DCN 590

365

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR: BRAC DATA CALL 27
MEDICAL FACILITY: BRMEDCL NPTU Windsor CT
ACTIVITY UIC: 32621

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 a military sick call for active duty personnel stationed at the Naval Nuclear Power Training Unit (NPTU), Windsor, CT. This NPTU is being closed. Anticipated closure date is FY95.

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)
NPTU WINDSOR	62987	Windsor	24
NPTU WINDSOR	43151	Windsor	4
NAVAL REACTORS OFFICE	32129	Windsor	2
BRMEDCLINIC	32621	Windsor	1

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

Clinic Morbidity Reports through May 25. Actual/Projected

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	20/30	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	0/0	N/A	N/A
TOTAL ACTIVE DUTY	N/A	20/30		N/A
FAMILY OF AD	N/A	0/0	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	0/0	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0/0	N/A	N/A
OTHER	N/A	0/0	N/A	N/A
TOTAL	N/A	20/30		N/A

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	20	0	0	0	0	0	0
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:

NPTU Windsor will close in FY 1995.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Medical standby for PFT	10	2

*percent of time based on a work day, i.e. Standby: an average of 2 taskings per year, each tasking would take 10% of that person's work day.

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.

No Graduate Medical Education provided at Branch Medical Clinic Ballston Spa.

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):

No Graduate Medical Education performed at Branch Medical Clinic Ballston Spa.

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):

The clinic at Windsor consists of an office located within the NPTU building.

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?

Branch Medical Clinic Windsor is located at the NPTU site.

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

Hartford, CT - 5 miles

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

Distance (in miles): 5 miles. Hartford Airport

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

No distinct advantages or disadvantages.

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

2 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.

FEATURES AND CAPABILITIES

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.

This facility is scheduled to close in FY 95.

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 scheduled to close in FY 95.

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. Facility currently is for active duty military only.

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.

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	164,233	139,536	Not Available
TOTAL OUTPATIENT VISITS	1017	345	
AVERAGE COST PER VISIT	161.49	404.45	

BUMED-623
1 Jun 94

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:

No branch medical clinic personnel have mobilization requirements.

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

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

N/A, Branch medical clinics cannot issue NAS.

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

Supplemental care expenditures at Windsor are minimal and are included in NH Groton data.

SPW BUMED-823
1 Jun 94

All data for section 14 was extracted from the Executive Information System (EIS). The data was compared to the MEPR for the years stated and it reconciles. Data values were compared with similar sized facilities and found to be comensurate.

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	N/A	N/A	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	N/A	N/A	
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	N/A	N/A	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	N/A	N/A	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	N/A	N/A	
F. % SELECTED E EXPENSES (D÷E)	.	.	.

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Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	N/A	N/A	
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	N/A	N/A	
I. AREA REFERENCE LABORATORIES (FAA)	N/A	N/A	
J. CLINICAL INVESTIGATION PROGRAM (FAH)	N/A	N/A	
K. TOTAL SELECTED F (I+J)	N/A	N/A	
L. CONTINUING HEALTH EDUCATION (FAL)	N/A	N/A	
M. DECEDENT AFFAIRS (FDD)	N/A	N/A	
N. INITIAL OUTFITTING (FDE)	N/A	N/A	
O. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	
P. TOTAL (L+M+N+O)	N/A	N/A	
Q. E EXPENSES INCLUDED IN ROW P	N/A	N/A	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	N/A	N/A	
S. OTHER F'S LESS E (P-R)	N/A	N/A	

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Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	N/A	N/A	
U. TOTAL WORK UNITS (MWU)[2]	~~26.74~~ N/A	~~8.9~~ N/A	
V. PERCENT INPATIENT (IWU÷AWU)	N/A	N/A	
W. FINAL OTHER F EXPENSES (S×V)	N/A	N/A	
X. FINAL F EXPENSES (K+W)	N/A	N/A	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	N/A	N/A	
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)			
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)			

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

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

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TABLE E. BURDENING FOR ADD-ONS AND

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	INFLATION		
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

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15. Quality of Life.

Branch Medical Clinic Ballston Spa is a freestanding unit, operating in a leased building in support of the Naval Nuclear Power Training Unit. Questions regarding quality of life have been answered by the NPTU, UIC 30896.

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1 Jun 94

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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

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

R D Handy
Signature

COMMANDING OFFICER
Title

25 MAY 1994
Date

NAVAL HOSPITAL GROTON
Activity

DEPARTMENT OF THE NAVY 9570

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

Document Separator

UIC 32621

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, Windsor Locks CT*
Acronym(s) used in correspondence	*BRMEDCLINIC NPTU WINDSOR*
Commonly accepted short title(s)	*WINDSOR*

- Complete Mailing Address
  Naval Hospital Branch Clinic
  NPTU
  Box 545
  Windsor, CT 05095-0545

- PLAD
  BRMEDCLINIC NPTU WINDSOR

- PRIMARY UIC: 32621 (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)

UIC 32621

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: 44628

• Primary Host (as of 01 Oct 1995) UIC: N/A

• Primary Host (as of 01 Oct 2001) UIC: N/A

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

UIC 32621

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	N/A	N/A	N/A	N/A

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

N/A

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

Current Missions

- Provide primary outpatient care for Active Duty members from NPTU Windsor.
- Provide Radiation Health support for NPTU.

Projected Missions for FY 2001

- None. Closure April 1995

UIC 32621

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

- Radiation and Occupational Health support for Nuclear Power Training Unit.

Projected Unique Missions for FY 2001

- None. Closure

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 Hospital Groton	61726

• Funding Source	UIC
Naval Hospital Groton	61726

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

32621 (Windsor)	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command (includes branch clinics)	0	1	0
• Tenants (total)	0	0	0
• Contracted			0 *

UIC 32621

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	X 2 GSA	0
• Tenants (total)	0	0	0
• Contracted			0 *

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

Title/Name	Office	Fax	Home
• CO/OIC LCDR Victoria Cassano (Dir. Operational Health)	203-449-3373	203-449-4226	203-767-7279
• Duty Officer Command Duty Officer	203-244-7845	203-244-7916	[N/A]

UIC 32621

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

UIC 32621

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.) PROVIDED BY HOST COMMAND

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).) PROVIDED BY HOST COMMAND

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".) PROVIDED BY HOST COMMAND

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.) PROVIDED BY HOST COMMAND

UIC 32621

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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. W. BRICKEEN, CAPT, MSC, USN
NAME (Please type or print)

J. W. Brickeen
Signature

Acting Commanding Officer
Title

940208
Date

Naval Hospital Groton
Activity

32621

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

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)

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

365

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

CATEGORY.....Personnel Support
SUB-CATEGORY.....Medical
TYPES.....Clinics, Hospitals, and Medical Centers

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NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

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 FY93	PROJ FY99
AD	616	533
FAMILY OF AD	871	743
SUBTOTAL	1,187	1,276
RETIRED AND FAMILY MEMBERS UNDER 65	3,730	3,531
RETIRED AND FAMILY MEMBERS OVER 65 (1)	1,913	2,513
OTHER	1,724	1,660
TOTAL	8,854	8,980

Note: THE FOLLOWING APPLIES TO ALL FACILITIES. 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. IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT REGION POPULATION (SEE TRICARE POLICY GUIDELINES) IN ADDITION TO YOUR 40 MILE CATCHMENT AREA POPULATION. EXPLAIN ANY UNIQUE FEATURES OF YOUR CATCHMENT AREA.(1) THIS SECTION MUST BE COMPLETED.

2. **BED CAPACITY.** Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds (1) : N/A
Set Up Beds (1) : N/A
Expanded Bed Capacity (2) : N/A

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

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

Following questions are designed to designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (ie, your maximum capacity given requirements of the community you support.

3. Workload. Complete the following table FY 93: NAVAL HOSPITAL GROTON BRANCH CLINIC BALLSTON SPA

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	345	0	0	345
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)				N/A
RADIOLOGY PROCEDURES (WEIGHTED				N/A
PHARMACY UNITS (WEIGHTED)				N/A
OTHER (SPECIFY)				N/A

Ancillary Services workload is not collected by beneficiary category.

Cated BUMED-823
1 Jun 94

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

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 AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	345	0	0	345
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)				N/A
RADIOLOGY PROCEDURES (WEIGHTED				N/A
PHARMACY UNITS (WEIGHTED)				N/A
OTHER (SPECIFY)				

Ancillary Services workload is not collected by beneficiary category.

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

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 you catchment area. Show all calculations and assumptions in the space below.

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS				30,010
ADMISSIONS				417
LABORATORY TESTS (WEIGHTED)				166,905
RADIOLOGY PROCEDURES (WEIGHTED				16,819
PHARMACY UNITS (WEIGHTED)				37,844
OTHER (SPECIFY)				

Workload calculated using BUMED Planning Model.
Ancillary workload formula:
(OPV + OBD) x avg wwu per (FY 93 OPV + OBD)

Data is not collected in all categories requested. data for supported population is shown as total numbers.

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

4. **MILITARY STAFFING.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE (1)	0	0	N/A	N/A	N/A	N/A	N/A	N/A
SPECIALTY CARE (2)	0	0	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDER (3)	0	0	N/A	N/A	N/A	N/A	N/A	N/A
INDEPENDENT DUTY CORPSMAN	1	1	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	1	1	N/A	N/A	N/A	N/A	N/A	N/A

(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 Practioners.

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

5. **COMMUNITY PROVIDERS:** Complete the following table for civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles. If you are required to use another boundry please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE (1)	N/A
SPECIALTY CARE (2)	N/A
PHYSICIAN EXTENDER (3)	N/A
TOTAL	2,604**

(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 Practioners.

** Medicaal License Bureau - North Hartford Area

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

6. **REGIONAL POPULATION:** Please provide the U. S. Census population for your 20 mile catchment area. If you are required to use another boundry 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: 767,841**

** Hartford Metropolitan Area

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)
HARTFORD	NFP**	15	30	
MT SINAI	NFP**	15	30	
ST FRANCIS	NFP**	15	30	

(1) Distance in driving miles from your facility

(2) List any partnerships, MOU's, contracts etc with this facility

**NFP- NOT FOR PROFIT

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

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

FACILITY NAME	BEDS (1)	JCAHO APPROVED	OCCUPANCY (1)	UNIQUE FEATURES (2)
HARTFORD	850	Y	92.8%	TRAUMA/TRANSPLANT CARIOLOGY, ONCOLOGY
MT SINAI	262	Y	63.7%.	AIDS, CARDIAC CATH LAB
VA MED CTR	553	Y	81.4%	CARDIAC CATH LAB, OPEN HEART

(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.

