823	989	989	989	851	851	851
68853	NDRUGLAB SDGO	92134	5	5	5	5	5	5	5
68906	HCSO SDIEGO	92134	21	26	25	25	25	25	25
68917	PACFLTCARIT S DG	92134	0	0	0	0	4	4	4
68944	NCCOSC ISE WEST	92134	3	0	0	0	0	0	0
70240	NCTS SD CA/EOB	92134	0	0	0	0	19	19	19
00236	NAS ALAMEDA	92135	0	0	0	0	8	8	8
00236	NAS ALAMEDA	92135	0	0	13	13	1	1	1
00246	NAS NORTH ISLAND	92135	581	463	463	463	463	463	463
09055	HSL 84	92135	42	39	13	14	14	14	14
09061	HS 85	92135	85	0	0	0	0	0	0
09074	VAW 88	92135	0	83	1	1	1	1	1
09138	HSL 33	92135	78	0	0	0	0	0	0
09164	HS 4	92135	205	202	167	167	167	167	167
09191	FASOTRAGRUPAC	92135	169	148	148	148	148	148	148
09192	SEACONRON 38	92135	203	215	215	215	215	215	215
09204	SEACONRON 29	92135	199	195	215	215	215	215	215
09209	HS 14	92135	200	202	167	167	167	167	167
09211	HC 1	92135	347	0	0	0	0	0	0
09263	SEACONRON 33	92135	212	195	195	215	215	215	215
09272	HSL 33 LAMPS	92135	186	0	0	0	0	0	0
09296	NAVAIRES SDIEGO	92135	97	110	90	101	101	101	101
09298	SEACONRON 41	92135	444	640	604	604	604	604	604
09299	HS 10	92135	333	423	326	309	307	307	305
09345	SEACONRON 35	92135	210	195	195	195	215	215	215
09372	HS 2	92135	207	202	167	167	167	167	167
09381	SEACONRON 37	92135	217	195	0	0	0	0	0

09528	FACSFAC SDIEGO	92135	152	142	142	142	142	142	142
09607	VRC 30	92135	319	253	236	236	236	236	236
09721	COMCARGRU ONE	92135	58	57	59	59	59	59	59
09722	COMCARGRU THREE	92135	0	0	0	0	57	57	57
09724	COMCARGRU SEVEN	92135	60	57	57	57	57	57	57
09822	HC 3	92135	278	311	296	310	310	310	310
09950	HS 6	92135	201	202	167	167	167	167	167
09951	HS 8	92135	195	202	167	167	167	167	167
09961	COMASWWPAC	92135	65	135	135	136	136	136	136
09983	COMHELWINGRES	92135	52	50	50	50	50	50	50
20828	DSU DET MYSTIC	92135	20	16	16	16	16	16	16
20829	DSU DET TURTLE	92135	13	11	11	11	11	11	11
20892	DSU DET AVALON	92135	17	16	16	16	16	16	16
20919	DSU DT SEA CLIF	92135	12	11	11	11	11	11	11
20993	CVN 70 VINSON	92135	0	0	0	0	3075	3075	3075
30332	AESU DT SDGO WRO	92135	4	4	4	4	4	4	4
30669	S FASOTRAGRUPAC	92135	21	11	11	11	11	11	11
30901	S CWPNTRAGRUPAC	92135	43	41	41	38	38	38	38
30911	MOB ENV TM SDGO	92135	29	31	31	31	31	31	31
31137	DEFCURSTA SDGO	92135	4	4	4	4	4	4	4
31195	NCTS SDIEGO/DCS	92135	27	17	17	17	17	17	17
31466	NAS NORIS S CLEM	92135	167	174	174	174	174	174	174
31507	CWPTRGP TECHIN D	92135	19	17	17	17	17	17	17
31508	CWPTRGP FDTRN DI	92135	19	8	8	8	8	8	8
31713	NAVINTACT SP CNA	92135	4	2	2	2	2	2	2
32117	DSU SAN DIEGO CA	92135	61	48	48	48	48	48	48
32546	BRMCL NAS NISL	92135	56	47	47	47	47	47	47
32673	CMS TRNG SDIEGO	92135	5	5	5	5	5	5	5
32719	NSGD NCTS SD/CC	92135	47	47	47	47	47	47	47
35455	NSGD NCTS SD/DS	92135	83	73	75	75	75	75	73
35499	NLEGSVCOFDT NORI	92135	4	14	14	14	14	14	14
35623	FACSFAC S CLE CO	92135	17	17	17	17	17	17	17
35705	COMASWWPAC NORIS	92135	64	50	32	32	32	32	32
35734	NDCLBR NAS N ISL	92135	40	45	45	45	45	45	45
35947	FASOPAC DT STRTM	92135	76	78	78	78	78	78	78
41431	BRMCL NUC S CLEM	92135	3	3	3	3	3	3	3
42197	NAIRTECH SF D SD	92135	2	1	1	1	1	1	1
42300	HC 11 SEA COMP	92135	360	443	443	443	443	443	443
42431	S CRAW/CRAG HC 3	92135	69	69	69	89	89	89	89
42500	DSU DET UMV	92135	69	60	60	60	60	60	60
42827	PSD N ISL CA	92135	77	86	86	86	86	86	86
43711	CVN 70 VIN DSSGD	92135	0	0	0	0	11	11	11
44326	NAS NORIS AIMD	92135	689	641	641	641	641	641	641
44597	NSGD NCTS DS/CSS	92135	29	10	9	9	10	10	10
45082	NSGDNCTS SD ECCM	92135	41	15	19	19	19	19	19
45083	NCIS FSD NO ISLD	92135	2	2	2	2	2	2	2
45847	PQMM SPEC SDGO	92135	2	2	2	2	2	2	2
45908	CNARF PAC REP	92135	3	3	3	3	3	3	3
45909	CNARF PACREP/RPN	92135	4	3	3	3	3	3	3
46249	NAS ALAMEDA SECD	92135	0	0	0	0	38	37	36
46250	NAS N ISL SEC DT	92135	92	106	106	106	106	106	106
46501	FTCOMBATCAMGUPAC	92135	36	36	36	36	36	36	36
46732	AMCC 07 SDIEGO	92135	6	6	6	6	6	6	6

46776	NASC DT WSM N IS	92135	1	1	1	1	1	1	1
46815	FASOTRAGRUP EMTT	92135	10	10	10	10	10	10	10
46968	NAS NOIS SEA ODT	92135	184	179	179	179	179	179	179
47181	NAIRTSFAC SDGO N	92135	1	1	1	1	1	1	1
47549	DMED FH6 NBR NIL	92135	1	1	1	1	1	1	1
47679	NSGDNCTS SD/SDTY	92135	22	18	18	18	18	18	18
47721	SWATSCOLPAC NI	92135	24	26	26	26	26	26	26
47736	HELASRON 10 FDPT	92135	50	59	40	39	39	39	45
47908	NSGDNCTSNESEC/DS	92135	20	13	1	1	1	1	1
47916	RIPO AREA 4	92135	5	6	6	6	6	6	6
48161	HC 3 N D CP	92135	2	2	2	2	2	2	2
48176	EODMU 3 D NO ISL	92135	0	6	6	6	6	6	6
48517	CSAW SAN DIEGO	92135	88	77	77	77	77	77	77
48544	ASCOMDET NRTH IS	92135	29	19	19	19	19	19	19
49202	DECA NO ISLAND	92135	11	7	7	7	7	6	6
49390	FAMSERVCEN N IS	92135	1	2	2	2	2	2	2
49755	NVBASE SDGO	92135	0	16	16	16	16	16	16
53910	VR 57	92135	97	88	88	89	89	89	89
53914	HSL 43	92135	61	54	54	54	54	54	54
53915	HSL 45	92135	55	54	54	54	54	54	54
53917	HSL 47	92135	59	54	54	54	54	54	54
53919	HSL 49	92135	58	54	54	54	54	54	56
53920	HC 11	92135	39	42	42	107	107	107	107
55138	HSL 41	92135	325	294	281	291	291	291	291
55139	S C/C HSL 41	92135	112	107	107	107	107	107	107
55146	HSL 43 LAMPS	92135	174	169	169	169	169	169	169
55148	HSL 45 LAMPS	92135	172	169	169	169	169	169	169
55150	HSL 47 LAMPS	92135	167	169	169	169	169	169	169
55152	HSL 49 LAMPS	92135	173	169	169	169	169	169	217
55201	HM 15	92135	0	0	414	423	423	423	423
55230	HSL 84 LAMPS	92135	72	66	66	66	66	66	66
57025	COMNAVAIRPAC	92135	189	188	188	188	188	188	188
57092	CNAVIUWGRU 1	92135	17	14	14	14	14	14	14
57094	FLTIMGCOMPAC SDG	92135	19	15	15	15	15	15	15
63013	CWPNTRAGRUPAC SD	92135	67	40	40	41	47	41	41
63037	NPOF SAN DIEGO	92135	57	41	40	40	40	40	40
63896	NSGDNCTS SDIEGO	92135	79	65	65	65	65	65	65
65557	S C/C HS 10	92135	73	73	73	122	122	122	122
65566	S C/C VS 41	92135	159	159	159	159	159	159	159
65888	NAVNDEPOT NORIS	92135	32	31	16	31	31	31	31
66065	AMTGD NORIS CA	92135	165	148	124	126	127	131	131
66422	NEXCH NO ISLAND	92135	1	1	1	1	1	1	1
66633	DMA CSC EPAC OFF	92135	3	2	2	2	2	2	2
66649	CBU 405	92135	0	0	0	0	45	45	45
68046	NCTS SAN DIEGO	92135	22	22	22	22	22	22	22
68118	NB SD NADSAP N I	92135	5	4	4	4	4	4	4
68451	NARDAC SANFRA C	92135	0	0	0	0	9	9	9
68451	NARDAC SANFRA C	92135	0	0	0	2	2	2	2
68557	PSD NAS MIRAMAR	92135	0	0	0	1	1	1	1
68917	PACFLTCARIT S DG	92135	16	12	12	12	8	8	8
70240	NCTS SD CA/EOB	92135	268	208	202	196	168	168	168
00245	NS SAN DIEGO CA	92136	486	239	239	239	239	239	239
0025A	FLTCOMBATSYSTRUP	92136	9	1	1	1	1	1	1

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

0122A	COMDESRON 13	92136	37	20	30	30	29	29	29
04648	AD 37 S GOMPERS	92136	0	625	625	0	0	0	0
0546A	ENPVNTMEDU 5 DGO	92136	39	33	33	33	33	33	33
0609A	S DT SDAT SD	92136	314	283	255	217	206	196	196
13871	AFDM 14 STEADFST	92136	118	116	116	116	116	116	116
20807	CGN 41 ARKANSAS	92136	0	554	554	553	553	369	185
21839	AOE 6 SUPPLY	92136	47	584	547	547	536	536	536
21872	AOE 7 RAINIER	92136	3	576	561	536	536	536	536
30034	NFSSO NFTM SDGO	92136	15	15	15	15	15	15	15
30394	NEXCH D S CL IS	92136	4	4	4	4	4	4	4
31557	NMTJ W SW C SDGO	92136	5	7	7	7	7	7	7
32680	CMIO SDIEGO CA	92136	18	16	16	16	16	16	16
33043	CPACFLT PEB	92136	30	19	19	19	18	18	18
35264	AFTG PAC SHDUT	92136	98	70	70	70	67	67	67
39233	NEXCH NS SDIEGO	92136	2	0	0	0	0	0	0
39354	SCH DEN A&T SDGO	92136	1	1	1	1	1	1	1
41228	CBU 427	92136	0	41	45	45	45	45	45
41331	COMDESRON 33 N D	92136	0	9	0	0	0	0	0
41472	FLT TRA CEN SD	92136	10	10	10	10	10	10	10
41966	COMDESRON 13 ND	92136	0	9	0	0	0	0	0
42144	COMDESRON 13 S D	92136	0	8	0	0	0	0	0
42149	FTC SD GST	92136	463	11	11	11	11	11	11
42980	NBS FSD SDGO	92136	15	15	15	15	1	0	0
43891	FTC SD GST SURF	92136	0	266	277	275	276	279	281
44298	NMASSO DTPACNDUC	92136	57	57	57	57	57	62	62
44386	NS SDGO TRPERSUN	92136	124	98	98	98	98	98	98
45020	BRMCL NS SDGO	92136	85	77	77	77	77	77	77
45198	NAVSURFPAC MTEC	92136	9	5	5	5	5	5	5
45870	NIRA DT 5 SDGO	92136	1	1	1	1	1	1	1
45951	AEGIS TR SUPPGRU	92136	26	33	33	33	33	33	33
46120	FTC SDGO NDUTCP	92136	6	6	6	6	6	6	6
46262	NS SDGO SEC DET	92136	111	145	145	145	145	145	145
46276	NAVSURFPAC SDGO	92136	42	42	42	42	42	42	42
46477	CPACFLT PEB SUP	92136	2	3	3	2	2	2	2
46698	COMPHIBRON 9	92136	37	24	0	0	0	0	0
46744	DMA TECH SVC CTR	92136	0	5	5	5	5	6	6
46867	DM BRMCL NS SDGO	92136	11	12	12	12	12	12	12
46870	DMEDS NDC SDIEGO	92136	12	11	11	11	11	11	11
46992	PINSUR SD D SDGO	92136	34	25	25	25	25	25	25
47042	NSP MTEC SHORE	92136	24	11	11	11	11	11	11
47152	EODMU 15	92136	0	0	5	5	5	5	5
47340	NEXCHCEN SDGO ND	92136	1	1	1	1	1	1	1
47418	FLT SURG TEAM 1	92136	18	15	15	15	15	15	15
47420	FLT SURG TEAM 3	92136	16	18	18	18	18	18	18
47548	DMED FH6 NDC SDG	92136	6	6	6	6	6	6	6
47839	AD 37 S GOM REPA	92136	0	799	799	0	0	0	0
47914	RIPO AREA 2	92136	0	4	4	4	4	4	4
48022	NAVINTACT NSDGO	92136	4	2	2	2	2	2	2
48038	CINCPACFLT DENTL	92136	1	1	1	1	1	1	1
48308	DLEA S DIEGO CA	92136	7	3	3	6	6	7	7
48522	SDSA FLESUPSEC	92136	6	6	6	6	6	6	6
48644	NS SAN DIEGO FSC	92136	6	3	3	3	3	3	3
49204	DECA NS SDIEGO	92136	17	10	9	9	7	7	6

49343	FLT SUG TM 5	92136	14	14	14	14	14	14	14
49381	DEFDD SDIEGO	92136	5	5	5	5	5	5	5
49996	COMPHIBRON 7 DET	92136	0	8	8	8	8	8	8
49997	COMPHIBRON 9 DET	92136	0	5	0	0	0	0	0
52725	COMDESRON 33	92136	45	27	30	30	29	29	29
52739	COMPHIBGRU THREE	92136	40	46	46	46	45	45	45
53997	CONSOLIDA DIV UN	92136	48	34	34	34	34	34	34
55236	SURPAC RSGU SDGO	92136	106	62	62	62	62	62	62
55253	HM 19	92136	0	162	156	156	156	156	156
55298	COMPHIBRON 7	92136	41	24	21	21	20	20	19
55304	MOTU 5	92136	90	72	70	70	70	70	70
57062	AFTGP ND COMP	92136	376	311	310	310	309	309	309
61690	FTC SAN DIEGO	92136	32	26	45	46	46	46	46
62791	SUPSHP SDIEGO C	92136	22	24	24	23	24	24	24
62888	INSURVPAC SDGO	92136	5	6	6	6	6	6	6
63139	NAVAIRES ALAMEDA	92136	0	114	112	112	112	112	112
63387	PWKS CEN SDGO	92136	14	14	14	13	12	12	12
65918	SIMA SDGO	92136	2320	3003	2744	2696	2351	2411	2768
66022	NDC SAN DIEGO CA	92136	366	378	368	369	372	365	359
66105	NAVEXCHCN SDGO	92136	2	2	2	2	2	2	2
68107	FLILOT SDIEGO CA	92136	12	7	8	8	8	8	8
68132	NB SD NADSAP NSD	92136	9	12	12	12	12	12	12
68152	NEXCEN SFTM SDGO	92136	12	8	8	8	8	8	8
68370	NLEGSVCOFF SDGO	92136	67	50	50	50	50	55	55
68407	NAVPACEN SDGO	92136	9	9	9	9	9	9	9
68482	BUPERS DET DAPMA	92136	11	10	10	10	10	10	10
68556	PSD NS SDGO	92136	94	96	96	94	94	94	94
68562	NMASSO DTPAC SD	92136	32	35	35	35	35	29	29
68943	NVJUSTSCOL DET	92136	5	4	4	4	4	4	4
68945	NSDAT SDIEGO CA	92136	59	63	63	63	63	63	63
68954	FOSSAC DET SDGO	92136	2	12	12	12	12	12	12
82630	EODMU 7	92136	31	25	25	25	25	25	25
44369	NAIR CMPO NPR SD	92138	1	1	0	0	0	0	0
00243	MC CRUITDEP SDGO	92140	18	13	13	14	14	14	14
32556	BRMCL MCRD SDGO	92140	77	79	79	79	79	79	79
67019	12TH MCD SDIEGO	92140	1	0	0	0	0	0	0
09012	VF 1	92145	50	0	0	0	0	0	0
09048	VAW 110	92145	332	0	0	0	0	0	0
09074	VAW 88	92145	77	0	0	0	0	0	0
09086	VF 211	92145	259	246	246	246	1	1	1
09095	VF 124	92145	695	0	0	0	0	0	0
09108	VF 301	92145	131	146	0	0	0	0	0
09113	VF 2	92145	321	290	290	290	31	31	31
09120	VF 302	92145	146	148	0	0	0	0	0
09143	NARC MIRAMAR	92145	92	87	86	1	0	0	0
09261	COM CVW 14	92145	34	31	29	29	29	29	29
09394	CVWR 30	92145	35	36	24	24	24	24	24
09458	VAW 112	92145	180	153	153	0	0	0	0
09459	VAW 113	92145	175	153	153	0	0	0	0
09462	VAW 114	92145	186	153	0	0	0	0	0
09465	VAW 116	92145	175	153	153	0	0	0	0
09475	VF 51	92145	240	230	0	0	0	0	0
09481	VF 126	92145	213	0	0	0	0	0	0

09603	VF 111	92145	270	246	1	1	0	0	0
09734	COM CVW 11	92145	28	31	29	0	0	0	0
09742	COM CVW 2	92145	29	30	28	0	0	0	0
09747	COM CVW 15	92145	27	27	0	0	0	0	0
09932	VF 24	92145	234	230	230	230	0	0	0
09934	VF 213	92145	300	287	287	287	287	287	287
09985	VAW 117	92145	189	153	153	153	0	0	0
30276	NEXCH MIRAMAR CA	92145	1	1	1	1	0	0	0
30342	AESU DT MIRAMAR	92145	3	4	4	3	0	0	0
30658	S CC VAW 110	92145	92	0	0	0	0	0	0
32547	BRMCL NAS MIRAMA	92145	58	62	62	62	0	0	0
35668	NAS MIRAM A/CODT	92145	142	22	4	0	0	0	0
42343	FMFP SDIEGO CA	92145	33	28	28	0	0	0	0
44322	NAS MIRAMAR AIMD	92145	570	513	513	141	0	0	0
45611	BUPERS C BRIG	92145	146	152	151	151	151	151	151
46253	NAS MIRAMAR SECD	92145	127	109	109	68	0	0	0
46780	4FSSG MLC4SBNDSD	92145	1	3	3	3	3	3	3
46903	F-14D FLT INTROT	92145	12	0	0	0	0	0	0
46962	NAS MIRA SEA ODT	92145	297	287	192	0	0	0	0
47397	CARAEWPNSCOL	92145	19	19	19	0	0	0	0
47464	TW 2 A/C OPS	92145	15	15	15	0	0	0	0
48708	NAS MIRAMAR FSC	92145	0	1	1	1	1	1	1
49120	E-2C FIT	92145	7	0	0	0	0	0	0
49209	DECA MIRAMAR CMS	92145	20	11	10	10	10	9	8
52912	FITWPSCOL MIRAMA	92145	146	2	2	2	2	2	2
52995	VFC 13	92145	121	123	123	0	0	0	0
55188	COM CVW 9 D MIRA	92145	2	2	2	0	0	0	0
55629	COMFITWINGPAC	92145	16	0	0	0	0	0	0
55634	COMAEWWINGPAC	92145	12	0	0	0	0	0	0
60259	NAS MIRAMAR	92145	259	242	242	160	68	66	66
61061	AMTGD EL TORO	92145	0	0	0	0	3	3	3
65563	S C/C VF 124	92145	158	79	71	61	58	55	55
66064	AMTGD MIRAMAR	92145	156	153	153	0	0	0	0
66472	NPMOD MIRAMAR	92145	7	8	8	8	0	0	0
66649	CBU 405	92145	67	45	45	45	0	0	0
66656	FASOTRAGRUP MIR	92145	13	21	21	11	6	6	6
66894	NALREHABCEN MIRA	92145	85	90	88	85	0	0	0
67680	4TH MDVIHSCO4TBN	92145	1	1	1	1	1	1	1
67805	4TH FSSGHSCO4MBN	92145	8	9	9	8	8	8	8
68117	NB SD NADSAP MIR	92145	3	4	4	0	0	0	0
68557	PSD NAS MIRAMAR	92145	65	69	69	33	2	2	2
00948	FLT ASW TRA PAC	92147	82	60	59	59	59	59	59
41443	FASWTCPAC SD FTP	92147	5	5	5	5	5	5	5
41469	FLCBTRC PACFMSTR	92147	1	1	1	1	1	1	1
42496	NCTSI DET 1SD C	92147	7	7	7	7	7	7	7
42498	NCTSI DET 3	92147	0	0	0	0	0	7	7
42817	PSD FLSWTRCEN SD	92147	22	22	22	22	22	22	22
42851	FASWTCPAC GST	92147	627	418	416	417	421	424	425
42852	FLCBTRC PAC GST	92147	490	321	270	255	148	153	153
43852	FASWTCPAC GSTSUB	92147	0	59	54	54	54	53	53
45186	FLCTRCPAC SDIEGO	92147	0	14	12	12	12	12	12
45559	REGLOGSUPOFC L B	92147	0	0	0	0	0	1	1
45605	ASWTC P LBCH	92147	0	1	0	0	0	0	0

