DCN 589

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Sabana Seca COMSTA
Unit Identification Code (UIC):	32650
Major Claimant:	Defense Agnecies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998	26029	Medical/Dental Clinic	MCON	2,550
		Sub -Total 1998		**2,550**
		Grand Total		**2,550**

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	

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Clinic, NSGA Sabana Seca, PR
ACTIVITY UIC: 32650

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The Branch Medical Clinic, NSGA, Sabana Seca, provides quality medical care to the Active Duty military personnel assigned to this base and the surrounding area, as well as to their dependents. The age spectrum from birth to retirement may be seen. Almost all medical problems can be evaluated and treated by this clinic. Other specific services offered at this clinic include well baby checks, gynecology, prenatal obstetrics, and minor surgery.

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)
NRF	0566A	Sabana Seca PR	6
NEX	30417	Sabana Seca PR	1
Branch Clinic	32650	Sabana Seca PR	8
NAVSECGRUAC CC	32703	Sabana Seca PR	33
Branch Dental	39082	Sabana Seca PR	3
MEPS	41753	San Juan, PR	4
PSD	43335	Sabana Seca PR	6
NSHS Beth Det	43730	VAMC, San Juan, PR	1
MECP	49086	San Juan, PR	1
NAVSECGRUACT	66754	Sabana Seca PR	209
MGU	52610	Sabana Seca PR	57
Recruiting Ctr	35180	San Juan, PR	22

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	2093	0	8
ACTIVE DUTY NON N/MC	0	Not available	0	N/A
TOTAL ACTIVE DUTY	0	2093		8
FAMILY OF AD	0	1661	0	6.5
RETIRED AND FAMILY MEMBERS UNDER 65	0	Not available	0	N/A
RETIRED AND FAMILY MEMBERS OVER 65	0	Not available	0	N/A
OTHER	0	N/A	0	N/A
TOTAL	0	3757		14.5

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	3800	3800	3800	3800	3800	3800	3800
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

Assuming no change inmission, current levels were utilized for projected figures.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Preventive Medicine Inspections	180	2
Firing Range Support	8	1
PRT Support	10	2
MWR Support	5	1
Command Training	6	1
Health Promotion Programs	36	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
No GME program available								

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	Bldg 145, Medical Clinic	3944	26 yrs	Adequate

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	Modification of radiology suite and records office	FY 1993	11K

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
RA7-92	Renovation of building 145	FY 1994	302K

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
MILCON P333	Medical/dental facility, NSGA Sabana Seca		1.735 M

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 USNH Roosevelt Roads, Branch Medical Clinic, Sabana Seca, PR					
2. UIC 32650	3. CATEGORY CODE		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3944		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY Sabana Seca			B.STATE PR	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	100				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				

(F) EMERGENCY POWER	100				

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: Oct 1993
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 3 (Record as 1,2,3,4,or 5)

LOCATION:

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

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

Clinic located on support tract adjacent to all other base support facilities.

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

Air: Luis Munoz Marin International Airport
Rail: N/A
Sea: San Juan Port
Ground: N/A

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.

Luis Munoz Marin International Airport (Civilian)
Distance (in miles): 12

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

N/A

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

< 5 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.

The nearest naval medical treatment facility is aproximately two hours driving distance. Minor military treatment facilities are available at USA, Ft Buchanan and USCG, San Juan Station but cannot accomodate the demands of the personnel served by this facility. Civilian medical care is available but language barriers prohibit ready access to care.

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. Most beneficiaries at this command are not bilingual and civilian care is mostly conducted in Spanish.

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. Retiree population is primarily bilingual and could be accomodated.

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

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):

Data provided by parent command: US Naval Hospital, Roosevelt Roads, PR.

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

Data provided by parent command: US Naval Hospital, Roosevelt Roads, PR.

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			
TOTAL OUTPATIENT VISITS			
AVERAGE COST PER VISIT			

Data provided by parent command: US Naval Hospital, Roosevelt Roads, PR.

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.

Data provided by parent command: US Naval Hospital, Roosevelt Roads, PR.

Table A:

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

Table B:

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

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

Table C:

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

Table D:

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

Data provided by parent command: US Naval Hospital, Roosevelt Roads, PR.

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	8	8		
Officer	3	12	12		
Officer	1 or 2	0	0		
Enlisted	4+	12	12		
Enlisted	3	109	109		
Enlisted	1 or 2	0	0		
Mobile Homes		0	0		
Mobile Home lots		0	0		

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

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

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

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	N/A	
	2	N/A	
	3	0	
	4+	0	
O-4/5	1	N/A	
	2	N/A	
	3	0	
	4+	0	
O-1/2/3/CWO	1	N/A	
	2	N/A	
	3	0	
	4+	0	
E7-E9	1	N/A	
	2	N/A	
	3	0	
	4+	0	
E1-E6	1	N/A	
	2	N/A	
	3	11	3-6 mo
	4+	1	3-6 mo

[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	Security
2	Convenience/Access
3	Cost
4	Cultural differences/language barriers
5	Quality of living conditions

(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)?

Unable to provide information.

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

Type of Quarters	Utilization Rate
Adequate	100
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? No change.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	100
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No change.

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

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

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

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

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

** Data concerning geographic bachelors could not be provided by host command.

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	100
Substandard	
Inadequate	

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

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

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

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

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

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

** Data concerning geographic bachelors could not be provided by host command.

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	5	Y
	Outdoor Bays	4	Y
Arts/Crafts	SF	5435	N
Wood Hobby	SF	N/A	
Bowling	Lanes	4	Y
Enlisted Club	SF	7889	Y
Officer's Club	SF	N/A	
Library	SF	1600	N/A
Library	Books	9000	N/A
Theater	Seats	N/A	
ITT	SF	200	Y
Museum/Memorial	SF	N/A	
Pool (indoor)	Lanes	N/A	
Pool (outdoor)	Lanes	4	N/A
Beach	LF	N/A	
Swimming Ponds	Each	N/A	
Tennis CT	Each	2	N/A

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	N/A
Basketball CT (outdoor)	Each	1	N/A
Racquetball CT	Each	1	N/A
Golf Course	Holes	N/A	
Driving Range	Tee Boxes	N/A	
Gymnasium	SF	18600	N/A
Fitness Center	SF	N/A	
Marina	Berths	N/A	
Stables	Stalls	12	Y
Softball Fld	Each	1	N/A
Football Fld	Each	N/A	
Soccer Fld	Each	1	N/A
Youth Center	SF	2358	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	150			7	90-120
6-12 Mos	4	95			4	90-120
12-24 Mos	5	As above			0	
24-36 Mos	7	755			7	90-120
3-5 Yrs	12	As above			0	

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

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

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

Family homecare providers.

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

Three certified, two pending certification.

(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).

Yes; USA, Ft. Buchanan and USCG, San Juan Station.

(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	7394
Gas Station	SF	1300
Auto Repair	SF	1116
Auto Parts Store	SF	N/A
Commissary	SF	N/A
Mini-Mart	SF	4945
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	N/A
Family Service Center	SF	N/A
Laundromat	SF	421
Dry Cleaners	Each	N/A
ARC	PN	N/A
Chapel	PN	10946
FSC Classrm/Auditorium	PN	N/A

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

City	Distance (Miles)
San Juan, PR	2
Caguas, PR	20
Fajarado, PR	48

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		

* VHA not offered at this overseas facility. OHA is utilized in lieu of VHA and it can vary greatly based on paygrade, rent, and number of members sharing same rental property.

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)			

* Host command unable to provide data.

(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)	

* Host command unable to provide data.

(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.

* MLS listing not available for this geographic 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

* No sea intenssive ratings in this command.

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)

** Host command unable to provide this information.

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
Antilles Consolidated School System	Sect 6	PK-12	YES	*	*	*	*

* Parent command will provide this information.

(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	
University of Puerto Rico	Day				X	X
	Night				X	X
Inter-American University	Day				X	X
	Night				X	X
Universidad Politecnica de Puerto Rico	Day		X			
	Night		X			
University of Phoenix	Day				X	X
	Night				X	X

(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	
Central Texas College	Day					
	Night				X	
	Corres-pondence					
New Hampshire College	Day					
	Night				X	
	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				

* This facility is served by the FSC NavSta Roosevelt Roads and data provided by host command in BRAC 95 data call #37.

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

No.

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

Yes. Although DELTA Dental Plan and CHAMPUS is available, language barriers hinder easy access.

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)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
2. Blackmarket (6C)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
3. Counterfeiting (6G)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
4. Postal (6L)		None	None
Base Personnel - military		None	1
Base Personnel - civilian		None	None

Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None

* Data not available for 1991.

Crime Definitions	FY 1991*	FY 1992	FY 1993
5. Customs (6M)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
6. Burglary (6N)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
7. Larceny - Ordnance (6R)		1	None
Base Personnel - military		1	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
8. Larceny - Government (6S)		1	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None

Off Base Personnel - civilian		None	None

* Data not available for 1991.

Crime Definitions	FY 1991*	FY 1992	FY 1993
9. Larceny - Personal (6T)		4	15
Base Personnel - military		1	10
Base Personnel - civilian		2	2
Off Base Personnel - military		1	2
Off Base Personnel - civilian		1	1
10. Wrongful Destruction (6U)		10	13
Base Personnel - military		10	13
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
11. Larceny - Vehicle (6V)		1	1
Base Personnel - military		None	None
Base Personnel - civilian		1	1
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
12. Bomb Threat (7B)		1	1
Base Personnel - military		1	1
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None

Crime Definitions	FY 1991*	FY 1992	FY 1993
13. Extortion (7E)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
14. Assault (7G)		8	6
Base Personnel - military		4	3
Base Personnel - civilian		2	2
Off Base Personnel - military		2	1
Off Base Personnel - civilian		None	None
15. Death (7H)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
16. Kidnapping (7K)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None

Crime Definitions	FY 1991*	FY 1992	FY 1993
18. Narcotics (7N)		2	2
Base Personnel - military		1	2
Base Personnel - civilian		1	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
19. Perjury (7P)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
20. Robbery (7R)		1	1
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	1
Off Base Personnel - civilian		None	None
21. Traffic Accident (7T)		32	32
Base Personnel - military		5	7
Base Personnel - civilian		5	22
Off Base Personnel - military		10	1
Off Base Personnel - civilian		12	2

Crime Definitions	FY 1991*	FY 1992	FY 1993
22. Sex Abuse - Child (8B)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
23. Indecent Assault (8D)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
24. Rape (8F)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None
25. Sodomy (8G)		None	None
Base Personnel - military		None	None
Base Personnel - civilian		None	None
Off Base Personnel - military		None	None
Off Base Personnel - civilian		None	None

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

David G. Wright
NAME (Please type or print)

David G. Wright
Signature

LT MC USNR
Senior Medical Officer
Title

Date 20 May 94

U.S. Naval Hospital, Roosevelt Roads
Branch Medical Clinic, Sabana Seca, PR
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT WILFREDO RODRIGUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 MAY 1994
Date

USNH ROOSEVELT ROADS, P.R.
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

X Signature

~~CHIEF BUMED/SURGEON GENERAL~~
Title

6-2-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

6/9/94
Date

8

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, SABANA SECA, PUERTO RICO

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD						
FAMILY OF AD						
SUBTOTAL						
RETIRED AND FAMILY MEMBERS UNDER 65						
RETIRED AND FAMILY MEMBERS OVER 65[4]						
OTHER						
TOTAL						

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.
*This data will be provided by parent command: US Naval Hospital, Roosevelt Roads, PR.

INFORMATION CANNOT BE BROKEN OUT IN A DETAILED FORMAT FOR THIS ACTIVITY.

POPULATION IS INCLUDED WITH PARENT (65428)

BUMED
MED 825
GSA
6/2/94

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	2093	1661	11	3765
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	Only totals available	Only Totals available	Only totals available	27479.4
RADIOLOGY PROCEDURES (WEIGHTED)[1]	0	0	0	0
PHARMACY UNITS (WEIGHTED)[1]	Only Totals available	Only totals available	Only totals available	4568
OTHER (SPECIFY)				

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	2500	2636	240	5376
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	Only totals computed	Only totals computed	Only totals computed	33000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	Only totals computed	Only totals computed	Only totals computed	1200
PHARMACY UNITS (WEIGHTED)[1]	Only totals computed	Only totals computed	Only totals computed	5500
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.

*Assumptions:

a. All available appointments filled.
b. Laboratory, radiology, and pharmacy output increased by 20%.

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

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

* Since RAPS data is not available to this facility, meaningful numbers cannot be calculated. RAPS data will be provided by parent command.

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

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

[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]	896
SPECIALTY CARE[2]	2372
PHYSICIAN EXTENDER[3]	0
TOTAL	3268

[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: 2.664 Million (1990)

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Bayamon Regional	Public	6	10-13 min	None
VAMC	VA	10	15 min	None
Centro Medico	Public	10	15 min	None
San Pablo	Private	4	10-13 min	None
Hermanos Melendez	Private	4	10-13 min	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]
San Pablo	330	YES	100%	Cardiac Center
VAMC	692	YES	80%	GME Center
Centro Medico	1500*	*	*	Trauma Center
**				

[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.

* Centro Medico is comprised of six major individual hospitals: Industrial, Oncologic, Pediatric, Municipal, and University Hospitals. Only available data on JCAHO approval was obtained for the University Hospital. Total beds are estimated.

** Above facilities are our primarily utilized hospitals. Additional hospitals' information will be provided by our parent command.

UIC:32650

c. **Training Facilities:**

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

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

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

UIC: 32650

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

David G. Wright
NAME (Please type or print)

David G. Wright
Signature

LT MC USNR
Senior Medical Officer
Title

Date 20 May 94

U.S. Naval Hospital, Roosevelt Roads
Branch Medical Clinic, Sabana Seca, PR
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT WILFREDO RODRIGUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 MAY 1994
Date

USNH ROOSEVELT ROADS, P.R.
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-2-94
Date

BUREAU OF MEDICINE 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

8 JUNE 1994
Date

INSTALLATION DATA

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 Sabana Seca, PR*
Acronym(s) used in correspondence	*BRMEDCLINIC Sabana Seca*
Commonly accepted short title(s)	*Sabana Seca*

- Complete Mailing Address
  U.S. Naval Branch Medical Clinic
  Naval Security Group Activity
  PSC 1008
  FPO AA 34051-8100

- PLAD
  BRMEDCLINIC SABANA SECA PR

- PRIMARY UIC: 32650 (Plant Account UIC for Plant Account Holders)

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

- OTHER UIC(s): _____ PURPOSE: _____

_____

_____

2. PLANT ACCOUNT HOLDER:

- Yes____No X_____(check one)

PRIMARY UIC: 32650

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: 66754__
- Primary Host (as of 01 Oct 1995) UIC: 66754__
- Primary Host (as of 01 Oct 2001) UIC: 66754__

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

- Yes _____ No X___ (check one)

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

Name	Location	UIC
NOT APPLICABLE		

PRIMARY UIC: 32650

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

Name	UIC	Location	Host name	Host UIC
NOT APPLICABLE				

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

NO.

PRIMARY UIC: 32650

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

Current Missions

- PROVIDE OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT NAVSECGRUACT SABANA SECA PR.

- PROVIDE OCCUPATIONAL MEDICINE, PREVENTIVE MEDICINE, AND VETERINARY FOOD SERVICE SUPPORT TO UNITS ASSIGNED TO NAVSECGRUACT SABANA SECA PR.

Projected Missions for FY 2001

- PROVIDE OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT NAVSECGRUACT SABANA SECA PR.

- PROVIDE OCCUPATIONAL MEDICINE, PREVENTIVE MEDICINE, AND VETERINARY FOOD SERVICE SUPPORT TO UNITS ASSIGNED TO NAVSECGRUACT SABANA SECA PR.

PRIMARY UIC: 32650

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

Current Unique Missions

- U.S. NAVAL BRANCH MEDICAL CLINIC SABANA SECA PR PROVIDES OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT NAVSECGRUACT SABANA SECA PR. WHILE THE BRANCH MEDICAL CLINIC DOES NOT HAVE ANY UNIQUE MISSION ASSIGNMENTS OR CLASSIFIED MISSION RESPONSIBILITIES, IT PROVIDES IMMEDIATE MEDICAL SUPPORT OF THE NAVSECGRUACT WHICH IS TASKED TO PROVIDE SECURE COMMAND AND CONTROL COMMUNICATIONS FOR PUERTO RICO AND THE CARRIBEAN AREA OF OPERATIONS. SEE BRAC 95-1 SUBMISSION FOR NAVSECGRUACT SABA SECA PR (UIC: 66754)

Projected Unique Missions for FY 2001

- U.S. NAVAL BRANCH MEDICAL CLINIC SABANA SECA PR PROVIDES OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT NAVSECGRUACT SABANA SECA PR. WHILE THE BRANCH MEDICAL CLINIC DOES NOT HAVE ANY UNIQUE MISSION ASSIGNMENTS OR CLASSIFIED MISSION RESPONSIBILITIES, IT PROVIDES IMMEDIATE MEDICAL SUPPORT OF THE NAVSECGRUACT WHICH IS TASKED TO PROVIDE SECURE COMMAND AND CONTROL COMMUNICATIONS FOR PUERTO RICO AND THE CARRIBEAN AREA OF OPERATIONS. SEE BRAC 95-1 SUBMISSION FOR NAVSECGRUACT SABA SECA PR (UIC: 66754)

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

• Operational name	UIC
U. S. NAVAL HOSPITAL ROOSEVELT ROADS PR	65428

• Funding Source	UIC
U. S. NAVAL HOSPITAL ROOSEVELT ROADS PR	65428

PRIMARY UIC: 32650

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	2	8	0
• Tenants (total)	0	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	2	6	0
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
• BRANCH CLINIC COORDINATOR:			
LCDR C. HIEDRICH	831-5761	831-5719	(809)865-6229
• Duty Officer (NAVHOSP)	831-5767	831-5719	[N/A]

PRIMARY UIC: 32650

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.

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

PRIMARY UIC: 32650

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.)
U.S. NAVAL SECURITY GROUP ACTIVITY	*SABANA SECA PR*	*GENERAL MEDICAL SUPPORT*

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.
  SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map.
  SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

- Aerial photo(s).
  SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)
  SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSECGRUACT SABANA SECA PR (UIC:66754)

PRIMARY UIC: 32650

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Name: J. C. HEIDRICH
LCDR, MSC, USN

Signature: J.C. Heidrich

Title: BRANCH CLINIC COORDINATOR/
DIRECTOR FOR ADMINISTRATION
NAVAL HOSPITAL
ROOSEVELT ROADS PR

Date: 6/27/94

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: WILFREDO RODRIGUEZ
CAPT, MC, USN Signature: _____

Title: COMMANDING OFFICER
NAVAL HOSPITAL Date: 27 July 94
ROOSEVELT ROADS PR

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL 6-30-94
Title Date

BUREAU OF MEDICINE 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 06 JUL 1994

Title _____ Date _____

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*NAVHOSP BRANCH CLINIC* *NAVY SHIPS PARTS CONTROL CENTER* *MECHANICSBURG PA 17055-0788*
Acronym(s) used in correspondence	*BRCL, SPCC, MECHANICSBURG, PA.*
Commonly accepted short title(s)	*SPCC*

- Complete Mailing Address
BRANCH MEDICAL CLINIC
NAVY SHIPS PARTS CONTROL CENTER (SPCC)
P.O. BOX 2020, BLDG 23A
MECHANICSBURG, PA 17055-0788

- PLAD
NAVHOSP BRANCH CLINIC

- PRIMARY UIC: ~~68101~~ 39033 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

39033
~~C0107~~
680

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: 00104

• Primary Host (as of 01 Oct 1995) UIC: 00104

• Primary Host (as of 01 Oct 2001) UIC: 00104

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

Anticipate population increase of both A/D military with dependents and civil service due to expected arrival of NAVSUP to SPCC Mechanicsburg.