8. Training Facilities:

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

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

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
N/A FOR THIS COMMAND

NAVAL HOSPITAL GROTON BRANCH CLINIC WINDSOR LOCKS (UIC 32621)

(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)
NONE AT THIS FACILITY			

(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

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

RDHandy
Signature

COMMANDING OFFICER
Title

25 MAY 1994
Date

NAVAL HOSPITAL GROTON
Activity

9570

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 | 3 June 1994 Date

Document Separator

366

1MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:NAVMEDCLINIC WINTER HARBOR
ACTIVITY UIC:32616

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.

Branch medical clinic, Winter Harbor is an outpatient primary care facility functuoning as a tentant primarily in support of the naval security group activity, Winter Harbor, Me. It's staffed by one physician, seven Hospital Corpsmen, and one civilian lincensed practical nurse, and we offer a full range of outpatient servicers, excluding obstetrics. We seek to maximize available care to our host, its detachments, tenants, and family members. In addition, we strive to remain accessible to "all" beneficiaries who live nearby year round or summer in the area. To ensure that appropriate secondary and tertiary care remains accessible, it is essential that we effectively interface with distant civilian hospitals, and specialty providers. Alternative civilian sources of care include the Eleanor Widener Dixon Memorial Clinic in Gouldsboro, Me., also a primary care clinic; Maine Coast Memorial Hospital in Ellsworth, Me approximately 35 miles away; and Blue Hill Memorial Hospital in Blue Hill, Me., Approximately 50 miles away. The nearest tertiary care facility is Eastern Maine Medical Center in Bangor, Me., approximatellly 70 miles away.

Alternative military medical treatment facilities are, at a minimum, 400 miles away, they include: Naval Hospital Newport, RI; Naval Hospital Groton, CT; and the National Naval Medical Center in Bethesda, MD.

By design we are not an urgent care clinic and we do not staff an emergency room. However, our very distinct remote location and the lack of a close-in cimilian emergency medical service requires that we remain staffed by emergency medical technicians and provide emergency ambulance transportation. Historically recipients of our EMS has ben our host, it's detachments and tenants, on-and-off base government housing residents, and the many local civilian communities as the nearst civilian ambulance service dispatches from over 30 miles away and, at a minimum, takes 45 minutes to transit to our location. We are committed to providing the best possible primary care to all those we service. Our goal is to maximize patient satisfaction and to minimize out-of-pocket external expenses.

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)
Army	00154	Winter Harbor ME	5
NSGA STAFF	00702	Winter Harbor	234
Det A	30316	Winter Harbor	11
NEX	30948	Winter Harbor	3
Medical	32616	Winter Harbor	9
Communications	32707	Winter Harbor	34
NSGA Students	33033	Winter Harbor	77
Dental	41776	Winter Harbor	4
PSD	43345	Winter Harbor	8
Command train	44694	Winter Harbor	44
Det 2	46437	Winter Harbor	15
Det 6	47888	Winter Harbor	3
Det 2 Student	48175	Winter Harbor	29
DECA	49173	Winter Harbor	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Cutler	63038	East Machias ME	96
MAA	68141	Castine, ME	5
Coast Guard		SW Harbor ME	50
Bangor ANG		Bangro ME	50
Bangor Army RE		Bangor ME	30

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	2256	N/A	12
ACTIVE DUTY NON N/MC	N/A	168	N/A	1
TOTAL ACTIVE DUTY	N/A	2424		13
FAMILY OF AD	N/A	260	N/A	5
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	208	N/A	4
RETIRED AND FAMILY MEMBERS OVER 65	N/A	208	N/A	4
OTHER	N/A	0	N/A	13
TOTAL	N/A	1100		26

What is your occupancy rate for FY 1994 to date? _0____

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	6000	6050	6100	6150	6200	6250	6300
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 50 NEW PATIENTS PER 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	5 HR	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.

NOTE: GRADUATE MEDICAL EDUCATION ON 6 AND 6A IN 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 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			
BUMED-822			
MSA, 3 Jun 94			

[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	DIAPENSARY/DENTAL CL	7,850	23	1 ADAQUATE

[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			
N/A			
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			
N/A			
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			
N/A			
N/A			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME BRMEDCLINIC WINTER HARBOR ME				
2. UIC 32616	3. CATEGORY CODE	4. NO. OF BUILDINGS		01
5. SIZE 7,850 SQ FT	A. GSF N/A	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION NSGA	A. CITY WINTER HARBOR		B.STATE ME	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.		75			
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(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	N/A				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	N/A				
(B) HVAC	N/A				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

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)

NOTE: N/A SURVEY NOT DONE FOR THIS BRANCH CLINIC

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? LOCATED ON THE BASE WHICH IS THE SOURCE OF PRIMARY CLIENTS.

b. What are the nearest air, rail, sea and ground transportation nodes? AIR - 55 MILES BANGOR INT AIRPORT
RAIL -55 MILES BANGOR
SEA - 50 MILES BAR HARBOR
GROUND 55 MILES TO I-95

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): _55____

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? 15 MIN.

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.

NEAREST MEDICAL FACILITY ELLSWORTH 1.5 HR. NEAREST MAJOR MEDICAL FACILITY IS BANGOR 1.5 HR AND NEAREST MILITARY MEDICL FACILITY IS BRUNSWICK AT 3 HRS.

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. PLEASE SEE LIST OF HEALTH CARE PROVIDERS IN OUR CATCHMENT AREA. ALSO THE PARTICIPATING PHYSICAN PROGRAM IS BEING IMPLEMENTED.

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. SAME SUPPORT AS 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? NONE

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

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

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

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

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

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

[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):

Non-availability statements not given at this MTF.

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

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	137	120 K	142	122 K	105	116 K
AD FAMILY	147	78 K	154	80 K	3	1 K
OTHER						
TOTAL	284	198 K	296	202 K	108	117 K

[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).

DATA INCLUDED IN UIC: 00105 DATA CALL.

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS			
TOTAL OUTPATIENT VISITS			
AVERAGE COST PER VISIT			

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE	120 K	125 K	

N/A
BUMED-822
MDA, 3 Jun 94

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]	120,000	125,435	21,397
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]	0	0	0
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	0	0	0
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]	0	0	0
F. TOTAL (B+C+D+E)	120,000	125,435	

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.
B.(1) BASED ON FY 93 SUPPLEMENTAL HEALTH FUNDS.

Table C: N/A NO INPATIENTS STRICTLY AN OUTPATIENT CLINIC

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)			

N/A
BUMED 822
MM, 3 Jun 94

Table D: N/A NO INPATIENTS STRICTLY AN OUTPATIENT CLINIC.

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

15. Quality of Life. PLEASE NOTE THAT ALL OF THE QUALITY OF LIFE SECTION HAS BEEN PREVIOUSLY REPORTED BY HOST COMMAND UIC: 00702 , NSGA Staff, Winter Harbor

BUMED 822, MJ 3 Jun 94

a. Military Housing

(1) Family Housing:

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

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

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	1	1	NONE	NONE
Officer	3	9	9	"	"
Officer	1 or 2	0		"	"
Enlisted	4+	8	8	"	"
Enlisted	3	57	57	"	"
Enlisted	1 or 2	50	50	"	"
Mobile Homes		0		"	"
Mobile Home lots		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.

NOTE: PREVIOUSLY REPORTED BY HOST COMMAND UIC: 00702

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.

NOTE: PREVIOUSLY REPORTED BY HOST COMMAND UIC: 00702

	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)?

NOTE: PREVIOUSLY REPORTED BY HOST COMMAND UIC: 00702

(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.

NOTE PREVIOUSLY REPORTED BY HOST COMMAND UIC: 00702

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					
	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.

NOTE: THIS SECTION HAS BEEN PREVIOUSLY BY HOST COMMAND UIC: 00702

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

DAVID L. WHEELER
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 940524

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title June 3, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

ACTING Title 6/9/94 Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic, Winter Harbor, Maine*
Acronym(s) used in correspondence	*BRMEDCLINIC, WINTER HARBOR*
Commonly accepted short title(s)	*WINTER HARBOR*

- Complete Mailing Address

Senior Medical Officer
Branch Medical Clinic
Winter Harbor, ME 04693

- PLAD

NAVSECGRUACT WINTER HARBOR ME

- PRIMARY UIC: 32616 (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

BRANCH CLINIC

PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

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

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

• Yes ____ No __X__ (check one)

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

• Yes __X__ No ____ (check one)

• Primary Host (current) UIC: 33033

• Primary Host (as of 01 Oct 1995) UIC: 33033

• Primary Host (as of 01 Oct 2001) UIC: 33033

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

BRAC-91 LORING AIR FORCE BASE, ME closure. The hospital was utilized by this facility until its closure in 1993 for both inpatient and outpatient services.

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

Current Missions

•Medical care for active duty, dependents, and retirees for the most isolated areas of northern Maine. The summer brings an explosion of military/retirees into the area for summer vacation.

•Medical care for the at the Naval Facilities located in Winter Harbor, Maine.

-Directly supports the staff of the Naval Security Groups Activity in Medical Training, sanitation, and other medical functions.

Projected Missions for FY 2001

•No projected changes.

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

Current Unique Missions

Provides for ambulance coverage in the local civilian community where ambulance coverage is scarce.

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Projected Unique Missions for FY 2001

•No projected changes.

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

• Operational name	UIC
NAVAL MEDICAL CLINIC PORTSMOUTH, NH	00105

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

On Board Count as of 01 January 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	01	07	01
• Tenants (total)	01	03	00

Authorized Positions as of 30 September 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	01	07	01
• Tenants (total)	01	03	00

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
HMCS(SW) W. PRATTEN	(207)963-9427	(207)963-9428	(207)963-4172

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
BRANCH DENTAL CLINIC, WINTER HARBOR, MAINE	41776	01	03	00

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

32616

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: Naval Security Group ActivityPortsmouth Naval Shipyard (UIC 00102) will provide all maps of this facility with their BRAC-95 package. They are our primary host command.

32616

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

DAVID L. WHEELER
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

940204
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

32616

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print)

Signature

11 FEB 1994

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

32616

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

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

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

BRAC-95 CERTIFICATION

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

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

Signature

ACTING DCNO (LOGISTICS)
Title

Date 16 FEB 94

Division _____

Department _____

Activity _____

306

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:_WINTER HARBOR ME_____

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	414	22	0	414	22	0
FAMILY OF AD	625	45	0	625	45	0
SUBTOTAL	1039	67	0	1039	67	0
RETIRED AND FAMILY MEMBERS UNDER 65	2100	125	0	2425	175	0
RETIRED AND FAMILY MEMBERS OVER 65[4]	750	300	0	700	350	0
OTHER	2850	425	0	3125	525	0
TOTAL	3889	492	0	4164	592	0

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	TOTAL OF EACH ROW
OUTPATIENT VISITS	2300	200	400	2900
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	20,856	16,138	16,138	53,132
RADIOLOGY PROCEDURES (WEIGHTED)[1]	614	349	234	1197
PHARMACY UNITS (WEIGHTED)[1]	1,367	3,417	6,606	11,390
OTHER (SPECIFY)	0	0	0	0

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

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.**

TABLE BELOW IS THE SAME FOR WORKLOAD DATA IN QUESTION 3. THIS IS THE CLINIC MAXIMUM CAPACITY.