46042	COMTRAPAC DSG	92147	3	1	1	1	1	1	1
47143	SSAAC SDGO CA	92147	2	0	0	0	0	0	0
49267	TQLTMPAC	92147	5	9	9	9	9	9	9
49365	AFTG PAC DET	92147	9	9	9	9	9	9	9
53996	TACTRAGRUPAC	92147	56	53	53	53	53	53	53
57022	COMTRAPAC	92147	44	36	35	36	36	36	36
61665	FTCOMBATRCEN PAC	92147	17	18	18	18	12	12	12
66466	NAVO PAC COMP	92147	2	2	2	2	2	2	2
68524	NCTSI SDIEGO CA	92147	26	26	26	26	26	26	26
68772	NLEGSVCOFF LBCH	92147	0	0	0	0	0	11	11
68940	NCCOSC SAN DIEGO	92147	9	9	9	9	9	9	9
39353	NSWC ICST	92152	17	11	9	9	9	9	9
41631	NCCOSC RDTE OSSD	92152	13	14	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92152	13	10	0	0	0	0	0
45772	NAVLIAISON SDGO	92152	1	1	1	1	1	1	1
45782	NCCOSC RDTE D SD	92152	14	24	0	0	0	0	0
47527	NCCOSC S D NON-N	92152	10	18	24	25	25	25	24
63152	FLTCOMBDSSA SDG	92152	99	66	34	34	34	34	34
66001	NCCOSC RDTE DV	92152	88	93	40	40	41	41	41
68221	NPERANDCEN SDGO	92152	19	13	12	11	11	11	11
68951	NUSC DET ASL SDG	92152	0	0	6	6	6	6	6
00074	NAVSPECWARCOM CA	92155	100	98	105	119	120	119	119
08971	SEAL TEAM 5	92155	214	229	229	229	229	229	229
08973	SDVT 1	92155	157	222	222	232	262	262	276
09815	COMTACGRU ONE	92155	12	15	15	15	15	15	15
21928	PC 7 SQUALL	92155	0	28	28	28	28	28	28
21929	PC 8 ZEPHYR	92155	0	28	28	28	28	28	28
31899	PACRCNSRF SDGO	92155	18	16	16	16	16	16	16
32549	BRMCL NAB CORONA	92155	39	40	40	40	40	40	40
35186	CNSRFPAC REP/RPN	92155	1	1	1	1	1	1	1
35431	CNBEACHGR 1 PRTS	92155	13	14	14	14	14	14	14
35624	PHIBCB 1 SEADUCO	92155	124	120	130	130	130	130	130
39037	SWOSCOLPAC SDGO	92155	65	0	0	0	0	0	0
39049	STU SWOSSCOLCOM	92155	111	100	90	77	73	69	69
41608	CNSURPAC SDNSGOP	92155	3	3	3	3	3	3	3
41914	BCHMSTR UN 1 SHO	92155	43	29	29	29	29	29	29
41915	FDGP SEA DUTY	92155	106	72	71	71	71	71	71
42147	NPHIBSCH COR GST	92155	145	131	130	129	129	129	130
42169	NPHIBSCH COR S D	92155	8	7	7	7	7	7	7
42221	SPECBOATU 12	92155	223	232	240	250	265	264	275
42222	SPECBOATU 13	92155	30	0	0	0	0	0	0
42828	PSD CORONADO CA	92155	31	35	35	35	35	35	35
42963	SPECBATU 13 S D	92155	9	0	0	0	0	0	0
43305	NAVINTACT CNSPAC	92155	3	3	3	3	3	3	3
44157	NPHIBS COR FMSTP	92155	12	15	15	15	15	15	15
44884	SEAL TEAM 3	92155	223	229	229	229	229	229	229
44920	BCHMSTR UN 1 D A	92155	17	19	19	19	19	19	19
44921	BCHMSTR UN 1 D B	92155	24	19	19	19	19	19	19
44922	BCHMSTR UN 1 D C	92155	19	19	19	19	19	19	19
44923	BCHMSTR UN 1 D D	92155	17	19	19	19	19	19	19
44924	BCHMSTR UN 1 D E	92155	22	19	19	19	19	19	19
44925	BCHMSTR UN 1 D F	92155	19	19	19	19	19	19	19
44939	CNSWGRU 1 SDUCOM	92155	36	44	44	44	44	44	44

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

45771	PCFAST D S DGO	92155	1	0	0	0	0	0	0
46257	NPB CORONAD SECD	92155	46	38	38	38	38	38	38
46442	CSWDG DT WEST	92155	3	3	3	3	3	3	3
46462	STU BASUNDDEM/SE	92155	250	225	203	173	164	156	156
46989	NSPECWARCEN NDC	92155	29	43	43	43	43	43	43
47330	FDGP TAC DEV&E	92155	2	2	2	2	2	2	2
48707	NAB CORONADO CDC	92155	2	1	1	1	1	1	1
48902	NPHIBSCH COR TQL	92155	14	13	13	13	13	13	13
49080	PC MST ONE	92155	13	13	13	15	15	15	15
49082	PC MST THREE	92155	7	13	13	15	15	15	15
49440	NSWC D WASH DC	92155	2	4	4	4	4	4	4
49713	PC MST 5	92155	3	13	13	15	15	15	15
49770	NSWC DET N PRCHT	92155	11	13	13	13	13	13	13
49917	NAVINTACT FTPAC	92155	0	1	1	1	1	1	1
53212	BCHMSTR UN 1	92155	12	11	11	11	10	10	10
53257	ASSAULT CFT UN 1	92155	131	62	65	63	62	62	62
53824	COMNAVSURFPAC	92155	216	224	227	227	224	224	224
55104	PHIB CB1	92155	350	274	274	270	270	270	270
55134	TACRON 11	92155	62	79	86	119	119	119	119
55135	TACRON 12	92155	60	79	86	119	119	119	119
55321	EODGR1	92155	23	27	28	28	28	28	28
55446	COMSPECBOATRON 1	92155	31	71	71	71	71	71	71
55447	EOD MOB UN 3	92155	205	207	207	207	206	206	206
55721	FTGP SDGO CA	92155	76	63	62	62	62	62	62
55777	SEAL TEAM 1	92155	222	229	229	229	229	229	229
57066	COMNBEACHGRU 1	92155	15	14	14	14	14	14	14
57100	N SPEC WAR GRU 1	92155	101	117	116	116	116	116	116
62021	NPB CORONADO	92155	303	203	212	212	212	212	212
63018	NPHIBSCH CORONAD	92155	8	6	6	6	6	6	6
67271	LANDFORTRACO PAC	92155	10	8	8	8	8	8	8
68751	FLETACREADGRU SD	92155	9	6	3	0	0	0	0
68794	FDGPD CORONADO	92155	31	30	30	30	30	30	34
68869	NSPECWARCEN CORO	92155	220	215	215	215	215	215	215
41341	BUPERS S/D SD DT	92166	20	19	19	19	19	19	19
43440	BUPERS PG S C	92166	2	2	2	2	2	2	2
44907	BUPERS S/D C H	92166	2	2	2	2	2	2	2
46819	STU EEAP #1 GOLD	92166	2	0	0	0	0	0	0
43791	DCMO SPACE	92186	2	1	1	1	1	1	1
63116	NHLTHRSCHCEN SDG	92186	25	21	20	19	19	19	19
65584	NELEXSYENGC SDEG	92186	6	5	4	3	4	4	4
65913	NSEACENPAC SDIGO	92186	43	40	39	39	39	39	39
			74701	65239	57736	53555	52953	51437	51383

disregard pgs 5-8 see attach #1.
CALU BUMED-823
7 June 94

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)

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	0	66,132	0	0
ACTIVE DUTY NON N/MC	0	628	0	0
TOTAL ACTIVE DUTY	0	66,760		0
FAMILY OF AD	0	40	0	0
RETIRED AND FAMILY MEMBERS UNDER 65*	0	64	0	0
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	5,040	0	0
TOTAL	0	71,904		0

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

*** Data not available by age; all ages included.**

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	**73,198**	**74,516**	**75,857**	**77,223**	**78,613**	**80,028**	**81,468**
ADMISS.	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Please show all assumptions and calculations in the space below:

*** Total projected population is based on increase of 9% between FY 94 and FY 99 (1.8% Increase Annually).**

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 %	STAFF NEEDED/ EVENT
Rifle Range Support	**2**	**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): **N/A. The clinic is a tenant of Naval Station, San Diego (UIC: 00245).**

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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.

N/A
SEE DD1391D-823
7 Jun 94

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

(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous

location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

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

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

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

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

DATE OF SURVEY: __**N/A**__

FULL ACCREDITATION: Yes/No

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

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?

Significantly important, due to easy access.

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

NAS North Island, NAS Miramar, San Diego Airport, Greyhound

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): __5__

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

Significant due to the presence of 7th Fleet ships/commands which play an important role in rapid mobilization.

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?

N/A.

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.

Significant. The facility provides primary health care to approximately 60 ships, 68 tenant commands and other foreign ships in close proximity to the waterfront. Alternate sources of care would increase time away from ships by 1-2 hours per visit.

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.

See Item 10.

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 Item 10.

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

See Item 10.

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

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

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

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

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

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]: _____

[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): **N/A.**

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care: **N/A.**

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

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

[2] The total cost in thousands of dollars.

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	**$5,948,109.00**	**$5,498,266.00**	**$5,082,444.00**
TOTAL OUTPATIENT VISITS	**$99,314.00**	**$78,612.00**	**$62,225.00**
AVERAGE COST PER VISIT	**$59.89**	**$69.94**	**$81.68**

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. **N/A. The clinic is a tenant of Naval Station, San Diego (UIC: 00245).**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

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. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

BRMEDCLINIC NAVSTA SDIEGO 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. A. NELSON, RADM, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

24 May 94
Date

NAVAL MEDICAL CENTER 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

6-9-94
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

10 JUN 1994
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCL NAS NORTH ISLAND SDIEGO CA
32546

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	N/A	15,766	N/A	N/A	18,603	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	3,198	N/A
SUBTOTAL	N/A	15,766	N/A	N/A	21,801	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A	2,001	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A	N/A	N/A	N/A	1,444	N/A
OTHER	N/A	N/A	N/A	N/A	1,400	N/A
TOTAL	N/A	15,766	N/A	N/A	26,646	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	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	**52,772**	**127**	**114**	**9,794**	**62,807**
ADMISSIONS	**0**	**0**	**0**	**0**	**0**
LABORATORY TESTS (WEIGHTED)[1] *	**452,326**	**1,089**	**977**	**83,948**	**538,339**
RADIOLOGY PROCEDURES (WEIGHTED)[1] *	**10,230**	**25**	**22**	**1,889**	**12,175**
PHARMACY UNITS (WEIGHTED)[1] *	**28,715**	**68**	**61**	**5,229**	**33,533**
OTHER (SPECIFY)	**0**	**0**	**0**	**0**	**0**

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

* **Ancillary workload not collected by PatCat; used Pat Cat % for 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.**

N/A. The clinic is performing at maximum capacity based on existing resources.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
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.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS *	**68,604**	**165**	**148**	**12,732**	**81,649**
ADMISSIONS *	**0**	**0**	**0**	**0**	**0**
LABORATORY TESTS (WEIGHTED)[1] *,**	**588,024**	**1,415**	**1,270**	**109,132**	**699,841**
RADIOLOGY PROCEDURES (WEIGHTED)[1] *,**	**13,299**	**32**	**29**	**2,468**	**15,828**
PHARMACY UNITS (WEIGHTED)[1] *,**	**36,628**	**88**	**79**	**6,798**	**43,593**
OTHER (SPECIFY)	**0**	**0**	**0**	**0**	**0**

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

* **Actual plus 30% (provided by Champus).**
** **Ancillary workload not collected by PatCat; used PatCat % for visits.**

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	4	8	8	8	8	8	8	8
SPECIALTY CARE[2]	0	8	8	8	8	8	8	8
PHYSICIAN EXTENDERS[3]	3	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	3	4	4	4	4	4	4	4
TOTAL	10	20	20	20	20	20	20	20

[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.

(See Core Hospital N00259)

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

[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.

(See Core Hospital N00259)

Region 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):

(See Core Hospital N00259)

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]

[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:

(See Core Hospital N00259)

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]

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

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

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

UIC-32546 BRAC-26

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

NAVAL MEDICAL CENTER 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)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER 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)

D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-7-94
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)

J B Greene Jr
Signature

Acting
Title

10 JUN 1994
Date

Document Separator

391

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 CENTER SAN DIEGO
UIC:	00259
Major Claimant:	BUMED/00018

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:	$27,955.75

Source of Data (1.a. Salary Rate): NCPDS

R

UIC: 00259

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			
San Diego	CA	* 3,250	1,306	100%	21	33

= 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:

R ***San Diego, County**

Source of Data (1.b. 1) & 2) Residence Data): NCPDS & Military ManPower Department

391 Revised P8

UIC: 00259

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			
San Diego	CA	* 3,250	1,306	100%	21	33

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

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

Source of Data (1.b. 1) & 2) Residence Data): NCPDS & Military ManPower Department

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			
San Diego	CA	3,254	1,306	100%	21	33

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

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

Source of Data (1.b. 1) & 2) Residence Data): NCPDS & Military ManPower Department

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

City	County	Distance from base (miles)
San Diego	San Diego	0
Chula Vista	San Diego	17
Escondido	San Diego	26
Oceanside	San Diego	33
Tijuana	Baja Norte, Mexico	20

Source of Data (1.c. Metro Areas): Automobile Club of Southern CA

Revised pg

UIC: 00259

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	* 7	.54%
20 - 24 Years	47	3.60%
25 - 34 Years	202	15.47%
35 - 44 Years	342	26.19%
45 - 54 Years	412	31.55%
55 - 64 Years	269	20.60%
65 or Older	27	2.07%
TOTAL	1306	100 %

Source of Data (1.d.) Age Data): NCPDS

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	5	.54%
20 - 24 Years	47	3.60%
25 - 34 Years	202	15.47%
35 - 44 Years	342	26.19%
45 - 54 Years	412	31.55%
55 - 64 Years	269	20.60%
65 or Older	27	2.07%
TOTAL	1306	100 %

Source of Data (1.d.) Age Data): NCPDS

e. **Education Level of Civilian Workforce**

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	4	0.30%
9th through 11th Grade	33	2.52%
12th Grade or High School Equivalency	555	42.49%
1-3 Years of College	376	28.79%
4 Years of College (Bachelors Degree)	188	14.40%
5 or More Years of College (Graduate Work)	150	11.49%
TOTAL	1,306	100.00 %

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.)	72
Associate Degree	102
Bachelor Degree	203
Masters Degree	62
Doctorate	18

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

Revised pg

UIC: 00259

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	0	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39	0	0
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	0	0
3e. Other Manufacturing not included in 3a.through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	0	0
4. Transportation/Communications/Utilities	40-49		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	0	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39	0	0
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	0	0
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	0	0
4. Transportation/Communications/Utilities	40-49		

Revised pg

UIC: 00259

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	39	2.99%
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	0	0
4f. Communications	48	6	.46%
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	**40-49**	**45**	**3.45%**
5. Services	70-89		
5a. Lodging Services	70	1	.08%
5b. Personal Services (includes laundry and funeral services)	72	101	7.73%
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	87	6.66%
5d. Automotive Repair and Services	75	9	.69%
5e. Other Misc. Repair Services	76	6	.46%
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	7	.54%
5h. Health Services	80	436	33.38%
5i. Legal Services	81	2	.15%

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	9	.69%
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	0	0
4f. Communications	48	5	.38%
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	14	1.07%
5. Services	70-89		
5a. Lodging Services	70	1	.07%
5b. Personal Services (includes laundry and funeral services)	72	52	3.98%
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	84	6.43%
5d. Automotive Repair and Services	75	3	.23%
5e. Other Misc. Repair Services	76	1	.07%
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	7	.54%
5h. Health Services	80	498	38.14%
5i. Legal Services	81	2	.16%
5j. Educational Services	82	27	2.07%

Revised pg

UIC: 00259

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5j. Educational Services	82	19	1.45%
5k. Social Services	83	16	1.23%
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	27	2.07%
5n. Other Misc. Services	89	490	37.52%
Sub-Total 5a. through 5n.:	**70-89**	**1201**	**91.96%**
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	25	1.91%
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0
6c. Public Finance	93	33	2.53%
6d. Environmental Quality and Housing Programs	95	2	.15%
Sub-Total 6a. through 6d.		**60**	**4.59%**
TOTAL		**1,306**	**100%**

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5k. Social Services	83	10	.77%
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	6	.46%
5n. Other Misc. Services	89	446	34.15%
Sub-Total 5a. through 5n.:	70-89	1,137	87.06%
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	146	11.18%
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	9	.69%
Sub-Total 6a. through 6d.		155	11.87
TOTAL		1,306	100 %

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

Revised PJ

UIC: 00259

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	**73**	**5.59%**
2. Professional Specialty		
2a. Engineers	6	.46%
2b. Architects and Surveyors	N/A	N/A
2c. Computer, Mathematical & Operations Research	12	.92%
2d. Life Scientists	4	.31%
2e. Physical Scientists	2	.15%
2f. Lawyers and Judges	1	.08%
2g. Social Scientists & Urban Planners	1	.08%
2h. Social & Recreation Workers	23	1.76%
2i. Religious Workers	N/A	N/A
2j. Teachers, Librarians & Counselors	36	2.76%
2k. Health Diagnosing Practitioners (Doctors)	10	.77%
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	274	20.98%
2m. Communications	3	.23%

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	**146**	**11.17%**
2. Professional Specialty		
2a. Engineers	6	.45%
2b. Architects and Surveyors	N/A	N/A
2c. Computer, Mathematical & Operations Research	12	.91%
2d. Life Scientists	N/A	N/A
2e. Physical Scientists	4	.30%
2f. Lawyers and Judges	1	.07%
2g. Social Scientists & Urban Planners	1	.07%
2h. Social & Recreation Workers	7	.53%
2i. Religious Workers	N/A	N/A
2j. Teachers, Librarians & Counselors	31	2.37%
2k. Health Diagnosing Practitioners (Doctors)	8	.61%
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	222	16.90%

Revised pg

UIC: 00259

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2n. Visual Arts	2	.15%
Sub-Total 2a. through 2n.:	**374**	**28.65%**
3. Technicians and Related Support		
3a. Health Technologists and Technicians	29	2.22%
3b. Other Technologists	38	2.91%
Sub-Total 3a. and 3b.:	**67**	**5.13%**
4. Administrative Support & Clerical	**510**	**39.05%**
5. Services		
5a. Protective Services (includes guards, firefighters, police)	N/A	N/A
5b. Food Preparation & Service	87	6.66%
5c. Dental/Medical Assistants/Aides	61	4.67%
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, childcare workers)	66	5.05%
Sub-Total 5a. through 5d.	**214**	**16.38%**
6. Agricultural, Forestry & Fishing	**N/A**	**N/A**
7. Mechanics, Installers and Repairers	**6**	**.46%**
8. Construction Trades	**N/A**	**N/A**
9. Production Occupations	**N/A**	**N/A**
10. Transportation & Material Moving	**48**	**3.67%**
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	**14**	**1.07%**
TOTAL	**1,306**	**100%**

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	5	.38%
2n. Visual Arts	1	.07%
Sub-Total 2a. through 2n.:	**298**	**22.66%**
3. Technicians and Related Support		
3a. Health Technologists and Technicians	154	11.79%
3b. Other Technologists	14	1.07%
Sub-Total 3a. and 3b.:	**168**	**12.86%**
4. Administrative Support & Clerical	**414**	**31.69%**
5. Services		
5a. Protective Services (includes guards, firefighters, police)	N/A	N/A
5b. Food Preparation & Service	87	6.66%
5c. Dental/Medical Assistants/Aides	127	9.72%
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	52	3.98%
Sub-Total 5a. through 5d.	**266**	**20.36%**
6. Agricultural, Forestry & Fishing	**N/A**	**N/A**
7. Mechanics, Installers and Repairers	**6**	**.45%**
8. Construction Trades	**N/A**	**N/A**
9. Production Occupations	**N/A**	**N/A**
10. Transportation & Material Moving	**N/A**	**N/A**
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	**11**	**.84%**
TOTAL	**1,306**	**100 %**

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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

1. Percentage of Military Employees Who Are Married:	28.64%
2. Percentage of Military Spouses Who Work Outside of the Home:	51.90%
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:	14.65%
3b. Employed "On-Base" - Non-Appropriated Fund:	1.85%
3c. Employed "Off-Base" - Federal Employment:	13.18%
3d. Employed "Off-Base" - Other Than Federal Employment	50.18%

Note: 3e. Military spouse of Military Member **20.14%**

Source of Data (1.h.) Spouse Employment Data): NMCSD Military ManPower Department & Survey

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

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

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

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

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	A
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	N/A	N/A	N/A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:	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
Recreational Activities	A	A	A

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

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

N/A.

Source of Data (2.a. 1) & 2) - Local Community Table): NMCSD BRAC 93 Data Call 38 & NMCSD Facilities Department

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	C	C	C
Schools - Public	C	C	C
Schools - Private	B	B	B
Public Transportation - Roadways	C	C	C
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	C	C	C
Police	C	C	C
Health Care Facilities	C	C	C
Utilities:			
Water Supply	C	C	C
Water Distribution	A	A	A
Energy Supply	A	B	C
Energy Distribution	A	B	C
Wastewater Collection	C	C	C
Wastewater Treatment	C	C	C
Storm Water Collection	C	C	C
Solid Waste Collection and Disposal	C	C	C
Hazardous/Toxic Waste Disposal	C	C	C
Recreation Facilities	B	B	B

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

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

General notes: Based on the current military and DOD civilian population of 158,000, a 20% increase is 31,600 people; a 50% increase is 79,000 people; and 100% increase is 158,000 people.

The table ratings are based on a six year absorption period. (5,666/year for a 20% increase; 13.166/year for a 50% increase; and 26,333/year for a 100% increase)

The ratings reflect maintaining the current Quality of Life that the San Diego region provides.

The ratings assume the military growth as being above the regions growth estimates of 50,000/year over the next 20 years.

A basic economic development question facing the State of California and its local governments is the replacement of aging infrastructure to meet the new economic challenges. Recent state-wide referendums that would have increase infrastructure funding for recreation activities, earthquake retrofitting of highway bridges and education facilities were defeated. The State of California estimates that the State's annual deficit is $2 to $3 billion; the accumulated state deficit is estimated to be $9 billion.

At the local level, all local budgets have been reduced and restricted by State requirements or local policies. Essential government services are being hard hit by the recession and budgetary constraints. State and local resources do not exist to support the anticipated population growth of the County of 1 million people in the next 20 years (50,000/year). In 1993, there was a net gain of 41,050 people in San Diego County.

Based on these elements the table is biased toward the C rating regardless of an increased military presence.

Specific Comments on C Ratings:

Off Base Housing - Large tracts of land are being held from development (much in planned development areas) due to endangered species concerns. An effort is underway to identify critical habitat throughout the County which when completed will open current restricted lands to development. The continued poor economy is slowing the construction of new homes.

Schools - Public As mentioned above, essential government services are being hard hit by the recession and budgetary constraints. As can be seen from Questions 3.b.1, most school districts are at capacity and have been using trailers to accommodate student growth. New school

recession and budgetary constraints. As can be seen from Questions 3.b.1, most school districts are at capacity and have been using trailers to accommodate student growth. New school infrastructure, teachers, etc. are needed.

Public Transportation - Roadways - Traffic throughout San Diego County is at Level of Service (LOS) **C** and **D**. Increases in population deteriorate the LOS. New highways are planned and construction is going, but the new construction can not keep pace with the population growth.

Fire Protection - As mentioned above, essential government services are being hard hit by the recession and budgetary constraints. Additional funding is required for more firefighters, equipment and stations.

Police - As mentioned above, essential government services are being hard hit by the recession and budgetary constraints. Additional funding is required for more police.

Health Care Facilities - As mentioned above, essential government services are being hard hit by the recession and budgetary constraints. Again, the rating is based on the **civilian community** providing this service. More facilities are needed.

Water Supply - California is dependent of water from snowmelt and the Colorado River. The overall population growth in California and in the other areas that depend on theses sources of water are overtapping these limited water sources. Several years of the drought have resulted in water restrictions. Development of alternate water sources is needed.

Energy Supply - No new energy producing plants are being built in California. Development of new energy production sources, cooperative agreements with other utilities systems and infrastructure investment are needed.