39033
~~60101~~
OSP

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

- OCCUPATIONAL HEALTH
- MEDICAL SURVEILLANCE
- MILITARY SICKCALL
- DEPENDENT/RETIREE SICKCALL
- INDUSTRIAL HYGIENE
-

Projected Missions for FY 2001

- SAME AS ABOVE WITH INDUSTRIAL HYGIENE TO BE PROVIDED FROM WITHIN OUR CLINIC FACILITY.
-
-
-
-

39033
UCA

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

- Operational name UIC

NAVAL MEDICAL CLINIC PHILADELPHIA 68101

- Funding Source UIC

NAVAL MEDICAL CLINIC PHILADELPHIA 68101

39033
GCA

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	0	8	6
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	8	~~8~~ 9 GCA
• Tenants (total)			

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

Title/Name	Office	Fax	Home
• CO/OIC			
A. H. DISTEFANO HMCS(SW)/USN	CLINIC MANAGER	(717)790-4074	(717)731-0823
• Duty Officer			[N/A]
N/A			

39033
GSA

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

39033

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
DEFENSE DISTRABUTION DEPOT SUSQUEHANNA, PA. (DDSP)	*SPCC*	*ISSA*
DEFENSE DISTRIBUTION REGION EAST MECHANICSBURG (DDREMECH)	*SPCC*	*ISSA*
DEFENSE GENERAL SUPPLY CENTER MECHANICSBURG (DGSC-M)	*SPCC*	*ISSA*
DEFENSE REUTILIZATION AND MARKETING OFFICE, MECHANICSBURG (DRMO)	*SPCC*	*ISSA*

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

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

39033
650

- 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.)

39033
CSP

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

A . H. DISTEFANO HMCS(SW)/USN

NAME (Please type or print)

Signature

BRANCH CLINIC MANAGER

2-1-94

Title

Date

BRANCH CLINIC MECHANICSBURG

Activity

39033

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. T. Sizemore, III
NAME (Please type or print)

Signature

Commanding Officer
Title

04 February 1994
Date

Naval Medical Clinic Phila.
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

11 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

359

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:BRMEDCL SPCC MECHANICSBURG PA.

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

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

TABLE OF CONTENTS

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001 not avail.		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	1165	130	N/A	N/A	N/A	N/A
FAMILY OF AD	2460	357				
SUBTOTAL	3625	487				
RETIRED AND FAMILY MEMBERS UNDER 65	16986	N/A				
RETIRED AND FAMILY MEMBERS OVER 65[4]	8333	N/A				
OTHER	N/A					
TOTAL	28,944	487	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.

BUMED-822
MSS, 3 Jun 94

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

Operating Beds[1]:	___0___
Set Up Beds[1]:	___0___
Expanded Bed Capacity[2]:	___0___

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.
NOTE: NO INPATIENT BEDS. AMBULATORY/OUTPATIENT CLINIC.

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1157	610	373	2140
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	----	----	----	31,778
RADIOLOGY PROCEDURES (WEIGHTED)[1]	----	----	----	2,336
PHARMACY UNITS (WEIGHTED)[1]	----	----	----	7,905
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: ANCILLARY DATA NOT AVAILABLE BY PATIENT CATEGORY.

BUMED-822
3 Jun 94, mss

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	1,526	805	492	2,818
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	-----	---	---	41,946
RADIOLOGY PROCEDURES (WEIGHTED)[1]	-----	---	---	3,803
PHARMACY UNITS (WEIGHTED)[1]	-----	---	---	10,434
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: ANCILLARY DATA NOT AVAILABLE BY PATIENT CATEGORY.

BUMED-822
MSS, 3 Jan 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	924	592	298	1,814
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	---	---	---	22,371
RADIOLOGY PROCEDURES (WEIGHTED)[1]	---	---	---	1,265
PHARMACY UNITS (WEIGHTED)[1]	---	---	---	4,132
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: ANCILLARY DATA NOT AVAILABLE BY PATIENT CATEGORY

BUMED 822
MSS, 3 Jun 94

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

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

[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]	
SPECIALTY CARE[2]	
PHYSICIAN EXTENDER[3]	
TOTAL	1,911

NOTE: STATE LICENSING DEPARTMENT CONTACTED AND UNABLE TO PROVIDE BREAKDOWN.

[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: _317,504

SOURCE: PA STATE DATA CENTER CENSUS OF POPULATION/HOUSING

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]
CARLISLE HOSPITAL		20 MILES	30 MINUTES	NONE
HARRISBURG HOSPITAL		7 MILES	15 MINUTES	NONE
HERSHEY MEDICAL CENTER		35 MILES	45 MINUTES	NONE
HOLY SPIRIT HOSPITAL		5 MILES	10 MINUTES	NONE
POLY CLINIC MEDICAL CENTER		15 MILES	20 MINUTES	NONE
YORK HOSPITAL		40 MILES	60 MINUTES	NONE
LEBANON VET ADMIN MED. CENTER		45 MILES	60 MINUTES	NONE

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
CARLISLE HOSPITAL	175	YES		
HARRISBURG HOSPITAL	479	YES		CHEST PAIN CENTER
HERSHEY MEDICAL CENTER	504	YES		TRAUMA CENTER
HOLY SPIRIT HOSPITAL	335	YES		
POLY CLINIC MEDICAL CENTER	450	YES		TRAUMA CENTER
YORK HOSPITAL	588	YES		

[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

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

A. H. DISTEFANO
NAME (Please type or print)

Signature

CLINIC MANAGER
Title

25 May 94
Date

Division

Department

BRMEDCL SPCE MECHANICSBURG, PA.
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. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date 6-3-94

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

359

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRMEDCL SPCC
MECHANICSBURG PA
ACTIVITY UIC:39033

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The mission of the Branch Medical Clinic, Ships Parts Control Center (SPCC), Mechanicsburg, PA. is to provide treatment and referral for illnesses and injuries and to coordinate occupational health programs for the host and tenant activities located on the SPCC compound.

The mission of the host activity (SPCC) is identification, procurement, distribution and inventory management of Naval material.

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)
SPCC	00104	MECHANICSBURG PA	88
FMSO	00367	MECHANICSBURG PA	17
PSD	43334	MECHANICSBURG PA	10
BRANCH CLINIC	39033	MECHANICSBURG PA	08
NAVAL REACTOR	44629	MECHANICSBURG PA	05
NAVSEA	65538	MECHANICSBURG PA	02

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	810	0	3.4
ACTIVE DUTY NON N/MC	0	25	0	0.1
TOTAL ACTIVE DUTY	0	835		3.5
FAMILY OF AD	0	608	0	2.5
RETIRED AND FAMILY MEMBERS UNDER 65	0	167	0	0.7
RETIRED AND FAMILY MEMBERS OVER 65	0	87	0	0.3
OTHER foriegn military	0	04	0	0.015
TOTAL	0	~~865~~ 1701		3.6

STCU DUMEA-823
6 Jun 94

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	8723	8897	9075	9256	9441	9630	8822
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:
NOTE: INCREASE OF ACTIVE DUTY AND DEPENDENT FAMILY MEMEBERS DUE TO BRAC93, NAVSUP COMING TO SPCC.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	18 HOURS	01
PHYSICAL FITNESS TEST (STAND-BY) SEMI-ANNUAL	6 HOURS	02
MWR BASE EVENTS	20 HOURS	06

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
55010		8985	50	EE19811

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
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.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME BRMEDCL SPCC MECH PA					
2. UIC 39033	3. CATEGORY CODE		4. NO. OF BUILDINGS (1)		
5. SIZE	A. GSF		B. NORMAL BEDS (0)		C.DTRS
6. LOCATION BLDG 23a	A. CITY MECHANICSBURG			B.STATE PA	
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	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				

(F) EMERGENCY POWER			100	E07	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit 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: 23MAY91

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: _2__ (Record as 1,2,3,4,or 5)

NOTE: ACCREDIDATION EXPIRED 17MAY94

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? EASY ACCESSABILITY TO OUR FACILITY.

b. What are the nearest air, rail, sea and ground transportation nodes? COMMERCIAL AIR AT HARRISBURG INTERNATIONAL AIR PORT, RAIL IS AT HARRISBURG CENTER CITY AND OUR HOST ACTIVITY COMPOUND HAS RAILWAY ACCESS, COMMERCIAL BUSSING AND TRUCKING ALSO AVAILABLE.

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): 15_____

d. What is the importance of your location given your mobilization requirements? NO DIRECT RELATIONSHIP AS PARENT COMMAND IS 120 MILES AWAY FROM OUR ACTIVITY

e. On the average, how long does it take your current clients/customers to reach your facility? 3 TO 5 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? BEING LOCATED IN THE VACINITY OF THE STATE CAPITAL ALLOWS FOR A LARGE PULL OF QUILIFIED APPLICANT.

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. WE ARE SERVICING A LARGE NUMBER OF CIVILIAN PERSONNEL FOR OCCUPATIONAL HEALTH SERVICES. IT WOULD NOT BE ECONOMICALLY FEASIBLE TO SEND THESE PERSONS TO A CIVILIAN FACILITY FOR OCCUPATIONAL HEALTH MEDICINE.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer. YES, AS ADDRESSED IN ITEMS 7 AND 7A OF DATA CALL 26 THERE IS A SUFFICIENT NUMBER OF CIVILIAN TREATMENT FACILITIES IN OUR IMMEDIATE AREA.

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

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

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
FLTHOSP #3	68683	02
FLTHOSP #20	46977	01

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. NONE, AS 1/3 OF OUR CLINIC STAFF WOULD BE UNAVAILABLE TO MAINTAIN NORMAL WORKLOAD.

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

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

[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			
OUTPATIENT			

NOTE: DUE TO OUR DISLOCATION FROM ANY LARGE MILITARY MEDICAL FACILITY WE DO NOT ISSUE ANY NON AVAILABLITY STATEMENTS

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			07	2,000	04	13,000
AD FAMILY			NONE	NONE	NONE	NONE
OTHER			NONE	NONE	NONE	NONE
TOTAL			07	2,000	0	13,000

NOTE: NO 1992 DATA AVAILABLE *** FY 1994 COST CELL NOT LARGE ENOUGH FOR $13,000

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$719,689	$606,532	N/A
TOTAL OUTPATIENT VISITS	8513	9514	N/A
AVERAGE COST PER VISIT	$84.54	$63.22	N/A

NOTE: N/A

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

Table A: 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)			

MECHANICSBURG

15. Quality of Life. Completed by Host Command: Navy Ships Parts Control Center, Mechanicsburg, UIC 00104 (Data Call # 44)

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

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

A.H. DISTEFANO
NAME (Please type or print)

Signature

CLINIC MANAGER
Title

25 May 94
Date

Division

Department

BRMEDCL SPCC MECHANICSBURG, PA. 17055
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. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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)

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

Acting
Title _____ Date 10 Jun 1994

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC MECHANICSBURG
UIC:	39033
Host Activity Name (if response is for a tenant activity):	NAVAL SHIPS PARTS CONTROL CENTER MECHANICSBURG, PA 17055
Host Activity UIC:	00104

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC MECH.		UIC:39033	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1		1
1b. Minor Construction	N/A		
1c. Sub-total 1a. and 1b.	1		1
2. Other Base Operating Support Costs:			
2a. Utilities	20		20
2b. Transportation	0		0
2c. Environmental	0		0
2d. Facility Leases	0		0
2e. Morale, Welfare & Recreation	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	121	45	166
2j. Other (Specify) Communications/Refuse	3	135	138
2k. Sub-total 2a. through 2j:	144	180	324
3. Grand Total (sum of 1c. and 2k.):	145	180	325

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: BRANCH MEDICAL CLINIC MECH.		UIC:39033	
Category	FY 1996 Net Cost From UC/FUND-4 ($000) N/A		
	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	N/A		
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: BRANCH MEDICAL CLINIC MECH.	UIC: 39033
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	33
Material and Supplies (including equipment):	343
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	1
Other Purchases (Contract support, etc.):	363
Total:	740

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH MEDICAL CLINIC MECH.	**UIC:39033**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	NOT AVAILABLE
Facilities Support:	1
Mission Support:	1
Procurement:	0
Other:*	0
Total Workyears:	2

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

1

2) Estimated number of workyears which would be eliminated:

1

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

0

DATA CALL 66
INSTALLATION RESOURCES

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

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

F. T. SCOTT
NAME (Please type or print)

Signature F T Scott

COMMANDING OFFICER
Title

Date 19 July 94

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 | 7-25-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) | Signature

04 AUG 1994

Title | Date

359

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC MECHANICSBURG
UIC:	39033
Host Activity Name (if response is for a tenant activity):	NAVAL SHIPS PARTS CONTROL CENTER MECHANICSBURG, PA 17055
Host Activity UIC:	00104

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC MECH.		UIC:39033	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1		1
1b. Minor Construction	N/A		
1c. Sub-total 1a. and 1b.	1		1
2. Other Base Operating Support Costs:			
2a. Utilities	20		20
2b. Transportation	0		0
2c. Environmental	0		0
2d. Facility Leases	0		0
2e. Morale, Welfare & Recreation	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	121	45	166
2j. Other (Specify) Communications/Refuse	3	135	138
2k. Sub-total 2a. through 2j:	144	180	324
3. Grand Total (sum of 1c. and 2k.):	145	180	325

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: BRANCH MEDICAL CLINIC MECH.		UIC:39033	
Category	FY 1996 Net Cost From UC/FUND-4 ($000) N/A		
	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	N/A		
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: BRANCH MEDICAL CLINIC MECH.	UIC: 39033
Cost Category	FY 1996 Projected Costs ($000)
Travel:	33
Material and Supplies (including equipment):	343
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	1
Other Purchases (Contract support, etc.):	363
Total:	740

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH MEDICAL CLINIC MECH.	**UIC:39033**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	NOT AVAILABLE
Facilities Support:	1
Mission Support:	1
Procurement:	0
Other:*	0
Total Workyears:	2

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

1

2) Estimated number of workyears which would be eliminated:

1

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

0

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

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

ACTIVITY COMMANDER

F. T. SCOTT
NAME (Please type or print)

Signature F T Scott

COMMANDING OFFICER
Title

Date 19 July 94

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D. F. Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: 7-25-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature: W A Earner

Title — Date: 04 AUG 1994

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	*NAVHOSP BRANCH CLINIC* *NAVY SHIPS PARTS CONTROL CENTER* *MECHANICSBURG PA 17055-0788*
Acronym(s) used in correspondence	*BRCL, SPCC, MECHANICSBURG, PA.*
Commonly accepted short title(s)	*SPCC*

- Complete Mailing Address
BRANCH MEDICAL CLINIC
NAVY SHIPS PARTS CONTROL CENTER (SPCC)
P.O. BOX 2020, BLDG 23A
MECHANICSBURG, PA 17055-0788

- PLAD
NAVHOSP BRANCH CLINIC

- PRIMARY UIC: ~~68101~~ 39033 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

39033

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: 00104

• Primary Host (as of 01 Oct 1995) UIC: 00104

• Primary Host (as of 01 Oct 2001) UIC: 00104

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

34035
GSA

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

Anticipate population increase of both A/D military with dependents and civil service due to expected arrival of NAVSUP to SPCC Mechanicsburg.

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

- OCCUPATIONAL HEALTH
- MEDICAL SURVEILLANCE
- MILITARY SICKCALL
- DEPENDENT/RETIREE SICKCALL
- INDUSTRIAL HYGIENE
-

Projected Missions for FY 2001

- SAME AS ABOVE WITH INDUSTRIAL HYGIENE TO BE PROVIDED FROM WITHIN OUR CLINIC FACILITY.
-
-
-
-

39033
OCA

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

- Operational name UIC

NAVAL MEDICAL CLINIC PHILADELPHIA 68101

- Funding Source UIC

NAVAL MEDICAL CLINIC PHILADELPHIA 68101

39033
GSA

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	8	6
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	8	~~8~~ 9 GSA
• Tenants (total)			

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

Title/Name	Office	Fax	Home
• CO/OIC			
A. H. DISTEFANO HMCS(SW)/USN	CLINIC MANAGER	(717)790-4074	(717)731-0823
• Duty Officer			[N/A]
N/A			

39033
GSA

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

39033

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
DEFENSE DISTRABUTION DEPOT SUSQUEHANNA, PA. (DDSP)	*SPCC*	*ISSA*
DEFENSE DISTRIBUTION REGION EAST MECHANICSBURG (DDREMECH)	*SPCC*	*ISSA*
DEFENSE GENERAL SUPPLY CENTER MECHANICSBURG (DGSC-M)	*SPCC*	*ISSA*
DEFENSE REUTILIZATION AND MARKETING OFFICE, MECHANICSBURG (DRMO)	*SPCC*	*ISSA*

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

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

39033
650

- 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.)

39033
CSA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

A . H. DISTEFANO HMCS(SW)/USN

NAME (Please type or print)

Signature

BRANCH CLINIC MANAGER

2-1-94

Title

Date

BRANCH CLINIC MECHANICSBURG

Activity

39033

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. T. Sizemore, III
NAME (Please type or print)

Signature

Commanding Officer
Title

04 February 1994
Date

Naval Medical Clinic Phila.
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

ACTING CHIEF BUMED
Title

11 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

359

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:BRMEDCL SPCC MECHANICSBURG PA.

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001 not avail.		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	1165	130	N/A	N/A	N/A	N/A
FAMILY OF AD	2460	357				
SUBTOTAL	3625	487				
RETIRED AND FAMILY MEMBERS UNDER 65	16986	N/A				
RETIRED AND FAMILY MEMBERS OVER 65[4]	8333	N/A				
OTHER	N/A					
TOTAL	28,944	487	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.

BUMED-822
mss, 3 Jun 94

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

Operating Beds[1]:	___0___
Set Up Beds[1]:	___0___
Expanded Bed Capacity[2]:	___0___

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.
NOTE: NO INPATIENT BEDS. AMBULATORY/OUTPATIENT CLINIC.

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1157	610	373	2140
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	----	----	----	31,778
RADIOLOGY PROCEDURES (WEIGHTED)[1]	----	----	----	2,336
PHARMACY UNITS (WEIGHTED)[1]	----	----	----	7,905
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: ANCILLARY DATA NOT AVAILABLE BY PATIENT CATEGORY.

BUMED-822
3 Jun 94, mss

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	1,526	805	492	2,818
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	-----	---	---	41,946
RADIOLOGY PROCEDURES (WEIGHTED)[1]	-----	---	---	3,803
PHARMACY UNITS (WEIGHTED)[1]	-----	---	---	10,434
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: ANCILLARY DATA NOT AVAILABLE BY PATIENT CATEGORY.

BUMED-822
MSS, 3 Jan 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	924	592	298	1,814
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	---	---	---	22,371
RADIOLOGY PROCEDURES (WEIGHTED)[1]	---	---	---	1,265
PHARMACY UNITS (WEIGHTED)[1]	---	---	---	4,132
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
NOTE: ANCILLARY DATA NOT AVAILABLE BY PATIENT CATEGORY

BUMED-822
MSL, 3 Jun 94

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

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

[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]	
SPECIALTY CARE[2]	
PHYSICIAN EXTENDER[3]	
TOTAL	1,911

NOTE: STATE LICENSING DEPARTMENT CONTACTED AND UNABLE TO PROVIDE BREAKDOWN.