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

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

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

THIS DATA IS THE SAME AS WORKLOAD DATA IN QUESTION 3. ALL APPOINTMENTS ARE FILLED WITHOUT EXCEPTION.

	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.

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	1	1	1	1	1	1	1	1
TOTAL	2	2	2	2	2	2	2	2

[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]	40
SPECIALTY CARE[2]	18
PHYSICIAN EXTENDER[3]	12
TOTAL	70

[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: 46,980 PER 1990 CENSUS

HANCOCK COUNTY REPRESENTS AN ACCURATE PICTURE OF THE AREA MOST CIVILIAN EMPLOYEES AND MILITARY PERSONNEL RESIDE, SEEK MEDICAL SERVICES, RECREATIONAL OPPORTUNITIES AND SHOPING.

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):
NOTE: DRIVING TIME IS DEPENDENT ON WEATHER CONDITIONS IN WINTER.

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
MAINE COAST		22	45MIN	NA
EAST MAINE		60	1HR 45MIN	NA
BLUE HILL		50	1HR 30MIN	NA
BAR HARBOR		45	1HR 30MIN	NA

[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]
MAINE COAST ELS	50	YES		
EASTERN MAINE	250	YES		TRAMA CENTER
BLUE HILL	30	YES		
BAR HARBOR	30	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

UIC: 32616

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

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

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

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

UIC: 32616

[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 L. WHEELER
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

940524
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date June 3, 1994

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. Greene

NAME (Please type or print) _____ Signature _____

Acting

Title _____ Date 8 June 1994

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC, WINTER HARBOR, ME
UIC:	N32616
Host Activity Name (if response is for a tenant activity):	NAVAL SECURITY GROUP ACTIVITY WINTER HARBOR , ME
Host Activity UIC:	N33033

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC, WINTER HARBOR, ME		UIC: N32616	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2.0	0	2.0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	2.0	0	2.0
2. Other Base Operating Support Costs:			
2a. Utilities	17.0	0	17.0
2b. Transportation	0	0	0
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	5.0	0	5.0
2j. Supply	1.0	0	1.0
2k. Communications	5.0	0	5.0
2l. Equipment Contract	1.0	0	1.0
2m. Engineering support/refuse	1.0	0	1.0
2n. Servmart/host support	2.0	0	2.0
2o. Sub-total 2a. through 2n:	32.0	0	32.0
3. Grand Total (sum of 1c. and 2o.):	34.0	0	34.0

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

Appropriation	Amount ($000)
O&M	34.0

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the tabl (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, WINTER HARBOR, ME		UIC:N32616	
FILE NOT APPLICABLE Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name:BRANCH MEDICAL CLINIC, WINTER HARBOR, ME	UIC:N32616
Cost Category	FY 1996 Projected Costs ($000)
Travel:	8.0
Material and Supplies (including equipment):	98.0
Industrial Fund Purchases (other DBOF purchases):	15.0
Contracts:	24.0
Communications:	5.0
Utilities:	17.0
Gasoline:	0
Printing Service:	1.0
Supplemental care:	117.0
Total:	285.0

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name:	UIC:
FILE NOT APPLICABLE Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 7-28-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 8/26/94

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

R. G. RELINSKI,JR.	R. G. Relinski Jr.
NAME (Please type or print)	Signature
COMMANDING OFFICER	13 JULY 94
Title	Date
NAVAL MEDICAL CLINIC PORTSMOUTH, NH	
Activity	

Document Separator

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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:_NAVAL WEAPONS STATION CHARLESTON_____

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	21,501	21,501	N/A	11,000	11,000	N/A
FAMILY OF AD	34,453	34,453		15,945	15,945	
SUBTOTAL	55,954	55,954		26,945	26,945	
RETIRED AND FAMILY MEMBERS UNDER 65	26,747	26,747		27,616	27,616	
RETIRED AND FAMILY MEMBERS OVER 65[4]	6,577	6,577		7,043	7,043	
OTHER	N/A →			N/A →		
TOTAL	89,275	89,275		61,604	61,604	

***** RAPS DATA WAS NOT USED. THE RAPS FY 93 DATA, BASED ON THE FY 92 BASELINE, SHOW A TOTAL POPULATION FOR THIS CATCHMENT AREA OF 106,269. PER DEERS, THE ACTUAL POPULATION FOR THIS CATCHMENT AREA ON 30 SEP 93 WAS 89,887 - A SIGNIFICANT AMOUNT LESS THAN THE RAPS PROJECTION**

THE ACTUAL DATA REFLECTS THE ACTUAL NUMBER OF BENEFICIARIES AS OF 01 FEB 94, AS RECORDED IN THE DEERS COMPUTER, AND EXTRACTED BY THE DEFENSE MANPOWER DATA CENTER

THE PROJECTED DATA FOR FY 1996 SHOWS THE POPULATION AS WE EXPECT IT TO BE AFTER CLOSUR OF THE NAVAL STATION CHARLESTON AND THE CHARLESTON NAVAL SHIPYARD

BUMED-822, MSS
1 Jun 94

SEE ATTACHED SPREADSHEETS For SPECIFIC BREAKDOWN OF POPULATION BY BRANCH OF SERVICE, PATIENT CATEGORY, AND PATIENT AGE

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

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	8,943	13,702	1,532	24,177*
ADMISSIONS				~~107,667**~~ N/A
LABORATORY TESTS (WEIGHTED)[1]				~~5,349**~~ 107,667
RADIOLOGY PROCEDURES (WEIGHTED)[1]				~~44,287**~~ 5349
PHARMACY UNITS (WEIGHTED)[1]		mss		~~2,286***~~ 44,287
OTHER (SPECIFY)	N/A			2,286 **

* NOT INCLUDED: 5,902 "OTHER" VISITS
** ANCILLARY WORKLOAD NOT CAPTURED BY PATIENT CATEGORY
*** EKG'S-1,550
PUL FUNCT- 736

BUMED 822, mss (Jun 94

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	8,943	13,702	1,532	24,177
ADMISSIONS				N/A
LABORATORY TESTS (WEIGHTED)[1]				107,667
RADIOLOGY PROCEDURES (WEIGHTED)[1]				5,349
PHARMACY UNITS (WEIGHTED)[1]				44,287
OTHER (SPECIFY)				2,286

BUMED-822 MMA Jun 94

IT IS FELT THAT THIS FACILITY IS AT MAXIMUM CAPACITY FOR OUTPATIENT VISITS. ANY PATIENTS WE CANNOT SERVE ARE SENT OUT THROUGH HEALTH CARE FINDERS

[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	8,943	13,702	1,532	24,177
ADMISSIONS				N/A
LABORATORY TESTS (WEIGHTED)[1]				107,667
RADIOLOGY PROCEDURES (WEIGHTED)[1]				5,349
PHARMACY UNITS (WEIGHTED)[1]				44,287
OTHER (SPECIFY)				2,286

FILMED 22 MSJ 1 Jun 94

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

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]		4	4	4	4	4	4	4
SPECIALTY CARE[2]		-	-	-	-	-	-	-
PHYSICIAN EXTENDERS[3]		2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN		1	1	1	1	1	1	1
TOTAL		7	7	7	7	7	7	7

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

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]	APPROX 650
SPECIALTY CARE[2]	APPROX 1150
PHYSICIAN EXTENDER[3]	APPROX 100
TOTAL	APPROX 1900

SOURCE: SC DEPT. HEALTH & ENVIRONMENTAL CONTROL (DHEC)
DIVISION OF RESEARCH - 1993 REPORTS

[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: _500,000_____

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
VA MED CTR	VA AFFAIRS	6.4	10 MIN	MOU DOD/VA
CHASN MEM.	COMMUNITY	6.5	10 MIN	CAMCHAS
EAST COOPER	AMI	8	15	CAMCHAS
FENWICK HALL	PRIVATE	9.8	15	CAMCHAS
TRIDENT REG MED CTR	HCA	9.7	15	CAMCHAS
ST FRANCIS	CATHOLIC	6.5	10	CAMCHAS
BAKER	AMI	2.1	5	CAMCHAS
ROPER	COMMUNITY	6.5	10	CAMCHAS EXT. PARTNER
CHARTER	CHARTER	2.1	5	CAMCHAS
MED UNIV OF SOUTH CAROLINA	STATE	6.4	10	CAMCHAS/TRAINING FAC.

[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]
VA MED CTR	280	Y	84%	
CHASN MEM	172	Y	60%	
EAST COOPER	100	Y	43%	
FENWICK HALL	46	Y	86%	
TRIDENT	300	Y	84%	
ST FRANCIS	362	Y	73%	
BAKER	104	Y	62%	
CHARTER	102	Y	55%	
ROPER	421	Y	73%	
MED UNIVERSITY OF SOUTH CAROLINA	585	Y	74%	

* MUSC IS A REGIONAL TRAUMA CENTER, TERTIARY CARE CENTER, AND TEACHING FACILITY.
** OCCUPANCY DATA FOR CURRENT STATUS IS NOT AVAILABLE. DATA LISTED IS FROM 1980.

SOURCE:
SOUTH CAROLINA HOSPITAL ASSOCIATION
& CAMCHAS RESEARCH FILES

[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

~~13~~ 14 BUMED-822, MSS
1 Jun 94

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL CHARLESTON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:NAVHOSPCHASN_BRANCH
MEDICAL CLINIC WEAPONS
STATION_____
ACTIVITY UIC:32543_____

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The primary mission of the Naval Hospital Charleston and its branch clinics is to support active duty combat readiness at the Naval Station, Shipyard, Naval Weapon Station, and the Charleston Air Force Base. The hospital operates within a family practice model including empanelment of the maximum number of beneficiaries, utilizing primary care providers at the core hospital anc branch clinics. A Family Practice Residency Program is in existence until summer 1994. A catchment area management demonstration project (CAMCHAS) at this facility is tasked with containing the inflation rate of CHAMPUS while maximizing access to care for our beneficiaries a health care finders program and a discount provider network in the civilian community. There is also a cost-effective home health program to treat CHAMPUS beneficiaries with exceptionally serious,long term, costly, and incapacitating health conditions as an alternative to hospitalization. The outyear mission is to provide quality health care services to the remaining beneficiaries using the TRICARE model.