Energy Distribution - Continued development is impacting the existing distribution network, environmental concerns over high voltage transmission lines is limiting new construction. Infrastructure investment is needed.

Wasterwater Collection - An extensive program for collection and treatment is underway in most of San Diego County. This is a multi-billion dollar investment being born by the ratepayer and is due to non-compliance with the Clear Water Act. The system once completed will be sized for the anticipated population. Much of the existing collection system is old and needing repair/replacement.

Wastewater Treatment - An extensive program for collection an treatment is underway in most of San Diego County. This is a multi-billion dollar investment being born by the ratepayer and is due to non-compliance with the Clear Water Act. The system once

completed with be sized for the anticipated population.

Storm Water Collection - During the spring rains, many areas flood due to undersized and inadequate storm water drains. Extensive development has "paved" over areas that used to absorb storm runoffs.

Solid Waste Collection and Disposal - The existing landfills have finite lives and approvals for new landfills are years away. Extensive recycling programs and State mandated recycling goals will help reduce solid waste volume.

Hazardous/Toxic Waste Disposal - No State facility exists for disposal of low level radioactive waste, landfills capable of accepting hazardous/toxic waste have finite lives. Hazardous/toxic waste minimization/elimination programs are necessary.

Source of Data (2.b. 1) & 2) - Regional Table): RLC-Naval Commander Base San Diego & San Diego Association of Governments

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: Vacancy rate 6.0% in San Diego County

Units for Sale: 1.5% units for sale

Source of Data (3.a. Off-Base Housing): Family Housing Market Analysis of 12/92 by Robert D. Niehaus, Inc.

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	
San Diego Unified School District	San Diego	112	22	16	127,000	(1)	30	32	Yes
Poway School District	San Diego	18	5	3	27,884	23,000	22.5	34	Yes
Chula Vista City Elementary School District	San Diego	32	N/A	N/A	18,284	(1)	29.5	31	No
Sweetwater Union High District	San Diego	N/A	10	9	29,000	(1)	27	27	No
South Bay Union Elementary School	San Diego	13	N/A	N//A	9,832	(1)	33	33	No
San Ysidro Elementary School District	San Diego	5	1	N/A	3,080	(1)	30	30	No
Alpine Union Elementary	San Diego	3	1	N/A	2,059	1600	26.6	30	No
Bonsall Union Elementary School District	San Diego	1 (k-3)	1	N/A	1,244	1244	27	30	No
Julian Union Elementary School District	San Diego	1	1	N/A	515	(1)	30	30	No
Lakeside Union Elementary School District	San Diego	7	2	N/A	4,897	(1)	28	31	Yes
La Mesa Spring Valley	San Diego	18	4	N/A	14,200	13,461	28.3	32	Yes
Lemon Grove Elementary School District	San Diego	6	2	N/A	4,206	(1)	27	30	Yes
National Elementary School District	San Diego	10	N/A	N/A	6,248	(1)	30	32	Yes

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Cajon Valley Union Elemenatry School District	San Diego	20	4	N/A	18,223	14,870	30.3	33	No
Cardiff Elementary School District	San Diego	2	N/A	N/A	951	951	28	30	No
Dohea Elementary School District	San Diego	1	N/A	N/A	175	210	28	32	No
Del Mar Union Elementary School District	San Diego	3	N/A	N/A	1,200	1,400	24	27	No
Encinitas Union Elementry School District	San Diego	8	N/A	N//A	5,013	6.650	28.5	28.5	No
Escondido Union Elementary School District	San Diego	14	3	N/A	15,800	(1)	30	30	No
Fallbrook Union Elementary School District	San Diego	6	1	N/A	5,930	6,100	30	33	Yes
Pauma Elementary School District	San Diego	2	N/A	N/A	390	(1)	26	32	No
Rancho Santa Fe Elementary School District	San Diego	1	1	N/A	590	(1)	30	30	No
San Pasqual Union Elementary School District	San Diego	1	N/A	N/A	260	315	26	35	No
Julian Union High School District	San Diego	N/A	N/A	1	200	(1)	17	35	No
San Dieguito Union High School	San Diego	N/A	3	2	7,270	7,270	28.5	31	No
Jamul-Dulzura Union Elementary School District	San Diego	2	1	N/A	1,229	1,229	27.5	33	No

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve [illegible] Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Santee Elementary School District	San Diego	10	8	N/A	8,123	(1)	31	32	No
Solana Beach Elementary School District	San Diego	4	N/A	N/A	1,902	(1)	27	27	No
Spencer Valley Elementary School District	San Diego	1	N/A	N/A	28	(1)	28	30	No
Vallecitos Elementry School District	San Diego	1	N/A	N/A	215	215	32	32	No
Valley Center Union Elementary School District	San Diego	2	1	N/A	2414	(1)	28	30	No
Warner Union Elementary School District	San Diego	1	N/A	N/A	260	400	26	32	No
Borrego Springs Unified Schoool	San Diego	1	N/A	1(7-12)	401	(1)	30	30	No
San Marcos Unified School District	San Diego	7	1	3	10,300	10,067	31	35	No
Escondido Union High District	San Diego	N/A	N/A	3	6,900	(1)	30	35	No
Fallbrook Union High School District	San Diego	N/A	N/A	1	2,500	(1)	30	30	No
Mountain Empire Unified School District	San Diego	6	1(7-12)	0	2,050	2,050	30	35	No
Oceanside Unified School District	San Diego	14	3	3	18,072	18,072	30	35	Yes
Ramons Unified School District	San Diego	5	1	2	6,500	6,400	30	35	Yes

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Carlsbad Unified School District	San Diego	7	1	1	6,706	6,706	32	35	No
Vista Unified School District	San Diego	13	3	2	21,000	(1)	30	35	No
Coronado Unified School District	San Diego	2	1	1	2,400	(1)	30	31	Yes
Grossmont Union High School District	San Diego	N/A	N/A	10	20,010	(1)	30	32	No

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

Note: 20 Schools have been built in San Diego County the past two years, 14 are under construction and 27 are planned for construction in the next five years according to the San Diego County Department of Education. No information is available on the numbers of schools to be closed or the total increase of student enrollment.

Source of Data (3.b.1) Education Table): San Diego County Department of Education

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

No section 6 schools on any base in San Diego county.

Source of Data (3.b.2) On-Base Schools: 1. RLC COMNAVBASE San Diego/MCB Camp Pendleton

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 :

Community Colleges:

San Diego City College	Undergrad
Mesa College	Undergrad
Miramar College	Undergrad
Cuyamaca College	Undergrad
Grossmont College	Undergrad
Mira Costa Junior College	Undergrad
Palomar College	Undergrad
Southwestern College	Undergrad

Others:

Chapman College	Grad/Undergrad
National University	Grad/Undergrad
Point Loma College	Grad/Undergrad
San Diego State University	Grad/Undergrad
Union Institute	Undergrad
United States International University	Grad/Undergrad
University of Phoenix, San Diego	Grad/Undergrad
University of La Verne	Grad/Undergrad
University of Redlands	Grad/Undergrad
University of San Diego	Grad/Undergrad
University of California, San Diego:	Grad/Undergrad

1. Fifth College
2. John Muir College

3. Revelle College
4. Third College
5. Warren College

Webster University	Grad
California Western School of Law	Grad
Western State University College of Law	Grad
New School of Architecture	Grad
California School of Professional Psychology	Grad
The University of Humanistic Studies	Grad
West Coast University	Grad
William Lyon University	Grad
La Jolla University	Grad
La Jolla Academy of Advertising Arts	Grad
Charles H. Mason University	Grad

Source of Data (3.b.3) Colleges): Pacific Bell Smart Yellow Pages M-Z Mar 94/San Diego County Department of Education.

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:

American Business College:

Computerized Accounting, Administrative Secretary, Legal Secretary,Word Processing, Data Entry, and Computer Training

ABC Tech Centre City:

Automotive Technology, Air Conditioning/Heating & Refrigeration, Building Maintenance (Carpentry, Plumbing, Electrical) and Private Security

ABC Tech Mission Gorge:

Drafting (AUTOCAD), Electronics, Digital, Microprocessor, Computer Tech

San Diego College:

Medical Assistant, Pharmacy Technician, Registered Dental Assistant, Optical Technician, Medical Office Specialist

Kelsey-Jenney Business College:

Accounting and Finance, Paralegal, Court Reporting, Management/Sales & Marketing, Legal & Executive Secretarial, Computer Applications & Word Processing

Platt College:

Computer Graphics, Graphic Design, Architectural or Electromechanical Drafting of Computer-Aided Drafting

Concorde Career Institute:

Medical Assistant, Dental Assistant, Medical Office Management, Vocational Nurse (LVN), Paralegal, Computer Service Technician
Micro-Computer Operator

Maric College of Medical Careers:

Medical Assistant, Medical Insurance, Medical Receptionist, Medical Administration, Medical Transcriptionist, Licensed Vocational Nurse

Design Institute Of San Diego:

Interior Design

Apollo College:

Medical Assistant, Medical Office Secretary, Computerized Medical Office Secretary, Electronics Technician, Legal Assistant, Computerized Office Systems, and Hotel-Motel Management

Century Schools:

Chef, Hotel & Restaurant Bartenders, Waiters & Waitresses, Paralegal, Legal Secretary, Bankteller, Word Processing/Typing, Security Officer/Private Investigations

Watterson College Pacific:

Court Reporting, Paralegal, Word Processing/Computer Specialist, Travel and Tourism, Security Professions, and Medical Assistant

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Pacific Coast College:

Computerized Accounting Specialist, Data Entry Specialist, Word Processing Specialist, Computerized Office Specialist, Legal Secretary, Medical Receptionist, Vocational Nursing and Nursing Assistant

Academy of International Bartending:

Bartending

DTI Institute:

Advertising Art, Computer Graphics/Desktop Publishing, and Dental Lab Technology

Sawyer College Of Business:

Computerized Accounting, Legal Secretary, Electronics Technician, Word Processor, Computer Operator, and Receptionist

North Park College:

Word Processor, Administrative Assistant, Micro Computer Repair Technician, Paralegal Assistant

Source of Data (3.b.4) Vo-tech Training): San Diego County Department of Education/Yellow Pages

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): NMCSD Facilities Management Department

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.

Amtrack Station, Broadway in San Diego. Distance from base is 2 miles

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

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.

Montgomery Field - Distance from NMCSD is 10 Miles.
Lindbergh Field (San Diego International Airport)- Distance from NMCSD is 3 Miles

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

4) How many carriers are available at this airport?

Montgomery - None
Lindbergh Field - 12 Major airlines and 4 Commuter Airlines

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

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

Interstate 5: 0.5 Miles

Source of Data (3.c.5) Transportation): Automobile Club of Southern CA map

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.)

Access is good. Florida St. can accommodate additional traffic without alteration.

b) Do access roads transit residential neighborhoods?

Yes. Florida St. comes from a residential area to the north but provides direct access to interstate 5 from the south.

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

Florida St. is located at the bottom of Florida canyon. Expansion would require massive cutting and fill operations and additional land from the City of San Diego.

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

No.

Source of Data (3.c.6) Transportation): NMCSD Facilities Management Department

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.

The Federal Fire Department provides fire protection services. Mutual aid agreements have been established with the City of San Diego that provide fire protection assistance to the community as well as providing assistance to the Navy.

Hazardous material responses are currently provided by Navy Public Works Center, San Diego and the Coronado City Department when requested.

Source of Data (3.d. Fire/Hazmat): BRAC - 93 Data Call 38

e. **Police Protection.**

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

Proprietorial and exclusive jurisdictions.

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.

A large portion of the base is proprietorial except 1575.71 of real estate is exclusive.

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

No formal written agreement is in place, however, the local police department is very supportive in dispatching armed police officer.

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

N/A.

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

None.

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

f. **Utilities.**

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

Water, electrical Power, sewage and Natural Gas are all provided by the Public Works Center (PWC), San Diego. PWC has utility contracts with San Diego Gas and Electric and the City of San Diego to supply these utilities.

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): NMCSD Facilities Management Department

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. Military (Geographical Area not Catchment Area)	Active Duty - Department of Navy	122,000
2. Department of Navy Full-time Civilians	Department of Navy	36,000
3. University of California San Diego	Education	17,000
4. San Diego County	Public Service	13,000
5. San Diego Unified School District	Public Service	10,000
6. Sharp Healthcare	Medical	9,000
7. Martin Marietta	Manufacturing	9,000 (Note 1)
8. Scripps Memorial Hospitals	Medical	8,000
9. State of California	Public Service	7,000
10.United States Postal Service	Mail	6,000

Note 1: Martin Marietta purchased the assets of the General Dynamics Corporation in San Diego and has announced the movement of most all jobs from the San Diego area.

Source of Data (4. Business Profile): San Diego and Chula Vista Chamber of Commerce, Department of Navy (COMNAVBASE SDIEGO), San Diego Association of Governments

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:

General Dynamics sold most of its interests in San Diego and its successor Martin Marietta has announced that they will ceased move most all operations from San Diego. The remaining General Dynamics asset (Convair Division) announced 1 July that they will cease operation in 1996, the loss of 2,100 jobs. All aerospace industries is San Diego (General Dynamics, Martin Marietta and Rohr) have suffered dramatically from cutbacks in defense industries and aerospace.

b. Introduction of New Businesses/Technologies:

New business growths are expected to be in biotechnology, healthcare, computers and electronic, and telecommunications.

c. Natural Disasters:

No major disasters affecting San Diego County have occurred over past 5 years. As was shown recently in Los Angeles, there is always a potential for earthquakes.

d. Overall Economic Trends:

The economy is slow in returning from the recession that is affecting California. The area continues to have a net increase of people, however the high paying jobs are being terminated or moved out of the area. Planners at the San Diego Association of Governments predict an increase of 29,000 jobs per year until the 2015.

Source of Data (5. Other Socio/Econ): San Diego Association of Governments

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

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

T. K. BURKHARD, CAPT, MC, USN
NAME (Please type or print)

Thomas K Burkhard
Signature

COMMANDER, ACTING
Title

7/13/94
Date

Naval Medical Center, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

UIC: 00259 REVISION (1) OF BRAC-95 DATA CALL #65

pg 3,5
7-9
10

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

30 Aug 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 9-6-94

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 9/12/94

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

D. C. ARTHUR, CAPT, MC, USN
NAME (Please type or print)

Signature

~~DEPUTY~~ COMMANDER
Title ACTING

17 Nov 94
Date

NAVAL MEDICAL CENTER, 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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

13-7-94
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

1/4/95
Date

Document Separator

5-23-MED-0392

00162

NAVMEDCL ANNAPOLIS
BUMED
Medical
PERSONNEL SUPPORT/OTHER

Document Separator

392

DATA CALL 63
FAMILY HOUSING DATA

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

Installation Name:	NMC Annapolis
Unit Identification Code (UIC):	00162
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	18%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	174.6
Total Number of Officer Housing Units:	17
Total Number of Enlisted Housing Units:	5

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)

Signature

Commanding Officer
Title

7/7/94
Date

NORTHNAVFACENGCOM
Activity

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

NMCL ANNAPOLIS

392

Naval Medical Clinic, Annapolis

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

20 APRIL 1994

ENCLOSURE (1)

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

INDEX

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

ENVIRONMENTAL DATA CALL

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

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

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

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

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

N/A

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

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

S P E C I E S (plant or animal)	Designation (Threatened / Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
N/A				

Source Citation:

1b.

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

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

N/A

1d.

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

1e.

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

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES/NO **N/A**
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO **N/A**
When was the survey conducted or when will it be conducted? ____/____/____	**N/A**
What percent of the base has been surveyed?	**N/A**
What is the total acreage of jurisdictional wetlands present on your base?	**N/A**

Source Citation:

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.

N/A

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? **N/A** If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO

See enclosure (1)

3b.

Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	YES/NO

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	YES/NO

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					**YES / NO**
ID/Location of Landfill	**Permitted Capacity (CYD)**		**Maximum Capacity (CYD)**	**Contents[1]**	**Permit Status**
	TOTAL	**Remaining**			

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility. **N/A**

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements. **N/A**

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?	**YES / NO**

Facility/Type of Operation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**

List any permit violations and projects to correct deficiencies or improve the facility.

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					**YES/NO**
ID/Location of WWTP	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**	**Level of Treatment/Year Built**
NAVSTA, Annapolis	**1MGD**	**.5MGD**	**1MGD**	**Interim-operating on 1992 permit until new one**	**Tertiary/1955**

List permit violations and discuss any projects to correct deficiencies.
N/A

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

N/A

Replace with SR
BUMED822
MDS, 7 Jun 94

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements. N/A

4c. N/A

Does your base have any disposal, recycling, or incineration facilities for solid waste?	YES / NO

Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments

List any permit violations and projects to correct deficiencies or improve the facility.

4d. N/A

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?	YES/NO

ID/Location of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built

List permit violations and discuss any projects to correct deficiencies.
N/A

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

N/A

8 R

BUMED-822
MSL, 7 Jun 94

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					YES /NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

N/A

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					YES / NO
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity	Permit Status
	Permitted Capacity	Daily Rate			

List permit violations and projects/actions to correct deficiencies or improve the facility.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

N/A

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	YES/NO

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES/NO
If NO, why not and provide explanation of plan to achieve permitted status.	

The Clinic falls under USNA. See enclosure (2)

4l.

Does your base have bilge water discharge problem?	No
Do you have a bilge water treatment facility?	No

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO N/A

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.

N/A

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain.

N/A

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? Baltimore Intrastate Air Quality Control Region
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? **N/A** List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: USNA Complex AQCA: Baltimore Intrastate

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO		Moderate		1995	
Ozone		Severe		2000	
PM-10	x			2000	
SO_2	x			2000	
NO_2	x			2000	
Pb	x			2000	

1 Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

2 Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	2.62	Unknown	N/A	150.00	153.52
NOx	18.30	" "	"	22.37	40.67
VOC	0.06	" "	"	0.06	0.06
PM10	22.78	" "	"	0.02	22.80

Source Document: Cost & Compliance Study fro 1990 CAAAs and MD Air Regulations, Final Report, 19 Feb 93 (Based on 1992 Data)

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	1.74	Unknown	N/A	Unknown	1.75
NOx	5.21	" "	"	" "	5.21
VOC	2.43	" "	"	" "	2.43
PM10	0.39	" "	"	" "	0,39

Source Document: USNA Emissions Certification Report 1993, see enclosure (3)

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

N/A

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

No

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.

No

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?

No

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the combined total for those two FY's.

N/A

Program	Survey Completed ?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	N/A	0	0	0	0	0	0
Hazardous Waste	Yes	0	0	0	0	0	0
Safe Drinking Water Act	N/A	0	0	0	0	0	0
PCBs	N/A	0	0	0	0	0	0
Other (non-PCB) Toxic Substance Control Act	No	0	0	0	0	0	0
Lead Based Paint	No	228	0	0	0	0	0
Radon	No	0	0	0	0	0	0
Clean Water Act	N/A	0	0	0	0	0	0
Solid Waste	No	0	0	0	0	0	0
Oil Pollution Act	No	0	0	0	0	0	0
USTs	No	0	0	0	0	0	0
Other	No	0	0	0	0	0	0
Total		228	0	0	0	0	0

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

N/A

6b.

Does your base have structures containing asbestos? **Yes** What % of your base has been surveyed for asbestos? **75** Are additional surveys planned? **Yes** What is the estimated cost to remediate asbestos ($K) **100,000.** Are asbestos survey costs based on encapsulation, removal or a combination of both? Both

Replace with 14R
DUNED-822
mdd, 7 Jun 94

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the combined total for those two FY's.

Program	Survey Completed ?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	N/A	0	0	0	0	0	0
Hazardous Waste	Yes	0	0	0	0	0	0
Safe Drinking Water Act	N/A	0	0	0	0	0	0
PCBs	N/A	0	0	0	0	0	0
Other (non-PCB) Toxic Substance Control Act	No	0	0	0	0	0	0
Lead Based Paint	No	228	0	0	0	0	0
Radon	No	0	0	0	0	0	0
Clean Water Act	N/A	0	0	0	0	0	0
Solid Waste	No	0	0	0	0	0	0
Oil Pollution Act	No	0	0	0	0	0	0
USTs	No	0	0	0	0	0	0
Other	No	0	0	0	0	0	0
Total		228	0	0	0	0	0

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

N/A

6b.

Does your base have structures containing asbestos? Yes What % of your base has been surveyed for asbestos? 75 Are additional surveys planned? Yes What is the estimated cost to remediate asbestos ($K) 100,000. Are asbestos survey costs based on encapsulation, removal or a combination of both? Both

 R

BUMED-822
MSS, 7 Jun 94

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

N/A

Funding Source	**FY92**	**FY93**	**FY94**	**FY95**	**FY96**	**FY97**	**FY98 -99**	**FY00 -01**
O&MN								
HA								
PA								
Other (specify)								
TOTAL								

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

No

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO N/A
Is your base an NPL site or proposed NPL site?	N/A

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

N/A

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.

N/A

7d.

Is there a groundwater treatment system in place?	YES/NO
Is there a groundwater treatment system planned?	YES/NO

State scope and expected length of pump and treat operation.

N/A

7e.

Has a RCRA Facilities Assessment been performed f or your base?	YES/NO

7f. Does your base operate any conforming storage facilities for handling **hazardous materials**? **NO** If YES, describe facility, capacity, restrictions, and permit conditions.

7g. Does your base operate any conforming storage facilities for handling **hazardous waste**? **NO** If YES, describe facility, capacity, restrictions, and permit conditions.

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	**N/A**

7j. Have any base operations or development plans been restricted due to Installation Restoration considerations?

N/A

7k. List any other hazardous waste treatemnt or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions.

N/A

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
NMCL SITE	16	Annapolis, MD

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		16
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: N/A
		All Others: N/A
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		N/A
Total Undeveloped land considered to be without development constraints		N/A
Total Off-base lands held for easements/lease for specific purposes		N/A
Breakout of undeveloped, restricted areas. Some restricted areas may overlap: N/A	ESQD	N/A
	HERF	N/A
	HERP	N/A
	HERO	N/A
	AICUZ	N/A
	Airfield Safety Criteria	N/A
	Other	N/A

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 0

8d. What is the date of your last AICUZ update? **N/A**
_____/_____/_____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

N/A

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

N/A

Acreage/Location/ID	**Zones 2 or 3**	**Land Use**	**Compatible / Incompatible**

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

N/A

Navigational Channels/ Berthing Areas	**Location / Description**	**Maintenance Dredging Requirement**			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

N/A

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	**N/A**
Are there available **designated dredge disposal** areas for new dredge material? List location, remaining capacity, and future limitations.	**N/A**
Are the dredged materials considered contaminated? List known contaminants.	**N/A**

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.**

1.
N/A

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion.

Stormwater runoff may negatively impact nearby waterways. A storm-water pollution prevention plan is currently being developed to address this issue.

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	YES/<u>NO</u>

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. **N/A**

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions?

No.

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations.

No.

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections.

No.