[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: _317,504

SOURCE: PA STATE DATA CENTER CENSUS OF POPULATION/HOUSING

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]
CARLISLE HOSPITAL		20 MILES	30 MINUTES	NONE
HARRISBURG HOSPITAL		7 MILES	15 MINUTES	NONE
HERSHEY MEDICAL CENTER		35 MILES	45 MINUTES	NONE
HOLY SPIRIT HOSPITAL		5 MILES	10 MINUTES	NONE
POLY CLINIC MEDICAL CENTER		15 MILES	20 MINUTES	NONE
YORK HOSPITAL		40 MILES	60 MINUTES	NONE
LEBANON VET ADMIN MED. CENTER		45 MILES	60 MINUTES	NONE

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
CARLISLE HOSPITAL	175	YES		
HARRISBURG HOSPITAL	479	YES		CHEST PAIN CENTER
HERSHEY MEDICAL CENTER	504	YES		TRAUMA CENTER
HOLY SPIRIT HOSPITAL	335	YES		
POLY CLINIC MEDICAL CENTER	450	YES		TRAUMA CENTER
YORK HOSPITAL	588	YES		

[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

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

A. H. DISTEFANO
NAME (Please type or print)

Signature

CLINIC MANAGER
Title

25 May 94
Date

Division

Department

BRMEDCL SPCE MECHANICSBURG, PA.
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.

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

ACTIVITY COMMANDER

R. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-3-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR.

NAME (Please type or print) | Signature

ACTING | 8 JUNE 1994

Title | Date

359

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRMEDCL SPCC
MECHANICSBURG PA
ACTIVITY UIC:39033

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The mission of the Branch Medical Clinic, Ships Parts Control Center (SPCC), Mechanicsburg, PA. is to provide treatment and referral for illnesses and injuries and to coordinate occupational health programs for the host and tenant activities located on the SPCC compound.

The mission of the host activity (SPCC) is identification, procurement, distribution and inventory management of Naval material.

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)
SPCC	00104	MECHANICSBURG PA	88
FMSO	00367	MECHANICSBURG PA	17
PSD	43334	MECHANICSBURG PA	10
BRANCH CLINIC	39033	MECHANICSBURG PA	08
NAVAL REACTOR	44629	MECHANICSBURG PA	05
NAVSEA	65538	MECHANICSBURG PA	02

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	810	0	3.4
ACTIVE DUTY NON N/MC	0	25	0	0.1
TOTAL ACTIVE DUTY	0	835		3.5
FAMILY OF AD	0	608	0	2.5
RETIRED AND FAMILY MEMBERS UNDER 65	0	167	0	0.7
RETIRED AND FAMILY MEMBERS OVER 65	0	87	0	0.3
OTHER foriegn military	0	04	0	0.015
TOTAL	0	~~865~~ 1701		3.6

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6 Jun 94

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	8723	8897	9075	9256	9441	9630	8822
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:
NOTE: INCREASE OF ACTIVE DUTY AND DEPENDENT FAMILY MEMEBERS DUE TO BRAC93, NAVSUP COMING TO SPCC.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	18 HOURS	01
PHYSICAL FITNESS TEST (STAND-BY) SEMI-ANNUAL	6 HOURS	02
MWR BASE EVENTS	20 HOURS	06

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
55010		8985	50	EE19811

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
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.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME BRMEDCL SPCC MECH PA					
2. UIC 39033	3. CATEGORY CODE		4. NO. OF BUILDINGS (1)		
5. SIZE	A. GSF		B. NORMAL BEDS (0)		C.DTRS
6. LOCATION BLDG 23a	A. CITY MECHANICSBURG			B.STATE PA	
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	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				

(F) EMERGENCY POWER			100	E07	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit 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: 23MAY91

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: _2__ (Record as 1,2,3,4,or 5)

NOTE: ACCREDIDATION EXPIRED 17MAY94

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? EASY ACCESSABILITY TO OUR FACILITY.

b. What are the nearest air, rail, sea and ground transportation nodes? COMMERCIAL AIR AT HARRISBURG INTERNATIONAL AIR PORT, RAIL IS AT HARRISBURG CENTER CITY AND OUR HOST ACTIVITY COMPOUND HAS RAILWAY ACCESS, COMMERCIAL BUSSING AND TRUCKING ALSO AVAILABLE.

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): 15_____

d. What is the importance of your location given your mobilization requirements? NO DIRECT RELATIONSHIP AS PARENT COMMAND IS 120 MILES AWAY FROM OUR ACTIVITY

e. On the average, how long does it take your current clients/customers to reach your facility? 3 TO 5 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? BEING LOCATED IN THE VACINITY OF THE STATE CAPITAL ALLOWS FOR A LARGE PULL OF QUILIFIED APPLICANT.

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. WE ARE SERVICING A LARGE NUMBER OF CIVILIAN PERSONNEL FOR OCCUPATIONAL HEALTH SERVICES. IT WOULD NOT BE ECONOMICALLY FEASIBLE TO SEND THESE PERSONS TO A CIVILIAN FACILITY FOR OCCUPATIONAL HEALTH MEDICINE.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer. YES, AS ADDRESSED IN ITEMS 7 AND 7A OF DATA CALL 26 THERE IS A SUFFICIENT NUMBER OF CIVILIAN TREATMENT FACILITIES IN OUR IMMEDIATE AREA.

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

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

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
FLTHOSP #3	68683	02
FLTHOSP #20	46977	01

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. NONE, AS 1/3 OF OUR CLINIC STAFF WOULD BE UNAVAILABLE TO MAINTAIN NORMAL WORKLOAD.

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

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

[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			
OUTPATIENT			

NOTE: DUE TO OUR DISLOCATION FROM ANY LARGE MILITARY MEDICAL FACILITY WE DO NOT ISSUE ANY NON AVAILABLITY STATEMENTS

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			07	2,000	04	13,000
AD FAMILY			NONE	NONE	NONE	NONE
OTHER			NONE	NONE	NONE	NONE
TOTAL			07	2,000	0	13,000

NOTE: NO 1992 DATA AVAILABLE *** FY 1994 COST CELL NOT LARGE ENOUGH FOR $13,000

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$719,689	$606,532	N/A
TOTAL OUTPATIENT VISITS	8513	9514	N/A
AVERAGE COST PER VISIT	$84.54	$63.22	N/A

NOTE: N/A

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

Table A: 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. Completed by Host Command: MECHANICSBURG Navy Ships Parts Control Center, Mechanicsburg, UIC 00104 (Data Call # 44)

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

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

A.H. DISTEFANO
NAME (Please type or print)

Signature

CLINIC MANAGER
Title

25 May 95
Date

Division

Department

BRMEDCL SPCC MECHANICSBURG, PA. 17055
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. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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)

J. B. Greene, Jr.

NAME (Please type or print) _____ Signature _____

Acting

Title _____ Date 10 Jun 1994

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	*Branch Medical Clinic, Sugar Grove*
Acronym(s) used in correspondence	BRMEDCLINIC Sugar Grove
Commonly accepted short title(s)	Sugar Grove

- Complete Mailing Address

  Branch Medical Clinic
  Sugar Gove, WV 26815-0002

- PLAD
  BRMEDCLINIC Sugar Grove

- PRIMARY UIC: 32747 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

ENCLOSURE (11)

UIC: 32947

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: __31188__

• Primary Host (as of 01 Oct 1995) UIC: __31188__

• Primary Host (as of 01 Oct 2001) UIC: __31188__

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

UIC: 32747

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

N/A

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

Current Missions

- Non-emergent medical care for active duty and dependents
- Health Benefits Advisor
- Occupational medical programs
- Liaison with civilian medical facilities
- Liaison with Navy dental

Projected Missions for FY 2001

- same as above

UIC: 32941

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

Current Unique Missions

- N/A

Projected Unique Missions for FY 2001

- N/A

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

• Operational name	UIC
NNMC	00168

• Funding Source	UIC
NNMC	00168

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	0	2	0
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	2	0
• Tenants (total)			

UIC: 32747

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
• Head, Administrative Services			
HMC S. A. CAVALLARO	(304) 249-6380	(304) 249-6307	(304) 249-5910

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	Enliste	Civilian
N/A					

UIC: 32747

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

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

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

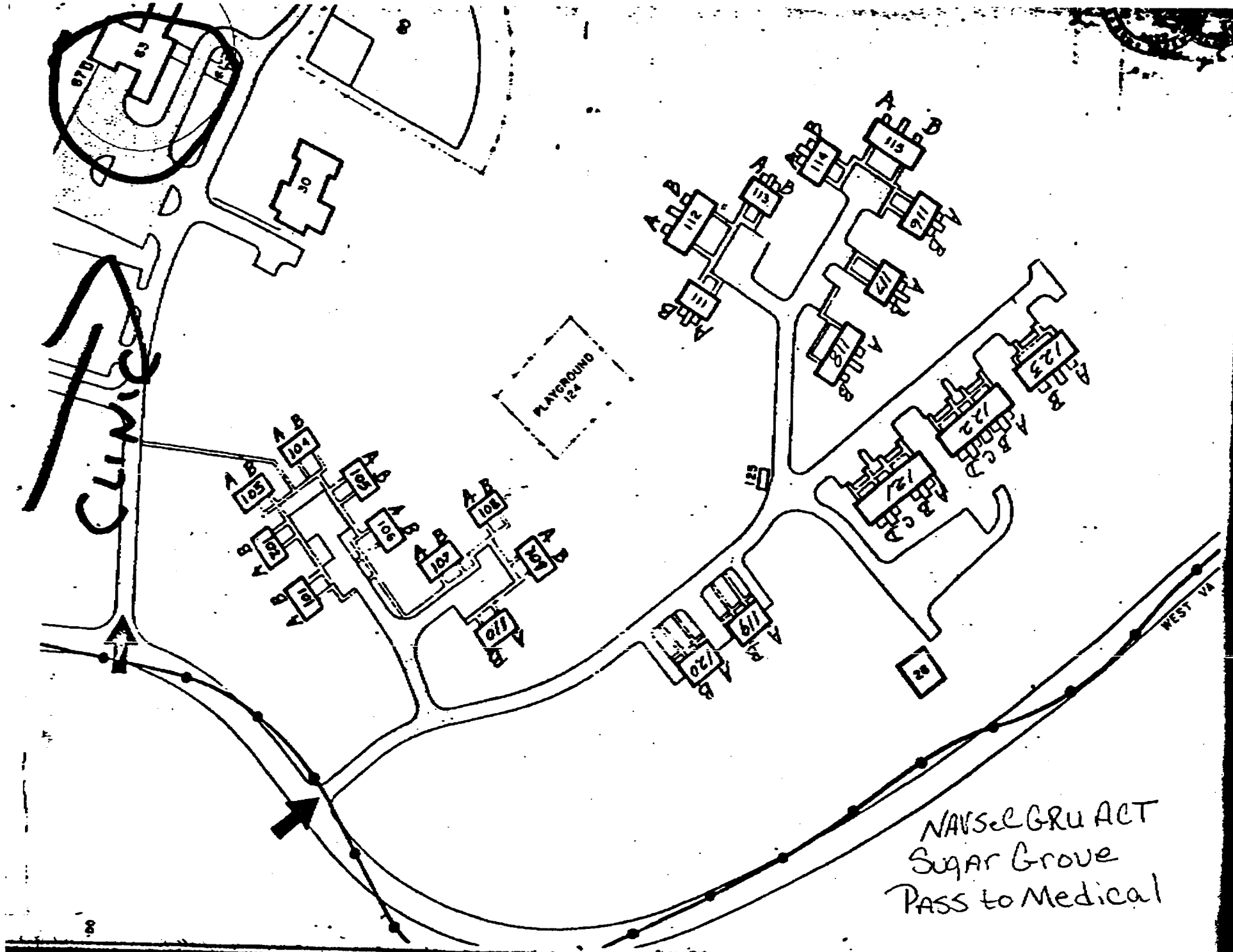
14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated 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.)


CLINIC
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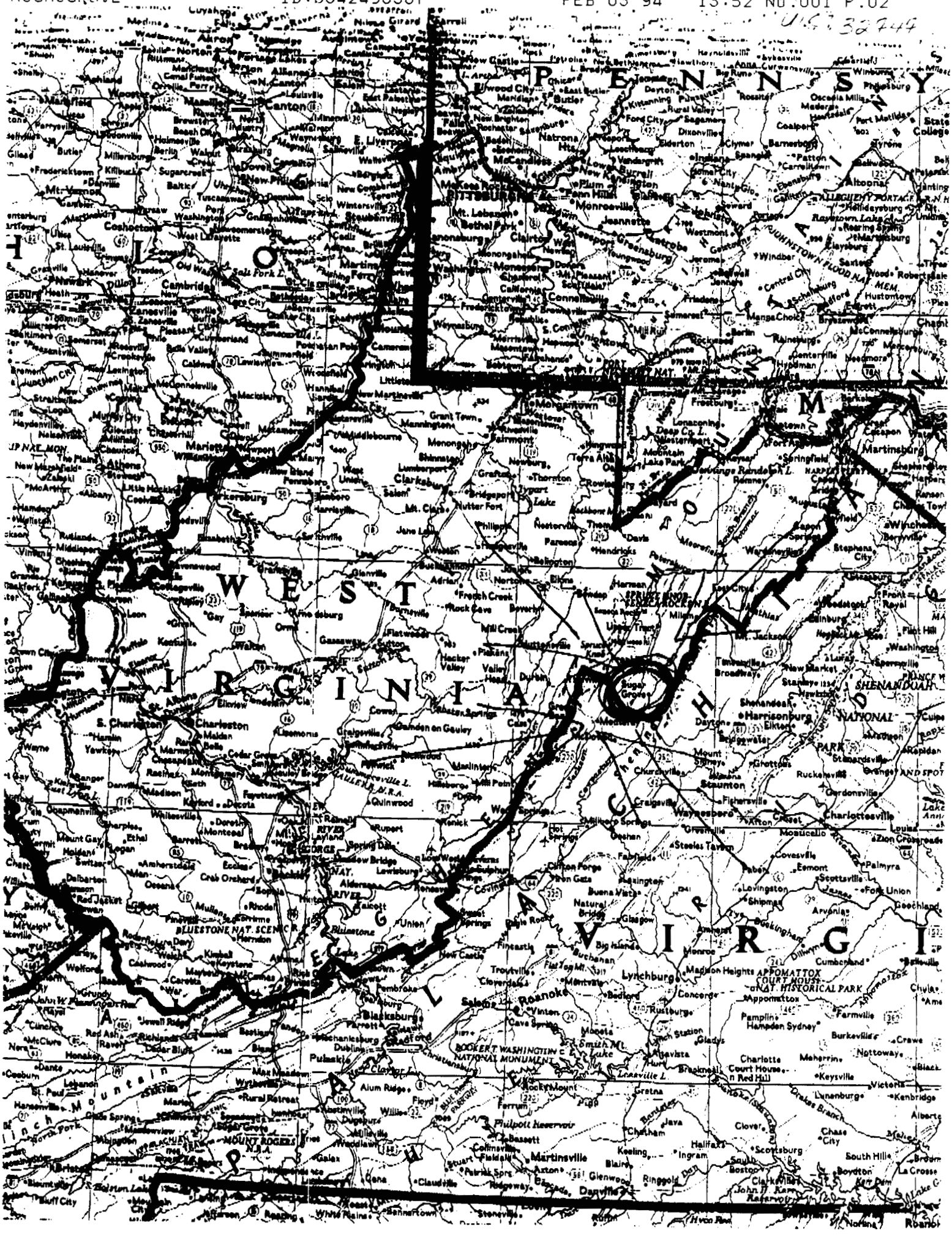
124
WEST VA
NAVSECGRU ACT
Sugar Grove
PASS to Medical

UG 32744


PENNSYLVANIA
WEST VIRGINIA
VIRGINIA
MARYLAND
Pittsburgh
Morgantown
Clarksburg
Parkersburg
Charleston
Huntington
Roanoke
Lynchburg
Harrisonburg
Staunton
Charlottesville
Martinsville
Blacksburg
Sugar Grove
Appomattox
Bookert Washington National Monument
Smith Mt. Lake
Philpott Reservoir
Shenandoah National Park
Appomattox Court House Nat. Historical Park
Bluestone Nat. Scenic R.
Mount Rogers N.R.A.
Johnstown Flood Nat. Mem.
Allegheny Portage Nat. Hist. Site

32747

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

Don D. Wilson
NAME (Please type or print)

Don D. Wilson
Signature

Acting
Title

940207
Date

National Naval Medical Center
Activity

BRMEDCL Sugar Grove

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 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

16 FEB 94
Date

360

BRAC DATA CALL #26
CAPACITY ANALYSIS

BRANCH MEDICAL CLINIC SUGAR GROVE
UIC 32747

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MISSION REQUIREMENTS (BRMEDCL SUGAR GROVE WV) DMIS 404 UIC 32747

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	121	121	NA	109	109	NA
FAMILY OF AD	136	136	NA	122	122	NA
SUBTOTAL	257	257	NA	231	231	NA
RETIRED AND FAMILY MEMBERS UNDER 65	250	292	NA	244	244	NA
RETIRED AND FAMILY MEMBERS OVER 654	56	14	NA	71	71	NA
OTHER	50	50	NA	71	71	NA
TOTAL	613	613	NA	595	595	NA

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (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]:	**NA**
Set Up Beds[1]:	**NA**
Expanded Bed Capacity[2]:	**NA**

[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/ CIVILIAN	TOTAL OF EACH ROW
OUTPATIENT VISITS	629	127	23	779
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	120
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	0
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	1376
OTHER (AUDIOGRAM)	NA	NA	1	1

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

NOTE: DATA NOT COLLECTED REGARDING SPECIFIC PATIENT STATUS FOR LAB, RADIOLOGY, AND PHARMACY.

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	509	192	31	732
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	94
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	0
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	1649
OTHER (SPECIFY)	NA	NA	NA	NA

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

NOTE:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.

3. FY 94 WORKLOAD TROUGH APRIL/7 (MONTHS)*12 (MONTHS)=PROJ FY 94 WORKLOAD

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 /CIVILIAN	TOTAL OF EACH ROW
OUTPATIENT VISITS	509	192	31	732
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	94
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	0
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	1649
OTHER (SPECIFY)	NA	NA	NA	NA

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

NOTE:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.

3. FY 94 WORKLOAD TROUGH APRIL/7 (MONTHS)*12 (MONTHS)=PROJ FY 94 WORKLOAD

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]	NA	NA	NA	NA	NA	NA	NA	NA
SPECIALTY CARE[2]	NA	NA	NA	NA	NA	NA	NA	NA
PHYSICIAN EXTENDERS[3]	NA	NA	NA	NA	NA	NA	NA	NA
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	1	1	1	1	1	1	1	1

[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.

ASSUMPTION: NO INCREASE IN STAFFING THROUGH FY 2001.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	3
SPECIALTY CARE[2]	1
PHYSICIAN EXTENDER[3]	UNKNOWN
TOTAL	4

[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.

ASSUMPTIONS:

1. GEOGRAPHIC BOUNDARY IS PENDLETON COUNTY, WEST VIRGINIA.

2. PRIMARY ONLY INCLUDES FAMILY AND GENERAL PRACTICE PHYSICIANS AND ALL OTHER PROVIDERS ARE INCLUDED UNDER SPECIALTY CARE.