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)
NWS	00193	NWS	949
NPTU STUDENTS	47801	NWS	540
NPTU INSTRUCTORS	47723	NWS	292
NPTU DET MTS TWO	49230	NWS	238
NAVCONBRIG	45610	NWS	206
BUPERS CBRIG OTHER	47999	NWS	131
NPTU SUPPORT	47724	NWS	128
EODMU 6	55238	NWS	94
DECA	48873	NWS	71
ARMY MATL (DESCOM)	W39QAA	NWS	61
MTMC SO LANT OUTPORT	47272	NWS	58
NWS NON-NIF	47613	NWS	45
PSA DET	43350	NWS	25
EODMU 12	47151	NWS	21
NWS YORKTOWN	00109	NWS	15
US CUSTOMS	32710	NWS	9
NNPTU REACTORS UNIT	47785	NWS	8
DFAS	HQ0104	NWS	6
EODMU 6 DET	48589	NWS	5
MIL SEALFT CMD ATL	68779	NWS	3
MARCORPS	41306	NWS	2
NPTU CMD OFFICER	68898	NWS	1
EXCHANGE	30457	NWS	1

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		4,414		
ACTIVE DUTY NON N/MC		94		
TOTAL ACTIVE DUTY		4,508		
FAMILY OF AD		13,790		
RETIRED AND FAMILY MEMBERS UNDER 65		1,942		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		3,102		
TOTAL		23,342		

*** FIGURES DERIVED BY TAKING OCT-MAR FY 94 WORKLOAD & MULTIPLYING BY 2.**

What is your occupancy rate for FY 1994 to date? _N/A____

* Only "OUTPATIENT VISITS" are applicable for BRMEDCL

BUMED-82C, MSS
1 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	27,026	17,867	17,867	17,867	17,867	17,867	17,867
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

BUMED-822, MSS
1 Jun 94

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1 Jun 94

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

NON-PATIENT CARE SUPPORT*	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
DEPLOYED/MOBILIZED	75%	3
CAREER COUNSELOR	100%	2
RANDOM DRUG SCREEN TEAM	5%	5
PRT MONITORING	25%	3
FOOD SERVICE INSPECTION	1%	2

* NUMBERS REFLECT NAVAL HOSPITAL AND BRANCH CLINIC

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
FAMILY PRACTICE RESIDENCY	~~1~~ 5	~~0~~ 2	0	0	0	0	0	0
O.R. NURSE PROGRAM	40	0	0	0	0	0	0	0
BUMED	822							
MSS	1 Jun	94						

* HOSPITAL WILL ASK FOR WITHDRAWAL OF FPR ACCREDITION BY JANUARY 1995; OR NURSE PROGRAM TO POSSIBLY MOVE TO JAX IN 1995

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]
FP RESIDENCY	**F**	**99.5%**	

[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

*** FACILITIES QUESTIONS PERTAINING TO THE NWS WILL BE ANSWERED BY MR ANDREW GRAHAM IN BRAC #46. HIS NUMBER IS (803) 764-7746 OR FAX 764-4075

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]

[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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

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

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: MAY 1992 _____

FULL ACCREDITATION: Yes/No **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?

This is the only military hospital in this catchment area. It serves beneficiaries from as far away as Myrtle Beach. There are over 100K beneficiaries in the area and this will decrease in 1995 to approximately 60,000, of which 20,000 will be active duty and their families. The facility is less than a mile from the waterfront, which affords the fleet excellent access to medical care.

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

Airport....7.7 miles, Amtrack...2miles, Interstate 26..1mile

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

Distance (in miles): _7____

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

NAVHOSPCHASN is designated as the east coast patient receiving area and is located only 15min from the Air Force MAC terminal

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

No longer than 30min

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

DUE TO THE INTENSITY OF MEDICAL FACILITIES IN THIS AREA, IT IS DIFFICULT TO COMPETE WITH THE SALARIES IN THE CIVILIAN COMMUNITY FOR PHARMICISTS, OCC HEALTH PERSONNEL, NURSES, AND LABORATORY TECHNICIANS

FEATURES AND CAPABILITIES

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

Naval Hospital Charleston is the only DOD hospital currently supporting a significant beneficiary population in this area. The loss of the hospital would have an immediate financial impact, increasing the costs to the government and the beneficiaries. The remaining fleet and shore base activities could face serious manning problems due to time away from work for medical care, especially inpatient care. The close proximity to a major air head supporting a Military Airlift Command is a significant fact in maintaining a hospital at this location. Casualties may be flown directly to Charleston from points around the world, allowing effective use of the hospital's expanded bed capacity

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 this facility were to close without any change in beneficiary population, the remaining infrastructure could physically absorb the additional workload. There are seven hospitals in the catchment area including a major university medical center with trauma center. However, without some sort of managed care (TRICARE/CAMCHAS) effort including negotiated rates, empanelment, health care finders, etc., the cost to the government (CHAMPUS) and out-of-pocket costs to the beneficiaries would soar. Currently, some of our negotiated discounts are as much as 65% of the CHAMPUS allowable. Additionally, waiting times for medical care could increase.

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

If the facility closed and all active duty and their families were to leave the area, the local community health care system could care for the residual beneficiary population at an increased cost and for the reasons stated above.

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

If the inpatient care capability were to close, the current local health care infrastructure could absorb the inpatient workload generated by our beneficiaries. Over the next 18 months our total beneficiary population will decrease by over 40,000 people. The remaining active duty population will be less than 10,000 people; 20,000 including their dependents. Again, cost and access would be the major impediments, but this would be minimized with a functional managed care program.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADACANAL	**07352**	**1**
MAG 27	09167	2
USS NASSAU	20725	6
USS PELELIU	20748	2
FLT HOSPITAL #8	45392	74
FLT HOSPITAL #15	45399	90
1ST MAW	57079	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.

*** THIS QUESTION IS ANSWERED GENERALLY FOR NAVHOSP AND NWS BRCL., SINCE ALL PERSONNEL WORK OFF OF THE 68084 UIC. BY USING MEPRS/SPMS IT WAS FOUND THAT 22,381 HOURS WERE USED IN FY 93 FOR DEPLOYMENTS, SUPPORT TO OTHER HOSPITALS, AND MOBILIZATION TRAINING. BASED ON THIS INFORMATION, AND BROKEN DOWN BY CATEGORY, WE COULD HAVE UTILIZED THE SERVICES OF (1) PHYSICIAN FTE/YR, (.4) MSC FTE/YR, (.75) NURSE FTE/YR, AND (9) CORPSMEN FTE/YR.**

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.

*** THE HOSPITAL CURRENTLY HAS 90 OPERATIONAL BEDS AND ~~56~~** 0

BUMED 822, m22
1 Jun 94

EXPANDIBLE BEDS FOR A TOTAL OF ~~146~~ 90

BUMED-822, MSS
1 Jun 94

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	2,899	2,300	1,113
OUTPATIENT	1,376	1,204	466

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	*	$765K	*	$1026K	*	$385K
AD FAMILY	*	$450	*	$420K	*	$140K
OTHER	*	$158	*	$173	*	$85
TOTAL	2909	$1373K	3443	$1619K	1564	$610

* THE CURRENT COMPUTER PROGRAM IS NOT ABLE TO PROVIDE NUMBERS BY PATIENT CATEGORY, ONLY THE TOTAL NUMBER OF REQUESITIONS. ALSO, ONLY THE TOTAL COST PER FISCAL YEAR BY PATIENT CATEGORY IS AVAILABLE. THE PROGRAM CANNOT DIFFERENTIATE BETWEEN CARE PROVIDED AT THE CLINICS AND THE HOSPITAL. FY 94 COLUMN IS THROUGH MAY 13, 1994

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994(1st qtr)
TOTAL COST	$1,539,609	$1,573,703	$407,508
TOTAL OUTPATIENT VISITS	26,692	30,070	6118
AVERAGE COST PER VISIT	$58	$52	$67

Table 14a is "N/A" for BRMEDCL

BUMED-822 MMD, 1 Jun 94

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

Table A:

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

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.

*** QOL QUESTIONS FOR THE NWS WILL BE PREPARED BY MR ANDREW GRAHAM IN BRAC QUESTION #46. HE CAN BE REACHED AT (803) 764-7746 AND FAX 764-4075**

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:

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL CHARLESTON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*NAVAL WEAPONS STATION CHARLESTON*
Acronym(s) used in correspondence	WPNSTA CHASN
Commonly accepted short title(s)	WPNSTA CHASN

- Complete Mailing Address
  COMMANDING OFFICER
  NAVAL WEAPONS STATION
  2316 RED BANK ROAD
  GOOSE CREEK, SC 29445-8601

- PLAD
  WPNSTA CHASN

- PRIMARY UIC: 32543 (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: _____

_____ _____ _____

32543

2. PLANT ACCOUNT HOLDER:

● Yes _____ No __X__ (check one)

32543

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: 32543
  - Primary Host (as of 01 Oct 1995) UIC: 32543
  - Primary Host (as of 01 Oct 2001) UIC: 32543

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

  - Yes _____ No _____ (check one)

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

Name	Location	UIC

:TACHMENTS: If your activity has detachments at other locations, please ist them in the table below.

Name	UIC	Location	Host name	Host UIC

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

As a result of BRAC-93, the Charleston Naval Shipyard and the Naval Station Charleston will close April 1996. However, BRAC-93 resulted in the decision to keep the Naval Hospital Charleston open to support remaining beneficiaries and to offer health care support to beneficiaries in Myrtle Beach left without same as a result of the BRAC-91 decision to close Myrtle Beach AFB.

With the Shipyard and Naval Station closing, the beneficiary population in the Charleston catchment area will decrease from approximately 110,000 to about 60,000, of which 15,000 will be active duty (all services).

Because the hospital obtains some services from the Shipyard and Naval Station, actions are being taken now to obtain these services through other means. Briefly, the services affected are: (1) Maintenance; (2) MWR; (3) Utilities; (4) Fire and Security Protection. To a lesser extent support for military and civilian personnel will be affected by relocation of these services to the Naval Weapons Station (NWS) Charleston. NWS is about 20-30 minutes travel time from the hospital.

Two branch clinics, one at the Shipyard and one at the Naval Station, will close when the host activities close. The hospital supply warehouse, located on COMNAVBASE Charleston, will also be a loss. However, new initiatives in materials management should obviate the need for this warehouse space in the future.

The demand for Occupational and Environmental Health Services will decrease as a result of the base and shipyard closures, but there will still be support required by NWS, the hospital, and NISE East.