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

N/A

UNITED STATES NAVAL ACADEMY
HISTORIC BUILDING INVENTORY

BUILDING NO.	BUILDING NAME	DATE OF CONSTR.	ARCHITECT	ORIGINAL USE	CATEGORY
173	Watch House (Gate #3)	1881	Not identified	Watch House	2
174	Watch House (Gate #4)	1893	Not identified	Watch House	4
176	Watch House (Gate #5)	1927	U.S. Naval Academy Bldgs. & Grounds	Watch House	4
178	Toilet	1925		Toilet	4
181	Halligan Hall	1903	Henry Ives Cobb	Marine Barracks	2
187	Power Plant/Printing Office	1920 1927	Bureau of Yards & Docks	Marine Facility and Garage/Warehouse	4
190	Multiple Garage	1924	Not identified	Garage/Storage	4
194*	Electric Shop	1904	Edward Burnett & Alfred Hopkins	Stable	3
194A	Electric Shop	1938		Commissary Storehouse	4
197	Storage Building	1925		Storage	5
205 A & B	Flocculator/Aerator	1936		Flocculator/Aerator	4
250	Out Patient Clinic	1907	Ernest Flagg	Hospital	3
251	Offices	1907	Ernest Flagg	Isolation Ward	3
252	Clinic/Administration	1907	Ernest Flagg	Isolation Ward	3
253	Storage Building	1907	Ernest Flagg	Isolation Ward	3
254	Medical Officer's Quarters	1911	Not identified	Medical Officer's Quarters	3
255	Medical Officer's Quarters	1911	Not identified	Medical Officer's Quarters	3
256	Medical Officer's Quarters	1911	Not identified	Medical Officer's Quarters	3
257	Nurses' Quarters	1911	U.S. Naval Academy Bldgs. & Grounds	Nurses' Quarters	3
				ENCLOSURE (1)	

* Significant building outside of National Historic Landmark District

REPRODUCED AT GOVERNMENT EXPENSE

UNITED STATES NAVAL ACADEMY
HISTORIC BUILDING INVENTORY

BUILDING NO.	BUILDING NAME	DATE OF CONSTR.	ARCHITECT	ORIGINAL USE	CATEGORY
258	Garage and Maintenance Building	1909	Bureau of Yards & Docks	Stable	4
260	Hubbard Hall	1929	Bureau of Yards & Docks (Briggs)	Boat House	4
261	Multiple Garage	1924		Garage and Storage	4
262	Multiple Garage	1925		Garage and Storage	4
263	Storage Building	1925		Storage	5
274	Hospital West Ward	(1938) 1939	Walter Karcher & Livingston Smith	Hospital	5
275	Hospital Subsistence Bldg.	(1935) 1939	Walter Karcher & Livingston Smith	Hospital Support Facility	5
276	Corpsmen Quarters	1939	Walter Karcher & Livingston Smith	Corpsmen Quarters	4
278	Nurses' Garage	1938		Multiple Garage	4
280	Pump House/Well #9	1933		Pump House	4
284	Meter House	1936		Meter House	4
285	Pump House/Well #11	1939		Pump House	4
287	Restrooms/ First Aid Station	1942	Bureau of Yards & Docks	Latrine/Washroom	4
290	Ward Hall	1941	Paul P. Cret	Recitation Building	3
291	Hospital East Ward	1941 1942	Walter Karcher & Livingston Smith	Hospital	5
293	Fire Station	1943	Bureau of Yards & Docks	Fire Station	4
294	A.S.W. Trainer Building	1943		Instruction Building	4
295	Sewer Meter House	1943		Sewer Meter House	4
308	Pump House/Well #12	1943		Pump House	4

REPRODUCED AT GOVERNMENT EXPENSE

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning the effective date and lasting through expiration date the permittee is authorized to discharge from outfall(s) serial numbers(s) 001

Such discharges shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations				Monitoring Requirements	
	kg/day(lb/day)		Other Units (Specify)			
	Avg Monthly	Max Daily	Avg Monthly	Max Daily	Measurement Frequency	Sample Type
Flow-m^3/day (mgd)*	N/A	N/A	**N/L	**N/L	continuous	measured
BOD_5	76 (167)	114 (250)	20 mg/l	30 mg/l	twice per week	8 hr. composite
Total Suspended Solids	38 (83)	57 (125)	10 mg/l	15 mg/l	twice per week	8 hr. composite
Fecal Coliform	N/A	N/A	N/A	14 MPH/100 ml.	weekly	grab
Dissolved Oxygen	N/A	N/A	5.0 mg/l	min. at any time	twice per day	grab
Total Residual Chlorine	N/A	N/A	N/A	***	twice per day	grab
Total Phosphorus	N/A	N/A	**N/L	**N/L	monthly	grab

The pH shall not be less than 6.5 standard units nor greater than 8.5 standard units and shall be monitored twice per day by a grab sample.

There shall be no discharge of floating solids or visible foam in other than trace amounts.

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following locations(s): at outfall 001.

* Flow of 1.0 MGD used in computing wasteload allocations.
** N/L - No limit, only monitoring is required
*** Dechlorination is required to reduce the total residual chlorine to the nondetectable level (See Standard Condition, Part II, Section C, 12 m.)

ENCLOSURE (2)

5090
PW-131

25 MAY 1994

Mr. Steve Papaminas
State of Maryland Department of the Environment
Air and Radiation Management Administration
2500 Broening Highway
Baltimore, MD 21224

Dear Mr. Papaminas:

Please find enclosed a revised Emissions Certification Report. The Laundry, Central Heating Plant and Naval Station each have their own report. We hope this new format meets with your approval.

Should any additional changes be required, we ask that you please provide written guidance with the notification in order that we may respond accurately and in a timely manner.

Sincerely,
SIGNED

J. SABBATINI
CAPT, CEC, USN
Public Works Officer

Encl:
Revised Emissions Certification Report

Prepared by Code 170, EED, X.33741, 5/23/94, lkg

ENCLOSURE (3)

USNA, Annapolis, MD
AIR EMISSION SURVEY REPORT
Calculations

I. USNA LAUNDRY -

A. For 6 Dryers
Registrations 6-0118 through 0123:
4,266 gals of Petroleum Solvent

VOCs Emissions, per dryer:
4,266gl/yr X 1 yr/250dys X 6.5lb/gal X 1/6 dryrs = 18.5 lbs/dy
18.5 lbs/dy X 1 tn/2000lbs X 250dys/yr = 2.31 tns/yr

B. For Washers
Registrations 6-0153, 6-0170, 6-0171
Emissions negligible - all emissions allocated to dryers

USNA, Annapolis, MD
AIR EMISSION SURVEY REPORT
Calculations

II. USNA CENTRAL HEATING PLANT -
Three boilers rated @ 95 MBTU/HR

A. Registration #5-0311

Natural Gas usage 126,796,000 cuft

Part: 126,796,000cuft X 5.01lb/10^6ft^3 X yr/125 = 0.51 lbs/dy
SOx: 126,796,000cuft X 0.61b/10^6ft^3 X yr/125 = 0.06 lbs/dy
NOx: 126,796,000cuft X 140.01b/10^6ft^3 X yr/125 = 14.20 lbs/dy
CO: 126,796,000cuft X 35.01b/10^6ft^3 X yr/125 = 3.70 lbs/dy
VOCs: 126,796,000cuft X 2.81b/10^6ft^3 X yr/125 = 0.28 lbs/dy

#2 Fuel Oil usage = 60,353 gal

Part: 60,353gl X 2.01b/1000gl X yr/4dys = 30.17 lbs/dy
SOx: 60,353gl X 43.21b/1000gl X yr/4dys = 651.81 lbs/dy
NOx: 60,353gl X 20.01b/1000gl X yr/4dys = 301.76 lbs/dy
CO: 60,353gl X 5.01b/1000gl X yr/4dys = 75.44 lbs/dy
VOCs: 60,353gl X 0.31b/1000gl X yr/4dys = 4.53 lbs/dy

Daily Average (Weighted)

Part: [125 X 0.51 + 4 X 30.17]/129 = 1.43 lbs/dy
SOx: [125 X 0.06 + 4 X 651.81]/129 = 20.27 lbs/dy
NOx: [125 X 14.20 + 4 X 301.76]/129 = 23.12 lbs/dy
CO: [125 X 3.70 + 4 X 75.44]/129 = 5.92 lbs/dy
VOCs: [125 X 0.28 + 4 X 4.53]/129 = 0.41 lbs/dy

Part: 1.43lbs/dy X 1tn/2000lbs X 129dys/yr = 0.09 tns/yr
SOx: 20.27lbs/dy X 1tn/2000lbs X 129dys/yr = 1.30 tns/yr
NOx: 23.12lbs/dy X 1tn/2000lbs X 129dys/yr = 1.49 tns/yr
CO: 5.92lbs/dy X 1tn/2000lbs X 129dys/yr = 0.38 tns/yr
VOCs: 0.41lbs/dy X 1tn/2000lbs X 129dys/yr = 0.03 tns/yr

B. Registration #5-0312

Natural Gas usage - 118,051,000 cuft

Part: 118,051,000 X 5.01b/10^6ft^3 X 1 yr/115 = 0.51 lbs/dy
SOx: 118,051,000 X 0.61b/10^6ft^3 X 1 yr/115 = 0.06 lbs/dy
NOx: 118,051,000 X 140.01b/10^6ft^3 X 1 yr/115 = 14.37 lbs/dy
CO: 118,051,000 X 35.01b/10^6ft^3 X 1 yr/115 = 3.59 lbs/dy
VOCs: 118,051,000 X 2.81b/10^6ft^3 X 1 yr/115 = 0.29 lbs/dy

#2 Fuel Oil usage = 85,958 gal

Part: 85,958gl X 2.0lb/1000gl X yr/5dys = 34.38 lbs/dy
SOx: 85,958gl X 43.2lb/1000gl X yr/5dys = 742.67 lbs/dy
NOx: 85,958gl X 20.0lb/1000gl X yr/5dys = 343.83 lbs/dy
CO: 85,958gl X 5.0lb/1000gl X yr/5dys = 85.96 lbs/dy
VOCs: 85,958gl X 0.3lb/1000gl X yr/5dys = 5.16 lbs/dy

Daily Average (Weighted)

Part: [115 X 0.51 + 5 X 34.38]/120 = 1.92 lbs/dy
SOx: [115 X 0.06 + 5 X 742.67]/120 = 31.00 lbs/dy
NOx: [115 X 14.37 + 5 X 343.83]/120 = 28.10 lbs/dy
CO: [115 X 3.59 + 5 X 85.96]/120 = 7.02 lbs/dy
VOCs: [115 X 0.29 + 5 X 5.16]/120 = 0.49 lbs/dy

Part: 1.92lbs/dy X 1tn/2000lbs X 120dys/yr = 0.12 tns/yr
SOx: 31.00lbs/dy X 1tn/2000lbs X 120dys/yr = 1.86 tns/yr
NOx: 28.10lbs/dy X 1tn/2000lbs X 120dys/yr = 1.68 tns/yr
CO: 7.02lbs/dy X 1tn/2000lbs X 120dys/yr = 0.42 tns/yr
VOCs: 0.49lbs/dy X 1tn/2000lbs X 120dys/yr = 0.03 tns/yr

C. Registration #5-0313

Natural Gas usage 192,382,000 cuft

Part: 192,382,000cuft X 5.0lb/10^6ft^3 X yr/187 = 0.51 lbs/dy
SOx: 192,382,000cuft X 0.6lb/10^6ft^3 X yr/187 = 0.06 lbs/dy
NOx: 192,382,000cuft X 140.0lb/10^6ft^3 X yr/187 = 14.40 lbs/dy
CO: 192,382,000cuft X 35.0lb/10^6ft^3 X yr/187 = 3.60 lbs/dy
VOCs: 192,382,000cuft X 2.8lb/10^6ft^3 X yr/187 = 0.29 lbs/dy

#2 Fuel Oil usage = 36,578 gl

Part: 36,578gl X 2.0lb/1000gl X yr/2dys = 36.58 lbs/dy
SOx: 36,578gl X 43.2lb/1000gl X yr/2dys = 790.08 lbs/dy
NOx: 36,578gl X 20.0lb/1000gl X yr/2dys = 365.78 lbs/dy
CO: 36,578gl X 5.0lb/1000gl X yr/2dys = 91.44 lbs/dy
VOCs: 36,578gl X 0.3lb/1000gl X yr/2dys = 5.48 lbs/dy

Daily Average (Weighted)

Part: [187 X 0.51 + 2 X 36.58]/189 = 0.71 lbs/dy
SOx: [187 X 0.06 + 2 X 790.08]/189 = 4.23 lbs/dy
NOx: [187 X 14.40 + 2 X 365.78]/189 = 18.12 lbs/dy
CO: [187 X 3.60 + 2 X 91.44]/189 = 4.53 lbs/dy
VOCs: [187 X 0.29 + 2 X 5.48]/189 = 0.35 lbs/dy

Part: 0.71lbs/dy X 1tn/2000lbs X 189dys/yr = 0.07 tns/yr
SOx: 4.23lbs/dy X 1tn/2000lbs X 189dys/yr = 0.40 tns/yr
NOx: 18.12lbs/dy X 1tn/2000lbs X 189dys/yr = 1.71 tns/yr
CO: 4.53lbs/dy X 1tn/2000lbs X 189dys/yr = 0.43 tns/yr
VOCs: 0.35lbs/dy X 1tn/2000lbs X 189dys/yr = 0.03 tns/yr

USNA, Annapolis, MD
AIR EMISSION SURVEY REPORT
Calculations

III. NAVSTA

A. New Registration
Bldg. 339, boiler rated @ 6.7 MBTU/HR

Natural Gas usage 100,000,000 cuft

Part: 100,000,000 X 5.0lb/10^6ft^3 X yr/210 = 0.24 lbs/dy
SOx: 100,000,000 X 0.6lb/10^6ft^3 X yr/210 = 0.03 lbs/dy
NOx: 100,000,000 X 140.0lb/10^6ft^3 X yr/210 = 6.67 lbs/dy
CO: 100,000,000 X 35.0lb/10^6ft^3 X yr/210 = 1.67 lbs/dy
VOCs: 100,000,000 X 2.8lb/10^6ft^3 X yr/210 = 0.13 lbs/dy

Part: 0.24lbs/dy X 1tn/2000lbs X 210dys/yr = 0.03 tns/yr
SOx: 0.03lbs/dy X 1tn/2000lbs X 210dys/yr = 0.00 tns/yr
NOx: 6.67lbs/dy X 1tn/2000lbs X 210dys/yr = 0.70 tns/yr
CO: 1.67lbs/dy X 1tn/2000lbs X 210dys/yr = 0.18 tns/yr
VOCs: 0.13lbs/dy X 1tn/2000lbs X 210dys/yr = 0.01 tns/yr

B. New Registrations
Bldg. 46, 2 boilers, each rated @ 4.0 MBTU/HR

Natural Gas usage 75,000,000 cuft (For each boiler)

Part: 75,000,000 X 5.0lb/10^6ft^3 X yr/360 = 0.10 lbs/dy
SOx: 75,000,000 X 0.6lb/10^6ft^3 X yr/360 = 0.01 lbs/dy
NOx: 75,000,000 X 140.0lb/10^6ft^3 X yr/360 = 2.92 lbs/dy
CO: 75,000,000 X 35.0lb/10^6ft^3 X yr/360 = 0.73 lbs/dy
VOCs: 75,000,000 X 2.8lb/10^6ft^3 X yr/360 = 0.06 lbs/dy

#2 Fuel Oil usage = 30,000 gl

Part: 30,000gl X 2.0lb/1000gl X yr/5 dys = 12.00 lbs/dy
SOx: 30,000gl X 43.2lb/1000gl X yr/5 dys = 260.00 lbs/dy
NOx: 30,000gl X 20.0lb/1000gl X yr/5 dys = 120.00 lbs/dy
CO: 30,000gl X 5.0lb/1000gl X yr/5 dys = 30.00 lbs/dy
VO Cs: 30,000gl X 0.3lb/1000gl X yr/5 dys = 1.80 lbs/dy

Daily Average (Weighted)

Part: [360 X 0.10 + 5 X 12.00]/365 = 0.26 lbs/dy
SOx: [360 X 0.01 + 5 X 260.00]/365 = 3.57 lbs/dy
NOx: [360 X 2.92 + 5 X 120.00]/365 = 4.52 lbs/dy
CO: [360 X 0.73 + 5 X 30.00]/365 = 1.13 lbs/dy
VOCs: [360 X 0.06 + 5 X 1.80]/365 = 0.08 lbs/dy

Part: 0.26lbs/dy X 1tn/2000lbs X 365dys/yr = 0.05 tns/yr
SOx: 3.57lbs/dy X 1tn/2000lbs X 365dys/yr = 0.65 tns/yr
NOx: 4.52lbs/dy X 1tn/2000lbs X 365dys/yr = 0.82 tns/yr
CO: 1.13lbs/dy X 1tn/2000lbs X 365dys/yr = 0.20 tns/yr
VOCs: 0.08lbs/dy X 1tn/2000lbs X 365dys/yr = 0.01 tns/yr

C. New Registration

Bldg. 74A, rated @ 1.4 MBTU/HR

#2 Fuel Oil usage = 6,780 gl

Part: 6,780 gl X 2.0lb/1000gl X yr/28dys = 0.48 lbs/dy
SOx: 6,780 gl X 43.2lb/1000gl X yr/28dys = 10.46 lbs/dy
NOx: 6,780 gl X 20.0lb/1000gl X yr/28dys = 4.84 lbs/dy
CO: 6,780 gl X 5.0lb/1000gl X yr/28dys = 1.21 lbs/dy
VOCs: 6,780 gl X 0.3lb/1000gl X yr/28dys = 0.07 lbs/dy

Part: 0.48lbs/dy X 1tn/2000lbs X 28dys/yr = 0.01 tns/yr
SOx: 10.46lbs/dy X 1tn/2000lbs X 28dys/yr = 0.15 tns/yr
NOx: 4.84lbs/dy X 1tn/2000lbs X 28dys/yr = 0.07 tns/yr
CO: 1.21lbs/dy X 1tn/2000lbs X 28dys/yr = 0.02 tns/yr
VOCs: 0.07lbs/dy X 1tn/2000lbs X 28dys/yr = 0.00 tns/yr

D. New Registration
Bldg. 234, rated @ 2.7 MBTU/HR

Natural Gas usage 31,000,000 cuft

Part: 31,000,000 X 5.0lb/10^6ft^3 X yr/210 = 0.00 lbs/dy
SOx: 31,000,000 X 0.6lb/10^6ft^3 X yr/210 = 0.01 lbs/dy
NOx: 31,000,000 X 140.0lb/10^6ft^3 X yr/210 = 2.06 lbs/dy
CO: 31,000,000 X 35.0lb/10^6ft^3 X yr/210 = 0.52 lbs/dy
VOCs: 31,000,000 X 2.8lb/10^6ft^3 X yr/210 = 0.04 lbs/dy

#2 Fuel Oil usage = 6,910 gl

Part: 6,910gl X 2.0lb/1000gl X yr/14dy = 0.98 lbs/dy
SOx: 6,910gl X 43.2lb/1000gl X yr/14dy = 21.28 lbs/dy
NOx: 6,910gl X 20.0lb/1000gl X yr/14dy = 9.87 lbs/dy
CO: 6,910gl X 5.0lb/1000gl X yr/14dy = 2.47 lbs/dy
OCs: 6,910gl X 0.3lb/1000gl X yr/14dy = 0.15 lbs/dy

Daily Average (Weighted)

Part: [210 X 0.00 + 14 X 0.98]/224 = 0.06 lbs/dy
SOx: [210 X 0.01 + 14 X 21.28]/224 = 1.34 lbs/dy
NOx: [210 X 2.06 + 14 X 9.87]/224 = 2.55 lbs/dy
CO: [210 X 0.52 + 14 X 2.47]/224 = 0.64 lbs/dy
VOCs: [210 X 0.04 + 14 X 0.15]/224 = 0.05 lbs/dy

Part: 0.06lbs/dy X 1tn/2000lbs X 224dys/yr = 0.01 tns/yr
SOx: 1.34lbs/dy X 1tn/2000lbs X 224dys/yr = 0.15 tns/yr
NOx: 2.55lbs/dy X 1tn/2000lbs X 224dys/yr = 0.28 tns/yr
CO: 0.64lbs/dy X 1tn/2000lbs X 224dys/yr = 0.07 tns/yr
VOCs: 0.05lbs/dy X 1tn/2000lbs X 224dys/yr = 0.01 tns/yr

E. New Registration
Bldg. 330, rated @ 1.0 MBTU/HR

Natural Gas usage 14,000,000 cuft

Part: 14,000,000 X 5.0lb/10^6ft^3 X yr/210 = 0.00 lbs/dy
SOx: 14,000,000 X 0.6lb/10^6ft^3 X yr/210 = 0.00 lbs/dy
NOx: 14,000,000 X 140.0lb/10^6ft^3 X yr/210 = 1.04 lbs/dy
CO: 14,000,000 X 35.0lb/10^6ft^3 X yr/210 = 0.29 lbs/dy
VOCs: 14,000,000 X 2.8lb/10^6ft^3 X yr/210 = 0.02 lbs/dy

Part: 0.00lbs/dy X 1tn/2000lbs X 210dys/yr = 0.00 tns/yr
SOx: 0.00lbs/dy X 1tn/2000lbs X 210dys/yr = 0.00 tns/yr
NOx: 1.04lbs/dy X 1tn/2000lbs X 210dys/yr = 0.11 tns/yr
CO: 0.29lbs/dy X 1tn/2000lbs X 210dys/yr = 0.02 tns/yr
VOCs: 0.02lbs/dy X 1tn/2000lbs X 210dys/yr = 0.00 tns/yr

F. New Registration
Bldg. 295, rated @ 1.06 MBTU/HR

#2 Fuel Oil usage = 6,347 gal

Part: 6,347gl X 2.0lb/1000gl X yr/34dys = 0.37 lbs/dy
SOx: 6,347gl X 43.2lb/1000gl X yr/34dys = 8.06 lbs/dy
NOx: 6,347gl X 20.0lb/1000gl X yr/34dys = 3.73 lbs/dy
CO: 6,347gl X 5.0lb/1000gl X yr/34dys = 0.93 lbs/dy
VOCs: 6,347gl X 0.3lb/1000gl X yr/34dys = 0.06 lbs/dy

Part: 0.37 lbs/dy X 1tn/2000lbs X 34dys/yr = 0.01 tns/yr
SOx: 8.06 lbs/dy X 1tn/2000lbs X 34dys/yr = 0.14 tns/yr
NOx: 3.73 lbs/dy X 1tn/2000lbs X 34dys/yr = 0.06 tns/yr
CO: 0.93 lbs/dy X 1tn/2000lbs X 34dys/yr = 0.02 tns/yr
VOCs: 0.06 lbs/dy X 1tn/2000lbs X 34dys/yr = 0.00 tns/yr

Prepared by: Donna W. Jordan
Title: Environmental Branch Manager

BRAC-95 CERTIFICATION

Data being certified 33

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

ALAN W. FROST, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/31/94
Date

NAVAL MEDICAL CLINIC, ANNAPOLIS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 6-7-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

P.W. DRENNON

NAME (Please type or print) Signature

ACTING 6/24/94

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	~~*e.g. Naval Station Puget Sound, Seattle, WA*~~ *Naval Medical Clinic, Annapolis, MD*
Acronym(s) used in correspondence	~~*e.g. NSPS Seattle, NAVSTA Puget Sound*~~ NMCL, Annapolis
Commonly accepted short title(s)	~~*e.g. Sand Point*~~ NAVMEDCLINIC, Annapolis

- Complete Mailing Address

  250 Wood Road
  Annapolis, Maryland 21402-5050

- PLAD

  NAVMEDCLINIC ANNAPOLIS MD

- PRIMARY UIC: 00162 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): _ PURPOSE: _

2. PLANT ACCOUNT HOLDER:

- Yes x No _ (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

- **HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.**

  - Yes __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: 00161
  - Primary Host (as of 01 Oct 1995) UIC: 00161
  - Primary Host (as of 01 Oct 2001) UIC: 00161

- **INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.**

  - **Yes _____ No __x__ (check one)**

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

N/A

00162

Name	Location	UIC

5. **DETACHMENTS:** If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
Naval Branch Medical Clinic	48167	Wallops Island, VA	Aegis Combat System Center	45534

6. **BRAC IMPACT:** Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

N/A

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive ambulatory care services for active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Provide ambulatory care services for other authorized persons as prescribed by Title 10, U.S. Code and other current directives.