3. ONLY NONFEDERAL PHYSICIANS INVOLVED IN PATIENT CARE HAVE BEEN COUNTED.

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: 8,006

ASSUMPTIONS:

1. GEOGRAPHIC BOUNDARY IS PENDLETON COUNTY, WEST VIRGINIA.

2. SOURCE: US BUREAU OF CENSUS, 1992 POPULATION BASED ON 1990 CENSUS DATA.

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]
ROCKINGHAM MEM HOSP	NFP	38 MILES	55 MINUTES	

[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]
ROCKINGHAM MEM HOSP	257	YES	80.5	

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

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

c. Training Facilities:

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

S. A. CAVALLARO
NAME (Please type or print)

S. A. Cavallaro
Signature

Head Admin Svc
Title

16 May 94
Date

BRMEDCL - Sugar Grove WV
Activity

ENCL(1)

1

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-2-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR

NAME (Please type or print)

J B Greene Jr

Signature

ACTING

Title

8 JUNE 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

D. M. LICHTMAN
NAME (Please type or print)

Signature
16 JUN 94

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

BRMEDCL SUGAR GROVE (UIC 32747)
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

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)

360

BRAC DATA CALL #27
MILITARY VALUE ANALYSIS

BRANCH MEDICAL CLINIC SUGAR GROVE
UIC 32747

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MISSION REQUIREMENTS

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

The Branch Medical Clinic, Naval Security Group Activity, Sugar Grove, West Virginia is a small, remote medical facility located approximately 170 miles (3.5-4 hours driving time) from NNMC, Bethesda and 38 miles (55 minutes) from the nearest civilian hospital in Virginia. Access to the clinic is impaired by road conditions during inclement winter months. The clinic has no authorized billet for a medical officer and no female staff. The assigned HMC/8435 is responsible for the day-to-day management of the clinic. The Branch Medical Clinic, Arlington Annex provides medical officer consultation services as required and medical support coverage 2 days each month. A narrow range of basic services is provided for 168 active duty personnel, 250 dependents, 74 civilian employees and approximately 500 DoD retirees. Isolated location, staffing restraints and limited availability of services combine to create a reliance upon CHAMPUS and non-Navy medical care claims.

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)
N.S.G.A.	31188	SUGAR GROVE,WV	140
PSD	44543	SUGAR GROVE,WV	01
MED. CLINIC	32747	SUGAR GROVE,WV	02

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	509	NA	NA
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	NA	509		NA
FAMILY OF AD	NA	192	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER (CIVILIAN)	NA	31	NA	NA
TOTAL	NA	732		NA

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	732	732	732	732	732	732	732
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

NOTE:

1. PROJECTED OUTPATIENT VISITS ARE BASED ON FY 94.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SVC SANITATION INSPECTIONS	1 HOUR	01
TRAINING (FIRST AID, AUDIO, ETC.)	1 HOUR	01
MED SURVEILLANCE (AUDIO GRAMS) ETC	4 HOURS	01
HABITABILITY INSPECTIONS	1 HOUR	01
NEX ADVISORY BOARD	3 HOURS	01
STAFF MEETINGS	15 HOURS	01

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
NA								

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]
NA			

[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.

FOR ADDITIONAL FACILITIES INFORMATION, REFER TO NAVAL SECURITY GROUP ACTIVITY (UIC 31188).

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]
550110	BEQ & ADMIN	722	27	C-1

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

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

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

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	VALU E
NA			

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
NA			

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

PROJECT	DESCRIPTION	FUND YEAR	VALU E
NA			

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			
2. UIC 32747	3. CATEGORY CODE 550110	4. NO. OF BUILDINGS 01	
5. SIZE 722 SQ FT	A. GSF	B. NORMAL BEDS 0	C.DTRS
6. LOCATION NSGA	A. CITY SUGAR GROVE	B.STATE WV	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.			100	E	
(4)DENTAL			N/A	E	
(5) EMERGENCY SVCS.			N/A	E	
(6) FOOD SERVICES			N/A	E	
(7)LABORATORIES			N/A	E	
(8) LOGISTICS			100	E	
(9) INPATIENT NURSING UNITS			N/A	E	
(10) LABOR-DEL-NURSERY			N/A	E	
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	50	50		B	
(13) RADIOLOGY			N/A	E	
(14) SURGICAL SUITE			N/A	E	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC			N/A	E	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

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

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

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

18 - Site Location
19 - Mission of the Base
20 - None

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

DATE OF SURVEY: **17 JUL 92**

FULL ACCREDITATION: **YES WITH COMMENDATION**

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

LOCATION:

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

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

THE CLINIC IS THE ONLY MILITARY TREATMENT FACILITY IN THE STATE.

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

GROUND: INTERSTATE 81
SEA: BALTIMORE HARBOR

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

Distance (in miles): **100**

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

NO MOBILIZATION REQUIREMENTS

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

15-30 MINUTES

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

NA

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.

CLINIC PROVIDE A NARROW RANGE OF PRIMARY CARE SERVICES

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.

ASSUMPTION: BOTH BASE AND CLINIC CLOSE

NO. TRAVEL TIME TO NEAREST OUTPATIENT FACILITY IS 45 MINUTES WITH ONLY A LIMITED NUMBER OF PROVIDERS AVAILABLE. SIGNIFICANT INCREASE IN OMA/SUPPLEMENTAL AND PERDIEM COST.

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.

ASSUMPTION: BOTH BASE AND CLINIC CLOSE

YES. WE NOW ONLY SEE ACTIVE DUTY AND THEIR DEPENDENTS (LESS THAN 1% OF RETIRED AND THEIR DEPENDENTS LIVING IN THE AREA). IF THE CLINIC WAS CLOSED, THE RESIDUAL RETIRED MEMBERS AND THEIR DEPENDENTS WOULD CONTINUE TO SEEK CARE FROM THEIR CURRENT PROVIDER.

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

NA

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
NA		

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.

NA

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	NA	NA	NA
OUTPATIENT	NA	NA	NA

NOTE: REFER TO NNMC, UNABLE TO BREAK OUT BY CLINIC.

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

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

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

[2] The total cost in thousands of dollars.

NOTE: REFER TO NNMC, UNABLE TO BREAK OUT BY CLINIC.

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	122,952	128,450	18,267
TOTAL OUTPATIENT VISITS	1,382		186
AVERAGE COST PER VISIT	89	163	98

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

Table A: **NA**

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

Table B: **NA**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A1			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)1			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)1			
F. TOTAL (B+C+D+E)			

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

Table C: **NA**

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

Table D: **NA**

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

FOR QUALITY OF LIFE QUESTIONS, REFER TO NAVAL SECURITY ACTIVITY GROUP (UIC 31188) BRAC DATA CALL #35.

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**___

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

CAVALLARO STEVEN A
NAME (Please type or print)

S A. Cavallaro
Signature

Head Admin Svcs
Title

16 May 94
Date

BRMEDCL SUGAR GROVE
Activity WV 26815-0002

(Acceptable CERTIFICATION for an activity of this size)

BUMED-822
MAS, 2 Jun 94

1

I certify that the information contained herein is accu[illegible] [illegible]est of my knowledge and belief.

NEXT ECHELON LEVEL (if applic[illegible]e)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date: 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

NAME (Please type or print) — Signature

ACTING

Title — Date: 6/9/94

360

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. M. LICHTMAN
NAME (Please type or print)

Signature

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

16 JUN 94

BRMEDCL SUGAR GROVE (UIC 32747)
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print) Signature

Title Date

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)

360

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Sugar Grove
UIC:	32747
Host Activity Name (if response is for a tenant activity):	Commanding Officer Naval Radio Station Sugar Grove, West Virginia
Host Activity UIC:	31188

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

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Medical Clinic, Sugar Grove		**UIC:** 32747	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			

DATA CALL 66
INSTALLATION RESOURCES

2i. Administration			
2j. Other (Specify) Engineering Hazardous Waste	2		2
2k. Sub-total 2a. through 2j:	2	0	2
3. Grand Total (sum of 1c. and 2k.):	2	0	2

1363b. 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 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)	
Activity Name: Branch Medical Clinic, Sugar Grove	**UIC:** 32747

Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			NA
1b. Real Property Maintenance (<$15K)			NA
1c. Minor Construction (Expensed)			NA
1d. Minor Construction (Capital Budget)			NA
1c. Sub-total 1a. through 1d.			NA
2. Other Base Operating Support Costs:			
2a. Command Office			NA
2b. ADP Support			NA
2c. Equipment Maintenance			NA
2d. Civilian Personnel Services			NA
2e. Accounting/Finance			NA
2f. Utilities			NA
2g. Environmental Compliance			NA

2h. Police and Fire			NA
2i. Safety			NA
2j. Supply and Storage Operations			NA
2k. Major Range Test Facility Base Costs			NA
2l. Other (Specify)			NA
2m. Sub-total 2a. through 2l:			NA
3. Depreciation			NA
4. Grand Total (sum of 1c., 2m., and 3.) :			NA

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Branch Medical Clinic, Sugar Grove	**UIC:** 32747

DATA CALL 66
INSTALLATION RESOURCES

Cost Category	FY 1996 Projected Costs ($000)
Travel: (399)	4
Material and Supplies (including equipment): (499 & 599)	2
Industrial Fund Purchases (other DBOF purchases): (699)	11
Transportation: (799)	0
Other Purchases (Contract support, etc.): (999)* See Below	15
Total:	32

*OP32 Line 999 Includes purchase of medical supplies and equipment.

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: Branch Medical Clinic, Sugar Grove	**UIC:** 32747
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

NA

2) Estimated number of workyears which would be eliminated:

NA

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

NA

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

R. Ridenour
Signature

Commander
Title

19 JUL 94
Date

National Naval Medical Center
Bethesda
Activity

Above certification is for NNMC Bethesda & all subordinate branches.

BUMED-822
MSA, 19 Jul 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) _____ 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)

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 16 AUG 1994

Document Separator

361

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH CLINIC VIEQUES
ACTIVITY UIC: 43680

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

1. OUR CUSTOMERS ARE OUR FOCUS
2. PROVIDING QUALITY HEALTH CARE IS OUR COMMITMENT.
3. WE WILL ACCOMPLISH THIS BY:
   A. RESTORING OPTIMAL HEALTH WHEN INJURY INTERVENES
   B. PROMOTING THE HEALTH OF OUR BENEFICIARIES
   C. MAINTAIN MEDICAL READINESS

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NMCB 74 DET		NASD/Camp Garcia	70
NASD	42792	NASD Vieques	35

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	700	30 MINUTES	2
ACTIVE DUTY NON N/MC	N/A	N/A	N/A	N/A
TOTAL ACTIVE DUTY	N/A	135		2
FAMILY OF AD	N/A	N/A	N/A	N/A
RETIRED AND FAMILY/MEMBERS UNDER 65	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A
TOTAL	N/A	835		4

What is your occupancy rate for FY 1994 to date? _110/MONTH AVERAGE

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	750	750	750	750	750	750	750
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:

AVERAGE TWO PATIENTS PER DAY THROUGHOUT THE YEAR.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	24 HOURS	1
MEDICAL STAND-BY FOR OPERATIONS (PARACHUTE JUMPS)	32 HOURS	1
COLATERAL DUTIES (BETA MOVIE CUSTODIAN)	96 HOURS	2

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

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

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

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

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

FACILITIES

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

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

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
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.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME BRANCH CLINIC VIEQUES				
2. UIC43680	3. CATEGORY CODE	4. NO. OF BUILDINGS2037		
5. SIZE	A. GSF	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY VIEQUES		B.STATEPR	
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: _____

FULL ACCREDITATION: Yes/No

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

N/A

BUMED
MED 825
65A
6/2/94

LOCATION:

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

a. What is the importance of your location relative to the clients supported?
THIS IS AN AMMUNITION FACILITY AND THE PERSONNEL HERE MOVE AND STORE AMMUNITION. CAMP GARCIA IS A TARGET AND TRAINING FACILITY.

b. What are the nearest air, rail, sea and ground transportation nodes?
WE CAN RECEIVE A HELO FROM NAVAL STATION ROOSEVELT ROADS WITHIN 30 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.
NAVAL STATION ROOSEVELT ROADS IS APPROXIMATELY 7 MILES AWAY.
Distance (in miles): __7 MILES

d. What is the importance of your location given your mobilization requirements?
WE SUPPORT NAVAL STATION ROOSEVELT ROADS AND SHIPS IN THE FLEET.
e. On the average, how long does it take your current clients/customers to reach your facility?
FROM ANYWHERE ON THE ISLAND IT COULD TAKE NO MORE THAN 25 MINUTES.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?
NO, OTHER THAN THERE IS NO HOUSING ON THE ISLAND FOR EMPLOYEES.

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.

THIS FACILITY IS HERE FOR PRIMARY CARE DUE TO THE HAZARDOUS OPERATIONS THAT ARE DONE AT THIS COMMAND. IF THIS FACILITY WERE TO CLOSE DOWN THERE WOULD BE NO OTHER FACILITY READILY AVAILABLE TO PERFORM PRIMARY CARE.

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

IF THE BRANCH CLINIC ON THE ISLAND DID CLOSE THE CIVILIAN FACILITY WOULD BE ABLE TO PROVIDE PRIMARY CARE. THIS IS THE SAME MISSION AS THE BRANCH CLINIC, BUT THE CIVILIAN COMMUNITY IS NOT WILLING TO DO SO.

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 MILITARY AND CIVILIAN FACILITIES ON THIS ISLAND DO NOT WORK IN CONJUCTION WITH EACH OTHER. THE CIVILIAN FACILITY PROVIDES FOR CIVILIANS AND THE MILITARY PROVIDES FOR ACTIVE DUTY. THE NAVAL STATION PROVIDES ANY SERVICE TO ALL OTHERS ASSOCIATED TO THE MILITARY, AS WELL AS, ANY CARE NEEDED IN EXCESS OF PRIMARY CARE.

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

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

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]: _____

[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		
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	N/A					
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	1600.00	2600.00	2600.00
TOTAL OUTPATIENT VISITS	682	618	750
AVERAGE COST PER VISIT	N/A	N/A	N/A

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

Table A: N/A

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

Table B:

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

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

Table C:

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

Table D:

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

15. Quality of Life.

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?

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(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+		

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[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?
VIEQUES IS A TENANT COMMAND AT NAVAL STATION ROOSEVELT ROADS. QUALITY OF LIFE DATA IS BEING PROVIDED BY THE HOST COMMAND IN BRAC-95 DATS CALL-37.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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?

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(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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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		

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (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?

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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).

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(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)

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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		

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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)			

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(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)	

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(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.

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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)

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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

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(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					

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(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					

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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.

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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			

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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			

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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			

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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			

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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			

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

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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

LCDR Leyda Hilera
NAME (Please type or print)

Leyda J. Hilera
Signature

Officer In Charge
Title

20 May 94
Date

Naval Ammunition Support Department Vieques, P.R.
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT WILFREDO RODRIGUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 MAY 1994
Date

USNH ROOSEVELT ROADS, P.R.
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-2-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

6/9/94
Date

INSTALLATION DATA

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 Vieques, PR*
Acronym(s) used in correspondence	*BRMEDCLINIC Vieques*
Commonly accepted short title(s)	*Vieques*

- Complete Mailing Address

U.S. Naval Branch Medical Clinic
Ammunition Support Facility, U. S. Naval Station
Roosevelt Roads, PR
PSC 1008
FPO AA 34051-8100

- PLAD

BRMEDCLINIC VIEQUES PR

- PRIMARY UIC: 43680 (Plant Account UIC for Plant Account Holders)

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

- OTHER UIC(s): _____ PURPOSE: _____

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X_____ (check one)

ENCL (2)

PRIMARY UIC: 43680

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

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

- Yes ____ No X____ (check one)

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

- Yes X___ No ____ (check one)
- Primary Host (current) UIC: 00389
- Primary Host (as of 01 Oct 1995) UIC: 00389
- Primary Host (as of 01 Oct 2001) UIC: 00389

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

- Yes ____ No X___ (check one)

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

Name	Location	UIC
NOT APPLICABLE		

PRIMARY UIC: 43680

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

Name	UIC	Location	Host name	Host UIC
NOT APPLICABLE				

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

NO.

PRIMARY UIC: 43680

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

Current Missions

- PROVIDE OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT THE AMMUNITION SUPPORT FACILITY VIEQUES, U. S. NAVAL STATION ROOSEVELT ROADS PR.

- PROVIDE OCCUPATIONAL MEDICINE, PREVENTIVE MEDICINE, AND VETERINARY FOOD SERVICE SUPPORT TO THE AMMUNITION SUPPORT FACILITY VIEQUES, U. S. NAVAL STATION ROOSEVELT ROADS PR.

Projected Missions for FY 2001

- PROVIDE OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT THE AMMUNITION SUPPORT FACILITY VIEQUES, U. S. NAVAL STATION ROOSEVELT ROADS PR.

- PROVIDE OCCUPATIONAL MEDICINE, PREVENTIVE MEDICINE, AND VETERINARY FOOD SERVICE SUPPORT TO THE AMMUNITION SUPPORT FACILITY VIEQUES, U. S. NAVAL STATION ROOSEVELT ROADS PR.

PRIMARY UIC: 43680

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

Current Unique Missions

- U.S. NAVAL BRANCH MEDICAL CLINIC VIEQUES PR PROVIDES OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT THE AMMUNITION SUPPORT FACILITY VIEQUES, NAVAL STATION ROOSEVELT ROADS PR. WHILE THE BRANCH MEDICAL CLINIC DOES NOT HAVE ANY UNIQUE MISSION ASSIGNMENTS OR CLASSIFIED MISSION RESPONSIBILITIES, IT PROVIDES IMMEDIATE MEDICAL SUPPORT OF THE AMMUNITION SUPPORT FACILITY WHICH IS TASKED TO PROVIDE TRAINING SUPPORT OF CARRIBEAN BASED OPERATIONS. SEE BRAC 95-1 SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC: 00389).

Projected Unique Missions for FY 2001

- U.S. NAVAL BRANCH MEDICAL CLINIC VIEQUES PR PROVIDES OUTPATIENT MEDICAL SERVICES TO ACTIVE DUTY PERSONNEL AND ELIGIBLE BENEFICIARIES AT THE AMMUNITION SUPPORT FACILITY VIEQUES, NAVAL STATION ROOSEVELT ROADS PR. WHILE THE BRANCH MEDICAL CLINIC DOES NOT HAVE ANY UNIQUE MISSION ASSIGNMENTS OR CLASSIFIED MISSION RESPONSIBILITIES, IT PROVIDES IMMEDIATE MEDICAL SUPPORT OF THE AMMUNITION SUPPORT FACILITY WHICH IS TASKED TO PROVIDE TRAINING SUPPORT OF CARRIBEAN BASED OPERATIONS. SEE BRAC 95-1 SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC: 00389).

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

- Operational name UIC

U. S. NAVAL HOSPITAL ROOSEVELT ROADS PR 65428

- Funding Source UIC

U. S. NAVAL HOSPITAL ROOSEVELT ROADS PR 65428

PRIMARY UIC: 43680

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	0	2	0
• Tenants (total)	0	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	2	0
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
• BRANCH CLINIC COORDINATOR			
LCDR C. HIEDRICH	831-5761	831-5719	(809)865-6229
• Duty Officer (NAVHOSP)	831-5767	831-5719	[N/A]

PRIMARY UIC: 43680

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.

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC:00389)

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC:00389)

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC:00389)

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC:00389)

PRIMARY UIC: 43680

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.)
AMMUNITION SUPPORT FACILITY, U.S. NAVAL STATION ROOSEVELT ROADS	*VIEQUES PR*	*GENERAL MEDICAL SUPPORT*

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.