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

Current Missions

- Primary mission is to support combat readiness

- Family Practice Model Hospital to include empanelment of the maximum number of beneficiaries with primary care providers at the core hospital or branch clinic

- Catchment Area Management (CAMCHAS), a managed care demonstration project tasked with containing the inflation rate of CHAMPUS while maximizing access to care for our beneficiaries

-

-

Projected Missions for FY 2001

- Provide health care services to remaining identified beneficiaries in a Family Practice Model/managed care network

-

-

-

-

32543

NIQUE 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

-
-
-

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
CO NAVHOSP CHASN	68084

Funding Source	UIC
BUMED	00018

32543

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	3	24	11 7*
● Tenants (total)	0	0	0

Authorized Positions as of 30 September 1993

(Appropriated)	Officers	Enlisted	Civilian
● Reporting Command	0	0	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
● CO/OIC CAPT H.B. ETIENNE	563-7200	563-7280	
● Duty Officer [N/A]	563-7000	563-7256	
● CDR PAT ALFORD	563-7251		
● LCDR MARK BRYSON	563-7281	563-7280	

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ENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of 30 September 1993, 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	CIVIL

- 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

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.)
NAVAL WEAPONS STATION	*CHARLESTON*	*WORK PLACE MONITORING & ENVIRONMENTAL QUALITY CONTROL & OCC HEALTH SUPPORT*
MEDICAL UNIVERSITY OF SOUTH CAROLINA	*CHARLESTON*	*RESIDENCY TRAINING (MOU) AND FP SERVICES (INTERNAL PARTNERSHIP)*

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

32543

.se photos provide a good look at the areas identified on your Base 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.)

* MAPS AND PHOTOGRAPHS TO BE SUPPLIED BY THE WEAPONS STATION WITH THEIR SUBMISSION

32543

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

H. B. ETIENNE
CAPT MC USN

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

Date 28 JANUARY 1994

NAVAL HOSPITAL CHARLESTON
Activity

32543

y that the information contained herein is accurate and complete to the of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

10 FEB 1994

ACTING CHIEF BUMED

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print) Signature

ACTING

16 FEB 1994

32543

Title

Date

DATA CALL 66
INSTALLATION RESOURCES

261

Activity Information:

Activity Name: NAVAL WEAPONS STATION BRANCH CLINIC

MSC, 19 Jul 94
BuMED-822

UIC: 32543

Host Activity Name (if response is for a tenant activity): Naval Weapons Station, Charleston

Host Activity UIC: 32543

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: NAVAL WEAPONS STATION BRANCH CLINIC, CHARLESTON, SC **UIC:**

Category	FY 1996 BOS Costs ($000)

DATA CALL 66
INSTALLATION RESOURCES

	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	27		27
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	27		27
2. Other Base Operating Support Costs:			
2a. Utilities	65		65
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
Other Engineering Support	3		3
Supply Operations			
Pastoral Care			
Communications	7		7
Hazardous Waste			
Security			
2k. Sub-total 2a. through 2j:	75		75

DATA CALL 66
INSTALLATION RESOURCES

3. Grand Total (sum of 1c. and 2k.):	102	102

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

Appropriation	Amount ($000)

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

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

"N/A" BUMED-822 MDL, 19 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)
Activity Name: **UIC:**

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

DATA CALL 66
INSTALLATION RESOURCES

3. Depreciation

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: NAVAL WEAPONS STATION BRANCH CLINIC **UIC:**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	**2**
Material and Supplies (including equipment):	**450**
Industrial Fund Purchases (other DBOF purchases):	**0**
Transportation:	**0**
Other Purchases (Contract support, etc.):	**102**
Total:	**554**

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: NAVAL WEAPONS STATION BRANCH CLINIC **UIC:**

	Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:		
Facilities Support:		
Mission Support:	PRIMARY CARE PARTNERSHIP PHYSICIANS	2
Procurement:		
Other:*		
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)):

-0-

2) Estimated number of workyears which would be eliminated:

2

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.)
N/A	

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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

S. L. LANGENBERG
NAME (Please type or print)

S. L. Langenberg
Signature

COMMANDING OFFICER (Acting)
Title

Date 13 Jul 94

NAVAL HOSPITAL CHARLESTON, SC
Activity

Encl (4)

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-20-94

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

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

Signature

Title

Date 04 AUG 1994

Document Separator

UIC: 47198

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, Yuma AZ*
Acronym(s) used in correspondence	*BMC, Yuma*
Commonly accepted short title(s)	

- Complete Mailing Address

Branch Medical Clinic
P.O. Box 99116
Yuma, AZ 85369-9116

- PLAD BRMEDCLINIC YUMA AZ

- PRIMARY UIC: 47198 (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)

UIC: 47198

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: _62974_

• Primary Host (as of 01 Oct 1995) UIC: _62974_

• Primary Host (as of 01 Oct 2001) UIC: _62974_

• 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.

Branch Medical Clinic, Yuma gained one officer billet (Optometrist) due to BRAC action at Naval Hospital, Long Beach.

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

Current Missions

- Primary and urgent care to all active duty members
- Primary care and limited urgent care to dependents as space permits
- 24 hour ambulance service for base emergencies
- maintain all flight medicine requirements for aviators
-
-

Projected Missions for FY 2001

- Increase availability of healthcare services for the large retired population
-
-
-
-

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 Hospital, Camp Pendleton, CA	68094

• Funding Source	UIC
Same	

UIC: 47198

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	10	30	4
Contracted			0
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	11	31	~~4~~ 0 OSA
• Tenants (total)	N/A	N/A	N/A

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

Title/Name	Office	Fax	Home
• LT C. Sill MSC, USN	(602)341-3177	(602)341-5545	(602)329-9704
• Duty Officer	(602)341-2772	(602)341-5545	[N/A]

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
3rd MAW Detachment Medical	31055	6	31	0

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

47198
GSA

ACTIVITY COMMANDER GSA
BRAC-95 CERTIFICATION

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

C. M. Sill
NAME (Please type or print)

Officer-in-Charge
Title

Division

Branch Medical Clinic
Department

Marine Corps Air Station Yuma, AZ
Activity

C M Sill
Signature

1/21/94
Date

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. Army	*Yuma Proving Grounds, AZ*	*Pharmacy support - Presently a verbal agreement with an MOU pending*

14. FACILITY MAPS: Facility maps will be submitted by the host command Marine Corps Air Station, Yuma (UIC: 62974).

UIC: 47198

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

x D Hagen
Signature

Title

2-9-94
Date

Activity

UIC: 47198

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

3.8

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BMC MCAS YUMA

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

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

...al (4)

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 1999		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	4471	4152	N/A	3925	3647	N/A
FAMILY OF AD	5208	4794	N/A	4570	4215	
SUBTOTAL	9679	8946	N/A	8495	7862	
RETIRED AND FAMILY MEMBERS UNDER 65	3519	2633		3244	2657	
RETIRED AND FAMILY MEMBERS OVER 65[4]	337	196		758	245	
OTHER	292	175		357	210	
TOTAL	13827	11950	N/A	12854	10974	N/A

BUMED 822 MSS 3 Jun 94

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.

**CATCHMENT AREA - 20 MILE CIRCLE; ASSIGNED AREA - 20 MILE PRISM; FY92 RAPS DATA BASE USED

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	33,245	7,649	761	41,655
ADMISSIONS	N/A	N/A	N/A	0
LABORATORY TESTS (WEIGHTED)[1]	198,653			198,653
RADIOLOGY PROCEDURES (WEIGHTED)[1]	6,322			6,322
PHARMACY UNITS (WEIGHTED)[1]	55,742			55,742
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.

***2518 Audiograms; 17,618 Immunizations; 929 EKGs

BUMED 822
MSI, 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	33,245	7,649	761	41,655
ADMISSIONS	N/A	N/A	N/A	0
LABORATORY TESTS (WEIGHTED)[1]	198,653			198,653
RADIOLOGY PROCEDURES (WEIGHTED)[1]	6,322			6,322
PHARMACY UNITS (WEIGHTED)[1]	55,742			55,742
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.

***2,158 Audiograms; 17,618 Immunizations; 929 EKGs

BUMED-822 mA
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	36,906	21,750	7,191	65,847
ADMISSIONS (LOCAL)	110 OMA/SUPP CARE	928 CHAMPUS	204 CHAMPUS	1,132 CHAMPUS
LABORATORY TESTS (WEIGHTED)[1]	N/A			
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A			
PHARMACY UNITS (WEIGHTED)[1]	N/A			
OTHER (SPECIFY) CHAMPUS NON-VISIT SERVICES	N/A	39,398	17,770	57,098

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

OUTPATIENT AD	FAMILY AD	RETIRED
33,245 DIRECT CARE	13,944 CHAMPUS	6,264 CHAMPUS
SUPP CARE	7,649 DIRECT CARE	771 DIRECT CARE
276 OMA		
3,385 BALBOA	157 BALBOA	156 BALBOA
36,906	21,750	7,191

BUMED-822
MSS, 3 Jun 94

*OMA/SUPP CARE WORKLOAD IS ACTIVE DUTY ONLY.
*BASED ON CHAMPUS FY 93 STATISTICS - % OF OUTPATIENT VISITS BY BENEFICIARY USERS.

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]	3	3	3	3	3	3	3	3
SPECIALTY CARE[2]	N/A							
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	6	6	6	6	6	6	6	6

BUMED-822
MM, 3 Jun 94

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

NUMBERS ABOVE REFLECT AUTHORIZED BILLETS

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]	41
SPECIALTY CARE[2]	38
PHYSICIAN EXTENDER[3]	UNK
TOTAL	79

[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.

DATA ABOVE REFLECTS CREDENTIALED PROVIDERS AT YUMA'S ONLY COMMUNITY HOSPITAL WITHIN THE 40 MILE CATCHMENT AREA.

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: 57,180

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]
YUMA REGIONAL	YRMC, INC	5 MILES	10 MINUTES	NONE
MEDICAL CENTER				

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

NAVAL HOSPITAL, CAMP PENDLETON (the parent command) AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY HOSPITALS.

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
YUMA REGIONAL MEDICAL CENTER	275	YES	154 AVG (56%)	TRAUMA CERTIFIED

[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
NOT-APPLICABLE								

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

COMMENT:
We are a tenant on Marine Corps Air Station, Yuma. They will answer questions regarding training of troups, etc in their BRAC data calls.

We do not support any formal schools on this installation.

(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)
NOT-APPLICABLE			

(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 47198

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 47198

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-3-94
Date

BUREAU OF MEDICINE 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

368

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BMC MCAS YUMA
ACTIVITY UIC: 47198

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

April 4, 1994

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

ENCLOSURE (4)

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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.

We are a military outpatient clinic dedicated to providing quality primary health care to our active duty service members and to active duty dependents and retirees on a space available basis. We ensure that active duty service members are referred to appropriate sources of specialty care as needed to ensure the highest state of operational readiness is maintained at all times.