-
-
-
-

Projected Missions for FY 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

- Ensure health & physical welfare of the Brigade of Midshipmen.
- Operate a full range sports medicine service.
- Conduct exhaustive qualifying physical exams upon commissioning candidates.

Projected Unique Missions for FY 2001

-
-
-

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

Operational name	UIC
Superintendent, U.S. Naval Academy	00161

Funding Source	UIC
Chief, Bureau of Medicine and Surgery	00018

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	23	38	32
Contracted			21*
• Tenants (total)	N/A		

* The Primary Care Clinic is a contracted clinic.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	34	72	38
• Tenants (total)	N/A		

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax	Home
•CO			
ALAN W. FROST CAPT, MSC, USN	(410) 293-2501	(410) 293-3546	(410) 280-6722
Duty Desk	(410) 293-4851	N/A	N/A

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the catogories 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.)

N/A

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian

- **Tenants residing on main complex (homeported units.)**

Tenant Command Name	**UIC**	**Officer**	**Enlisted**	**Civilian**

- **Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).**

Tenant Command Name	**UIC**	**Location**	**Officer**	**Enlisted**	**Civilian**

- **Tenants (Other than those identified previously)**

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
e.g. DLA (DoD Agency Name)	*Somewhere, CA*	*Purchasing/contract administration and public works support - ISSA.*
USAF (Other Military Dept)	*Anywhere AFB*	*warehouse space - MOU.*

Provide medical support to the following commands located in Annapolis. MD:

Branch Dental Clinic
Defense Commissary Agency
Electromagnetic Compatibility Analysis Center
Marine Barracks
Navy Band
Naval Radio Transmitting Facility, Annapolis
Naval Station, Annapolis
Naval Surface Warfare Center-DET Annapolis, Annapolis
Personnel Support Activity Detachment, Annapolis
Public Affairs
U.S. Naval Academy

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.

Unites States Naval Academy will provide this information.

- 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 if apmajor 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.)

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

ALAN W. FROST, CAPT, MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

3 FEB 94
Date

Naval Medical Clinic, Annapolis
Activity

ENCLOSURE (4)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

B Greene Jr
Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

392

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:Naval Medical Clinic, Annapolis
ACTIVITY UIC:00162

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

ENCLOSURE(4)

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

Naval Medical Clinic, Annapolis - provides comprehensive ambulatory medical care services primarily for the Brigade of Midshipmen, active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services. Subject to the availability of space, facilities, and other resources capabilities, provides ambulatory care services for other authorized persons as described by Title 10, U. S. Code and other current directives. The main clinic provides primary care for non-active duty personnel and specialty care for all eligible beneficiaries. They provide screening, examination, diagnosis, primary care treatment, and referral of eligible beneficiaries for a wide range of general medical conditions on an outpatient basis. This department also administers immunization services and allergy immunotherapy for all categories of beneficiaries. The clinic also provides the following services: internal medicine, mental health, optometry, orthopaedics, podiatry, pediatrics, physical therapy, industrial hygiene, occupational health and preventive medicine. Additionally, ancillary services including pharmacy, radiology, and laboratory are offered. The Bancroft Hall Branch Clinic provides primary care for the Brigade of Midshipmen and other active duty personnel assigned to the Annapolis Area Complex. Emergency inpatient and outpatient referrals are made in the civilian community to Anne Arundel Medical Center, Annapolis, Maryland. A Memorandum of Understanding is also in effect with this proximate civilian health care facility which permits our Navy orthopaedic surgeons to perform surgery at their institution on members of the Brigade of Midshipmen. This program was implemented to minimize the academic and training time lost by the midshipmen. Other than emergencies, inpatient and outpatient referrals, as well as complex specialty testing requirements, are sent to the National Naval Medical Center, Bethesda.

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)
U. S. Naval Academy	N00161	Annapolis, MD	2017
David Taylor Research Institute	N61533	Annapolis, MD	902
Naval Station Annapolis	N62226	Annapolis, MD	464
Naval Medical Clinic, Annapolis	N00162	Annapolis, MD	165
Naval Academy Band	N64377	Annapolis, MD	66
Marine Barracks	N53100	Annapolis, MD	62
CBU-403	N66615	Annapolis, MD	57
Commissary	N60656	Annapolis, MD	38
Radio Transmitting	N35328	Annapolis, MD	37
Branch Dental Clinic	N35750	Annapolis, MD	36
Naval Reserve Center	N61897	Annapolis, MD	31
PSD	N42559	Annapolis, MD	23

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

Revised pg

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	4837	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	351	N/A	N/A
TOTAL ACTIVE DUTY	N/A	5188		N/A
FAMILY OF AD	N/A	22347	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	*22469	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	* 0	N/A	N/A
OTHER	N/A	3756	N/A	N/A
TOTAL	N/A	53760		N/A

What is your occupancy rate for FY 1994 to date? N/A
* Data processing not tracked in above 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 to generate the SEARS Report.

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	4837	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	351	N/A	N/A
TOTAL ACTIVE DUTY	N/A	5188		N/A
FAMILY OF AD	N/A	17151	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	* 22469	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	* 0	N/A	N/A
OTHER	N/A	3756	N/A	N/A
TOTAL	N/A	53760		N/A

What is your occupancy rate for FY 1994 to date? NA

* DATA PROCESSING NOT TRACKED IN ABOVE FORMAT

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	157200	157200	157200	157200	157200	157200	157200
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:

UIC 00162 * 32637 will consolidate in FY 95

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
USNA Event Coverages	125	2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.
N/A

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001

6a. Graduate Medical Education. Complete the following table

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):

N/A

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550-10	#274, PATIENT CARE/LAB/PHARM/X-RAY	22,919	55	ADEQUATE
550-10	#275, PATIENT CARE/ADMINISTRATION	17,776	55	SUBSTAND
721-11	#276, ENLISTED QTRS	27,876	55	ADEQUATE
550-10	#250, PATIENT CARE/ADMINISTRATION	40,312	87	ADEQUATE
550-10	#252, WAREHOUSE/ ADMINISTRATION	6,837	54	ADEQUATE
890-09	#253, UTILITY PLANT	7,991	87	SUBSTAND
143-10	#258, VEHICLE GARAGE	5,555	87	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

Revised pg

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
RMCE 2-86	BLDG. 274, RENOVATION	89	765K
RCME 3-86	BLDG 250, RENOVATION	89	1700k
RMCE 4-86	BLDG 252, RENOVATION	89	197K
RCA 1-83	BLDG 276, SPECIAL PROJECT, HVAC	93	364K

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
R2 -1993	WINDOW REPLACEMENT, BLDG 250	95	228K

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

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
RMCE 2-86	BLDG 274, RENOVATION	89	765K
RCME 3-86	BLDG 250, RENOVATION	89	400K
RMCE 4-86	BLDG 252, RENOVATION	89	197K
RCA 1-83	BLDG 276, SPECIAL PROJECT, HVAC	93	506K

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
R2 -1993	WINDOW REPLACEMENT, BLDG 250	95	228K

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NMCL ANNAPOLIS					
2. UIC 00162	3. CATEGORY CODE 55010		4. NO. OF BUILDINGS 07		
5. SIZE	A. GSF 131035		B. NORMAL BEDS NONE		C.DTRS
6. LOCATION	A. CITY ANNAPOLIS			B.STATE MD	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	20		A09	
(B) HVAC	90	10		B01	
(C) PLUMBING	50	50		B17	
(D) ELECTRICAL SVCS.	80	20		B06	
(E) ELECTRICAL DISTRIBUTION	60	40		B06	

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: 8-10 March 1993
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

Naval Medical Clinic, Annapolis provides comprehensive medical support to the Brigade of Midshipmen. As such, proximal location to the Brigade ensures that medical requirements can be met with a minimum loss of training time.

b. What are the nearest air, rail, sea and ground transportation nodes?

Air: Baltimore Washington International Airport
Rail: New Carolton Amtrak Station
Sea: Baltimore Harbor
Ground: Annapolis, MD

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): 25

d. What is the importance of your location given your mobilization requirements?

Our mobilization requirements include platforms worldwide. Therefore, specific location of the command does not impact our mobilization requirements, however our primary mobilization platform is the USNS Comfort located in Baltimore, Maryland.

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?

The facility is located in a high cost of living area that makes it difficult to recruit and retain qualified personnel when compensation is limited to the civil service pay scale.

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.

200,000 training hours for midshipmen would be lost annually. This facility is designed specifically to meet the needs of the Brigade of Midshipmen with particular emphasis in Orthopedics and Sports Medicine. Without facility 2.5m/y equivalent required to transport patients to NNMC, Bethesda.

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, based on the number of primary care providers within a 20 mile radius. Also, there is a community military treatment facility 20 miles away and National Naval Medical Center, Bethesda is 42 miles away.

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, based on the number of primary care providers within a 20 mile radius. Also, there is a community military treatment facility 20 miles away and the National Naval Medical Center , Bethesda is 42 miles away.

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

Revised pg

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 NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	4
2ND MARINE DIV, CAMP LEJUENE	08321	12
USS BELLEAU WOOD (LHA-3)	20633	3
DET A, 1ST MARINE AIR WING	41975	1
USNS COMFORT (T-AH 20)	46246	1
FLTHOSP #20 (500 BED CBTZ)	46977	12
2ND MARINE DIV	57080	1
US NAVHOSP GUANTANAMO BAY	61564	4
US NAVAL HOSP NAPLES	66096	6
US NAVAL HOSP YOKOSUKA	68292	1
2ND FSSG	68408	8
FLTHOSP #2 (250 CBTZ)	68682	1
FLTHOSP #3 (500 CBTZ)	68683	7
2NG FSSG (ADV ELEMENT)	MPS2F	2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

*There are 20 authorized DEPMED billets assigned here. UIC 47137 Personnel support USNS Comfort.

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 NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	4
2ND MARINE DIV, CAMP LEJUENE	08321	13
USS BELLEAU WOOD (LHA-3)	20633	3
DET A, 1ST MARINE AIR WING	41975	1
USNS COMFORT (T-AH 20)	46246	1
FLTHOSP #20 (500 BED CBTZ)	46977	20
2ND MARINE DIV	57080	1
US NAVHOSP GUANTANAMO BAY	61564	4
US NAVAL HOSP NAPLES	66096	6
US NAVAL HOSP YOKOSUKA	68292	1
2ND FSSG	68408	6
FLTHOSP #2 (250 CBTZ)	68682	1
FLTHOSP #3 (500 CBTZ)	68683	21
2NG FSSG (ADV ELEMENT)	MPS2F	2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

*There are 20 authorized DEPMED billets assigned here. UIC 47137 Personnel support USNS Comfort.

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.

N/A

Number of "stubbed" expanded beds[1]: _____

[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):

N/A

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	141	423	172	518	175	525
AD FAMILY	5876	382	4447	289	4307	280
OTHER						
TOTAL	6017	805	4619	807	4482	805

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

data source: NAVCOMP 2171 FY-92,93,94 Budget and financial plan
Procedures derived from cost averaging of ascribed costs based on historical billing and referral patterns

UIC 00162

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	*10,481,718	4,669,732	4,669,732
TOTAL OUTPATIENT VISITS	128,064 (B) 32,436 (D)	53,867	53,867
AVERAGE COST PER VISIT	81.85	86.69	86.69

* FY92 MEPRS TRACKED TO THIRD LEVEL MEPR ALL UICS ARE COMBINED IN THESE FIGURES ALSO PHYSICAL THERAPY VISITS WERE COUNTED AS ANCILLARY VISITS (D) CODES IN FY92 IN FY93 THESE VISITS ARE REFLECTED UNDER (B) CODES. THE COST FOR FY92 DID NOT INCLUDE THESE VISITS IN THE COMPUTATION OF COST PER VISIT THE UIC NUMBERS FOR FY92 00162 32637 48167

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)			

Table B: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)			
D. TOTAL EXPENSES IN EBE AND EBF (B+C)			
E. TOTAL E EXPENSES (ALL ACCOUNTS)			
F. % SELECTED E EXPENSES (D÷E)[1]	.	.	.

[1] Record as a decimal to 6 digits.

Table C: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A			
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)			
I. AREA REFERENCE LABORATORIES (FAA)			
J. CLINICAL INVESTIGATION PROGRAM (FAH)			
K. TOTAL SELECTED F (I+J)			
L. CONTINUING HEALTH EDUCATION (FAL)			
M. DECEDENT AFFAIRS (FDD)			
N. INITIAL OUTFITTING (FDE)			
O. URGENT MINOR CONSTRUCTION (FDF)			
P. TOTAL (L+M+N+O)			
Q. E EXPENSES INCLUDED IN ROW P			
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)			
S. OTHER F'S LESS E (P-R)			

Table D: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU)[2]			
V. PERCENT INPATIENT (IWU÷AWU)			
W. FINAL OTHER F EXPENSES (S×V)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS			
BB. ADJUSTED DISPOSITIONS (Z÷AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			

N/A

FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION N/A

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

15. Quality of Life.

Host command is providing this information in BRAC-95 Data Calls 22/23.

Host Command: United States Naval Academy
Host UIC: N00161

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?

BRAC-95 CERTIFICATION

Data being certified 27

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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

ALAN W. FROST, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/25/94
Date

NAVAL MEDICAL CLINIC, ANNAPOLIS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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. GROSVE JR. | J B Grove Jr

NAME (Please type or print) | Signature

ACTING | 6/9/94

Title | Date

Revision pg ~~21~~ 18

BRAC-95 CERTIFICATION

Data being certified 27

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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

John N. Gallis, CDR, MSC, USN
NAME (Please type or print)

John N. Gallis
Signature

Commanding Officer
Title Acting

7 June 1994
Date

Naval Medical Clinic, Annapolis
Activity

Revision pg ~~21~~ 18

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 6-9-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR. NAME (Please type or print) J B Greene Jr Signature

ACTING Title 6/20/94 Date

Revision pg 5+11

BRAC-95 CERTIFICATION

Data being certified 27

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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

John N. Gallis, CDR, MSC, USN

NAME (Please type or print)

John N. Gallis

Signature

Commanding Officer

Title Acting

9 June 94

Date

Naval Medical Clinic, Annapolis

Activity

Revision pg 5 + 11

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.
NAME (Please type or print)

J B Greene Jr
Signature

ACTING
Title

6/20/94
Date

Document Separator

3/2

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Medical Clinic, Annapolis

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

ENCLOSURE(1)

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1994[5]			PROJECTED FY 1999[5]		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	13413	5683	NA	12810	5583	NA
FAMILY OF AD	15845	2880	NA	14971	2808	NA
SUBTOTAL	29258	8563		27781	8361	
RETIRED AND FAMILY MEMBERS UNDER 65	16177	4813	NA	15954	4748	NA
RETIRED AND FAMILY MEMBERS OVER 65[4]	4679	2265	NA	5613	2709	NA
OTHER(NG/RES,DEPS NG/RES, SURVIVOR)	4466	1142	NA	4786	1309	NA
TOTAL	54580	16783		54134	17127	

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. DATA REPRESENT 20 MILE CIRCLE FOR THIS CLINIC.

[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. DATA REPRESENT PRISM CONCEPT FOR THIS CLINIC.

[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.

[5] ACTUAL FY94 & PROJECTED FY99 RAPS DATA UTILIZED VICE ORIGINAL REQUEST FOR ACTUAL FY93 & PROJECTED FY2001. RAPS DATA ONLY INCLUDE FY94 AND WON'T PROJECT PAST FY99.

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 00162

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
* OUTPATIENT VISITS	5,188	22,347	22,469	50,004
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)	see remarks			399,391
RADIOLOGY PROCEDURES (WEIGHTED)				15,432
PHARMACY UNITS (WEIGHTED)				110,652
OTHER (SPECIFY)	**see below			

* Primary Care Contracted	548	10,573	16,947	26,772
Mental Health Partnership	8	1,487	295	1,790
Outpatient visits included in totals above				

Visits For UIC 00162 Total was 53,760 3,756 Other Category

** EKG's 3669
Audiograms 917
Immunizations7183
Allergy/TB Screenings 3091
Limited Services 2902

Data processing for Ancillary workload is not consistent with the above format. Only Weighted Totals Available.

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	5,188	22,347	22,469	50,004
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)	see remarks			399,391
RADIOLOGY PROCEDURES (WEIGHTED)				15,432
PHARMACY UNITS (WEIGHTED)				110,652
OTHER (SPECIFY)	**see below			

*Primary Care Contracted
Mental Health Partnership
Outpatient visits included
in totals above

Visits for UIC 00162 Total was 53,760 3,756 Other category

** EKG's 3669
Audiograms 917
Immunizations 7183
Allergy/TB Screenings 3091
Limited Services 2902

Data processing for Ancillary workload is not consistent with the above format. Only weighted totals available.

REPRODUCED AT GOVERNMENT EXPENSE

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	5200	22400	22500	50100
ADMISSIONS				NA
LABORATORY TESTS (WEIGHTED)				399400
RADIOLOGY PROCEDURES (WEIGHTED)				15500
PHARMACY UNITS (WEIGHTED)				110700
OTHER (SPECIFY)				** see below

*Contracted Primary Care total	550	10550	16900	28,000
Partnership Mental Health		1500	300	1,800

EKG's 3700
Audiograms 1000
Immunizations 7200
Allergy/TB Screenings 3200
Limited Services 3000

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.

UIC: 00162

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	11	11	11	11	11	11	11	11
SPECIALTY CARE[2]	2	2	2	2	2	2	2	2
PHYSICIAN EXTENDERS[3]	5	5	5	5	5	5	5	5
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
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.

1

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]	489 (Note 1)
SPECIALTY CARE[2]	455 (Note 1)
PHYSICIAN EXTENDER[3] Physician Assistants Nurse Practitioner	(Note 2) (684) (600)
TOTAL	944 (1284)

[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.

Note 1 - MTF has no catchment area. Utilized 20 miles radius as boundary.
Note 2 - No exact data for the 20 miles radius. Estimated total for each category licensed to practice in State of Maryland.

Revised pg

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: 3,981,002 including 54,580 (FY94 RAPS beneficiaries within the 20 mile radius)

Information obtained from the U. S. Census Bureau and RAPS.

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: 3,516,335 including 54,580 (FY94 RAPS beneficiaries within the 20 mile radius)

Information obtained from U. S. Census Bureau and RAPS.

7. Regional Community Hospitals within 20 miles radius. 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]
Anne Arundel Medical Center	Non-Gov. Not for Profiit	4 Miles	10 Minutes	Memorandum of Understanding
Nortrh Arundel Hospital	Non-Gov. Not for Profit	19 Miles	25 Minutes	None
Kimbrough Army Community Hospital	Federal Gov. - Army	20 Miles	25 Minutes	Tri-Care
Harbor Hospital	Non-Gov. Not for Profit	25 Miles	40 Minutes	None

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals within 20 miles radius. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Anne Arundel Medical Center	303	Yes	67 %	Trauma center
North Arundel Hospital	329	Yes	77.2%	Hemodialysis
Kimbrough Army Community Hospital	27	Yes	38.4	Trauma center
Harbor Hospital	287	Yes	74.2%	GME, Hemodialysis

[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. N/A

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(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. N/A

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)

(3) Describe how the Student HRS/YR value in the preceding table was derived.

N/A

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Data being certified 26

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

ALAN W. FROST, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/25/94
Date

NAVAL MEDICAL CLINIC, ANNAPOLIS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

Revision pg 11

BRAC-95 CERTIFICATION

Data being certified 26

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

John N. Gallis, CDR, MSC, USN
NAME (Please type or print)

John N. Gallis
Signature

Commanding Officer
Title Acting

9 June 94
Date

Naval Medical Clinic, Annapolis
Activity

Revision pg 11

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

X RIRidenour
Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.
NAME (Please type or print)

JB Greene Jr.
Signature

ACTING
Title

6/20/94
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, Annapolis
UIC:	00162
Major Claimant:	Bureau of Medicine and Surgery

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained

from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund civil service salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	1.2M

Source of Data (1.a. Salary Rate): Claimancy 18

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

[BLANK PAGE]

BUMED 822
mss, 14 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			
Anne Arundel	MD	117	28	88	10	15
Baltimore	MD	2	2	2.5	30	40
Calvert	MD	1	3	2.5	35	45
Montgomery	MD	0	4	2.5	42	60
Prince George's	MD	2	1	2	25	30
Other	MD	3	1	2.5	30	40
Wallops Isl.(Note-1)	VA	2	0			

Note-1: No data provided. This is a branch facility. Military members reside in the area.

164 = 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

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:

Anne Arundel County

Source of Data (1.b. 1) & 2) Residence Data): Standard Personnel Management System

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)
Washington/ Baltimore	N/A	45

Source of Data (1.c. Metro Areas): Personal knowledge

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. **Age of Civilian Workforce.** Complete the following table, identifying the age of the activity's **civil service** workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0%
20 - 24 Years	0	0%
25 - 34 Years	4	11%
35 - 44 Years	8	23%
45 - 54 Years	12	34%
55 - 64 Years	9	26%
65 or Older	2	06%
TOTAL	35	100 %

Source of Data (1.d.) Age Data): Standard Personnel Management System - Civilian Staffing Roster

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less		
9th through 11th Grade	1	3%
12th Grade or High School Equivalency	10	28%
1-3 Years of College	14	40%
4 Years of College (Bachelors Degree)	9	26%
5 or More Years of College (Graduate Work)	1	3%
TOTAL	35	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.)	
Associate Degree	2
Bachelor Degree	9
Masters Degree	0

Doctorate	1

Source of Data (1.e.1) and 2) Education Level Data):
Interviews with the civilians/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	0	0
2. Construction (includes facility maintenance and repair)	15-17	0	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	2	6%
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	2	6%
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	0	0
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	0	0
4f. Communications	48	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	0	0
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	0	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	0	0
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	0	0
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	0	0
5h. Health Services	80	33	94%
5i. Legal Services	81	0	0
5j. Educational Services	82	0	0
5k. Social Services	83	0	0
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	0	0
5n. Other Misc. Services	89	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 5a. through 5n.:	70-89	33	94%
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	0	0
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	0	0
Sub-Total 6a. through 6d.		0	0
TOTAL		35	100 %

Source of Data (1.f.) Classification By Industry Data):
Standard Personnel Management System

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		
2. Professional Specialty		
2a. Engineers	0	0
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	1	3%
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	0	0
2i. Religious Workers	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2j. Teachers, Librarians & Counselors	0	0
2k. Health Diagnosing Practitioners (Doctors)	1	3%
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	3	8%
2m. Communications	0	0
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	5	14%
3. Technicians and Related Support		
3a. Health Technologists and Technicians	6	17%
3b. Other Technologists	0	0
Sub-Total 3a. and 3b.:	6	17%
4. Administrative Support & Clerical	22	63%
5. Services		
5a. Protective Services (includes guards, firefighters, police)	0	0
5b. Food Preparation & Service	0	0
5c. Dental/Medical Assistants/Aides	0	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	0	0
Sub-Total 5a. through 5d.	0	0
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
8. Construction Trades	0	0
9. Production Occupations	0	0
10. Transportation & Material Moving	2	6%
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	0	0
TOTAL	35	100 %

Source of Data (1.g.) Classification By Occupation Data) :Standard Personnel Management System

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other

Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.