SEE BRAC 95-1 HOST FACILITY SUBMISSION FOR NAVSTA ROOSEVELT ROADS PR (UIC:00389)

PRIMARY UIC: 43680

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Name: J. C. HEIDRICH
LCDR, MSC, USN

Signature: J. C. Heidrich

Title: BRANCH CLINIC COORDINATOR/
DIRECTOR FOR ADMINISTRATION
NAVAL HOSPITAL
ROOSEVELT ROADS PR

Date: 6/27/94

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: WILFREDO RODRIGUEZ
CAPT, MC, USN Signature: _____

Title: COMMANDING OFFICER
NAVAL HOSPITAL Date: 27 June 94
ROOSEVELT ROADS PR

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

6-30-94
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

06 JUL 1994

Title

Date

361

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:_Branch Clinic Vieques___

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	135	110	N/A	140	110	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	N/A	N/A
SUBTOTAL	135	110	N/A	140	110	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A	N/A	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	135	110	N/A	140	110	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]:	___0___
Set Up Beds[1]:	___0___
Expanded Bed Capacity[2]:	___0___

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	608	10	0	618
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	28	N/A	N/A	28
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	633	0	0	633
OTHER (SPECIFY)				

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	700	N/A	N/A	700
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	50	N/A	N/A	50
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	750	N/A	N/A	750
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	TOTAL OF EACH ROW
OUTPATIENT VISITS	700	N/A	N/A	700
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	50	N/A	N/A	50
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	750	N/A	N/A	750
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.

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]	0	0	0	0	0	0	0	0
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	1	1	1	1	1	1	1	1

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

LOCATION

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

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

[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.

GEOGRAPHIC AREA IS 23 MILES BY 5 MILES (ISOLATED ISLAND)

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: _8,670__

CITY HALL 2 YEARS AGO, CENSUS FOR ELECTION.

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]
CEMPRI HOSP.	VIEQUES,P.R.	8 MILES	11 MINUTES	NONE

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
CEMPRI HOSPITAL	28	YES	28	NONE

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

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

UIC: 43680

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

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

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

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

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

UIC: 43680

c. **Training Facilities:**

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

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

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

BRAC-95 CERTIFICATION

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

LCDR Leyda Hilera
NAME (Please type or print)

Leyda J. Hilera
Signature

Officer In Charge
Title

20 May 94
Date

Naval Ammunition Support Department Vieques, P.R.
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT WILFREDO RODRIGUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 MAY 1994
Date

USNH ROOSEVELT ROADS, P.R.
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-2-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

Document Separator

362

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Branch Medical Clinic, Wallops Island, VA
ACTIVITY UIC:48167

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

April 4, 1994

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

ENCLOSURE (6)

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MISSION REQUIREMENTS

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

Our mission is to cost effectively provide the highest quality front line medical care to all active duty military(our customers) presenting for care at this facility. To accomplish our mission:

- We will facilitate rendering of medical and dental care by outside providers;

- We will maximize utilization of all area military medical and dental facilities to provide best care services and support while controlling cost of such care;

- We will maintain continuity of care;

- We will act as liaison between Naval Medical Command and local commands;

- We will provide general First Aid Training and Basic Life Support Training (CPR);

- We will provide medical logistical support and medical/dental benefits training for the care of active duty family members.

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)
ACSC	N45534	Wallops Island	79
ATV	N45953	Wallops Island	27
STU ATV	N41968	Wallops Island	24
CSD	N49675	Wallops Island	2
WI Annapolis	N48167	Wallops Island	2

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

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used to generate the SEARS Report.

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	310	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	0	N/A	N/A
TOTAL ACTIVE DUTY	N/A	310		N/A
FAMILY OF AD	N/A	2	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	20	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	*	N/A	N/A
OTHER	N/A	2	N/A	N/A
TOTAL	N/A	334		N/A

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

* 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	350	350	350	350	350	350	350
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:

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
N/A		

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):

N/A

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.

N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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.

N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

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?

It is important, the Clinic should be closer to the majority of the clients.

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

Air & Ground - NASA Base
Rail & Sea - Norfolk

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

Distance (in miles): 1.5 - 2 miles

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

N/A

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

20 minutes.

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

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.

It would cause loss of more manhours and travel/per diem funds because the patients would have to travel to the civilian community or to a MTF. The MTF at Annapolis is approximately 3-3.5 hours away.

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, if the government is willing to spend money to utilize the local health care. Two local medical clinics are within 10 miles, two hospitals are equal distance from the base, each approximatley 40-50 miles.

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, we play no role in their care at this time.

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

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

N/A, assignments received from Naval Medical Clinic, Annapolis

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
2nd Force Service Support Group		1
Fleet Hospital 20		1

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

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

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:

N/A, captured under N00162

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.

UIC 48167

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	*see below	57302	57302
TOTAL OUTPATIENT VISITS		334	334
AVERAGE COST PER VISIT		171.56	171.56

*MEPRS only tracked to third level in FY92 data was consolidated in UIC 00162

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 (ADEIS).

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 Call Number 5.

Host Command: Aegis Combat System Center, Wallops Island, VA
Host UIC: N45534

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

Title — Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 6/9/94

48167

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 Branch Medical Clinic, Wallops Island, VA*
Acronym(s) used in correspondence	~~e.g. NSPS Seattle, NAVSTA Puget Sound~~ NBMC, Wallops Island
Commonly accepted short title(s)	~~e.g. Sand Point~~ N/A

- **Complete Mailing Address**

Naval Branch Medical Clinic
Wallops Island, VA 2337-5000

- **PLAD**

AEGIS COMBATSYSCEN WALLOPS ISLAND VA

- **PRIMARY UIC:** 48167 (Plant Account UIC for Plant Account Holders)

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

- **ALL OTHER UIC(s):** _ **PURPOSE:** _

2. **PLANT ACCOUNT HOLDER:**

- **Yes** _____ **No** x (check one)

ENCLOSURE (3)

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: 45534
  - Primary Host (as of 01 Oct 1995) UIC: 45534
  - Primary Host (as of 01 Oct 2001) UIC: 45534

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

  - **Yes _____ No __x__ (check one)**

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

N/A

Name	Location	UIC

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

Name	UIC	Location	Host name	Host UIC

N/A

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

N/A

48167

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.

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.

N/A

Current Unique Missions

-
-
-

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	0	02	0
• Tenants (total)	N/A		

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	02	0
• 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

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) *USAF (Other Military Dept)*	*Somewhere, CA* *Anywhere AFB*	*Purchasing/contract administration and public works support - ISSA.* *warehouse space - MOU.*

Provide medical support to the following commands located in Wallops Island, VA:

Aegis Combat System Center
Aegis Training Unit

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.

Aegis Combat System Center, Wallops Island 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 ap**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.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

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 (6)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

2-10-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 1994
Date

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Branch Medical Clinic, Wallops Island, VA

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

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

ENCLOSURE(3)

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1994[5]			PROJECTED FY 1999[5]		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	229	229	NA	227	227	NA
FAMILY OF AD	319	319	NA	313	313	NA
SUBTOTAL	548	548		540	540	
RETIRED AND FAMILY MEMBERS UNDER 65	433	433	NA	427	427	NA
RETIRED AND FAMILY MEMBERS OVER 65[4]	180	180	NA	215	215	NA
OTHER(NG/RES,DEPS NG/RES, SURVIVOR)	137	137	NA	150	150	NA
TOTAL	1298	1298		1332	1332	

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.

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: UIC 48167

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	310	2	20	332
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)				NA
RADIOLOGY PROCEDURES (WEIGHTED)				NA
PHARMACY UNITS (WEIGHTED)				NA
OTHER (SPECIFY)	**			

Total Outpatients 334 2 other

** TB Screenings 146
** Limited Services 27

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	310	2	20	332
ADMISSIONS				NA
LABORATORY TESTS (WEIGHTED)				NA
RADIOLOGY PROCEDURES (WEIGHTED)				NA
PHARMACY UNITS (WEIGHTED)				NA
OTHER (SPECIFY)	**			** see below

Total outpatients 334 2 other

** TB/Allergy Screens 146
Limited Services 27

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	310	2	20	332
ADMISSIONS				NA
LABORATORY TESTS (WEIGHTED)				NA
RADIOLOGY PROCEDURES (WEIGHTED)				NA
PHARMACY UNITS (WEIGHTED)				NA
OTHER (SPECIFY)				** see below

TB Screenings 150

Limited Services 30

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]								
SPECIALTY CARE[2]								
PHYSICIAN EXTENDERS[3]								
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	1	1	1	1	1	1	1	1

[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]	10
SPECIALTY CARE[2]	9
PHYSICIAN EXTENDER[3]	
TOTAL	19

[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: 146,326

Information obtained from Accomack and Princess Anne Public Libraries.

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]
Peninsula Regional Medical Center	Non-Gov. Not for profit	40-50 miles	45 min - 1 hour	None
Northampton-Accomack Memorial Hospital	Non-Gov. Not for profit	40-50 miles	45 min - 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]
Peninsula Regional Medical Center	400	Yes	71.9%	CAT Scan
Northampton-Accomack Memorial Hospital	166	Yes	55.4%	CAT Scan, Trauma Center, Oncology

[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

4/25/94
Date

NAVAL MEDICAL CLINIC, ANNAPOLIS
Activity

Document Separator

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ 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 _____

Title Acting _____ Date 8 June 1994

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:BRANCH CLINIC ANNEX, NAVAL AIR WARFARE CENTER, WARMINSTER, PA 18974

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	5,791	223		5,209	201	
FAMILY OF AD	6,055	803		5,399	716	
SUBTOTAL	11,846	1,026		10,608	917	
RETIRED AND FAMILY MEMBERS UNDER 65	12,929	1,435		12,598	1,395	
RETIRED AND FAMILY MEMBERS OVER 65[4]	6,501	547		8,282	694	
OTHER	7,699	1,350		7,819	1,331	
TOTAL	38,975	4,358		39,307	4,337	

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

NOTE: 1. Projection to 1999 is as far as we can project into future.
2. 20 mile circle and PRISM concept clinic were used.

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

Operating Beds[1]:	0
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	0

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1,226	2128	667	4,021
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	N/A			94,118
RADIOLOGY PROCEDURES (WEIGHTED)[1]				0
PHARMACY UNITS (WEIGHTED)[1]				26,197
OTHER (SPECIFY)				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.

NOTE: Ancillary data not available by patient category.

BUMED-822
MSS, 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	2,380	3,994	1,306	7,680
ADMISSIONS	N/A			
LABORATORY TESTS (WEIGHTED)[1]				179,763
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				50,036
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.

NOTE: Ancillary data not available by patient category.
Maximum patients seen by 2 doctors per day is 32 X 5 days/week = 160 X 4 weeks/month = 640 X 12 months = 7,680 patients per year.
Using FY 93 data calculated % of AD and family of AD for ancillary assumptions.

BUMED-822
MSL, 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	15,030	2,322	707	18,059
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	N/A			693,610
RADIOLOGY PROCEDURES (WEIGHTED)[1]				8,305
PHARMACY UNITS (WEIGHTED)[1]				60,233
OTHER (SPECIFY)				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.

NOTE: Ancillary data not available by patient category. Assumption is that Warminster would assume Branch Clinics Willow Grove and Aviation Supply Office total workload.

BUMED-822
3 Jun 94, mst

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

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

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	3,475
SPECIALTY CARE[2]	8,950
PHYSICIAN EXTENDER[3]	700
TOTAL	13,125

[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: 5,196,441

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]
ABINGTON MEMORIAL	N/A	10	20-30	NONE
ALBERT EINSTEIN	N/A	20	30-45	NONE
BRYN MAWR	N/A	15	20-30	NONE
CHESTER COUNTY	N/A	40	45-60	NONE
CHESTNUT HILL	N/A	15	20-30	NONE
CROZER CHESTER	N/A	40	45-60	NONE
DOYLESTOWN	N/A	5	10-20	NONE
EPISCOPAL	N/A	20	30-45	NONE
FRANKFORD	N/A	20	30-45	NONE
GERMANTOWN	N/A	20	30-45	NONE

GRADUATE	N/A	30	45-60	NONE
GRADUATE HEALTH SYSTEMS	N/A	30	45-60	NONE
GRANDVIEW	N/A	40	45-60	NONE
HOLY REDEEMER	N/A	15	20-30	NONE
JEANES	N/A	15	20-30	NONE
JOHN F. KENNEDY	N/A	15	20-30	NONE
KENSINGTON	N/A	15	20-30	NONE
LANKENAU	N/A	15	20-30	NONE
LOWER BUCKS	N/A	5	10-20	NONE
MCH BUCKS COUNTY	N/A	5	10-20	NONE
MCH ELKINS PARK	N/A	10	20-30	NONE
MCHC FITZGERALD	N/A	15	20-30	NONE
MCHC HAVERFORD	N/A	20	30-45	NONE
MCHC MISERICORDIA	N/A	20	30-45	NONE
METHODIST	N/A	25	45-60	NONE
MONTGOMERY	N/A	15	20-30	NONE
MOUNT SINAI	N/A	20	30-45	NONE

NAZARETH	N/A	20	30-45	NONE
NORTH PENN	N/A	15	20-30	NONE
N. PHILA HEALTH SYSTEMS	N/A	15	20-30	NONE
PENNSYLVANIA	N/A	20	30-45	NONE
PRESBYTERIAN	N/A	25	45-60	NONE
QUAKERTOWN	N/A	15	20-30	NONE
ROXBOROUGH MEMORIAL	N/A	15	20-30	NONE
ST. AGNES	N/A	30	45-60	NONE
ST. MARY LANGHORNE	N/A	20	30-45	NONE
VALLEY FORGE	N/A	25	45-60	NONE
VETERAN'S ADMINISTRATION	N/A	35	45-60	NONE
GRADUATE HEALTH SYSTEMS	N/A	30	45-60	NONE
HAHNEMANN	N/A	30	45-60	NONE

UNIVERSITY OF PA	N/A	30	45-60	NONE
MCH MAIN CLINIC	N/A	25	45-60	NONE
TEMPLE	N/A	25	45-60	NONE
THOMAS JEFFERSON	N/A	30	45-60	NONE
CHILDREN'S	N/A	30	45-60	NONE
FOX CHASE CANCER CENTER	N/A	15	20-30	NONE
HOME FOR JEWISH AGED	N/A	15	20-30	NONE
ST. CHRISTOPHER'S	N/A	30	45-60	NONE
WILLS EYE	N/A	30	45-60	NONE
EAGLEVILLE	N/A	15	20-30	NONE
FRIENDS	N/A	15	20-30	NONE

NORTH WESTERN	N/A	15	20-30	NONE
HORSHAM	N/A	5	10-20	NONE
BRYN MAWR REHAB	N/A	20	30-45	NONE
CHESTNUT HILL REHAB	N/A	15	20-30	NONE
CHILDREN'S REHAB	N/A	30	45-60	NONE
CHILDREN'S SEASHORE	N/A	30	45-60	NONE
MAGEE	N/A	30	45-60	NONE
MOSS REHAB	N/A	30	45-60	NONE
SHRINERS	N/A	30	45-60	NONE

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
ABINGTON MEMORIAL	465	YES	76.8%	T/GME
ALBERT EINSTEIN	524	YES	73.5%	T/GME
BRYN MAWR	276	YES	78.5%	GME
CHESTER COUNTY	250	YES	62.0%	GME
CHESTNUT HILL	196	YES	66.5%	GME
CROZER CHESTER	432	YES	75.3%	BURN/GME
DOYLESTOWN	213	YES	62.9%	GME
EPISCOPAL	201	YES	79.9%	GME
FRANKFORD	370	YES	84.7%	GME
GERMANTOWN	178	YES	77.0%	GME

GRADUATE	320	YES	75.6%	GME
GRADUATE HEALTH SYSTEMS	181	YES	51.6%	
GRANDVIEW	225	YES	55.6%	
HOLY REDEEMER	237	YES	76.3%	
JEANES	217	YES	77.6%	
JOHN F. KENNEDY	144	YES	44.5%	
KENSINGTON	45	YES	72.0%	
LANKENAU	475	YES	58.7%	GME
LOWER BUCKS	194	YES	76.4%	
MCH BUCKS COUNTY	176	YES	60.9%	
MCH ELKINS PARK	173	YES	74.0%	
MCHC FITZGERALD	330	YES	71.8%	GME
MCHC HAVERFORD	91	YES	54.7%	
MCHC MISERICORDIA	238	YES	82.5%	GME
METHODIST	204	YES	77.6%	GME
MONTGOMERY	221	YES	55.3%	
MOUNT SINAI	123	YES	89.1%	

NAZARETH	290	YES	75.2%	
NORTH PENN	150	YES	56.7%	
N. PHILA HEALTH SYSTEMS	409	YES	66.4%	
PENNSYLVANIA	495	YES	68.1%	GME
PRESBYTERIAN	327	YES	85.6%	GME
QUAKERTOWN	89	YES	48.2%	
ROXBOROUGH MEMORIAL	150	YES	61.2%	
ST. AGNES	230	YES	62.8%	BURN/GME
ST. MARY LANGHORNE	287	YES	64.9%	T
VALLEY FORGE	70	YES	87.4%	
VETERAN'S ADMINISTRATION	346	YES	71.1%	GME
GRADUATE HEALTH SYSTEMS	190	YES	61.6%	GME
HAHNEMANN	581	YES	70.9%	T

UNIVERSITY OF PA	703	YES	80.9%	T
MCH MAIN CLINIC	387	YES	74.2%	
TEMPLE	450	YES	84.0%	T
THOMAS JEFFERSON	664	YES	76.4%	
CHILDREN'S	294	YES	79.4%	T/GME
FOX CHASE CANCER CENTER	100	YES	64.4%	
HOME FOR JEWISH AGED	28	YES	61.1%	
ST. CHRISTOPHER'S	175	YES	84.4%	CHILDREN'S T/BURN
WILLS EYE	115	YES	33.6%	EYES
EAGLEVILLE	159	YES	90.9%	PSYCHIATRIC
FRIENDS	192	YES	77.1%	PSYCHIATRIC

NORTH WESTERN	140	YES	83.5%	PSYCHIATRIC
HORSHAM	0		0%	PSYCHIATRIC
BRYN MAWR REHAB	131	YES	78.8%	REHABILITATION
CHESTNUT HILL REHAB	52	YES	90.4%	REHABILITATION
CHILDREN'S REHAB	40	YES	74.8%	REHABILITATION
CHILDREN'S SEASHORE	70	YES	95.2%	REHABILITATION
MAGEE	96	YES	88.7%	REHABILITATION
MOSS REHAB	152	YES	78.1%	REHABILITATION
SHRINERS	64	YES	57.7%	CHILDREN'S REHABILITATION

[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

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

John L. Saunders

NAME (Please type or print)

Officer-in-Charge

Title

Signature

Date 25 May 94

BRCLANNEX NAWC WARMINSTER, PA

BRCLANNEX ASO PHILA, PA

BRMEDCL NAS Willow Grove PA

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. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 6-3-94

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

363

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: BRANCH CLINIC ANNEX, NAVAL AIR WARFARE CENTER, WARMINSTER, PA 18974 ACTIVITY UIC: 32627

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

Provide medical services to Naval Air Warfare Center, Warminster; primarily for active duty military personnel, and for civilian employees. This service is also extended to dependents and retirees, on a space available basis, provided they are eligible. Military sick call is designed to ensure expedient and accurate assessments, treatments and appropriate referral for our active duty community.