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)
MALS-13	01191	MCAS YUMA	629
H&HS	22330	MCAS YUMA	547
MWSS-371	00371	MCAS YUMA	539
SOMS	22331	MCAS YUMA	429
2ND LAAM	22960	MCAS YUMA	351
VMA-311	01311	MCAS YUMA	284
VMA-214	01214	MCAS YUMA	200
VMA-513	01513	MCAS YUMA	200
VMA-211	01211	MCAS YUMA	197
MAWTS-1	01243	MCAS YUMA	178
MACS-7	00974	MCAS YUMA	174
MAG-13, PASO	00013	MCAS YUMA	140
CSSD-16 (INCLUDES DENTAL)	28357	MCAS YUMA	95
LAV-TD	47789	YPG YUMA	56

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MEDICAL	47198	MCAS YUMA	40
MATCS-38	01291	MCAS YUMA	36
VFMT-401	03340	MCAS YUMA	20
PSD	44584	MCAS YUMA	1

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	33,245	N/A	N/A
ACTIVE DUTY NON N/MC		N/A		
TOTAL ACTIVE DUTY		33,245		
FAMILY OF AD		7,649	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		276*		
RETIRED AND FAMILY MEMBERS OVER 65		N/A		
OTHER		485		
TOTAL		41,655		

BUMED-822
mss, 14 Jun 94

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

***Retiree/retired dependents are not tracked by less than or greater than age 65.**

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	34,503	33,876	33,343	33,471	33,591	N/A	N/A
ADMISS.	NOT APPLICABLE	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

FY92, FY93 AND PROJECTED FY94 WORKLOAD WAS COMPARED TO RAPS DATA FOR OUR CATCHMENT AREA DURING THOSE RESPECTIVE TIME-FRAMES. THE AVERAGE PERCENTAGE WAS THEN APPLIED TO EACH SUBSEQUENT FY'S RAP POPULATION TO PROJECT WORKLOAD FOR 1995-1999. (RAPS DATA IS NOT AVAILABLE BEYOND 1999).

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
Rifle Range (8 hr days)	9 wks	1 HM
Physical Fitness Tests (1 hr per test)	18-20 hrs	1 EMT 1 EVO

Field Training (8 hr days)	8-9 wks	1-3 HMs
Flight Opertions (1 hr per up)	36-40 hrs	1 EMT 1 EVO
Misc: (ROTC, Special Events)	15-20 hrs	1 HM
Change of Command, parades, etc.	6-10 hrs	1 EMT 1 EVO
Food Service Sanitation	60-70 hrs	1 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
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):

** **This information is answered by MCAS Yuma under Brac Data Call #38 - Operational/Reserve Air Station Military Value.**

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:

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?

** **This information is answered by MCAS Yuma under Brac Data Call #38 - Operational/Reserve Air Station Military Value.**

7b. Capital Improvement Expenditures. List the project number,

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-150	Expansion/Renovation to Branch Medical/Dental Clinic	FY 94	$6 mil

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

N/A

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME				
2. UIC	3. CATEGORY CODE	4. NO. OF BUILDINGS		
5. SIZE	A. GSF	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY		B.STATE	

7. FACILITY ASSESSMENT

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

(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: __N/A__
FULL ACCREDITATION: Yes/No
LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

JCAHO INSPECTIONS ARE NOT REQUIRED FOR OUTPATIENT BRANCH MEDICAL CLINICS.

LOCATION:

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

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

The clinic is located onboard the air station with immediate access to our clients.

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

Sea transportation - 180 miles
Air transportation - 1 mile
Rail transportation - 7 miles
Ground transportation - immediately 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): **1/2 mile**

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

There are no immediate mobilization requirements for this clinic.

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

5-10 minutes.

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

Difficulty hiring civilian nurses due to better salary structures at the local community hospital.

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.

- There would be no immediate access to primary care for active duty personnel.

- The Search and Rescue Technicians stationed with the clinic would need to be realigned with the MCAS or SAR services will cease to exist.

- Emergency medical support to the flight line for aviation emergencies would have to be provided by civilian agencies (i.e., fire department personnel).

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

- There would be a need for designated primary care services for active duty personnel. However, active duty dependents and retirees already receive the majority of their health care from the local community as evidenced by direct care workload statistics by beneficiary category and CHAMPUS statistical summary data.

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. The community already provides the majority of the health care received by the active duty families in this area. If the active duty and their families were to leave the area, the local health care providers would easily be able to accomodate the residual eligible population.

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

- Inpatient care capability does not exist at Branch Medical Clinic, Yuma. The local community currently provides ALL inpatient services.

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:

- The clinic assets would be mobilized through the parent command Naval Hospital, Camp Pendleton.

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.

- Not applicable.

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

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

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

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

- NOT APPLICABLE; NAS's ARE NOT ISSUED BY BMC YUMA.

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

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	172	312	120	246	76*	80*
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	172	312	120	246	76*	80*

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

[2] The total cost in thousands of dollars.

***REPRESENTS FIRST 6 MONTHS OF FY94**

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	2,061,794	2,174,926	2,357,028
TOTAL OUTPATIENT VISITS	29,380	41,655	36,072
AVERAGE COST PER VISIT	70.17	52.21	65.34

(14a. N/A for BRCLINIC) BUMED-822 mss, 14 Jun 94

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)			

Table B:

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.

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

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)			

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table D:

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)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

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

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

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

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)			

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

BRANCH MEDICAL CLINIC YUMA IS A TENANT COMMAND OF MCAS YUMA. THE HOST COMMAND IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS (pages 26-50) IN THEIR BRAC DATA CALL #38.

15. Quality of Life.

a. Military Housing
(1) Family Housing:

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

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

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

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

Facility type/code:
What makes it inadequate?
What use is being made of the facility?

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

UIC 47198

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.

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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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
Activity

UIC 47198

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

R. I. RIDENOUR, RADM,MC,USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Yuma MCAS, AZ
Unit Identification Code (UIC):	~~M62974~~ 47195
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1994	25948	Medical/Dental Clinic	MILCON	42,000
		Sub - Total		**42,000**
		Grand Total		**4,200**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

Document Separator

Activity Information:

Activity Name:	Naval Branch Medical Clinic, MCAS, Yuma, AZ
UIC:	47198
Host Activity Name	Marine Corps Air Station, Yuma, AZ
Host Activity UIC:	62974

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

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

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

ENCLOSURE (4)

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

Activity Name: NBMC, Yuma		**UIC:** 47198

Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	11.0	0.0	11.0
1b. Minor Construction	0.0	0.0	0.0
1c. Sub-total 1a. and 1b.	11.0	0.0	11.0
2. Other Base Operating Support Costs:			
2a. Utilities	66.1	0.0	66.1
2b. Transportation	0.0	0.0	0.0
2c. Environmental	0.0	0.0	0.0
2d. Facility Leases	0.0	0.0	0.0
2e. Morale, Welfare & Recreation	0.0	0.0	0.0
2f. Bachelor Quarters	0.0	0.0	0.0
2g. Child Care Centers	0.0	0.0	0.0
2h. Family Service Centers	0.0	0.0	0.0
2i. Administration	0.0	368.4	368.4
2j. Other (Specify) Refuse	1.5	0.0	1.5
2k. Sub-total 2a. through 2j:	67.6	368.4	436.0
3. Grand Total (sum of 1c. and 2k.):	78.6	368.4	447.0

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

Appropriation	Amount ($000)
O&M,DHP	78.6
MP,N	368.4

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

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

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

2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

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

Table 2 - Services/Supplies Cost Data

Activity Name: NBMC, Yuma	**UIC:** 47198
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	34.3
Material and Supplies (including equipment):	306.1
Industrial Fund Purchases (other DBOF purchases):	0.0
Transportation:	0.0
Other Purchases (Contract support, etc.):	457.5
Total:	797.9

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: NBMC, Yuma	**UIC:** 47198
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	3.1
Procurement:	0
Other:*	0
Total Workyears:	3.1

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

Notes:
1. The Mission Support work-years reflect health service and equipment maintenance contracts.
2. Construction and facilities support provided by MCAS, Yuma is not reflected, assuming related work-years are reflected in their BRAC submission.

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

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

3.1

2) Estimated number of workyears which would be eliminated:

0

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

0

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

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

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

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

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

J. L. Staiger
Signature

Commanding Officer
Title

13 Jul 94
Date

Naval Hospital, Camp Pendleton
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-19-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

04 AUG 1994

Date

ENCLOSURE (6)

Document Separator

369

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:

Naval Hospital

1 Pinckney Blvd.
Beaufort, SC 29902 6148

ACTIVITY UIC: 61337

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	13,910	6,755	N/A	9,486	6,825	N/A
FAMILY OF AD	10,182	10,358	N/A	14,600	10,253	N/A
SUBTOTAL	24,092	17,113	N/A	24,087	17,078	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	5,272	5,250	N/A	9,503	5,121	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1,757	1,822	N/A	3,908	2,310	N/A
OTHER	697	716	N/A	1,718	872	N/A
TOTAL	31,818	24,901	N/A	39,216	25,381	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.

R

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

Operating Beds[1]:	49
Set Up Beds[1]:	31
Expanded Bed Capacity[2]:	54 R 9/1/94

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

4 R (9/1/94) VRBUMED 824 9/26/94

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]:	49
Set Up Beds[1]:	31
Expanded Bed Capacity[2]:	126

[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	23,979	54,177	29,000	107,156
ADMISSIONS	780	1,115	461	2,356
LABORATORY TESTS (WEIGHTED)[1]	410,283	932,462	503,529	1,846,274
RADIOLOGY PROCEDURES (WEIGHTED)[1]	11,812	26,845	14,496	53,153
PHARMACY UNITS (WEIGHTED)[1]	59,151	134,434	72,594	266,179
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	23,979	54,177	29,000	107,156
ADMISSIONS	1,355	1,933	809	4,097
LABORATORY TESTS (WEIGHTED)[1]	434,956	989,659	533,810	1,958,425
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12,542	28,537	15,392	56,474
PHARMACY UNITS (WEIGHTED)[1]	68,824	156,858	84,466	310,148
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: Currently Ancillary Services (Pharmacy, Radiology, Laboratory) are at maximum capacity, primarily due to staffing constraints in these departments. Because of this, OPV workload will remain relatively stable. It was determined that an increase in inpatient workload would have a negligible effect on ancillary services, so admissions were increased based on current nurse staffing. That staffing for each ward (ICU, M-4, M-5, Nursery) was used along with the Patient Classification System charts (utilizing average patient acuity) to determine the maximum number of patients per ward per day. With an ADPL of 44 and an ALOS of 3.92 (FY 93), this would be an increase of 1,741 admissions for a total of 4,097.