4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	58% (77/132)
2. Percentage of Military Spouses Who Work Outside of the Home:	56% (43/77)
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:	3% (2/77)
3b. Employed "On-Base" - Non-Appropriated Fund:	9% (7/77)
3c. Employed "Off-Base" - Federal Employment:	12% (9/77)
3d. Employed "Off-Base" - Other Than Federal Employment	33% (25/77)

Source of Data (1.h.) Spouse Employment Data): Standard Personnel Management System and data collected from individuals.

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	N/A	N/A	N/A
Schools - Public	N/A	N/A	N/A
Schools - Private	N/A	N/A	N/A
Public Transportation - Roadways	N/A	N/A	N/A
Public Transportation - Buses/Subways	N/A	N/A	N/A
Public Transportation - Rail	N/A	N/A	N/A
Fire Protection	N/A	N/A	N/A
Police	N/A	N/A	N/A
Health Care Facilities	N/A	N/A	N/A
Utilities:	N/A	N/A	N/A
Water Supply	N/A	N/A	N/A
Water Distribution	N/A	N/A	N/A
Energy Supply	N/A	N/A	N/A
Energy Distribution	N/A	N/A	N/A
Wastewater Collection	N/A	N/A	N/A
Wastewater Treatment	N/A	N/A	N/A
Storm Water Collection	N/A	N/A	N/A
Solid Waste Collection and Disposal	N/A	N/A	N/A
Hazardous/Toxic Waste Disposal	N/A	N/A	N/A
Recreational Activities	N/A	N/A	N/A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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.

N/A

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	N/A	N/A	N/A
Schools - Public	N/A	N/A	N/A
Schools - Private	N/A	N/A	N/A
Public Transportation - Roadways	N/A	N/A	N/A
Public Transportation - Buses/Subways	N/A	N/A	N/A
Public Transportation - Rail	N/A	N/A	N/A
Fire Protection	N/A	N/A	N/A
Police	N/A	N/A	N/A
Health Care Facilities	N/A	N/A	N/A
Utilities:	N/A	N/A	N/A
Water Supply	N/A	N/A	N/A
Water Distribution	N/A	N/A	N/A
Energy Supply	N/A	N/A	N/A
Energy Distribution	N/A	N/A	N/A
Wastewater Collection	N/A	N/A	N/A
Wastewater Treatment	N/A	N/A	N/A
Storm Water Collection	N/A	N/A	N/A
Solid Waste Collection and Disposal	N/A	N/A	N/A
Hazardous/Toxic Waste Disposal	N/A	N/A	N/A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Increase	50% Increase	100% Increase
Recreation Facilities	N/A	N/A	N/A

Remember to mark with an asterisk any categories which are wholly supported on-base.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

N/A

Source of Data (2.b. 1) & 2) - Regional Table):

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: 550 (Note 1)

Units for Sale: 7500 (Note 1)

Source of Data (3.a. Off-Base Housing): USNA - Housing Referral Office

Note 1 - The housing Referral Office does not have access to the MLS, so a local realtor was contatced. The above refects the June 1994 vacancy rate for Anne Arundel County. No data are available for other counties. Personnel prefer to live in the local commuting area.

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 (Note 2)	
Anne Arundel	AA Cty.	76	14	16	69,020	Note 1	16.5	Note 2	Yes
Baltimore	Balt Cty	96	25	23	96,402	"	16.1	"	No
Calvert	Calvert	10	04	02	12,295	"	17.9	"	No
Montgomery	Mont. Cty	123	19	28	113,429	"	15.7	"	No
Pr.Georges	PG Cty	118	8	40	115,918	"	17.3	"	Yes
Other	Other Cty	29	11	08	31,158	"	16.4	"	No

Note-1: There is no maximum capacity for school district.
Note-2: Pupil-to-teacher ratio are based on the # students to the # of teachers. There is no maximum ratio.

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.b.1) Education Table):Maryland State Department of Education

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): Not Applicable

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 :

Anne Arundel Cty:	Anne Arundel Community College U.S. Naval Academy St. Johns College
Baltimore Cty:	Catonsville Community College Towson State University Univ. of MD Baltimore Cty. Dundalk Community College Essex Community College Goucher College Villa Julie College
Calvert Cty:	None
Montgomery Cty:	Montgomery College - Germantown Campus Rockville Campus Takoma Park Campus Columbia Union College Washington Theological Union Maryland College of Arts & Design
Pr. Georges Cty:	Bowie State COllege Univ. of MD, College PArk Univ. of MD, Univ College Prince Georges Community College Capitol College Washington Bible College
Other:	Chesapeake College

Source of Data (3.b.3) Colleges): Maryland Higher Education Commission

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Anne Arundel:	Maryland Barber School -	Barber
	Maryland Bartending Academy -	Bartending
	Fleet Business School -	Business/Secretarial
	Annapolis Beauty School -	Cosmetology
	International Beauty School -	Cosmetology
	MD Inst. of Criminal justice -	Polygraph
	Investigative Training Inst.-	Private Investigator
	H&R Bloack Eastern Tax Svcs. -	Tax
Baltimore:	GBMC School of Radiology -	Allied Health
	Medix School -	Allied Health
	Amer. Eagle Flight Training Acad. -	Aviation
	Maryland Beauty Academy -	Cosmetology
	Robert's Inst. of Hair Design -	Cosmetology
	Von Lee Intnl. Sch. of Esthetics -	Cosmetology
	John Casablance Career Ctr. -	Modeling
	MD Ctr for Montessori Studies -	Mont Teacher
	Maryland School of Travel	Travel
Montrgomery:	Acupuncture School of MD Inc.	Allied Health
	Ultrasound Diagnostic School	Allied Health
	Wash. Adv Hosp. Sch of Radiology -	Allied Health
	American Institute of Banking -	Banking
	Acad of Prof. Barber Stylists -	Barber
	General Communications Inc. -	Business
	Computer Institute	Computer
	L'Academie De Cuisine	Cooking
	Aesthetic Inst. of Cosmetology -	Cosmetology
	Aspen Beauty School	Cosmetology
	Fame School of Nail Design	Cosmetology
	Montgomery Beauty School	Cosmetology
	Rockville Beauty School	Cosmetology
	Maryland School of Dog Grooming -	Dog Grooming
	Barbizon School of WashDC	Modeling
	MD Inst. of Electrology	Electrology
	Washington School of Photography-	Applied Arts
	Inst. of Adv. Montessori Studies -	Mont.Teacher
	Carlson Travel Academy	Travel
	Travel Learning Center	Travel

Other: NONE

Source of Data (3.b.4) Vo-tech Training): Maryland Higher Education Commission

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):Personal knowledge

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.

New Carolton Amtrak Station Distance: 25 miles

Source of Data (3.c.2) Transportation): Personal knowledge

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.

Baltimore Washington International Airport
Distance: 25 miles

Source of Data (3.c.3) Transportation):Personal knowledge

4) How many carriers are available at this airport?

19

Source of Data (3.c.4) Transportation): BWI Airport

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate 97, Distance: 3-5miles

Source of Data (3.c.5) Transportation):	State Highway Administration

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.)
Quality of roads: Good; Capacity: Adequate;
Gates: 3

b) Do access roads transit residential neighborhoods?

Yes

c) Are there any easements that preclude expansion of the access road system?

No

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

No

Source of Data (3.c.6) Transportation): Energy & Environmental Division, Public Works Department, United States Naval Academy

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.

N/A, we are a tenant of the United States Naval Academy (USNA) and this falls under their purview.

Source of Data (3.d. Fire/Hazmat):

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

N/A, we are a tenant of the USNA and this falls under their purview.

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):

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.

N/A, we are a tenant of the USNA and this falls under thier purview.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Source of Data (3.f. 1) - 3) Utilities):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

SEE ATTACHED SPREADSHEET FOR A CONSOLIDATED LISTING OF THE AREAS LARGEST EMPLOYERS.

ANNE ARUNDEL COUNTY
LARGEST EMPLOYERS

Employer	Product/Service	No. of Employees
1. National Security Agency	Federal Agency	40,000(est)
2. Ft. George G. Meade	Army Base	14,375
3. State of Maryland	Public Services	8,725
4. Westinghouse	Electronic Systems	8,500
5. A.A. County Public School	Public Education	7,000
6. Anne Arundel County	Public Services	3,618
7. U. S. Naval Academy	Military Institute	2,510
8. Giant Food	Grocery Stores	2,500
9. USAIR	Air Transporation	2,400
10.North Arundel Hospital	Medical Services	1,740

Source of Data (4. Business Profile): Anne Arundel Economic Development Corporation - 1993 Year End Review

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

BALTIMORE COUNTY
LARGEST PRIVATE SECTOR EMPLOYERS

Employer	Product/Service	No. of Employees
1. Bethlehem Steel	Steel Mill/Shipyard	7,300
2. Baltimore Gas & Electric	Utility Services	3,500
3. Blue Cross & Blue Shield	Health Care Svcs.	3,000
4. Westinghouse Electric	Electronic Systems	2,700
5. Fort Howard Paper Co.	Paper/Plastic Cups	2,600
6. C&P Telephone Co.	Telecommunications	2,500
7. USF & G	Insurance/Financial	2,480
8. Martin Marietta	Aerospace, R & D	2,300
9. AAI Corp	Research & Dvlpmnt	2,000
10. McCormich & Co., Inc	Food Product	1,800

***-Social Security Administration - 13,864
***-Health Care Financing Administration - 2,500

Source of Data (4. Business Profile): Baltimore County Economic Development Commission - Environment for Success

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

CALVERT COUNTY
LARGEST EMPLOYERS

Employer	Product/Service	No. of Employees
1. Balt. Gas & Electric	Utilities	1,600
2. Calvert Cty Gov.	Public Services	500
3. Wal-Mart	Retail Store	170
4. Giant Food	Grocery Stores	160
5. Chesapeake Bio Lab	Med. Laboratory	150
6. Safeway Stores	Grocery Stores	130
7. Warren Denton & Co	Seafood Distributor	100
8. Souther MD Electric	Utilities	73
9. Thomas J. Lipton Co	Specialty Food	70
10.Victor Stanley Inc	Site Amenities Mfg	61

Source of Data (4. Business Profile): Calvert County - Department of Economic Development

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

MONTGOMERY COUNTY
LARGEST EMPLOYERS

Employer	Product/Service	No. of Employees
1. National Inst. of Health	Med. Research	16,500
2. Int. Bus. Mach. (IBM)	Office Equip/Comp.	8,000
3. NavSurfWarCen	Navy	5,400
4. NOAA	Fed Agcy	4,700
5. Food & Drug Admin (FDA)	Regulatory Agcy	4,650
6. Giant Food	Grocery Stores	4,150
7. Marriott Corp	Hotels & Restaurant	3,900
8. Health & Human Svcs	Fed Agcy	3,369
9. National Naval Med Cen	Navy Hospital	3,280
10.Nuclear Reg. Commission	Fed Agcy	2,700

Source of Data (4. Business Profile): Montgomery County Economic Development Commission

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

PRINCE GEORGE'S COUNTY
LARGEST PRIVATE SECTOR EMPLOYERS

Employer	Product/Service	No. of Employees
1. Giant Food, Inc	Retail Grocery	5,730
2. Dimension Health Corp	Hospital/Nursing	2,800
3. Digital Equipment Corp	Computers	2,500
4. United Parcel Service	Delivery Service	2,546
5. Safeway Stores	Retail Grocery	2,544
6. Arbitron Company	Radio & TV Surveys	1,973
7. EG & G Pressure Science	Manufacture Seals	1,853
8. Computer Science Corp	Computers/Insurance	1,842
9. Hechinger Company	Home Building	1,279
10.Citizens Bank of MD	Commercial Bank	1,350

Source of Data (4. Business Profile): Prince George's County Economic Development Corporation

OTHER COUNTIES: NO DATA AVAILABLE

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: Only companies with more than 100 losses (employees) are listed below.

ANNE ARUNDEL COUNTY

COMPANY	EMPLOYEE LOSS	YEAR	REASON
Martin Marietta	481	1994	Plant Closure.
	250	1993	Layoffs due to DOD related reduction.
	160	1992	Layoffs
Leedmark	307	1993	Store closure.
	94	1992	Layoffs.
MacMillan Bloedel	150	1993	Closure.
Ames	130	1993	Stores closure.
	55	1992	Store closure.
Westinghouse Electric Corp.	1035	1992	Layoffs due to declinic DOD contract.
U.S. AIR	170	1992	Effort to make profit.

BALTIMORE COUNTY

Citicorp	300	1994	Closing of entire division.
	300	1992	Layoffs.
Ceridian	125	1994	Layoffs-over capacity.
AAI Corppration	100	1994	Layoff.
	180	1993	Restructuring.
Baltimore Cty Govt.	392	1993	Cost cutting.
Armco Inc.	140	1993	Layoffs-shop closing.
SAFT America Inc	122	1993	Shutdown.

Quality Inn	105	1993	Closure.

COMPANY	EMPLOYEE LOSS	YEAR	REASON
Westinghouse Elec.	365	1992	Work reduction.
Bethlehem Steel	350	1992	Division shutdown.
Macy's	243	1992	Closure.
Catalyst Research	160	1992	Closure.
Rosewood Hospital	100	1992	Layoffs.
Ferranti Healthcare	100	1991	Closure.
MONTGOMERY COUNTY			
CAE-Link	215	1994	Downsizing and relcation.
AT&T	164	1994	Closure of sales operations.
National Geographic	400	1993	Layoffs.
Integrated Systems Solutions Corp.	190	1993	Relocations.
Comm Satellit Corp.	300	1992	Consolidations.
Vitro Corp	278	1992	Layoffs.
Sears	150	1992	Closure.
PRINCE GEORGE'S COUNTY			
Nations Bank	600	1994	Layoffs.
Leland Mem. Hosp.	512	1993	Denied rate increase.
Arbitron	445	1993	Layoffs.
Holladay-Taylor	400	1993	Closure due to high costs.
Pace	188	1993	Closure due to shutdown.
Computer Sciences Corp.	138	1993	Layoffs.
Montgomery Ward	200	1993	Closure.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

NO MAJOR EMPLOYMENT LOSSES RECORDED FOR CALVERT, CAROLINE, CHARLES, AND QUEEN ANNE'S COUNTIES.

b. Introduction of New Businesses/Technologies: New and expanding firms. (Only companies requiring more than 100 employees are listed below.)

COMPANY	BEGIN YEAR	INIT EMP	FINAL YEAR	ADDTNL EMP
	ANNE ARUNDEL COUNTY			
MCI	1994	250		150
Supper Rite Food Inc.	1993	300		
U.S. Coast Guard Gen. Supply FAc.	1993	185		
Ft. G. Meade		646	1997	
	BALTIMORE COUNTY			
Wal-Mart	1994	300		
County School Sys.	1994	153		
Valu Food	1993	180		
MCI	1993	100		
	MONTGOMERY COUNTY			
Hughes Information Technology Co.	1999	500	2002	500
Naval Surface Warfare Center	1997	2462		
	PRINCE GEORGE'S COUNTY			
Naval Air Facility	1997	169		
Lockheed Corporation	1993	295		
Fairchild Space & Defense Corp.		240		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

NO MAJOR INCREASE OF NEW AND EXPANDING COMPANIES RECORDED FOR CALVERT, CAROLINE, CHARLES, AND QUEEN ANNE'S COUNTIES.

c. Natural Disasters: None

d. Overall Economic Trends: The November 1993 unemployment rate of 4.6% is the lowest in two years. Twelve companies established headquarters in Anne Arundel County in 1993. This continues a trend noted in 1992, when eight firms set up regional, national or international operations in the county. Commercial activity centered around Baltimore/Washington International Airport, where almost 50 percent of all activities in the county were recorded. There were seventy new and relocating business transactions recorded in 1993 compared to fifty-four in 1992.

JOBS-BY-PLACE OF WORK PROJECTIONS

County	1980	1990	1995	2000
Anne Arundel	175,500	249,400	254,800	272,700
Baltimore	308,400	396,200	403,500	424,100
Calvert	7,800	17,400	20,300	22,800
Montgomery	348,900	512,700	525,300	582,600
Prince George's	264,300	378,200	384,800	428,000
Other	38,800	63,600	70,000	78,100

AVERAGE ANNUAL GROWTH RATE

County	1970-1980	1980-1990	1990-2000
Anne Arundel	3.05%	3.58%	0.53%
Baltimore	3.12%	2.54%	0.68%
Calvert	2.32%	8.35%	2.74%
Montgomery	4.06%	3.92%	1.29%
Prince George's	2.88%	3.65%	1.24%
Other	2.03%	4.34%	1.81%

Source of Data (5. Other Socio/Econ): Maryland Office of Planning and Anne Arundel Economic Development Corporation - 1993 Year End Review

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

6. **Other.** Identify any contributions of your activity to the local community not discussed elsewhere in this response.

None.

Source of Data (6. Other): Not Applicable

ECONOMIC PROFILE

EMPLOYER	AA Cty	Balt. Cty	PG Cty	Mont. Cty	Calvert Cty	TOTAL
Nat. Sec. Agency(est.)	40000					40000
Ft G. Meade	14,375					14375
State of MD	8725					8725
Westinghouse	8500	2700				11200
AA Cty Public School	7000					7000
AA cty Gov	3618					3618
U.S. Naval Academy	2510					2510
Giant Food	2500		5730	4150	160	12540
USAIR	2400					2400
North Arundel Hospital	1740					1740
						0
Bethlehem Steel		7300				7300
Balt. Gas & Electric	1627	3500			1600	6727
Blue Cross/Blue Shield		3000				3000
Fort Howard Paper Co.		2600				2600
C&P Telephoen Co.		2500				2500
USF & G		2480				2480
Martin Marietta		2300		500		2800
AAI Corp		2000				2000
McCormick & Co.		1800				1800
						0
Dimension Health			2800			2800
Digital Equipment Corp			2500			2500
United Parcel Service			2546			2546
Safeway Stores			2544	1500	130	4174
Arbitron Co.			1973			1973
EG & G Pressire Science			1853			1853
Computer Science Corp			1842	500		2342
Hechinger Co.			1279			1279
Citizens Bank of MD			1350			1350
						0
National Institue of Health				16500		16500
Int. Business Machine				8000		8000
NavSurfWarCen				5400		5400
Nat.Oceanic & Atmospheric Agcy				4700		4700
Food & Drug Administration				4650		4650
Marriott Corp				3900		3900
Health & Human Services				3369		3369
	HCFA-	2500				2500
	SSA-	13864				13864
National Naval Med Cen				3280		3280
Nuclear reg. Commission				2700		2700
Substance Abuse & MH Serv				2500		2500
GovEmpIlnsCo (GEICO)				2500		2500
						0
Calvert Cty Gov					500	500
Wal-Mart					170	170
Chesapeake Biological Lab					150	150
Warren Denton & Co					100	100
Southern MD Elec. Co					73	73
Thomas J. Lipton Co					70	70
Victor Stanley, Inc					61	61
Zahnister's Marina					60	60
Calvert Mem. Hospital					50	50
						0
						0

BRAC-95 CERTIFICATION

Data call being certified 65

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

ALAN W. FROST, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

7/13/94
Date

NAVAL MEDICAL CLINIC, ANNAPOLIS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

5-23-MED-0393

00267

NAVMEDCL KEY WEST
BUMED
Medical
PERSONNEL SUPPORT/OTHER

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: NMCL
KEY WEST

UIC: 00267

Host Activity Name (if response is for a tenant activity): NAS Key West

BUMED-822
MJL, 19 Jul 96

Host Activity UIC: 00213

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)

DATA CALL 66
INSTALLATION RESOURCES

Activity Name: NMCL, KEY WEST FL **UIC:** 00267

Category	FY 1996 BOS Costs ($000) Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	80	0	80
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	80	0	80
2. Other Base Operating Support Costs:			
2a. Utilities	125	0	125
2b. Transportation	18	0	18
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	13	36	49
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	33	775	808
2j. Other (Specify)			
Communications	49	0	49
Engineering Support	28	0	28
Hazardous Waste	4	0	4
Workers Compensation	28	0	28

DATA CALL 66
INSTALLATION RESOURCES

Materials Management	18	189	207
2k. Sub-total 2a. through 2j:	316	1000	1316
3. Grand Total (sum of 1c. and 2k.):	396	1000	1396

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	796
MPN	600

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: NMCL, KEY WEST **UIC: 00267**

Category NOT APPLICABLE	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			

2k. Major Range Test Facility Base Costs

2l. Other (Specify)

2m. Sub-total 2a. through 2l:

3. Depreciation

4. Grand Total (sum of 1c., 2m., and 3.)
:

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected **FY 1996** costs for the purchase of services and supplies by the activity. **(Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.)** The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - **Services/Supplies Cost Data**
Activity Name: **UIC:**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	107
Material and Supplies (including equipment):	688
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	18
Other Purchases (Contract support, etc.):	1199
Total:	2012

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: NMCL, KEY WEST **UIC:** 00267

Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	THERE ARE NO ON-BASE WORKYEARS IN FY 1996
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)):

NOT APPLICABLE

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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):

NOT APPLICABLE

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.)
	NOT APPLICABLE-ALL OFF-BASE CONTRACTS WOULD NOT ELIMINATE OR RELOCATE IF NMCL, KEY WEST WERE TO RELOCATE. THERE ARE TWO SERVICE CONTRACTS FOR RADIOLOGY AND LABORATORY. NEITHER CONTRACT HAS FTE'S DEPICTED.

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)

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. CANDELARIA
NAME (Please type or print)

T. Candelaria
Signature

COMMANDING OFFICER
Title

Date 13 July 94

NAVAL MEDICAL CLINIC, KEY WEST
Activity

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

Date 04 AUG 1994

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

393

Information on Family Housing is required for use in BRAC-95 return on investment calculaitons.