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)
NAWC AC DIV	62269	NAWC WARMINSTER	128
NAWC AC DIV	47624	NAWC WARMINSTER	6
NAWC MED SUPP	49861	NAWC WARMINSTER	6
NAWC BR CLINIC	32627	NAWC WARMINSTER	8

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	1,265	0	5
ACTIVE DUTY NON N/MC	0	9	0	1
TOTAL ACTIVE DUTY	0	1,274		6
FAMILY OF AD	0	1,783	0	7
RETIRED AND FAMILY MEMBERS UNDER 65	0	*616	0	3
RETIRED AND FAMILY MEMBERS OVER 65	0	*	0	0
OTHER	0	0	0	0
TOTAL	0	2,399		10

N/A

What is your occupancy rate for FY 1994 to date? 0

STW BUMED-823
6 Jun 94

*NOT KEPT BY PATIENT AGE

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	3,500	0	0	0	0	0	0
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

Closure planned for FY 96 due to previous BRAC decision.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Sanitation Inspections	20.0 hrs	1
Sanitation Inspections	7.5 hrs	1

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

N/A

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): N/A

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
500-XX	BMC ANNEX PATIENT CARE	5103	52	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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. N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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: BRANCH MEDICAL CLINIC ANNEX, WARMINSTER					
2. UIC 32627	3. CATEGORY CODE		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 5103		B. NORMAL BEDS N/A		C.DTRS 2
6. LOCATION	A. CITY WARMINSTER			B.STATE PA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3)CENTRAL STERILE SVCS.			100%	E17	
(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					
(12) PHARMACY	100%				
(13) RADIOLOGY			100%	E17	
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100%	E17	
(B) HVAC	100%				
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				

(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER		100%		E06	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: _____

FULL ACCREDITATION: Yes/No

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

N/A

LOCATION:

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

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

The most important factor of this location is the minimal distance from the majority of those customers supported. Branch clinic Warminister is located onboard the Naval Air Warfare Center. The active duty customers supported are all assigned to this command or are tenants of this command. The remainder of the customers served are dependents and retirees who reside in the local area.

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

Air transportation: Military Air: NAWC Warminister, NAS Willow Grove (6 miles)
Civilian Air: Philadelphia Int. (45 miles)

Rail transportation: Amtrack and connecting local rail (3 miles)

Sea transportation: The Port of Philadelphia. (45 miles)

Ground transportation: Major Interstate Highway. (9 miles)
Major Local Highway Rt 611. (4 miles)

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

Distance (in miles): (6 miles) C-9 aircraft can be accommodated aboard NAS Willow Grove.

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

Clinics location, adjacent to Military air transportation, is an important factor in the support of mobilization.

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

Active duty: 10 minutes
Dependents/Retirees: 30 minutes

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

Proximity to large population base helps in the hiring of qualified civilian personnel.

FEATURES AND CAPABILITIES

10. CAPABILITIES. What would be the impact on the Navy and the Marine Corps if the capabilities of your facility were to be lost?

Naval Air Warfare Center, Warmnister was identified for closure as part of previous BRAC. The Branch clinic is scheduled to close in conjunction with base closure. Dependent and retiree care is provided by this facility and will be lost with closure. Overall minimum impact is expected.

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

Yes, NAS Willow Grove, Walson Air Force Hospital and adjacent civilian health care providers will be able to absorb any additional workload.

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

Yes, NAS Willow Grove, Walson Air Force Hospital and adjacent civilian health care providers will be able to absorb any residual eligible population.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload?

NA

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
FLTHOSP	#3	2

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

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

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]: __0__

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	250	183	72
OUTPATIENT	62	56	18

OK

N/A inpt only

EPCU BUMED-823 6 Jun 94

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	32	N/A	31	SEE BELOW	24	10,946.14
AD FAMILY	40	N/A	68	NO COST	31	NO COST
OTHER	39	N/A	33	NO COST	18	NO COST
TOTAL	111	N/A	137	192,038.18	73	10,946.14

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

[2] The total cost in thousands of dollars.

NOTE: FY 1992 & 1993 totaled 190,038.18 for both Warminster and Willow Grove. Amount was provided by Fiscal Department, Naval Base Philadelphia.

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	536,853	432,942	N/A
TOTAL OUTPATIENT VISITS	5,229	4,907	N/A
AVERAGE COST PER VISIT	95.54	84.57	N/A

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

Table A: 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. Completed by Host Command: Naval Air Warfare Center, Warminster, UIC 62269 (Data Call # 5)

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

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

John L. Saunders

NAME (Please type or print)

Officer-In-Charge

Title

BRMEDCL ANNEX WARMINSTER

Division

Department

BRMEDCL NAS Willow Grove PA.

Activity

Signature

Date 25-may 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. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 6-6-94

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)

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

Acting
Title _____ Date 10 Jun 1994

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 Clinic Annex, Naval Air Warfare Center, Warminster, PA 18974*
Acronym(s) used in correspondence	*BCA, Warminster* *BCA, NAWC, Warminster*
Commonly accepted short title(s)	*BCA Warminster*

- Complete Mailing Address

Officer In Charge
Branch Clinic Annex
Naval Air Warfare Center
Warminster, PA 18974

- PLAD
  N/A

- PRIMARY UIC: 32627 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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: 62269
- Primary Host (as of 01 Oct 1995) UIC: 62269
- 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/A		

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

Yes. Realignment of Naval Air Warfare Center, Warminster, PA in FY-95 will result in the closure of the Branch Clinic Annex, Warminster, PA

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

Current Missions

- Provide outpatient medical care to Active Duty and Civil Service personnel assigned.

- Limited outpatient care provided to dependents and retirees on space availability basis.

-

-

-

-

Projected Missions for FY 2001

- NAWC slated for closure FY-95.

-

-

-

-

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

Operational name	UIC
BRMEDCLINIC, NAS, JRB, WILLOW GROVE	32631

Funding Source	UIC
NAVMEDCLINIC, PHILADELPHIA	68101

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

On Board Count as of 01 January 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	0	10	2
• Tenants (total)	-	-	-

Authorized Positions as of 30 September 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	0	10	2
• Tenants (total)	-	-	-

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

Title/Name	Office	Fax	Home
• CO/OIC			
J. L. SAUNDERS, LCDR, MSC, USN	(215)443-6362	(215)443-9692	(215)584-1367
• Duty Officer			[N/A]
• Chief of the Day	(215)443-6360		
•			

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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					

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

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

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

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

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

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

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

*** NOTE: Host command has provided in previous BRAC data call. ***

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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. L. SAUNDERS, LCDR, MSC, USN

NAME (Please type or print) Signature

Officer In Charge

Title Date 25 Jun 94

Branch Medical Clinic, Box 23, Naval Air Station, Joint Reserve Base, Willow Grove, Pa 19090-5023

Activity

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

NEXT ECHELON LEVEL (if applicable)

F. T. SCOTT

NAME (Please type or print)

F T Scott

Signature

Acting Commanding Officer

Title

Date 26 JUNE 94

NAVAL MEDICAL CLINIC PHILADELPHIA

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature X D F Hagen

D. F. HAGEN, VADM,MC,USN

CHIEF BUMED/SURGEON GENERAL

Title

Date 6/30/96

BUREAU OF MEDICINE AND SURGERY

Activity

Branch Clinic Annex, NAWC, Warminster, PA UIC: 32627

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

06 JUL 1994

Date

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic Warminster
UIC:	32627
Host Activity Name (if response is for a tenant activity):	Naval Air Warfare Center Aircraft Division Bldg 2 Warminster PA 19874
Host Activity UIC:	62269

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Medical Clinic Warminster		UIC: 32627	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1	0	1
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	1	0	1
2. Other Base Operating Support Costs:			
2a. Utilities	20	0	20
2b. Transportation	4	0	4
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	20	45	65
2j. Other (Specify)	7	0	7
2k. Sub-total 2a. through 2j:	51	45	96
3. Grand Total (sum of 1c. and 2k.):	52	45	97

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	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

N/A BUMED MED-825 GSA 7/28/94

Table 1B – Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic Warminster		UIC: 32627	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	0	0	0
1b. Real Property Maintenance (<$15K)	0	0	0
1c. Minor Construction (Expensed)	0	0	0
1d. Minor Construction (Capital Budget)	0	0	0
1c. Sub-total 1a. through 1d.	0	0	0
2. Other Base Operating Support Costs:			
2a. Command Office	0	0	0
2b. ADP Support	0	0	0
2c. Equipment Maintenance	0	0	0
2d. Civilian Personnel Services	0	0	0
2e. Accounting/Finance	0	0	0
2f. Utilities	0	0	0
2g. Environmental Compliance	0	0	0
2h. Police and Fire	0	0	0
2i. Safety	0	0	0
2j. Supply and Storage Operations	0	0	0
2k. Major Range Test Facility Base Costs	0	0	0
2l. Other (Specify)	0	0	0
2m. Sub-total 2a. through 2l:	0	0	0

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: Branch Medical Clinic Warminster	UIC: 32627
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	16
Material and Supplies (including equipment):	98
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	3
Other Purchases (Contract support, etc.):	388
Total:	505

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: Branch Medical Clinic Warminster	UIC: 32627
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	1
Mission Support:	1
Procurement:	0
Other:*	0
Total Workyears:	2

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

1

2) Estimated number of workyears which would be eliminated:

1

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

0

DATA CALL 66
INSTALLATION RESOURCES

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	0

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

F. T. SCOTT

NAME (Please type or print)

Signature F T Scott

COMMANDING OFFICER

Title

Date 19 July 94

NAVAL MEDICAL CLINIC, PHILADELPHIA

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature D. F. Hagen

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-25-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature W A Earner

Title _____ Date 04 AUG 1994

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Washington Navy Yard
UIC:	32563
Host Activity Name (if response is for a tenant activity):	Commandant Naval District Washington Washington Navy Yard
Host Activity UIC:	00171

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

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

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

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

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

Activity Name: Branch Medical Clinic, Washington Navy Yard	**UIC:** 32563

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1		1
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	1	0	1
2. Other Base Operating Support Costs:			
2a. Utilities	45		45
2b. Transportation	55		55
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			

DATA CALL 66
INSTALLATION RESOURCES

2i. Administration			
2j. Other (Specify) Engineering Hazardous Waste	1		1
2k. Sub-total 2a. through 2j:	101	0	101
3. Grand Total (sum of 1c. and 2k.):	102	0	102

1363b. 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: Branch Medical Clinic, Washington Navy Yard	**UIC:** 32563

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			NA
1b. Real Property Maintenance (<$15K)			NA
1c. Minor Construction (Expensed)			NA
1d. Minor Construction (Capital Budget)			NA
1c. Sub-total 1a. through 1d.			NA
2. Other Base Operating Support Costs:			
2a. Command Office			NA
2b. ADP Support			NA
2c. Equipment Maintenance			NA
2d. Civilian Personnel Services			NA
2e. Accounting/Finance			NA
2f. Utilities			NA
2g. Environmental Compliance			NA

2h. Police and Fire			NA
2i. Safety			NA
2j. Supply and Storage Operations			NA
2k. Major Range Test Facility Base Costs			NA
2l. Other (Specify)			NA
2m. Sub-total 2a. through 2l:			NA
3. Depreciation			NA
4. Grand Total (sum of 1c., 2m., and 3.) :			NA

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Branch Medical Clinic, Washington Navy Yard	**UIC:** 32563

DATA CALL 66
INSTALLATION RESOURCES

Cost Category	FY 1996 Projected Costs ($000)
Travel: (399)	4
Material and Supplies (including equipment): (499 & 599)	45
Industrial Fund Purchases (other DBOF purchases): (699)	171
Transportation: (799)	0
Other Purchases (Contract support, etc.): (999)* See Below	126
Total:	346

*OP32 Line 999 Includes purchase of medical supplies and equipment.

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name: Branch Medical Clinic, Washington Navy Yard	**UIC:** 32563
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

NA

2) Estimated number of workyears which would be eliminated:

NA

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

NA

DATA CALL 66
INSTALLATION RESOURCES

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. L. Ridenour
NAME (Please type or print)

Signature

Commander
Title

19 JUL 94
Date

National Naval Medical Center
Bethesda
Activity

Above certification is for NNMC Bethesda & all subordinate branches.

BUMED-822
MVA, 19 Jul 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) _____ 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)

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 16 AUG 1994

Document Separator

UIC. 32563

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, Washington Navy Yard*
Acronym(s) used in correspondence	BRMEDCL, WNY
Commonly accepted short title(s)	*BRMEDCL, WNY*

- Complete Mailing Address

  Branch Medical Clinic, Washington Navy Yard Bldg. 183
  901 M. Street, SE
  Washington, DC 20374-5022

- PLAD
  BRMEDCLINIC NAVYD WASHINGTON DC

- PRIMARY UIC: 32563 (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): 47139 PURPOSE: Detachment Medical, NNMC
  47139 BRMEDCL, Naval Security Station

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

ENCLOSURE (5)

UIC: 32563

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: 00171

• Primary Host (as of 01 Oct 1995) UIC: 00171

• Primary Host (as of 01 Oct 2001) UIC: 00171

• 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

UIC: 32563

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, Naval Security Station	32565	3801 Nebraska Ave, NW Washington, DC	Naval Security Station	70092

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

- Self sufficient & ambfulatory care clinic possessing laboratory, radiology, pharmacy Acute & Advanced Cardiac Life Support Care services

- Physical examinations (reenlistment, extension, separation, retirement, drug & alcohol dependency, overseas, dive, radiation, BOOST, & weight control)

- Liaison and consultation to NNMC Bethesda specialty clinics

- Comprehensive eye examinations for local active duty military, dependents, and retirees.

- Health record maintenance and verification, compliance with readiness requirements

- Health & wellness promotion & outreach/Tobacco cessation, cholesterol, tuberculosis programs, serving Navy, Marine, civilians, and dependents.

- Dermatology and Cynecology/Women's Health specialty care

- Emphasis on active duty care with above services. Provided to dependents/retirees on space available basis.

- Ongoing on-site education & training program.

UIC: 32563

Projected Missions for FY 2001

- No projected change through 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

- Help provide medical coverage for clinics that do not have full time physicians
- Health promotion and wellness

Projected Unique Missions for FY 2001

- No projected change through FY 2001

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

• Operational name	UIC
NNMC Bethesda	00168

• Funding Source	UIC
NNMC Bethesda	00168

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	05	48	09
• Tenants (total)			

UIC: 32563

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~05~~ 8 9	~~41~~ 40 9	~~10~~ 0 9
• Tenants (total)	_____	_____	_____

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

Title/Name	Office	Fax	Home
• Department Head			
CDR M. W. BROOKS	(202) 433-3492/3	(202) 433-2205	(301) 946-6187
• Duty Officer			
• LCDR M. S. MOELLER	(202) 433-3407	(202) 433-2205	
• LCDR G. F. THIBAULT	(202) 433-3407	(202) 433-2205	

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

UIC: 32563

• 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

UIC: 32563

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

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

14. FACILITY MAPS: 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: 32563

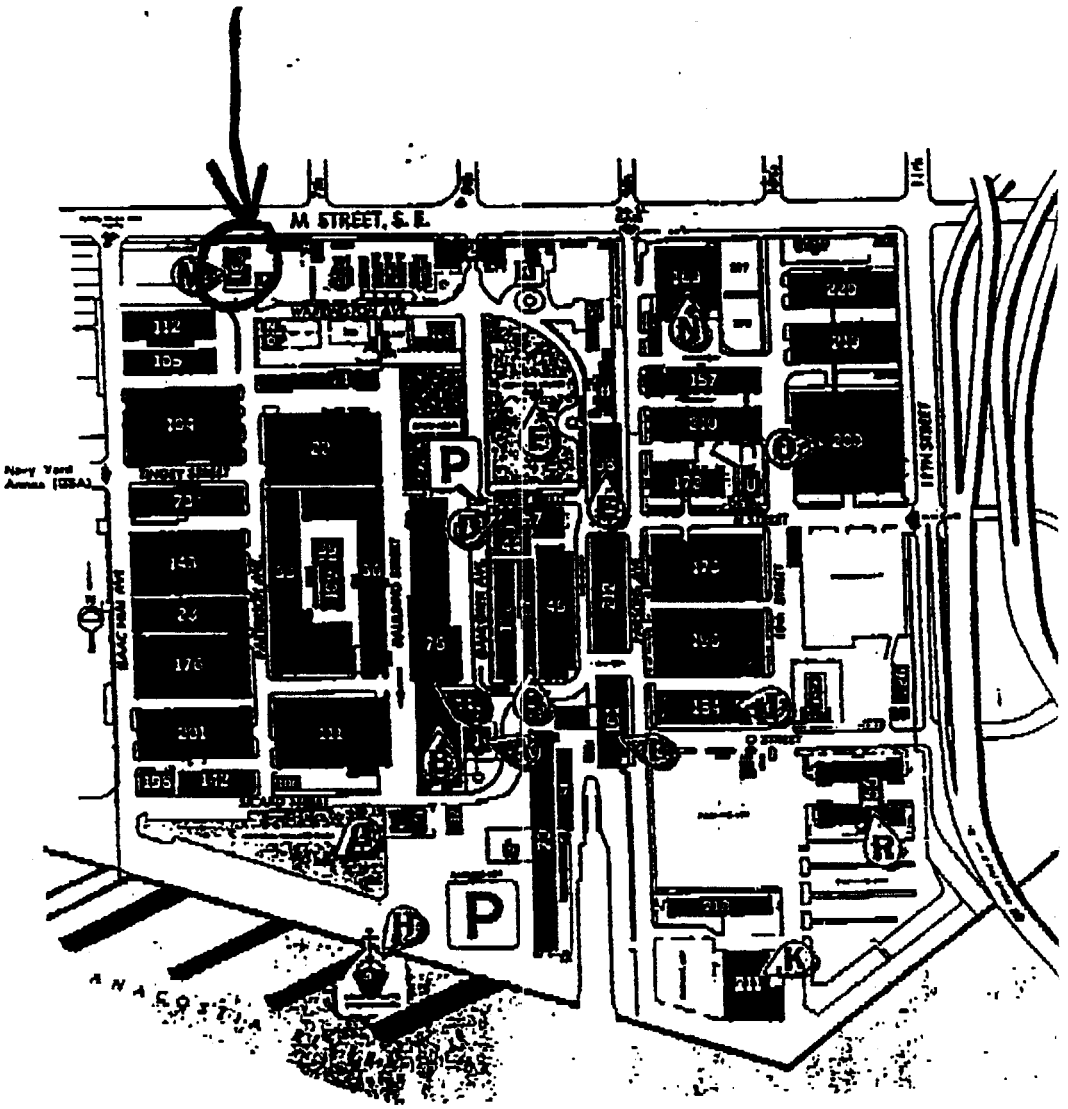
Points Of Interest	Bldg
(A) Visitor Center	1
(B) Navy Museum	58
(C) Combat Art Gallery	67
(D) Dudley Knox Ctr. For Naval History	57
(E) Marine Corps Museum	58
(F) ADM Leutze Park	
(G) ADM Willard Park	
(H) BARRY (DD 933)	Pier

Eating Facilities	
(I) Officers' Club	101
(J) Cafeteria / Tudor Pub	184
(K) Chief Petty Officers' Club	211
(L) Navy Museum Snack Bar	76

Other Facilities	
(M) Dispensary	183
(N) Navy Exchange	169
(O) Headquarters, Naval District Washington	200
(R) Dental Clinic	166

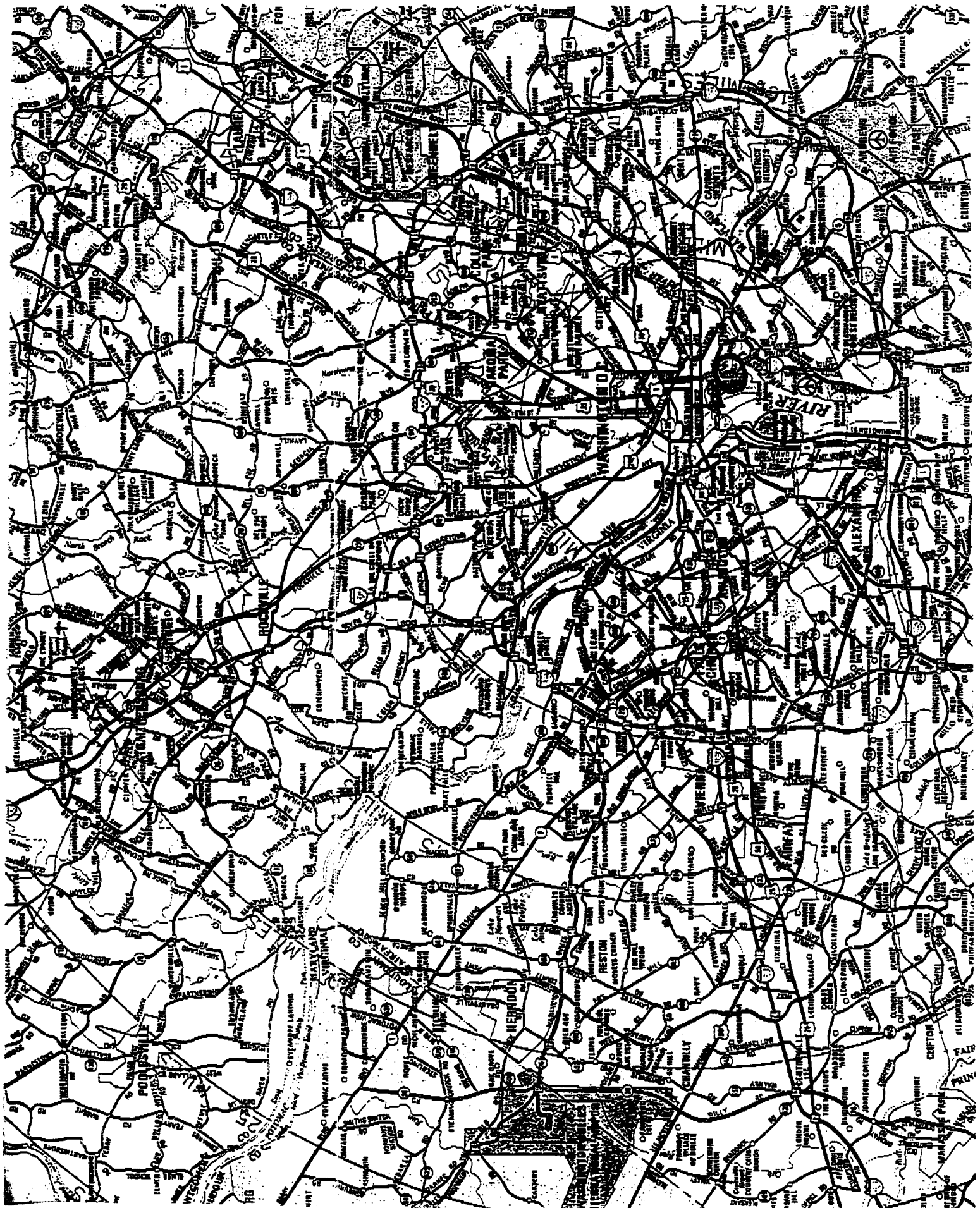
Tourist Parking Areas

(P) South of ADM Leutze Park
Waterfront Parking
Available after 10 A.M.