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	37,704	88,149	60,799	183,652
ADMISSIONS	926	1,932	892	3,750
LABORATORY TESTS (WEIGHTED)[1]	597,008	1,508,270	1,036,936	3,142,214
RADIOLOGY PROCEDURES (WEIGHTED)[1]	17,183	43,411	29,845	90,439
PHARMACY UNITS (WEIGHTED)[1]	84,419	214,839	147,702	446,960
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: Workload determined as follows: Data from the FY 94 workload projection in Datacall 27 was compiled with FY 94 RAPS projected Non-Direct Care in the catchment area for Admissions and OPV's. Ancillary Services were increased proportionally as a total by services and Beneficiary Category. The RAPS Non-Direct data was modified to reflect an increase of 6,939 active duty members reflected in the most recent FY 93 RAPS population data.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~23~~ 20	~~27~~ 21	~~27~~ 31	~~42~~ 31	~~43~~ 31	~~44~~ 31	~~44~~ 31	~~44~~ 31
SPECIALTY CARE[2]	~~12~~ 9	~~14~~ 9	~~14~~ 26	~~22~~ 26	~~22~~ 26	~~22~~ 26	~~22~~ 26	~~22~~ 26
PHYSICIAN EXTENDERS[3]	~~12~~ 2	~~14~~ 2	~~14~~ 5	~~22~~ 5	~~22~~ 5	~~22~~ 5	~~22~~ 5	~~22~~ 5
INDEPENDENT DUTY CORPSMEN	~~13~~ 10	~~15~~ 10	~~15~~ 10	~~23~~ 10	~~23~~ 10	~~23~~ 10	~~23~~ 10	~~23~~ 10
TOTAL	~~60~~ 41	~~70~~ 42	~~70~~ 72	~~109~~ 72	~~110~~ 72	~~111~~ 72	~~111~~ 72	~~111~~ 72

BUMED
MED 825
GSA
6/2/94

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

ASSUMPTIONS: Provider staffing increased proportionally based on increase in OPV'S as indicated by Projected Workload component of Data Call 27.

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]	151
SPECIALTY CARE[2]	238
PHYSICIAN EXTENDER[3]	59
TOTAL	448

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 166,789

SOURCE: South Carolina Budget and Control Board, Office of Research and Statistical Services, 1000 Assembly Street, Suite 425, Columbia, SC 29201

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]
CANDLER	PRIVATE	50 MILES	75 MINS	N/A
CHARTER	CORPORATION	50 MILES	75 MINS	N/A
MEMORIAL MED.	PRIVATE	50 MILES	75 MINS	N/A
GEORGIA REG.	STATE	50 MILES	75 MINS	N/A
ST JOSEPH'S	CHURCH	50 MILES	75 MINS	N/A
COLLETON REG	CORPORATION	34 MILES	50 MINS	N/A
HILTON HEAD	PRIVATE	45 MILES	60 MINS	N/A
BEAUFORT MEM.	COUNTY	2 MILES	5 MINS	N/A
HAMPTON GEN.	COUNTY	40 MILES	60 MINS	N/A
LOW COUNTRY	COUNTY	20 MILES	36 MINS	N/A

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
CANDLER	335	YES	72.5%	GENERAL ACUTE
CHARTER	112	YES	N/A	MENTAL HEALTH
MEMORIAL MEDICAL	519	YES	76.4%	TERTIARY
GEORGIA REGIONAL	232	YES	95.0%	PSYCHIATRIC
ST JOSEPH'S	268	YES	59.8%	GENERAL ACUTE
COLLETON REGIONAL	131	YES	42.0%	GENERAL ACUTE
HILTON HEAD	68	YES	67.2%	COMMUNITY
BEAUFORT MEMORIAL	99	YES	62.6%	ACUTE CARE
HAMPTON GENERAL	36	NO	22.2%	GENERAL ACUTE
LOW COUNTRY GENERAL	31	NO	41.9%	ACUTE CARE

[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

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

RESPONSE: Not Applicable.

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

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

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

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

RESPONSE: Not applicable.

---

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

DATA BEING CERTIFIED: Data Call No. 26

ACTIVITY COMMANDER

R. L. FINKE, CAPT/MSC/USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

26 MAY 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 June 2, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

Acting Title 8 JUNE 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

DATA BEING CERTIFIED: Data Call No. 26 (pg 4)

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN
NAME (Please type or print)

MVB
Signature

COMMANDING OFFICER
Title

7 September 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title X 9-28-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 13 OCT 1994 Date

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: Naval Hospital Beaufort, SC

UIC: 61337

Host Activity Name (if response is for a tenant activity): N/A BUMED-822 mss, 19 Jul 94

Host Activity UIC: N/A

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: Naval Hospital Beaufort, SC **UIC: 61337**

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total

DATA CALL 66
INSTALLATION RESOURCES

	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	506	512	1018
1b. Minor Construction	22	0	22
1c. Sub-total 1a. and 1b.	528	512	1040
2. Other Base Operating Support Costs:			
2a. Utilities	950	380	1330
2b. Transportation	57	174	231
2c. Environmental	35	94	129
2d. Facility Leases	131	111	242
2e. Morale, Welfare & Recreation	9	0	9
2f. Bachelor Quarters	20	93	113
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	579	913	1492
2j. Other (Specify)(Hazzardous Waste,Supply, Comunications, Security, Chaplain)	414	739	1153
2k. Sub-total 2a. through 2j:	2195	2504	4699
3. Grand Total (sum of 1c. and 2k.):	2723	3016	5739

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&M	$4,825
MPN	$ 914

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)

Activity Name: Naval Hospital Beaufort, SC **UIC: 61337**

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
Not Applicable	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			

3. Depreciation

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: Naval Hospital Beaufort, SC **UIC: 61337**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	185
Material and Supplies (including equipment):	3655
Industrial Fund Purchases (other DBOF purchases):	88
Transportation:	202
Other Purchases (Contract support, etc.):	7004
Total:	11134

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears

Activity Name: Naval Hospital Beaufort, SC **UIC: 61337**

Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	2
Facilities Support:	1
Mission Support:	5
Procurement:	3
Other:* Surgical Contract, Food Service	2
Total Workyears:	13

*** 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)):

6

BUMED-822
mm, 25 Jul 94

2) Estimated number of workyears which would be eliminated:

Ø

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):

7

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.)
Ø	

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No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
7	

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.

DATA BEING CERTIFIED: Data Call No. 66

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

13 JULY 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-24-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 04 AUG 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

1
Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	NAVAL HOSPITAL BEAUFORT
UIC:	61337
Major Claimant:	BUREAU OF MEDICINE AND SURGERY

General Instructions/Background:

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term "**activity**" is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the "**area defined in response to question 1.b., (page 3)**". Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to "**civilians**" in this data call should reflect **federal civil service appropriated fund employees**.

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund civil service salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$27,937.86

Source of Data (1.a. Salary Rate): DEFENSE CIVILIAN PERSONNEL DATA SYSTEM (DCPDS), HUMAN RESOURCE OFFICE (HRO), PARRIS ISLAND, SC (BASED ON INFLATION RATE OF 2.6% IN FY-95 AND 2.0% IN FY-96)/POC: MR. JOHN GREEN, FISCAL DEPT

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
BEAUFORT COUNTY	SC	424	192	97%	6	10
OTHER		5	13	3%		

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

-BEAUFORT COUNTY, SC

Source of Data (1.b. 1) & 2) Residence Data): COMMAND'S RECALL ROSTER/ HOUSING OFFICE/POC: MR. DON FRAZIER, MANPOWER DEPT

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

City	County	Distance from base (miles)
SAVANNAH, GA	CHATHAM	47
CHARLESTON, SC	CHARLESTON	58
COLUMBIA, SC	RICHLAND	136
CHARLOTTE, NC	MECKLENBURG	240
JACKSONVILLE, FL	DUVAL	180

Source of Data (1.c. Metro Areas): GREATER BEAUFORT CHAMBER OF COMMERCE AND RAND MCNALLY ROAD ATLAS/POC: MS. JOANNE NIEMIEC, HRO

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's civil service workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	N/A
20 - 24 Years	0	N/A
25 - 34 Years	39	19
35 - 44 Years	62	30
45 - 54 Years	62	30
55 - 64 Years	41	20
65 or Older	1	1
TOTAL	205	100 %

Source of Data (1.d.) Age Data): DCPDS, HRO, MCRD PARRIS ISLAND, SC
POC: MS. JOANNE NIEMEC, HRO

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. **Education Level of Civilian Workforce**

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	N/A
9th through 11th Grade	11	5
12th Grade or High School Equivalency	92	45
1-3 Years of College	76	38
4 Years of College (Bachelors Degree)	13	6
5 or More Years of College (Graduate Work)	13	6
TOTAL	205	100 %

2) Degrees Achieved. Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	11
Associate Degree	27
Bachelor Degree	11
Masters Degree	10
Doctorate	3

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Source of Data (1.e.1) and 2) Education Level Data): DCPDS, HRO, MCRD PARRIS ISLAND, SC/POC: MS. JENNY WALLNER

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

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

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	N/A	N/A
2. Construction (includes facility maintenance and repair)	15-17	28	13.66
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	N/A	N/A
3b. Aircraft (includes engines and missiles)	3721 et al	N/A	N/A
3c. Ships	3731	N/A	N/A
3d. Other Transportation (includes ground vehicles)	various	3	1.46

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Industry	SIC Codes	No. of Civilians	% of Civilians
3e. Other Manufacturing not included in 3a. through 3d.	various	N/A	N/A
Sub-Total 3a. through 3e.	20-39	3	1.46
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	N/A	N/A
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	5	2.44
4c. Water Transportation (includes organizational level maintenance)	44	N/A	N/A
4d. Air Transportation (includes organizational level maintenance)	45	N/A	N/A
4e. Other Transportation Services (includes organizational level maintenance)	47	N/A	N/A
4f. Communications	48	N/A	N/A
4g. Utilities	49	5	2.44
Sub-Total 4a. through 4g.	40-49	10	4.88
5. Services	70-89		
5a. Lodging Services	70	N/A	N/A
5b. Personal Services (includes laundry and funeral services)	72	27	13.17
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	7	3.41
5d. Automotive Repair and Services	75	1	.49
5e. Other Misc. Repair Services	76	1	.49

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5f. Motion Pictures	78	N/A	N/A
5g. Amusement and Recreation Services	79	N/A	N/A
5h. Health Services	80	111	54.15
5i. Legal Services	81	N/A	N/A
5j. Educational Services	82	N/A	N/A
5k. Social Services	83	4	1.95
5l. Museums	84	N/A	N/A
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	1	.49
5n. Other Misc. Services	89	N/A	N/A
Sub-Total 5a. through 5n.:	70-89	152	74.15
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	4	1.95
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	2	.98
6c. Public Finance	93	3	1.46
6d. Environmental Quality and Housing Programs	95	3	1.46
Sub-Total 6a. through 6d.		12	5.85
TOTAL		205	100 %

Source of Data (1.f.) Classification By Industry Data): DCPDS, HRO, MCRD PARRIS ISLAND, SC/POC: MR. JEFF FOLEY, HEAD CLASSIFIER

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	16	7.80
2. Professional Specialty		
2a. Engineers	1	.49
2b. Architects and Surveyors	N/A	N/A
2c. Computer, Mathematical & Operations Research	N/A	N/A
2d. Life Scientists	N/A	N/A
2e. Physical Scientists	N/A	N/A
2f. Lawyers and Judges	N/A	N/A
2g. Social Scientists & Urban Planners	N/A	N/A
2h. Social & Recreation Workers	2	.98
2i. Religious Workers	N/A	N/A
2j. Teachers, Librarians & Counselors	1	.49
2k. Health Diagnosing Practitioners (Doctors/Physician Assistants)	5	2.44