Installation Name:	Key West Naval Hospital
Unit Identification Code (UIC):	N00267
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	78.2
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$ 265
Total Number of Officer Housing Units:	16
Total Number of Enlisted Housing Units:	28

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

YVONNE O. SPRING
NAME (Please type or print)

Yvonne O. Spring
Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

Document Separator

393

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY:NAVAL MEDICAL CLINIC, KEY WEST, FLORIDA ACTIVITY UIC: 00267

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

The Mission of Naval Medical Clinic is to provide health care services to Navy and Marine Corps personnel and active duty members of Other Federal Uniformed Services. Subject to the availability of space, facilities and other resources capabilities, provide ambulatory care services for other authorized persons as prescribed by Title 10, U. S. Code and other current directives. Provide coordinated health care services for all military facilities and activities assigned and exercise local coordination of other functions as directed. Ensure that all assigned military personnel are properly trained and aware 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. Ensure that the requirements for the requisite quality of health care standards are maintained. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units to the operating forces to ensure the highest possible degree of operational and Navy Occupational Safety and Health readiness of these forces and activities. Conduct patient education and public relations programs to promote consumer satisfaction and awareness. Participate as an integral element in the Lead Agent regional health care coordinating initiatives. Integrate Naval Reserve personnel into command initiatives. Provide training opportunities for Reserve personnel in support of their assigned mission.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVSECGRUACT	N41904	TRUMAN ANNEX KEY WEST FL	254
VF-45	N09711	BOCA CHICA KEY WEST FL	168
CJTF-4	N47854	TRUMAN ANNEX KEY WEST FL	189
AIMD (NAS)	N44320	BOCA CHICA KEY WEST FL	174
23RD INTEL SQDN	N/A	TRUMAN ANNEX KEY WEST FL	133
USCG GRP KEY WEST	07-36298	KEY WEST FL	115
NAVMEDCLINIC	N41792	KEY WEST FL	112
USCG (THETIS)	20-11510	KEY WEST FL	105
CARIBROC	64134	TRUMAN ANNEX	101
USCG STATION	07-30311	ISLAMORDA FL	36
SPECFORCES	WIEOIC	FLEMING KEY	31
ALPHA CO	W4KKAO	TRUMBO POINT	30
USCG STATION	07-30323	KEY WEST FL	29
USCG STATION	07-30314	KEY WEST FL	29

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)
PSD	43337	BOCA CHICA	20
VF 101	47788	BOCA CHICA	20
USCG (PADRE)	07-13428	KEY WEST FL	19
USGC (SITKINAK)	07-13429	KEY WSET FL	17
USCG (ANT)	41937	KEY WEST FL	14
COMISSARY	49029	KEY WEST FL	13
NAVDENCLINIC	41792	BOCA CHICA	12
NOCD	65773	KEY WEST FL	08
ROICC	44222	BOCA CHICA	07
FLEET IMAGING	41417	TRUMBO POINT	06
NAV LEGAL DET	35497	TRUMBO POINT	02
NAS	00213	BOCA CHICA	651

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 OUTPATIENT LOAD
ACTIVE DUTY N/MC	N/A	17,082	N/A	71
ACTIVE DUTY NON N/MC	N/A	3,368	N/A	14
TOTAL ACTIVE DUTY	N/A	20,450		85
FAMILY OF AD	N/A	13,760	N/A	57
RETIRED *	N/A	2,218	N/A	9
RETIRED FAMILY MEMBERS *	N/A	2,975	N/A	12
OTHER	N/A	1,790	N/A	7
TOTAL	N/A	41,193		170

What is your occupancy rate for FY 1994 to date? N/A

* Separation for over/under age 65 cannot be determined.

#'s include BMC NAS Key West
STU BQMSD-823
6 Jun 94

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	41,965	42,804	43,232	43,664	44,101	46,769	48,621
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:

FY-94: OCT93-APR94 = 21,711 = an increase of 5% plus a projection for MAY94-SEP94 of 1%
FY-95 and FY-96: @ 2% anticipate arrival of new USCG ships and aviation squadron (limited floor space considered).
FY-97 through FY-99: anticipate 1% each year due to loss of space during MILCON project for new Joint Medical/Dental/VA Clinic.
FY-2000: Plus 5% increase due to MILCON completion.
FY-2001: Plus 5% based upon steady growth of patient population.

#'s include BMC NAS Key West
STCU BUMED-823
6 Jun 94

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Environmental Health Inspections	45%	2
Training	5%	1
Vector Surveillance	5%	2
Potable/Sewage Water Testing	3%	1
Communicable Disease Control	25%	2
Consultation on Technical Problems	15%	2
Reporting/Administration	2%	2

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Flight Ops coverage 1993 "Documented 300" responses		2
Flight Ops Coverage 1994 60 estimated 1994		2
Field Training 1993 2 months		2
Fitness Tests 1993 - 06		2
Fitness Tests 1994 - 03		2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
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]
55010	L-1, Medical Clinic	84,438	52	Inadequate
73040	L-3, Laundry/Dry Clean	3,865	52	Inadequate
74054	L-8, Office/Gym	2,056	61	Substandard
93310	L-12, Ward H	4,114	51	Inadequate
93310	L-13, Ward G	3,050	51	Inadequate
93310	L-14, Ward F	3,780	51	Inadequate
55010	L-15, Ward E	5,712	51	Substandard
55010	L-16, Patient Admin/ Optometry	8,642	50	Substandard
93310	L-18, Storehouse	360	45	Inadequate
74087	L-21, Boat House	96	47	Substandard
72112	L-47, BEQ	3,528	23	Inadequate

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

(1) Building L-1 and L-1 South

(a) Facility Type/Code: 93310 and 55010, respectively

(b) What makes it inadequate? Major structural damage, spalling concrete, elevator inoperative to upper levels due to structural damage in the elevator shaft, obsolete/ deteriorating mechanical equipment, outdated and faulty electrical and plumbing systems.

(c) What is the cost to upgrade the facility to substandard? One upgrade was completed on the B Wing South section in December, 1992 with a five-year life expectancy limitation. Wing is beyond further repair.

(d) What other use could be made of the facility and at what cost? None. Gauge wire was installed in the ceiling to catch spalling concrete. The building continues to erode beneath the cosmetic cover.

(e) Current improvement plans and programmed funding: P-630 FY-97 MILCON Project is currently in the planning stage. Office of the Assistant Secretary of Defense for Health Affairs has recently completed an Economic Analysis Management System (EAMS) proposal for the MILCON project.

(f) Has this facility condition resulted in "C3 or "C4" designation on your BASEREP? Yes

(2) Building L-3 and L-3 West

(a) Facility Type/Code: 93310 and 21920, respectively

(b) What makes it inadequate? Major structural damage, roof caving in, spalling concrete, obsolete/deteriorating mechanical equipment, outdated and faulty electrical and plumbing systems.

(c) What is the cost to upgrade the facility to substandard? Building is beyond repair and must be demolished.

(d) What other use could be made of the facility and at what cost? None, building is beyond repair.

(e) Current improvement plans and programmed funding: None

(f) Has this facility condition resulted in "C3 or "C4" designation on your BASEREP? Yes

(3) Building L-12

(a) Facility Type/Code: 93310

(b) What makes it inadequate? Roof and structural damage, outdated and faulty electrical and plumbing systems.

(c) What is the cost to upgrade the facility to substandard? Building is beyond repair and should be demolished.

(d) What other use could be made of the facility and at what cost? None, building is beyond repair.

(e) Current improvement plans and programmed funding: None

(f) Has this facility condition resulted in "C3 or "C4" designation on your BASEREP? Yes

(4) Building L-13

(a) Facility Type/Code: 93310

(b) What makes it inadequate? Roof and structural damage, outdated and faulty electrical and plumbing systems.

(c) What is the cost to upgrade the facility to substandard? Building is beyond repair and should be demolished.

(d) What other use could be made of the facility and at what cost? None, building is beyond repair.

(e) Current improvement plans and programmed funding: None

(f) Has this facility condition resulted in "C3 or "C4" designation on your BASEREP? Yes

(5) Building L-14

(a) Facility Type/Code: 93310

(b) What makes it inadequate? Roof and structural damage, outdated and faulty electrical and plumbing systems.

(c) What is the cost to upgrade the facility to substandard? Building is beyond repair and should be demolished.

(d) What other use could be made of the facility and at what cost? None, building is beyond repair.

(e) Current improvement plans and programmed funding: None

(f) Has this facility condition resulted in "C3 or "C4" designation on your BASEREP? Yes

(6) Building L-21

(a) Facility Type/Code: 74087

(b) What makes it inadequate?

(c) What is the cost to upgrade the facility to substandard? Building is beyond repair and should be demolished.

(d) What other use could be made of the facility and at what cost? None, building is beyond repair.

(e) Current improvement plans and programmed funding: None

(f) Has this facility condition resulted in "C3 or "C4" designation on your BASEREP? Yes

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	R2M2 L-16 Renovation & Minor Construction	FY-93/ FY-94	$143K
ERCA1-89	Building L-1 Repair/Alteration	FY-90	$2.3M
	Hematology Analyzer (SIN 615-19)	FY-93	$246K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	Cell Counter	FY-93	$ 49K
	Analyzer CHEM Auto Discrete	FY-91	$ 78K
	X-ray Machine (Main Clinic)	FY-90	$138K

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YR	VALUE
P-630	MILCON	FY-97	$10.8M
	X-ray Machine (Branch Clinic)	FY-95	$138K

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	Not Applicable		

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL MEDICAL CLINIC, KEY WEST, FLORIDA					
2. UIC N00267	3. CATEGORY CODE See Attached		4. NO. OF BUILDINGS 11		
5. SIZE	A. GSF 123,173 SF		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION R7	A. CITY Key West			B.STATE Florida	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	70	10	20	A20	
(2) ADMINISTRATION	80	20	N/A	B12	
(3) CENTRAL STERILE SVCS.	N/A	N/A	N/A	N/A	
(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	40	40	20	C17	
(8) LOGISTICS	100	N/A	N/A	N/A	
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A	N/A	
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A	N/A	
(11) OUTPATIENT CLINICS	50	20	30	B09, C12	
(12) PHARMACY	70	10	20	B12	
(13) RADIOLOGY	100	N/A	N/A	N/A	
(14) SURGICAL SUITE	N/A	N/A	N/A	N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	N/A	N/A	100	A09, A11, F11	
(B) HVAC	70	20	10	F01, C17	
(C) PLUMBING	30	N/A	70	A17, F02	
(D) ELECTRICAL SVCS.	30	N/A	70	A17,F17	
(E) ELECTRICAL DISTRIBUTION	30	N/A	70	A17,A06	
(F) EMERGENCY POWER	70	20	10	A07	

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

ASSIGNED BUILDINGS

CATEGORY CODE	BUILDING	BUILDING STATUS
93310	L-1	Inadequate
55010	L-1 B Wing	Inadequate
93310	L-3	Inadequate
21920	L-3 West	Inadequate
74054	L-8	Adequate/Substandard
93310	L-12	Inadequate
93310	L-13	Inadequate
93310	L-14	Inadequate
55010	L-15	Substandard
55010	L-16	Substandard
93310	L-18	Inadequate
72111	L-47	Substandard
74087	L-21	Substandard

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 (Not required, less than 100,000 annual visits

FULL ACCREDITATION: Yes/No

LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

* Last JCAHO Certification covered the period 1988 - 1991.

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?

(1) NMCL Key West is the only servicing medical facility throughout the Florida Keys and southern Florida for delivery of health care to all beneficiary categories. The closest major medical facility is Naval Hospital, Orlando, Florida (awaiting BRAC closure), a distance of 386 miles. Upon Naval Hospital, Orlando's closure, Naval Hospital, Jacksonville, Florida (489 miles) will then become the closest major military medical facility.

(2) The Family Clinic is centrally located between the main three military installations and the four family housing complexes located in Key West. The Branch Medical Clinic is located at the Naval Air Station, Boca Chica Key to provide flight line support and care for the active duty personnel.

b. What are the nearest air, rail, sea and ground transportation nodes?

Air: Civilian - Key West International Airport 1.3 miles

Rail: Miami, Florida (150 miles)

Sea: Miami, Florida

Ground: Greyhound Bus Station is located in downtown Key West. There are a number of commercial rental car agencies throughout the Key West area (mainly at the Key West International Airport.)

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.

Military: Naval Air Station, Key West, Florida - 4 miles

Civilian: Miami International Airport, Miami, Florida - 150 miles

d. What is the importance of your location given your mobilization requirements?

Given current mobilization requirements, the location of this facility does not have an importance in the mobilization of personnel to their respective sites.

e. On the average, how long does it take your current clients/customers to reach your facility?

Five to Ten 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?

Key West is an extremely isolated, high cost, resort area. Hiring efforts are hindered by the geographical location and DoD hiring freeze which is in effect.

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.

NMCL, Key West is the only servicing military medical facility in the Florida Keys and southern Florida for <u>all</u> beneficiary categories.

Impact on the Navy without NMCL Key West:

a. Will affect <u>all</u> branches of service and all categories of patients.

b. Anticipate Supplemental Care costs to sky rocket

c. Beneficiaries can expect to experience up-front, out-of-pocket medical expenses

d. Expect lengthy delays for medical appointments

e. Loss of continuity of care

f. Customer commands will experience lost manhours and associated travel requirements for active duty personnel to acquire specialty care not available in the local area.

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.

a. Competition in Key West, Florida is less than optimal as the number of providers available in various medical specialties are extremely limited and would further exacerbate an already tenuous situation, from the seasonal influx of retiree population and aircraft additional training detachments during the winter months.

b. Availability of timely appointments would be further degraded.

c. Specialty Care is limited in Key West, Florida.

d. If the MEDEVAC System is not available, beneficiaries will be required to drive at a minimum of 150 miles (approximately 3 hours) to Miami, Florida for non-military specialty care.

e. There is one, sole-source, DRG exempt hospital in Key West, Florida.

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 civilian community should be able to support the residual (retired) eligible population, however, not all specialty care is available in Key West. Beneficiaries will have to commute a minimum of 150 miles for specialty care not available in the civilian community.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

Not Applicable

11. Mobilization. What are your facility's mobilization requirements?

Current requirement is Thirty members for mobilization.

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
FLTHOSP #8	45392	07
FLTHOSP #15	45399	06
1ST MAR AIR WING	57079	01
NAVHOSP ROOSEVELT ROADS	65428	01
NAVHOSP ROTA	66101	04
1ST MARINE BRIGADE	67339	02
FLTHOSP #4	68684	06
FLTHOSP #5	68685	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.

Additional workload would not increase based on the fact that we only lose a very small number of personnel per training cycle.

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 _____

[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	192	494K	351	583K	140	228K
AD FAMILY	203	61K	67	96K	4	45K
OTHER	133	41K	29	27K	7	
TOTAL		596K		706		273

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

#'s include BMC NAS Key West
CTW Banned-823
6 Jun 94

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$4,540,185	$5,702,919	$6,050,685*
TOTAL OUTPATIENT VISITS	39,045	40,795	41,193**
AVERAGE COST PER VISIT	$ 116.28	$ 139.79	$ 146.89

Source: MEPRS

* FY-94 COST - Actual OCT 93 - FEB 94 cost data plus a cost projection based on MAR-SEP 93 data.

** FY-94 VISITS- Actual OCT 93 - APR 94 visits plus a projection based on MAY-SEP 93 data.

#'s include BMC NAS Key West
SEE BUMED-823
6 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE	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		
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]	N/A		
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	N/A		
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]	N/A		
F. TOTAL (B+C+D+E)	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		
H. CLINIC INVESTIGATION PROGRAM (FAH)	N/A		
I. CONTINUING HEALTH PROGRAM (FAL)	N/A		
J. DECEDENT AFFAIRS (FDD)	N/A		
K. INITIAL OUTFITTING (FDE)	N/A		
L. URGENT MINOR CONSTRUCTION (FDF)	N/A		
M. TOTAL (G+H+I+J+K+L)	N/A		

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)	N/A		
O. TOTAL CATEGORY III RWPS	N/A		
P. UNIT COST (N÷O)	N/A		

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) 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+	24	24	0	0
Officer	3	148	148	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	454	454	0	0
Enlisted	3	562	562	0	0
Enlisted	1 or 2	353	353	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate? 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:
Has this facility condition resulted in C3 or C4 designation on your BASEREP? N/A

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	0	0
	2	0	0
	3	0	0
	4+	1	2-4 Months
O-4/5	1	0	0
	2	0	0
	3	6	No Wait
	4+	3	2-3 Months
O-1/2/3/CWO	1	0	0
	2	0	0
	3	4	No Wait
	4+	3	2-4 Months
E7-E9	1	0	0
	2	0	0
	3	11	No Wait
	4+	3	2-4 Months
E1-E6	1	0	0
	2	16	1 Month
	3	15	1 Month
	4+	10	4-5 Months

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	Cost of off-base housing/Rent
2	Utilities
3	Security
4	Location
5	Condition of off-base housing

(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)? 60%

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	96.8%
Substandard	0
Inadequate	0

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

Yes. Due to the down-sizing of Naval Air Station, Key West and tenant commands, occupancy has decreased.

(2) BEQ: NMCL Building L-47

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	0
Substandard	47%
Inadequate	0

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No. At the time the Naval Hospital was downgraded to a Naval Medical Clinic in 1979, the manning level dropped resulting in vacancies.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: AOB = 04.

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(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.)	2	50%	
Spouse Employment (non-military)	0	0	
Other (Separation)	2	50%	
TOTAL	4	100	

(e) How many geographic bachelors do not live on base? 01

(3) BOQ: (NMCL Key West does not manage a BOQ)

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	0
Substandard	0
Inadequate	0

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(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.)	0	0	
Spouse Employment (non-military)	0	0	
Other	0	0	
TOTAL	0	100	

(e) How many geographic bachelors do not live on base?

Not Applicable

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 BOCA CHICA KEY, NAVAL AIR STATION, KEY WEST, FLORIDA
DISTANCE 4 Miles

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	4	Y
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	10	Y
Enlisted Club	SF	8910	N
Officer's Club	SF	0	N/A
Library	SF	3740	N
Library	Books	8200	N
Theater	Seats	150	CLOSED
ITT	SF	0	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	0	N/A
Beach	LF	480	Y
Swimming Ponds	Each	0	N/A
Tennis CT	Each	0	0

[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	2	N
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	0	N/A
Fitness Center	SF	8900	N
Marina	Berths	24	Y
Stables	Stalls	0	N/A
Softball Fld	Each	3	N
Football Fld	Each	1	N
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A

Is the library part of a regional interlibrary loan program? Yes

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	Quantity
Exchange	SF	0
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	2039
Package Store	SF	300
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	1
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	2160
FSC Classrm/ Auditorium	PN	

LOCATION SIGSBEE PARK HOUSING AREA, KEY WEST, LORIDA DISTANCE 2 Miles

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	880	Y
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	3500	N
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	0	N/A
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	1	N/A

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	N
Basketball CT (outdoor)	Each	1	N
Racquetball CT	Each	0	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	0	N/A
Fitness Center	SF	0	N/A
Marina	Berths	15	Y
Stables	Stalls	0	N/A
Softball Fld	Each	0	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	1	N
Youth Center	SF	2000	N
Tent Space	Sites	30	Y
RV Park	Sites	68	Y
Mobile Homes (10X50)	Each	37	Y

Service	Unit of Measure	Quantity
Exchange	SF	32,684
Gas Station	SF	24
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	2039
Package Store	SF	300
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	0
Family Service Center	SF	3982
Laundromat	Each	1
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	0
FSC Classrm/ Auditorium	PN	1
Navy Lodge	PN	26

LOCATION TRUMAN ANNEX, KEY WEST, FLORDIA DISTANCE 2.5 Miles

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
All Hands Club	SF	5596	N/A
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	0	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	0	N/A
Beach	LF	780	N
Swimming Ponds	Each	0	N/A
Tennis CT	Each	2	N

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	2	N
Basketball CT (outdoor)	Each	1	N
Racquetball CT	Each	1	N
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	0	N/A
Fitness Center	SF	0	N/A
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	1	N
Football Fld	Each	1	N
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A

Service	Unit of Measure	Quantity
Exchange	SF	0
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	1741
Package Store	SF	50
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	4458
FSC Classrm/ Auditorium	PN	0

LOCATION TRUMBO ANNEX, KEY WEST, FLORIDA DISTANCE 2 Miles

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	N/A
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	0	N/A
Officer's Club	SF	10800	Y
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	0	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	10	N
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	3	N

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	N
Basketball CT (outdoor)	Each	1	N
Racquetball CT	Each	0	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	6553	N
Fitness Center	SF	0	N/A
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	0	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A
Child Devel Center	SF	10070	Y

Service	Unit of Measure	Quantity
Exchange	SF	0
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	982
Package Store	SF	96
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	0
FSC Classrm/ Auditorium	PN	0

c. Is your library part of a regional interlibrary loan program?
yes.

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	06			YES	12	180
6-12 Mos	05			YES	09	120
12-24 Mos	14			YES	15	90
24-36 Mos	26			YES	18	90
3-5 Yrs	53			YES	35	60

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code: Child Care Center/74074
What makes it inadequate?

Inadequate sprinkler system, extensive termite and carpenter ant damage. Lead paint on walls, asbestos in building and non functional floor plan.

What use is being made of the facility?

Currently being use as a child development center.

What is the cost to upgrade the facility to substandard?

Exceeds 70% cost of new construction.

What other use could be made of the facility and at what cost?

No study available to determine 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?

35 providers.

(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).

No, the nearest Navy base is eight hours away.

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
Miami, Florida	150
Tampa, Florida	400
Orlando, Florida	386

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	376.29	210.54
E2	376.29	236.64
E3	365.32	269.19
E4	390.46	272.51
E5	404.70	282.56
E6	405.88	276.29
E7	498.31	346.16
E8	459.91	347.68
E9	458.41	347.99
W1	585.01	444.29
W2	565.40	443.46
W3	559.19	454.57
W4	572.53	507.63
O1E	532.65	395.10
O2E	557.26	444.29
O3E	574.25	485.81
O1	517.45	381.30
O2	534.13	417.48
O3	600.93	505.94
O4	559.52	486.56
O5	592.75	490.20
O6	576.85	477.47
O7	513.45	417.17

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	650	55	N/A
Apartment (1-2 Bedroom)	825	500	75-100
Apartment (3+ Bedroom)	900	650	150
Single Family Home (3 Bedroom)	1400	800	200
Single Family Home (4+ Bedroom)	1600	900	300
Town House (2 Bedroom)	850	700	100
Town House (3+ Bedroom)	950	750	150
Condominium (2 Bedroom)	1500	1000	100
Condominium (3+ Bedroom)	1800	1100	150

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	98%
Apartment (1-2 Bedroom)	92%-96.5%
Apartment (3+ Bedroom)	98.5%
Single Family Home (3 Bedroom)	98.5%
Single Family Home (4+ Bedroom)	91.7%
Town House (2 Bedroom)	92%
Town House (3+ Bedroom)	98.5%
Condominium (2 Bedroom)	92%
Condominium (3+ Bedroom)	98.5%

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	155,000
Single Family Home (4+ Bedroom)	189,000
Town House (2 Bedroom)	95,000
Town House (3+ Bedroom)	115,000
Condominium (2 Bedroom)	145,000
Condominium (3+ Bedroom)	160,000

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

MLS not available for this geographical 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.
Tourism

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
MS	0	70
OS	0	44
ET	0	42
SH	0	8
MM	0	7

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)
Key West	75%	8	15
Big Coppitt	2.5%	2	5
Sugarloaf	10%	10	10
Cudjoe	2.5%	15	20
Big Pine	10%	22	30

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	Special Education available	annual Enrollment cost per Student	1993 average SAT/ACT Score	% Grad to Higher Educa	Score of Informa tion
SIGSBEE ELEMENTARY	PUBLIC	PRE K-5TH	SPEC. LEARNING	NONE	NA/	N/A	DATA ENTRY SPEC.
GRACE LUTHERAN SCHOOL	PRIVATE	K-5TH	NONE	2,000	N/A	N/A	OFF. MGR
MONTESSORI CHILDRENS SCHOOL	PARENT CO-OP	PRE K-6TH	ASSIST EACH CHILD TO MEET OWN POTENTIAL	3,465	N/A	N/A	EXEC. COORD
MARY IMMACULATE STAR OF THE SEA SCHOOL	PRIVATE	PRE K-8TH	ASSIST EACH CHILD TO MEET OWN POTENTIAL	2,640	N/A	N/A	OFF. MGR
MARY SANDS EXCEPTIONAL CHILD CTR.	PUBLIC	PRE K-12TH	SPECIAL LEARNING FOR GRADE LEVELS	NONE	N/A	N/A	SEC.
GERALD ADAMS ELEMENTARY	PUBLIC	K-5TH	SPEC. LEARNING DISABILIT IES EMOTIONAL LY HANDICAPP ED SPEECH THERAPY	NONE	N/A	N/A	OFF. MGR
GLYNN ARCHER ELEMENTARY	PUBLIC	PRE K-5TH	SPEC. LEARNING DISABILIT IES	NONE	N/A	N/A	OFF. MGR.
POINCIANA ELEMENTARY	PUBLIC	K-5TH	SPECIAL LEARNING DIABILITI ES GIFTED	NONE	N/A	N/A	OFF. MGR.