Washington Navy Yard

UIC: 30563


WASHINGTON
ALEXANDRIA
FAIRFAX
RESTON
CHANTILLY
CLIFTON
ROCKVILLE
POOLESVILLE
MARYLAND
VIRGINIA
RIVER
POTOMAC

52563

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

Don D. Wilson
NAME (Please type or print)

Don D. Wilson
Signature

Acting
Title

940207
Date

National Naval Medical Center
Activity

BRMEDCL NAVYD

UIC: 32563

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 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

16 FEB 94
Date

Document Separator

364

BRAC DATA CALL #26
CAPACITY ANALYSIS

BRANCH MEDICAL CLINIC WASHINGTON NAVY YARD

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MISSION REQUIREMENTS (BRMEDCL NAVYD WASH DC) DMIS 703 UIC 32563

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	53,015	3,814	NA	47,673	3,431	NA
FAMILY OF AD	71,214	3,126	NA	63,950	1.005	NA
SUBTOTAL	124,229	4,940	NA	111,623	4,436	NA
RETIRED AND FAMILY MEMBERS UNDER 65	79,474	1,151	NA	77,345	1,119	NA
RETIRED AND FAMILY MEMBERS OVER 65	27,309	442	NA	34,679	561	NA
OTHER	19,936	537	NA	21,904	564	NA
TOTAL	250,948	7,070	NA	245,551	6,680	NA

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

Y

Operating Beds[1]:	**NA**
Set Up Beds[1]:	**NA**
Expanded Bed Capacity[2]:	**NA**

[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 (INCLUDES CIVILIANS)	TOTAL OF EACH ROW
OUTPATIENT VISITS	14410	102	2636	17148
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	229481.5
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	7545
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	17478
AUDIOGRAM	34	-	37	71
ALLERGY	635	113	178	926
OPTOMETRY	3269	113	1367	4749

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

NOTE: UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY.

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	11885	89	2612	14586
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	279288
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	6301
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	18420
OTHER (SPECIFY)	3804	123	1478	5405

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

NOTES:

1. UNABLE TO BREAK DOWN BY RADIOLOGY, LAB, AND PHARMACY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.

3. FY 94 WORKLOAD THROUGH APRIL/7 (MONTHS)*12 (MONTHS)=PROJ FY 94 WORKLOAD

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 (PLUS CIVILIANS)	TOTAL OF EACH ROW
OUTPATIENT VISITS	11885	89	2612	14586
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	279288
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	6301
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	18420
OTHER (OPTOMETRY)	3804	123	1478	5405

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

NOTES:

1. UNABLE TO BREAK DOWN BY RADIOLOGY, LAB, AND PHARMACY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.

3. FY 94 WORKLOAD THROUGH APRIL/7 (MONTHS)*12 (MONTHS)=PROJ FY 94 WORKLOADNOTE: WORKLOAD

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	3	3	3	3	3	3	3
SPECIALTY CARE[2]	NA	NA	NA	NA	NA	NA	NA	NA
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	6	5	5	5	5	5	5	5

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

ASSUMPTION: NO INCREASE IN STAFFING PAST FY 95 THROUGH FY 2001.

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]	734
SPECIALTY CARE[2]	11402
PHYSICIAN EXTENDER[3]	73
TOTAL	12209

[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.

ASSUMPTIONS:

1. GEOGRAPHIC BOUNDARY IS THE WASHINGTON DC METROPOLITAN STATISTICAL AREA.

2. PRIMARY CARE ONLY INCLUDES FAMILY AND GENERAL PRACTICE PHYSICIANS AND ALL OTHER PROVIDERS ARE INCLUDED UNDER SPECIALTY CARE.

3. ONLY NONFEDERAL PHYSICIANS INVOLVED IN PATIENT CARE HAVE BEEN COUNTED.

4. UNDER PHYSICIAN EXTENDERS, ONLY PHYSICIAN ASSISTANT NUMBERS FOR WASHINGTON DC WERE AVAILABLE.

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: 4,360,349

ASSUMPTIONS:

1. SOURCE: US BUREAU OF CENSUS, 1992 POPULATION BASED ON 1990 CENSUS DATA

2. GEOGRAPHIC BOUNDARY IS THE WASHINGTON METROPOLITAN STATISTICAL AREA DUE TO WASHINGTON DC LOCATION.

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):

ASSUMPTION: DISTANCES AND TIMES ARE APPROXIMATED.

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
WASHINGTON		0 MILE	0 MIN	
CHILDREN'S NATIONAL MEDICAL CENTER	NOT-FOR-PROFIT (NFP)			
COLUMBIA HOSPITAL FOR WOMEN MEDICAL CARE	NFP			
DISTRICT OF COLUMBIA GENERAL HOSPITAL	CITY			
GEORGE WASHINGTON UNIVERSITY HOSPITAL	NFP			
GEORGETOWN UNIVERSITY HOSPITAL	CHURCH OPERATED			
GREATER SOUTHEAST COMMUNITY HOSP	NFP			
HADLEY MEMORIAL HOSP	CHURCH			
HOSPITAL FOR SICK CHILDREN	NFP			
HOWARD UNIVERSITY HOSP	NFP			
NATIONAL REHABILITATION HOSP	NFP			
PROVIDENCE HOSP	NFP (CHURCH OPERATED)			
PSYCHIATRIC INSTITUTE OF WASHINGTON	CORPORATION			
SAINT ELIZABETHS HOSPITAL	CITY			
SIBLEY MEMORIAL HOSP	NFP			
VETERANS AFFAIRS MEDICAL CENTER	VETERANS ADMINISTRATION			

[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]
WALTER REED ARMY MEDICAL CENTER	ARMY			
WASHINGTON HOSPITAL CENTER	NFP			
MARYLAND				
ANDREWS AFB		15 MILES	25 MIN	
MALCOLM GROW USAF MED CTR	AIR FORCE			
ANNAPOLIS		30 MILES	45 MIN	
ANNE ARUNDEL MED CTR	NFP			
BALTIMORE		42 MILES	55 MIN	
BON SECOURS HOSP	NFP			
CHILDREN'S HOSP AND CTR FOR RECONSTRUCTIVE SURGERY	NFP			
CHURCH HOSPITAL CORP	NFP			
DEATON HOSP	NFP			

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
FRANCIS SCOTT KEY MED CTR	NFP			
FRANKLIN SQ HOSP CTR	NFP			
GOOD SAMARITAN HOSP	NFP			
GREATER BALTIMORE MED CTR	NFP			
HARBOR HOSP CTR	NFP			
JAMES LAWRENCE KERNAN HOSP	NFP			
JOHNS HOPKINS HOSP	NFP			
KENNEDY KRIEGER INSTITUTE	NFP			
LEVINDALE HEBREW GERIATRIC CTR AND HOSP	NFP			
LIBERTY MED CTR	NFP			
MARYLAND GEN HOSP	NFP			
MERCY MED CTR	CHURCH			
MONTEBELLO REHAB HOSP	NFP			
MT WASHINGTON PEDIATRIC HOSP	NFP			
SHEPPARD AND ENOCH PRATT HOSP	NFP			
SINAI HOSP OF BALTIMORE	NFP			

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
ST AGNES HOSP	CHURCH			
UNION MEM HOSP	NFP			
UNIV OF MD MEDICAL SYSTEM	NFP			
VETERANS AFFAIRS MEDICAL CTR	VETERANS ADMIN			
BETHESDA		2 MILES	5 MIN	
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	PUBLIC HEALTH SERVICE			
SUBURBAN HOSP	NFP			
CATONSVILLE		33 MILES	50 MIN	
SPRING GROVE HOSP CTR	STATE			
CHEVERLY		22 MILES	30 MIN	
PRINCE GEORGE'S HOSP CTR	NFP			
CLINTON				
SOUTHERN MD HOSP	CORPORATION			
COLUMBIA		25 MILES	35 MIN	
HOWARD COUNTY GEN HOSP	NFP			
CROWNSVILLE		40 MILES	50 MIN	
CROWNSVILLE HOSP CTR	STATE			
ELLIOT CITY		30 MILES	40 MON	
TAYLOR MANOR HOSP	CORPORATION			
EMMITSBURG		60 MILES	60 MIN	
MOUNTAIN MANOR TREATMENT CTR FOR ALCOHOLISM	CORPORATION			
FREDRICK		31 MILES	40 MIN	

FREDRICK MEM HOSP	NFP			
GLEN BURNIE		40 MILES	50 MIN	
NORTH ARUNDEL HOSP	NFP			
JESSUP		32 MILES	40 MIN	
CLIFTON T PERKINS HOSP CTR	STATE			
LA PLATA		60 MILES	70 MIN	
PHYSICIAN'S MEM HOSP	NFP			
LANHAM		17 MILES	25 MIN	
DOCTORS COMM HOSP	NFP			
LAUREL		16 MILES	25 MIN	
GREATER LAUREL BELTSVILLE HOSP	NFP			
OLNEY		15 MILES	20 MIN	
MONTGOMERY GEN HOSP	NFP			
PATUXENT RIVER		40 MILES	50 MIN	
NAVAL HOSPITAL	NAVY			
RANDALLSTOWN		46 MILES	55 MIN	
NORTHWEST HOSP CTR	NFP			
ROCKVILLE		4 MILES	7 MIN	
CHESTNUT LODGE HOSP	CORPORATION			
PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	CORPORATION			
SHADY GROVE ADVENTIST HOSP	CHURCH			
SILVER SPRING		5 MILES	10MIN	
HOLY CROSS HOSP OF SILVER SPRING	CHURCH			

SUITLAND		NA	NA	
ST LUKE INSTITUTE	NFP			
SYKESVILLE		46 MILES	55 MIN	
SPRINGFIELD HOSP CTR	STATE			
TAKOMA PARK		14 MILES	23 MIN	
WASHINGTON ADVENTIST HOSP	CHURCH			
TOWSON		55 MILES	75 MIN	
ST JOSEPH HOSP	CHURCH			
VIRGINIA				
ALEXANDRIA		4 MILES	12 MIN	
ALEXANDRIA HOSP	NFP			
MT VERNON HOSP	NFP			
ARLINGTON		4 MILES	12 MIN	
ARLINGTON HOSP	NFP			
HOSPICE OF NORTHERN VIRGINIA	NFP			
NATIONAL HOSP FOR ORTHOPAEDICS AND REHABILITATION	NFP			
NORTHERN VIRGINIA DOCTORS' HOSP	CORPORATION			
FAIRFAX		12 MILES	20 MIN	
FAIR OAKS HOSP	NFP			
FALLS CHURCH				
FAIRFAX HOSP	NFP			
HCA DOMINION HOSP	CORPORATION			
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	STATE			

LEESBURG		NA	NA	
GRAYDON MANOR	NFP			
LOUDOUN HOSP CTR	NFP			
SPRINGWOOD PSYCHIATRIC INSTITUTE	CORPORATION			
MANASSAS		23 MILES	30 MIN	
PRINCE WILLIAM HOSP	NFP			
RESTON		10 MILES	15 MIN	
HCA RESTON HOSP CTR	CORPORATION			
WOODBRIDGE		17 MILES	25 MIN	
POTAMAC HOSP	NFP			

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]
WASHINGTON				
CHILDREN'S NATIONAL MED CTR	279	YES (Y)	73.8	BURN CARE UNIT
COLUMBIA HOSP FOR WOMEN MEDICAL CARE	141	Y	65.4	
DISTRICT OF COLUMBIA GEN HOSPITAL	435	Y	68	NEONATAL ICU
GEORGE WASHINGTON UNIV HOSP	425	Y	82.8	ONCOLOGY CTR
GEORGETOWN UNIV HOSP	500	Y	97.8	BURN CARE UNIT
GREATER SOUTHEAST COMM HOSP	470	Y	NA	
HADLEY MEM HOSP	81	Y	NA	

HOSP FOR SICK CHILDREN	80	Y	96.3	PEDIATRIC REHABILITATION
HOWARD UNIV HOSP	437	Y	70.6	COMPLICATED OBSTETRICS
NATIONAL REHAB HOSP	160	Y	76.9	REHABILITATION
PROVIDENCE HOSP	342	Y	76	
PSYCHIATRIC INSTITUTE OF WASHINGTON	210	Y	NA	PSYCHIATRIC
ST ELIZABETHS HOSP	1221	NO	99	PSYCHIATRIC
SIBLEY MEM HOSP	362	Y	61.6	
VETERANS AFFAIRS MED CTR	577	Y	NA	
WALTER REED ARMY MED CTR	793	Y	80.6	
WASH HOSP CTR	874	Y	76.7	TRAUMA CTR
MARYLAND				
ANDREWS AFB				
MALCOLM GROW USAF MED CTR	291	Y	57	
ANNAPOLIS				
ANNE ARUNDEL MED CTR	303	Y	67	
BALTIMORE				
BON SECOURS HOSP	156	Y	94	
CHILDREN'S HOSP AND CTR FOR RECONSTRUCTIVE SURGERY	76	Y	42.1	
CHURCH HOSP CORP	216	Y	68.5	
DEATON HOSP	360	NO	NA	
FRANCIS SCOTT KEY MED CTR	347	Y	NA	BURN CARE UNIT

FRANKLIN SQ HOSP CTR	427	Y	76.1	NEONATAL ICU
GOOD SAMARITAN HOSP	269	Y	83.6	
GREATER BALTIMORE MED CTR	386	Y	78.2	TRAUMA CENTER
HARBOR HOSP CTR	287	Y	74.2	
JAMES LAWRENCE KERNAN HOSP	69	Y	53.6	
JOHNS HOPKINS HOSP	959	Y	80.9	BONE MARROW TRANSPLANTS
KENNEDY KRIEGER INSTITUTE	51	Y	74.5	
LEVINDALE HEBREW GERIATRIC CTR AND HOSP	76	Y	NA	
LIBERTY MED CTR	260	Y	76.9	
MARYLAND GEN HOSP	247	Y	75.7	
MERCY MED CTR	302	Y	68.5	WOMEN'S HEALTH CTR
MONTBELLO REHAB HOSP	137	Y	67.2	
MT WASHINGTON PEDIATRIC HOSP	130	Y	89.2	
SHEPPARD AND ENOCH PRATT HOSP	260	Y	83.8	
SINAI HOSP OF BALTIMORE	487	Y	78.9	TRAUMA CTR
ST AGNES HOSP	396	Y	79.8	NEONATAL ICU
UNION MEM HOSP	344	Y	NA	
UNIV OF MD MED SYSTEM	713	Y	78.5	ORGAN/TISSUE TRANSPLANTS
VETERANS AFFAIRS MED CTR	184	Y	80.4	
BETHESDA				
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	415	Y	57.8	RESEARCH

SUBURBAN HOSP	277	Y	NA	
CATONSVILLE				
SPRING GROVE HOSP CTR	508	Y	100	
CHEVERLY				
PRINCE GEORGE'S HOSP CTR	356	Y	79.2	
CLINTON				
SOUTHERN MD HOSP	328	Y	71.6	
COLUMBIA				
HOWARD COUNTY GEN HOSP	213	Y	66.7	
CROWNSVILLE				
CROWNSVILLE HOSP CTR	327	Y	76.5	
ELLIOT CITY				
TAYLOR MANOR HOSP	96	Y	66.7	
EMMITSBURG				
MOUNTAIN MANOR TREATMENT CTR FOR ALCOHOLISM	88	NO	NA	
FREDRICK				
FREDRICK MEM HOSP	188	Y	98.4	WOMEN'S HEALTH CTR
GLEN BURNIE				
NORTH ARUNDEL HOSP	329	Y	77.2	

JESSUP				
CLIFTON T PERKINS HOSP CTR	220	Y	17.7	FORENSIC PSYCHIATRY
LA PLATA				
PHYSICIAN'S MEM HOSP	104	Y	74	
LANHAM				
DOCTORS COMM HOSP	250	Y	64	
LAUREL				
GREATER LAUREL BELTSVILLE HOSP	176	Y	67	
OLNEY				
MONTGOMERY GEN HOSP	229	Y	59.4	
PATUXENT RIVER	20	NO	25	
NAVAL HOSP				
RANDALLSTOWN				
NORTHWEST HOSP CTR	227	Y	85.9	
ROCKVILLE				
CHESTNUT LODGE HOSP	100	Y	60	
PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	92	Y	63	
SHADY GROVE ADVENTIST HOSP	243	Y	73.3	

SILVER SPRING				
HOLY CROSS HOSP OF SILVER SPRING	414	Y	76.8	BONE MARROW TRANSPLANTS
SUITLAND				
ST LUKE INSTITUTE	24	NO	NA	
SYKESVILLE				
SPRINGFIELD HOSP CTR	619	Y	NA	
TAKOMA PARK				
WASHINGTON ADVENTIST HOSP	300	Y	78	
TOWSON				
ST JOSEPH HOSP	415	Y	77.1	NEONATAL ICU
VIRGINIA				
ALEXANDRIA				
ALEXANDRIA HOSP	363	Y	64.5	TRAUMA CTR
MT VERNON HOSP	229	Y	62.9	
ARLINGTON				
ARLINGTON HOSP	389	Y	62.7	NEONATAL ICU
HOSPICE OF NORTHERN VIRGINIA	13	Y	NA	
NATIONAL HOSP FOR ORTHOPAEDICS AND REHABILITATION	105	Y	49.5	
NORTHERN VIRGINIA DOCTORS' HOSP	211	Y	44.1	

FAIRFAX				
FAIR OAKS HOSP	144	Y	67.8	ORGAN/TISSUE TRANSPLANTS
FALLS CHURCH				
FAIRFAX HOSP	656	Y	86.4	
HCA DOMINION HOSP	100	Y	55	
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	114	Y	91.2	
LEESBURG				
GRAYDON MANOR	61	NO	72.1	
LOUDOUN HOSP CTR	103	Y	34.8	
SPRINGWOOD PSYCHIATRIC INSTITUTE	77	Y	74	
MANASSAS				
PRINCE WILLIAM HOSP	170	Y	50	
RESTON				
HCA RESTON HOSP CTR	135	Y	NA	
WOODBRIDGE				
POTAMAC HOSP	158	Y	49.4	NEONATAL ICU

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

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

c. Training Facilities:

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

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

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

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

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

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

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

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

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

MARCEL W. BROOKS
NAME (Please type or print)

Signature

CDR, MSC, USN
HEAD, BRANCH MEDICAL CLINIC
Title

16MAY94
Date

WASHINGTON NAVY YARD
WASHINGTON DC 20374-5022
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

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. M. LICHTMAN
NAME (Please type or print)

Signature

16 JUN 94

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

BRMEDCL WNY (UIC 32563)
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

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)

364

BRAC DATA CALL #27
MILITARY VALUE ANALYSIS

BRANCH MEDICAL CLINIC WASHINGTON NAVY YARD
UIC 32563

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MISSION REQUIREMENTS

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

WASHINGTON NAVY YARD

The Branch Medical Clinic, Washington Navy Yard is located approximately 23 miles (35 minutes driving time) from National Naval Medical Center, Bethesda and 2 miles from the nearest civilian medical treatment facility. The clinic supports 4,300 active duty personnel and 8,000 Civil Service employees by providing primary care, basic laboratory, routine x-ray, pharmacy, occupational health, industrial hygiene, physical examinations, complete optometry, immunization/allergy services are provided for dependents and retirees on a space available basis. Limited ambulance service is provided during normal working hours. Hospital Corps personnel support is provided to Bolling, AFB which is responsible for after hours ambulance service to the clinic.