Institution	Type	Grade Level	Special Education available	annual Enrollment cost per Student	1993 average SAT/ACT Score	% Grad to Higher Educa	Score of Informa tion
HORACE O'BRYANT JR. HIGH	PUBLIC	6-8TH	SPECIAL DISABILIT IES GIFTED	NONE	N/A	N/A	OFF. MGR.
KEY WEST SR HIGH	PUBLIC	9-12TH	LEARNING DISABILIT IES EXCEPTION AL	NONE	N/A	N/A	OFF. MGR.

(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	
FLORIDA KEYS COMMUNITY COLLEGE	Day YES	ADULT/YES	BOTH		YES	
	Night YES	HS/YES			YES	
KEY WEST HS ADULT ED. PROGRAM	Day YES	ADULT/YES	VOCATIONAL	GED/CERTI FICATES		
	Night YES	HS/YES	ONLY			
ST. LEO COLLEGE	Day YES	ADULT/YES	NO	N/A	N/A	
	Night YES	HS/NO	NO	N/A	YES	

(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	
TROY STATE UNIVERSITY	Day YES	ADULT/YES	NO	N/A	N/A	YES
	Night NO	HS/NO				
	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				1991/3.8%
Manufacturing				1992/5.7%
Clerical				1993/5.3%
Service				
Other				

NOTE: Family Service Center does not track the breakdown of jobs in the community by professional/manufacturing/clerical/service/other criterion.

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.

There are no DoD inpatient or DoD specialty care facilities located at NMCL Key West, the Florida Keys, or in south Florida. Active duty beneficiaries are required to utilize U. S. Military Treatment Facilities (USMTFs) for routine referral specialty care causing an increasing demand on their commands' travel dollars and loss of valuable manhours.

(1) Non-emergent specialty care is sent out on a referral basis to other USMTFs (e.g. Naval Hospital, Orlando (386 miles); Naval Hospital, Jacksonville (489 miles); and MacDill AFB, Tampa (416 miles). Appointment dates are acquired for all referrals only after the accepting physician has reviewed a faxed/mailed consult. Subsequently, delays in appointment scheduling have been experienced from 14 to 30-45 days. Additionally, a beneficiary utilizing the MEDEVAC System, for a scheduled 30-minute referral outpatient appointment, becomes a loss to his/her command for one to two weeks, depending on the location of the USMTF.

(2) Emergency Care. Key West is an extremely isolated, high cost, resort area. High Supplemental Care costs are escalating due to emergent health care needs, specialty services (e.g. OB/GYN), physical therapy and the limitation of one sole-source Diagnosis Related Group (DRG) exempt civilian hospital.

(3) NMCL Key West is currently negotiating a Sharing Agreement with the Department of Veterans Affairs, Medical Center, Miami, Florida for shared services. Beneficiaries will realize great benefits from this alternative care (e.g. reduction in lost manhours, decrease in travel funds allotted for medical care, and the availability of broad specialty care within driving distance.

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.

Military dependents' access to medical care at NMCL is limited due to the non-availability of specialty care. Military dependents and other eligible beneficiaries are forced to utilize the cumbersome MEDEVAC System or the local civilian community. The competitive climate in the local civilian community is less than optimal as the number of providers available, in various medical specialties, is seriously limited. In many cases, there is only one provider per specialty area, at times leading to

lengthy waiting lists. Additionally, local civilian providers have historically required up-front payment for services provided until such time as the CHAMPUS deductible has been paid. Once the deductible has been met, then the cost-share co-payment is requuired. However, some providers do not accept CHAMPUS assignment. Non-active duty beneficiaries can experience delays up to three months or longer while awaiting case acceptance from other USMTFs.

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	9	20	15
Base Personnel - civilian			1
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		1	1
Base Personnel - civilian		1	
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)		1	1
Base Personnel - military		3	

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	11	17	28
Base Personnel - civilian		1	17
Off Base Personnel - military		2	1
Off Base Personnel - civilian	1	13	3
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	43	37	38
Base Personnel - civilian	6	13	1
Off Base Personnel - military	2		

Off Base Personnel - civilian		1	1

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	90	83	94
Base Personnel - civilian	7	10	7
Off Base Personnel - military	1		2
Off Base Personnel - civilian		4	1
10. Wrongful Destruction (6U)			
Base Personnel - military	19	75	101
Base Personnel - civilian		23	11
Off Base Personnel - military			5
Off Base Personnel - civilian		5	
11. Larceny - Vehicle (6V)			
Base Personnel - military	52	44	53
Base Personnel - civilian	3	8	2
Off Base Personnel - military			
Off Base Personnel - civilian	1	2	
12. Bomb Threat (7B)			
Base Personnel - military	8	21	28
Base Personnel - civilian			5
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	75	61	54
Base Personnel - civilian		9	5
Off Base Personnel - military	5		3
Off Base Personnel - civilian	1	3	1
15. Death (7H)			
Base Personnel - military		2	5
Base Personnel - civilian			
Off Base Personnel - military			2
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			1
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	8	5	6
Base Personnel - civilian	3	1	2
Off Base Personnel - military	1		
Off Base Personnel - civilian	2	1	
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	80	106	107
Base Personnel - civilian	19	24	25
Off Base Personnel - military	11	5	17
Off Base Personnel - civilian	2	18	8

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military	1		1
Base Personnel - civilian	1		
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military	1		
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military	1		
Base Personnel - civilian	1		1
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

F. L. Anzalone
NAME (Please type or print)

F L Anzalone
Signature

Commanding Officer, Acting
Title

25 May 1994
Date

Naval Medical Clinic, Key West, FL
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. Greene, Jr. NAME (Please type or print) J B Greene Jr Signature

Acting Title 10 Jun 1994 Date

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, Key West, FL
Acronym(s) used in correspondence	NAVMEDCLINIC Key West
Commonly accepted short title(s)	NMCL Key West / NMCLKW

- Complete Mailing Address

Commanding Officer
Naval Medical Clinic
PO Box 9052
Key West, FL 33040-9052

- PLAD

NAVMEDCLINIC KEY WEST FL

- PRIMARY UIC: 00267 (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): 31033 PURPOSE: Inserve Training (only reflected in EDVR not in current Activity Manpower Document (AMD)

0267 Temporary UIC assigned during rehabilitation of building L-1, currently NMCLKW.

00267
GSN

32643 Can not be identified as BRMEDCL, NAS, Key West, FL

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

00267
USA

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: 00213
- Primary Host (as of 01 Oct 1995) UIC: 00213
- Primary Host (as of 01 Oct 2001) UIC: 00213

• 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
Branch Medical Clinic	NAS, Key West, FL	00213

00267
OSA

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, Key West	Naval Air Station Key West	00213

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.

1. Homestead Air Force Base Hospital was the primary military source of medical specialty care for CHAMPUS/MEDICARE beneficiaries who reside in South Florida. Currently, Naval Hospital Orlando remains the primary military source of medical specialty care for our active duty personnel.

2. Now with the closure of Naval Hospital Orlando, our patients will be required to obtain their care at a more distant USMTF. Naval Hospital Jacksonville, FL, 500 miles away, would be the nearest Naval facility. MacDill AFB, Tampa, FL or Patrick AFB, FL, would be the nearest USMTFs; they also have budgetary constraints and are limited in their capacity to provide medical support to our beneficiaries. Note: Internal Medicine, Family Practice and Minor Surgery are the only specialties available at Patrick.

3. Due to distance and expensive alternatives, the majority of CHAMPUS/MEDICARE patients may choose to receive their care from local civilian health care providers.

4. An increase in active duty referrals to more distant USMTFs will cause an increase in lost man hours and TAD expenditures from the member's parent command.

5. Since the closure of Homestead, our Family Medicine Clinic has received numerous requests for medical appointments from beneficiaries as far north as Dade and Broward Counties.

6. Orlando is our center for processing HIV specimens, with a current turnaround time of about two weeks. with the closure of that facility, the center would need to be relocated, possibly impacting the continuity of testing and turnaround time.

7. Orlando is our faculty advisor for Basic and Advance Cardiac Life Support training of Medical, Nurse and Hospital Corps staff. It also provides training for our physicians in alcohol rehabilitation. With its closure, we will have a greater reliance

on Jacksonville to provide this support, which will increase our TAD expenditures and lost man hours due to travel.

8. Currently, EKG testings are sent directly to Orlando via computer modem for interpretation. This is a very rapid and highly efficient method of obtaining results. A similar system would need to be established and maintained with Jacksonville after Orlando's closure.

9. Orlando's pharmacy supplies our beneficiaries with some medications which we do not carry. These medications are flown to Key West via the weekly NALO flight. After Orlando's closure a similar system would need to be established with Jacksonville.

10. Major oral surgery cases are being referred primarily to Orlando. If MacDill or Patrick cannot accommodate our dental needs, beneficiaries would be referred to Jacksonville.

11. Naval Training Command, Orlando, FL, is the destination point of evacuation for personnel residing in Key West if a category 3 hurricane is forecasted to strike the island. The closure of this facility will require all Key West commands to alter their evacuation site to another location. The most likely sites would be Naval Air Station, Jacksonville, or MacDill AFB. Both bases are farther from Key West than Orlando and would increase the travel time and potential hazards for our personnel and their families.

Note: All of the above concerns will increase and intensify those mission functions which follow in subject number seven.

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

- Outpatient ambulatory health care for all eligible DoD and DoT beneficiaries and all others as cited by NAVMEDCOMINST 6320.3B.

- Search and Rescue medical support for NAS, Key West, SAR missions.

- Ambulance coverage of NAS flight activities.

- Occupational Health care for active duty and civil service personnel.

- AVR Physical exams for active duty and reserve personnel.

- The access point for MEDEVAC coordination and patient transport to inpatient MTFs for all beneficiaries as well as visiting forces conducting operations in the area.

- Area wide support and coordination of Decedent Affairs.

- A change to our current mission will be a drastic increase medical support provided and coordination efforts during predicted periods of Cuban refugee influx to the Key West area.

Projected Missions for FY 2001

- This command's projected mission should not deviate from our current mission unless there is a significant reduction or increase in the beneficiary population or a drastic change to the host command's operational requirements.

00267
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

- This command's uniqueness is based on the diversity of area military branches, command and personnel, all committed to a variety of different operational requirements.
-
-

Projected Unique Missions for FY 2001

- Projected uniqueness for this command will depend solely on changes in the mission requirements placed on our beneficiaries.
-
-

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
Commanding Officer, NAS, Key West	00213

• Funding Source	UIC
BUMED	00018

00267
OSA

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	22	61	29
Contracted			N/A *
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
(Appropriated)			
• Reporting Command	21	68	~~37~~ 35 OSA
• Tenants (total)	N/A	N/A	N/A

* NOTE: 37 civilian positions are authorized, however, due to the funding level this command can only pay salaries for 29 positions.

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			
CDR T. Candelaria	305-293-4550	305-293-4584	305-293-4100
• Duty Officer			[N/A]
• CDO	305-293-2444	305-293-4584	
• OOD	305-293-2444	305-293-4584	

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
American Red Cross	Naval Training Center, Orlando, FL	We provide job related training - MOU
Veteran's Administration	Key West, FL	We provide office space on our Compound to operate their clinic - Sharing Agreement
Naval Dental Clinic	NAS, Key West, FL	We provide Bio-Medical Repair Services - MOU
Fisherman's Hospital	Marathon, FL	They provide Radiological Services
SmithKline-Beecham	Miami, FL	They provide Laboratory Services

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity,

00267
6,A

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: Provided by RLC

00267
GSA

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. CANDELARIA, CDR, MSC, USN
NAME (Please type or print)

T. Candelaria
Signature

COMMANDING OFFICER
Title

3 Feb 94
Date

NAVAL MEDICAL CLINIC KEY WEST FL
Activity

00267
GSP

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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: Donald J. Hagen

SURGEON GENERAL/CHIEF BUMED
Title

Date: 2-8-94

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE, JR
NAME (Please type or print)

Signature: J.B. Greene Jr

ACTING
Title

Date: 16 FEB 94

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:NAVAL MEDICAL CLINIC, KEY WEST, FLORIDA

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*********If any responses are classified, attach separate classified annex*********

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999 *		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	2789	2789	N/A	2739	2739	N/A
FAMILY OF AD	3694	3694	N/A	3625	3625	N/A
SUBTOTAL	6483	6483	N/A	6364	6364	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	991	991	N/A	978	978	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	460	460	N/A	551	551	N/A
OTHER	325	325	N/A	365	365	N/A
TOTAL	8259	8259 **	N/A	8258	8258 **	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.

BUMED-822
3 Jun 94
MMS

[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.

Source: RAPS Population Projection Report for 20-Mile Radius

* Maximum Projection is extended to FY-1999

** NMCL Key West services a linear catchment area which extends far beyond the 20-Mile designated RAPS area which is not reflected in this data.

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	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	21,491	13,362	4,079	1,863	40,795
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS WEIGHTED)[1]	142,557	90,469	27,415	13,707	274,148 *
RADIOLOGY PROCEDURES (WEIGHTED)[1]	6,550	4,157	1,260	630	12,596 *
PHARMACY UNITS (WEIGHTED)[1]	37,725	23,941	7,255	3,627	72,549 *
OTHER (SPECIFY) **	2,853	1,772	541	247	5,413 *

[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.

* Proportional break out based upon beneficiary category utilization.

** Other Care is EKG and Immunizations.

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	25,456	16,155	4,895	2,448	48,954*
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS WEIGHTED)[1]	171,069	108,563	32,898	16,449	328,979**
RADIOLOGY PROCEDURES (WEIGHTED)[1]	7,860	4,988	1,512	755	15,115**
PHARMACY UNITS (WEIGHTED)[1]	45,271	28,729	8,706	4,353	87,059**
OTHER (SPECIFY) **	3,378	2,144	649	325	6,496** @

[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.

* 20 Percent efficiency gained through revised scheduling.

** Proportional break out based upon beneficiary category utilization.

@ Other Care is EKG and Immunizations.

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.**
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	28,118	17,844	5,407	2,704	54,073*
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS WEIGHTED)[1]	223,789	142,020	43,035	21,521	430,365**
RADIOLOGY PROCEDURES (WEIGHTED)[1]	14,089	8,942	2,710	1,355	27,096**
PHARMACY UNITS (WEIGHTED)[1]	50,050	31,763	9,624	4,813	96,250**
OTHER (SPECIFY) **	3,728	2,366	717	359	7,170** @

[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.

* Based on current OPV's and recouped CHAMPUS and Supplemental Care.
** Based on FY-93 actual ratio of service to OPV then added in LAB and Radiology contracts, LAB mail out services and prorated by patient category.
@ Other Care is EKG and Immunizations.
*** No inpatient services were considered since facility is not a hospital.

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]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	02	02	02	02	02	02	02	02
INDEPENDENT DUTY CORPSMEN	0	0	0	0	0	0	0	0
TOTAL	08	08	08	08	08	08	08	08

[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]	24
SPECIALTY CARE[2]	42
PHYSICIAN EXTENDER[3]	0
TOTAL	66

[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:

50-Mile Catchment Area	55,686		
Outside 50-Mile Catchment Area	22,338		
Total Linear Catchment Area		78,024	
Seasonal Population		56,643	
Total Functional Population			134,667

Source:
(1) Monroe County (Florida) Statistical Abstract based on 1990 Census
(2) Monroe County (Florida) Comprehensive Plan

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]
Lower Keys Health Systems, Inc.		2 miles	5 minutes	MOU - Contingency Plan Support
Fishermen's Hospital		50 miles	1 hour	Specialty Radiology Contract MOU-Contingency Plan Support
Mariners Hospital		88.8 miles	2 hours	MOU-Contingency Plan Support
Guidance Clinic of the Middle Keys		50 miles	1 hour	None

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Lower Florida Keys Health Systems, Inc.	169	Yes	80%	2 Facilities (1 Mental Health and 1 Medical Health)
Fishermen's Hospital	58	Yes	43%	No Specialty Care
Guidance Clinic of the Middle Keys	28	N/A	Psych Beds = 50% Detox Beds = 95%	Crisis Short Term In-Patient Treatment

[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

F. L. ANZALONE

NAME (Please type or print)

F L Anzalone

Signature

Commanding Officer, Acting

Title

25 May 1994

Date

Naval Medical Clinic, Key West FL

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-3-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR. NAME (Please type or print) J B Greene Jr Signature

ACTING Title 8 JUNE 1994 Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

393

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).

Installation Name:	KEY WEST NAS
Unit Identification Code (UIC):	00267
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997	25850	Medical/Dental Clinic	MCON	10,800
		Sub Total 1997		**10,800**
		Grand Total		**10,800**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

Document Separator

313

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, Key West, FL
UIC:	00267
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:	$26,300

Source of Data (1.a. Salary Rate): Budget Call FY 1996

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			
Monroe	FL	86	31	100%	5	20

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

Source of Data (1.b. 1) & 2) Residence Data): Standard Personnel Management System

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Miami	Dade	155

Source of Data (1.c. Metro Areas):
Rand McNally Road Atlas, 1994 Edition

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		
20 - 24 Years		
25 - 34 Years	5	16.0
35 - 44 Years	6	19.4
45 - 54 Years	14	45.2
55 - 64 Years	6	19.4
65 or Older		
TOTAL	31	100 %

Source of Data (1.d.) Age Data):
Defense Civilian Personnel Data System

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	N/A	N/A
9th through 11th Grade	1	3.2
12th Grade or High School Equivalency	25	80.6
1-3 Years of College	1	3.2
4 Years of College (Bachelors Degree)	1	3.2
5 or More Years of College (Graduate Work)	3	9.7
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.)	1
Associate Degree	N/A
Bachelor Degree	2
Masters Degree	2
Doctorate	N/A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data):
Defense Civilian Personnel Data System

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		

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		
Sub-Total 3a. through 3e.	20-39		
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42		
4c. Water Transportation (includes organizational level maintenance)	44		
4d. Air Transportation (includes organizational level maintenance)	45		
4e. Other Transportation Services (includes organizational level maintenance)	47		
4f. Communications	48		
4g. Utilities	49		
Sub-Total 4a. through 4g.	40-49		
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	19	61.3
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		
5h. Health Services	80	4	13
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83	2	6.5
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	6	19.4
5n. Other Misc. Services	89		
Sub-Total 5a. through 5n.:	70-89	31	100
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91		
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92		
6c. Public Finance	93		
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL		31	100 %

Source of Data (1.f.) Classification By Industry Data):
Standard Personnel Management System

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	4	13
2. Professional Specialty		
2a. Engineers		
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research	5	16.1
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners		
2h. Social & Recreation Workers	2	6.5
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)		
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	3	9.7

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.:	10	32.3
3. Technicians and Related Support		
3a. Health Technologists and Technicians		
3b. Other Technologists	1	3.2
Sub-Total 3a. and 3b.:	1	3.2
4. Administrative Support & Clerical	15	48.3
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service		
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.		
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	1	3.2
TOTAL	31	100 %

Source of Data (1.g.) Classification By Occupation Data):
Standard Personnel Management System

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.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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:	62.3
2. Percentage of Military Spouses Who Work Outside of the Home:	
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	
3b. Employed "On-Base" - Non-Appropriated Fund:	
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	

Source of Data (1.h.) Spouse Employment Data):
Standard Personnel Management System
Questions 2 and 3 are not tracked at this Command.

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	B	B	B
Schools - Public	B	B	C
Schools - Private	B	B	C
Public Transportation - Roadways	B	B	B
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	N/A	N/A	N/A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply	B	B	B
Water Distribution	A	A	A
Energy Supply	A	B	B
Energy Distribution	A	B	B
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	B	B	B
Recreational Activities	A	A	A

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.

The schools in this area would only have a major problem if all of the incoming new students would be attending the same school. At that time some of the problems would be: the need for more teachers, the amount of books and supplies required, and the classroom space. The barrier for expanding the actual school is the area. Most schools are within the city limit and have utilized allotted space or would be dealing with environmental issues.

Source of Data (2.a. 1) & 2) - Local Community Table):
Trisha Wrenns, Senior City Planner
Janet Hayes, Public Information Director (Schools)
Norman Roberts, Transit Supervisor
LT Flowers, Police Department
Randy Sterling, City Recreational Director
Raymond Archer, Transportation Director
James K. Simon, CEO, Florida Keys Health System

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):
As we are only one County, these answers would be the same as those on Table 2.a. on page 16.

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): Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

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):
Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

Source of Data (3.b.2) On-Base Schools):
Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

Source of Data (3.b.3) Colleges):
Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

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):
Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

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):
City of Key West Port and Transit Authority

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.

Miami, FL 150 Miles

Source of Data (3.c.2) Transportation):
City of Key West Port and Transit Authority

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.

Key West International Airport 1.3 Miles

Source of Data (3.c.3) Transportation):
City of Key West Port and Tansit Authority

4) How many carriers are available at this airport?

Three

Source of Data (3.c.4) Transportation):
Key West International Airport Information Line and
Southern Bell Telephone Book

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate 95 150 Miles

Source of Data (3.c.5) Transportation):
Rand McNally Road Atlas, 1994 Edition

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 base is located on HWY A1A, which is a four lane highway. Rush hour congestion only lasts for about 15 minutes and is due to the close proximity of our gate to a major intersection.

b) Do access roads transit residential neighborhoods?

No.

c) Are there any easements that preclude expansion of the access road system?

US A1A is bordered on both sides by sidewalks. One of which is along Naval Medical Clinic government fencing and the other is along side commercial hotel/motel property.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

No.

Source of Data (3.c.6) Transportation):
General knowledge of area.

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): Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL

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): Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

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.

Yes. This is overseen by the Public Works Department of Naval Air Station, Key West, FL.

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.

N/A. This is overseen by the Public Works Department of Naval Air Station, Key West, FL.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

Yes. "Brown Outs" are a basic way of life for Key West residents. However, our operations are not usually effected due to a back-up generator capabilities.

Source of Data (3.f. 1) - 3) Utilities): Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

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):
Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

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): Please refer to Data Call 65 submitted by Naval Air Station, Key West, FL.

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

   a. Participate in Special Olympics.
   b. Coaching Bahama Village Basketball Team, Men's Softball Team.
   c. Coordinate the Veteran's Day Parade.
   d. Visiting Nurse Program.
   e. Medical Assistance/Supplies for Mass Casualty Occurance.
   f. Annual Key West Children's Day.

Source of Data (6. Other): Public Affairs Officer, Naval Medical Clinic, Key West, FL

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. Candelaria
NAME (Please type or print)

T. Candelaria
Signature

Commanding Officer
Title

12 July 94
Date

Naval Medical Clinic,
Key West, FL
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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