NAVAL SECURITY STATION WASHINGTON, DC

The Branch Medical Clinic, Naval Security Station, Washington, D.C. is located approximately 3 miles southwest of the National Naval Medical Center, Bethesda. The facility provides basic sickcall and non-emergency care and referral services to 800 active duty personnel assigned to the Naval Security Station, as well as limited services for foreign embassy personnel in the immediate area. This clinic provides an extremely limited range of routine outpatient services and medical records administration. Referrals are made to NNMC, Branch Medical Clinic Washington Navy Yard, or Walter Reed Army Medical Center. The Clinic does not provide services for dependents or retirees.

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)
H&S CO. 8FL & I MAR BKS	54900	WASH, DC	317
BUMED	00018	WASH, DC	248
DEFINTEL	63415	WASH, DC/VA	244
HQNDDC CEREMONIAL GUARD	30027	WASH, DC	212
SNSCOLEOD	30446	IND HD	167
NAVY BAND	0434A	WASH, DC	166
USMC 8TH & I BAND	54900	WASH, DC	145
USMC 8TH & I"A" CO	54900	WASH, DC	135
USMC 8TH & I"B" CO	54900	WASH, DC	130
USMC 8TH & i MCI CO.	54900	WASH, DC	130
NAVSCOLEODGST	42136	WASH, DC	123
WHCA	65475	WASH, DC	117
HQNDWASH SUPAC	33355	WASH, DC	114
SPAWAR SPTECH PC	35333	WASH, DC	114

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USMC 8TH & I"D&B" CO	54900	WASH, DC	89
NEODTECHO	0464A	IND HEAD	79
HDQTNDIS, PC OTH	31797	WASH, DC	77
BRDCL WNY	62312	WASH, DC	77
NAVAL MEDIA CTR	49872	WASH, DC	75
SECURITY CO. USMC 8TH & I	54900	WASH, DC	73
USMC 8TH & I USNA CO.	54900	ANNAPOLIS, MD	63
BUPERS D NODAC	33381	WASH, DC	58
BRMEDCL WNY	32563	WASH, DC	56
SIND COL AFOR	31051	WASH, DC	53
COMSC	00033	WASH, DC	53
NADUN WASH, DC	62733	WASH, DC	48
CBU422	68871	WASH, DC	48
DEFINTEL AGY	42062	WASH, DC	48

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NMCRC WASH, DC	61894	WASH, DC	45
NMARA JAG	65116	WASH, DC	45
NCTS	63165	WASH, DC	43
NC15	63285		42
PSD, ANACOSTIA	42557	WASH, DC	39
NRRCAEG6	68306	WASH, DC	38
NATL DEF UNIV	64358	WASH, DC	38
SNATWAR COL	31052	WASH, DC	37
W WMCCS OR CEN	39215	WASH, DC	37
N 5 GCO DET POT DC	47446	WASH, DC	36
EFACHES WDC	62477	WASH, DC	32
NLEGSVCOFF	68382	WASH, DC	31
DNA HDQTRS DC	65461	VA	30
NAVINSGEN	47326	WASH, DC	28

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)
BRMCL NOS	33329	IND HEAD	27
HIST CEN WASH, DC	63151	WASH, DC	24
S DEFINTEL C DC	63382	WASH, DC	23
DLEA	48304	WASH, DC	22
NROTC U GW U	68729	WASH, DC	22
NRL SUP DET WASH	48485	WASH, DC	21
NSWCB 1 NHD NNIF	47612	IND HEAD	21
NBCSTSVC	68481	WASH, DC	20
NSCOLEOD IND HEAD	62640	IND HEAD	19
HQ NDW	00171	WASH, DC	18
NTCC	33288	WASH, DC	17
CNAVIMAGCOM	62844	WASH, DC	16
PSA	42553	WASH, DC	15
OFF ATT PHY USC	41357	WASH, DC	14

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NRL	00173	WASH, DC	14
5 MECP CNP WASH, DC	45881	WASH, DC	11
NIMAGCOM WIT IMSU	44843	WASH, DC	10
NAVINRELACT	68042	WASH, DC	10
NTACSUPA	63084	WASH, DC	9
NSWDC	00174	HD, MD	9
WHITE HOUSE M/0	47689	WASH, DC	9
PWKS CEN WASH, DC	68925	WASH, DC	8
MSC CENTACT WA	62387	WASH, DC	8
INTERAMER DEFBD	65143	WASH, DC	8
4TH FSSGHCO 4MBN	67687	WASH, DC	8
5 PG #2 UMD	44661	UNIV. OF MD	8
NSEADT NEONFLIAN	45184	MD	8
EXEC SUPP VP QTR	68392	WASH, DC	8

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)
DIA/D-W MSUPP	47655	VA	8
CGMCCDG BRIG	30527		8
SPG U GEO WASH	31447	WASH, DC	7
N SPACE COM D	68955	WASH, DC	7
NAV FSSO	00031	WASH, DC	7
ATTACHE RUSSIA	00591		7
AIDES & SPEC ASST	30117		7
FMSTRPRNSCOLEOD	45226		7
S DEF LANGINST	47757	VA	7
NVCC ANNA	43998	VA	7
S MD OST ARLINC	44101	VA	7
STATE DEPT	68589	DC	6
ATTACHE FRANCE	00501		6
HQNDDC	30118	ARLINGTON, VA	6

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)
S EEAP U MD	46328	UNIV OF MD,	6
NNMC, BRC	41991	WASH, DC	6
ITACEN	64122		6
ITACEN	66032	WASH, DC	6
FIELD SUPPACT	67684	WASH, DC	5
NTIC SUB COMP	48909	MD	5
ATTACHE NORWAY	61411		5
SECPGW UNIV	46537	WASH, DC	5
NRRCREGG	41920	WASH, DC	5
S, AEPR G, MASON	42837	VA	5
S. AEPR GW	43461	WASH, DC	5
BRMCL NRL	32567	WASH, DC	5
LOMSC/WWMCCS	39210	WASH, DC	5
S FELLOWSHIP PROC.	64338	WASH, DC	5

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)
SPBD COM NINCGH	48858	WASH, DC	4
ATTTACHE THAILAND	61499		4
NAVREGCONTC	00600	WASH, DC	4
ATTACHE INDIA	00511		4
ATTACHE SPAIN	00584		4
ATTACHE ITALY	00586		4
ATTACHE CHILE	00587		4
NBCSTSVCMOB DT2	45439	WASH, DC	4
NAVAPLVAC7	47315	WASH, DC	4
S CDP UNIV MP	31397	COLLEGE PARK, MD	4
S PG GEORGETOWN UNIV	31444	WASH, DC	4
BRDCL NOS	35753	IND HEAD	4
ATTACHE COLUMBIA	63161		4
NPH1BSCOL	49139		3

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)
ATTACHE DENMARK	63161		4
ATTACHE ISRAEL	62337		3
NAVSTA ANACOSTIA	68469	WASH, DC	3
ATTACHE SWEDEN	00577		3
ATTACHE MEXICO	00589		3
NAVMARTRI JUD	0529A	WASH, DC	3
NBCSMOB DT1	44945	WASH, DC	3
S NSOOC	47351		3
SAEPRA GW UNIV	42557	WASH, DC	3
SEEAP MONTGOMERY	43986	MP	3
EFA CHES	44200	IND HEAD	3
ATTACHE CHINA PE	39279		3
S LEP NL CEN GWU	41300	WASH, DC	3
ATTACHE GERMANY	62819		3

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)
FED AVADM	63854	WASH, DC	3
OFC ECO ADJ	48432		2
NSGCD POT DC 7/7	48545		2
HDQTRS NDW FSC	48712	WASH, DC	2
NTCC, IND HEAD	48716	IND HEAD	2
S LEGIS FEL PRG	49943		2
ATTACHE GREECE	60880		2
ATTACHE NETHERLANDS	61413		2
ATTACHE FINLAND	61443		2
ATTACHE INDONESIA	61480		2
NREHC NASAPO	68491	WASH, DC	2
NOC IND HEAD	68963	IND HEAD	2
ATTACHE PORTUGAL	00532		2
ATTACHE EGYPT	00572		2

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)
ATTACHE VENEZUELA	00580		2
ATTACHE ARGENTINA	00583		2
ATTACHE PERU	00592		2
ATTACHE TURKEY	00597		2
ATTACHE CANADA	00598		2
ATTACHE JAMAICA	0455DC		2
US MIL GRP CHILE	09536		2
BUMED / RPN	45440	WASH, DC	2
ATTACHE BRAZIL	45552		2
COMSC NEUT OOCO	46003		2
DEF/SMAC	41510	WASH, DC	2
SLEP GEORGETOWN UNIV	41832	WASH, DC	2
ATTACHE SAUDIA ARABIA	42864		2
JUST DEPT	31476	WASH, DC	2

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)
ATTACHE MADAGMAL	33210		2
ATTACHE SENEGAL	63428		2
MAR BKS 8TH & I	67029	WASH, DC	2
DIA LIADELOTTAWA	42344		1
ATTACHE IVORY CO	42860		1
ATTACHE POLAND	42865		1
DIA LIAS D	43108	WASH, DC	1
NC15	43119	WASH, DC	1
USMILOB5 PALESTINE	63153		1
S INTERAMERDEFCO	64180		1
S INDIA WAR COL	64314		1
ATTACHE SRILANK	00519		1
4TH CAG 4MAR DIV	67684		1
DIA/COMSEC PROG	48430		1

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)
S EEAP#2 GMU	48449	WASH, DC	1
NRESCHINST KENYA	49075		1
NAVY CAMPUS WDC	49305	WASH, DC	1
ATT LITHUANIA	49664		1
ATTACHE UN ARAB	49673		1
ATTACHE ROMANIA	49674		1
ATTACHE PHILIPPI	61660		1
S SSPR U MP	45431	UNIV MD	1
ATTACHE OMAN	45454		1
ATTACHE MALAYSIA	45456		1
ATTACHE S AFRICA	45457		1
S EEAP HOWARD CC	46315		1
ATTACHE BARBADOS	46382		1
SEEAP#1 U UDC	46801	WASH, DC	1

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)
NIA NC15 WDC	47358	WASH, DC	1
DIA SEA DUTY	47673		1
NAIRTECSVFACD	47809	WASH, DC	1
NEXCH DET IND HEAD	30354	IND HEAD	1
S SSPR CATH UNIV	31410	WASH, DC	1
S SSPR G WASH UNIIV	31797	WASH, DC	1
COMSC/RPN	32794		1
ATTACHE ECUADOR	32799		1
ATTACHE TUNISIA	32800		1
ARMEDSERBCDPR	35352	WASH, DC	1
PEP MEXICO	39190		1
S EEAPSTRAYER	41206		1

AN ADDITIONAL 1,029 PERSONNEL (ASSIGNED TO APPROXIMATELY 256 SEPARATE COMMANDS) ARE ALSO SERVED BY THE CLINIC.

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	11885	N/A	N/A
ACTIVE DUTY NON N/MC	"	-	"	"
TOTAL ACTIVE DUTY	"	11885		"
FAMILY OF AD	"	89	"	"
RETIRED AND FAMILY MEMBERS UNDER 65	"	122	"	"
RETIRED AND FAMILY MEMBERS OVER 65	"	-	"	"
OTHER	"	2491	"	"
TOTAL	"	14,587		"

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	15086	15086	15086	15086	15086	15086	15086
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

NOTE:

1. FY 95 PROJECTIONS ARE BASED ON FY 94 DATA

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
CEREMONIES/SPECIAL EVENTS	60 HRS	1 HM
PRT MEDICAL COVERAGE	25 HRS	1 HM
FOOD SERVICE INSPECTIONS	212 HRS	1 PMT
ENVIRONMENTAL HEALTH INSPECTION	260 HRS	1 PMT
WATER BACTI ANALYSIS	8 HRS	1 PMT
FAMILY HOME CARE INSPECTION	24 HRS	2 PMT
PREVENTIVE MEDICINE TRAINING	33 HRS	2 PMT

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
NA								

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]
NA			

[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.

NOTE: FOR ALL QUESTIONS REFERRING TO FACILITIES, REFERENCE WASHINGTON NAVAL YARD (UIC 00171) BRAC DATA CALL #30.

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]
NA	NA	NA	NA	NA

[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: **NA**

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.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME				
2. UIC 32563	3. CATEGORY CODE	4. NO. OF BUILDINGS 01		
5. SIZE 12,872.64 SQ FT	A. GSF	B. NORMAL BEDS		C.DTRS
6. LOCATION BLDG 183 WNY	A. CITY WASHINGTON		B.STATE DC	

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.	100				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	75	25		B-C	
(8) LOGISTICS	75	25		B	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	75	25		B-10	
(13) RADIOLOGY	75	25		C-01-02	
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	25		C-11	
(B) HVAC	50	50		C-09-10-12	
(C) PLUMBING	75	25		C-02	
(D) ELECTRICAL SVCS.	75	25		C-06-07-10-12	
(E) ELECTRICAL DISTRIBUTION	50	50		C-06-07-10-12	
(F) EMERGENCY POWER	N/A			E	

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

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?

This clinic is centrally located to all clients. Approximately 5-30 minutes from all commands.

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

Ground: Washington DC beltway (I-495)
Air: Bolling AFB
Sea: Washington Navy Yard
Rail: Metro

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?

High accessability to all local commands.

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 persoNEL?

The Clinic's location, Washington metropolitan area, makes the Command easily accessible.

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: **17 JUL 92**

FULL ACCREDITATION: **YES WITH COMMENDATION**

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

LOCATION:

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

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

This clinic is centrally located to all clients. Approximately 5-30 minutes from all commands.

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

Ground: Washington DC beltway (I-495)
Air: Bolling AFB
Sea: Washington Navy Yard
Rail: Metro

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?

High accessability to all local commands.

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 persoNEL?

The Clinic's location, Washington metropolitan area, makes the Command easily accessible.

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.

Branch Medical Clinic, Washington Navy Yard (BMC, WNY) provides outpatient health care for 5,500 active duty personnel at Washington Navy Yard, Anacostia and Marine Barracks 8th & I. We provide physical examination services for OPNAV, BUPERS, BUMED, PENTAGON and over 200 individual tenant commands. Services include outpatient clinical care for active duty personnel with acute/chronic medical problems, complete optometry service, physical examinations, immunizations, basic health X-ray and management of Radiation Health Program. Additionally, we maintain an average of 4,300 active duty records; provide limited health benefits advisory services and processing medical claims for active duty personnel receiving care from civilian sources; regional preventive medicine for Naval District Washington (NDW) activities and industrial hygiene support; provide personnel for augmentation service and field support to the Marine Barracks 8th and I. In addition, Branch Medical Clinic, Naval Security Station, Washington DC.

Bolling AFB Clinic is already currently undermanned and is not capable of absorbing all the services being provided by BMC, WNY.

Finally, BMC, WNY is the only clinic providing physical examinations within the District of Columbia.

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.

Assumption: Base and clinic close

No, in addition to what was stated in item #10, Branch Medical Clinic, WNY also provides occupational health care to over 8,000 civilian employees, maintains an average of 1,000 civilian employee health records; preventive medicine and industrial hygiene support for approximately 37,000 civilian employees.

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.

Assumption: Base and clinic close

Yes, the local health care system would be able to care for the residual eligible population if our facility were to close through PRIMUS, CHAMPUS or the several HMOs in the local area.

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

NA

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
USNS COMFORT	T-AH 20	15
2ND FSSG		2
ASWBPL1 MACGUIRE AFB		1
FLT HOSP	#20	4
2ND MARINE DIV CAMP LEJUENE		5
USNAV HOSP NAPLES		1
2ND MAR DIV (ADV.ELEMENT)		1

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

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

NONE, EFFECT ON WORKLOAD IS MINIMAL.

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	NA	NA	NA
OUTPATIENT	NA	NA	NA

NOTE: REFER TO NNMC, UNABLE TO BREAK OUT BY CLINIC

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

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

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

[2] The total cost in thousands of dollars.

NOTE: REFER TO NNMC, UNABLE TO BREAK OUT BY CLINIC

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	3,957,410	3,048,116	983,584
TOTAL OUTPATIENT VISITS	22,413	15,034	3,419
AVERAGE COST PER VISIT	177	203	288

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

Table A: **NA**

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

Table B: **NA**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A1			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)1			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)1			
F. TOTAL (B+C+D+E)			

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

Table C: **NA**

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

Table D: **NA**

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

NOTE: FOR ALL QUESTIONS REFERRING TO QUALITY OF LIFE, REFER TO WASHINGTON NAVY YARD (UIC 00171) BRAC DATA CALL #s 30 AND 31.

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\textbf{AOB} = \frac{\textbf{(\# Geographic Bachelors x average number of days in barracks)}}{\textbf{365}}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

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GSA
6/2/94

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

MARCEL W. BROOKS
NAME (Please type or print)

Signature

CDR, MSC, USN
HEAD, BRANCH MEDICAL CLINIC
Title

16MAY94
Date

WASHINGTON NAVY YARD
WASHINGTON DC 20374-5022
Activity

(1)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) x D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-2-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR. NAME (Please type or print) J B Greene Jr Signature

ACTING Title 6/9/94 Date

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. M. LICHTMAN
NAME (Please type or print)

Signature

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

16 JUN 94

BRMEDCL WNY (UIC 32563)
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

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)