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	17	8.28
2m. Communications	N/A	N/A
2n. Visual Arts	N/A	N/A
Sub-Total 2a. through 2n.:	26	12.68
3. Technicians and Related Support		
3a. Health Technologists and Technicians	19	9.27
3b. Other Technologists	7	3.41
Sub-Total 3a. and 3b.:	26	12.68
4. Administrative Support & Clerical	66	32.20
5. Services		
5a. Protective Services (includes guards, firefighters, police)	N/A	N/A
5b. Food Preparation & Service	1	.49
5c. Dental/Medical Assistants/Aides	6	2.93
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	27	13.17
Sub-Total 5a. through 5d.	34	16.59
6. Agricultural, Forestry & Fishing	N/A	N/A
7. Mechanics, Installers and Repairers	13	6.34
8. Construction Trades	12	5.85
9. Production Occupations	5	2.44
10. Transportation & Material Moving	5	2.44

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	2	.98
TOTAL	205	100 %

Source of Data (1.g.) Classification By Occupation Data): DCPDS, HRO, MCRD PARRIS ISLAND, SC/POC: MR. JEFF FOLEY, HEAD CLASSIFIER

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

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

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

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

1. Percentage of Military Employees Who Are Married:*	54%
2. Percentage of Military Spouses Who Work Outside of the Home:**	49%
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:**	5%
3b. Employed "On-Base" - Non-Appropriated Fund:	5%
3c. Employed "Off-Base" - Federal Employment:**	9%
3d. Employed "Off-Base" - Other Than Federal Employment	81%

* Data includes military personnel married to military personnel.

** Data **does not** include military personnel married to military personnel (a total of 22 personnel) in order to prevent a double count.

Source of Data (1.h.) Spouse Employment Data): COMMAND SURVEY/POC: MR. DON FRAZIER, MANPOWER DEPT

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

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

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

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

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

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

-Recreational Activities: Recreational facilities off-base residents will be provided for the most part by Beaufort County and to some extent by the surrounding counties. Local pools, ballfields, recreational areas and some specialized youth programs within the region are limited due to location and lack of transportation. It will require a substantial investment to support an increase of greater than 50% in the region and greater than 100% in Beaufort County. Within the last 12 months a new state park has opened in Jasper County.

Source of Data (2.a. 1) & 2) - Local Community Table): STAFF PLANNER, COUNTY COUNCIL OF BEAUFORT COUNTY/POC: MR. J.C. WRIGHT

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

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

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

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

-Recreational Facilities: Recreational facilities of off-base military residents will be provided for the most part by Beaufort County and to some extent by the surrounding counties. Local pools, ballfields, recreational areas and specialized youth programs within the region are limited due to location and lack of transportation. It will require a substantial investment to support an increase of greater than 50% in the region and greater than 100% in Beaufort County. Within the last 12 months a new State park has opened in Jasper County. Plans are to begin construction of a new YMCA in the Town of Port Royal within the next 6 to 8 months. The YMCA will be less than one mile from the U.S. Naval Hospital. Plans are underway for a new senior citizen center in the Town of Port Royal, which will be less than two miles from the Naval Hospital.

Source of Data (2.b. 1) & 2) - Regional Table): STAFF PLANNER, COUNTY COUNCIL OF BEAUFORT COUNTY/POC: MR. J.C. WRIGHT

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3. Public Facilities Data:

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

Rental Units: 5%

Units for Sale: 3%

Source of Data (3.a. Off-Base Housing): BEAUFORT COUNTY BOARD OF REALTORS/POC: MS. ROSE RABER

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b. **Education.**

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

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
BEAUFORT COUNTY (PUBLIC)	BEAUFORT	16	3	3	14,542	16,274	16:1	25:1	YES
PRIVATE	BEAUFORT	13	10	8	1,592	2,000	20:1	20:1	YES
LAUREL BAY (DOD)	BEAUFORT	2	0	0	1,162	1,525	24:1	30:1	YES

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

Source of Data (3.b.1) Education Table): BEAUFORT COUNTY PLANNING DIVISION/POC: MR. J.C. WRIGHT

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

No. However, depending on age, school age family members living in on-base Government Housing are afforded the opportunity to attend one of two DOD Schools located approximately 12 miles from base:

Laurel Bay Primary School - 636
Laurel Bay Intermediate School - 526

Source of Data (3.b.2) On-Base Schools): SUPERINTENDENT, LAUREL BAY SCHOOLS/POC: DR. D.K. FLANAGAN

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

Webster University
Park College
Limestone College
University of South Carolina at Beaufort
Technical College of the Lowcountry

Source of Data (3.b.3) Colleges): SSGT BILES, USMC, MCAS S-3 EDUCATION

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

Technical College of the Lowcountry

Automotive Technology	Tennis Management
Computer Technology	Heating and Air Condition
Business/Hospitality	Electronics Technology
Legal Technology	General Business
Criminal Justice	Office Systems
Nursing	Building Construction
General Technology	

Source of Data (3.b.4) Vo-tech Training): SSGT BILES, USMC, MCAS, S-3 EDUCATION

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation./**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	
Rail:	X	
Subway:		X
Ferry:		X

Source of Data (3.c.1) Transportation): STAFF PLANNER, COUNTY COUNCIL OF BEAUFORT COUNTY

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

- AMTRAK has a passenger service from Yemassee, South Carolina, approximately 22 miles north of Beaufort.

Source of Data (3.c.2) Transportation): STAFF PLANNER, COUNTY COUNCIL OF BEAUFORT COUNTY/POC: MR. J.C. WRIGHT

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

- Savannah International Airport, Savannah, GA is located 45 miles south of Beaufort.

Source of Data (3.c.3) Transportation): OMEGA WORLD TRAVEL AGENCY (SATO MCRD PARRIS ISLAND, SC)

4) How many carriers are available at this airport?

- Five: Delta, United, American, USAir and Value Jet.

Source of Data (3.c.4) Transportation): OMEGA WORLD TRAVEL AGENCY (SATO MCRD PARRIS ISLAND, SC)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

- Interstate 95 northbound, approximately 28 miles from the activity.

- Interstate 95 southbound, approximately 36 miles from the activity.

Source of Data (3.c.5) Transportation): RAND MCNALLEY ROAD ATLAS, 1994 EDITION

6) Access to Base:

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

- The quality and capacity of the road systems which provide access to the base are adequate. With the recent construction of the new Battery Creek Bridge, much of the congestion caused by the MCRD Parris Island rush period has been eliminated. The Hospital has two gates which can serve as both entrance and exit. Only the main gate is now used. Gate 2 has been closed for several years. The Hospital does not experience any significant traffic problems, even at peak traffic times.

b) Do access roads transit residential neighborhoods?

- Yes.

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

- No.

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

- No.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.c.6) Transportation): NAVY HOSPITAL BEAUFORT MASTER PLAN OF 1993/POC: LT R.D. COOK, FACILITIES DEPT

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

- Yes, the Hospital has an agreement with the local community for fire protection. The Hospital has a fire station of its own, but has a Mutual Aid agreement with the Beaufort County Fire Department for fire response.

- No, the Hospital does not have an agreement with the local community for hazardous material incidents, but does have an agreement with Marine Corps Air Station (MCAS) Beaufort.

Source of Data (3.d. Fire/Hazmat): PARRIS ISLAND FIRE DEPARTMENT/MCAS FIRE DEPARTMENT/POC: LT R.D. COOK, FACILITIES DEPT

e. **Police Protection.**

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

- Concurrent legislative jurisdiction is held by three other agencies...two military and one civilian law enforcement agency.

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

- Concurrent legislative jurisdiction is held by the Port Royal Department of Public Safety; Provost Marshal, MCRD, Parris Island; and Naval Criminal Investigative services, MCRD, Parris Island.

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

- The Commanding Officer, Naval Hospital, Beaufort has a Memorandum of Understanding with the Mayor, Port Royal, SC.

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

- Only one agreement exists between local law enforcement agencies.

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

- N/A

Source of Data (3.e. 1) - 5) - Police): RESOLUTION 7-94 WITH TOWN OF PORT ROYAL/POC: T. SHAUB, OPERATING MANAGEMENT

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

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

Yes, the Hospital has several agreements with the community for utility requirements. They include:

- Electric service provided by South Carolina Electric and Gas via a 10 year contract.

- Natural gas service provided by South Carolina Electric and Gas via a 10 year contract.

- Potable water service provided by Beaufort-Jasper Water and Sewer Authority via a ten year contract.

- Sewage treatment service provided by the City of Beaufort via a 10 year contract.

- Refuse collection/recycling service provided by ECO Services via a 4 year contract.

- Telephone services provided by United Telephone Service via a 5 year lease agreement.

- Infections waste disposal provided by Bio-Med Disposal Services, Inc. via an annual service contract.

- Cable TV service provided by Falcon Cable via a monthly billing agreement.

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

- No.

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

- No.

Source of Data (3.f. 1) - 3) Utilities): CONTRACT DOCUMENTS IN THE PUBLIC WORKS DEPARTMENT/POC: LT R.D. COOK, FACILITIES DEPT

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

Employer	Product/Service	No. of Employees
1. MCAS BEAUFORT	MILITARY	3,575
2. MCRD PARRIS ISLAND	MILITARY - RECRUIT TRAINING	2,666
3. BEAUFORT COUNTY SCHOOL DISTRICT	ELEMENTARY AND SECONDARY SCHOOLS	2,000
4. COUNTY OF BEAUFORT	EXECUTIVE, LEGISLATIVE AND GENERAL GV'T	780
5. BEAUFORT NAVAL HOSPITAL	MEDICAL/SURGICAL HOSPITAL	634
6. HYATT HOTELS	HOTEL CHAIN	575
7. SEA PINES PLANTATION COMPANY	HOTELS, RECREATION, RESTAURANTS	537
8. BEAUFORT MEMORIAL HOSPITAL	MEDICAL/SURGICAL HOSPITAL	520
9. THE WESTIN RESORT	HOTEL	505
10. TECHNICAL COLLEGE OF THE LOWCOUNTRY	TECHNICAL VOCATIONAL TRAINING	468

Source of Data (4. Business Profile): GREATER BEAUFORT CHAMBER OF COMMERCE/POC: MS. JOANNE MITCHELL

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

- Although the area has not had a loss of a major employer in the past five years, 36 retail businesses have closed, 28 of these during the time period of Desert Shield/Storm.

b. Introduction of New Businesses/Technologies:

- In the past five years, 41 new retail businesses have opened. Completion of a new sewer system can now support new industries. An enhanced Emergency 911 telephone capability is in place in the Greater Beaufort area. New construction plans are underway for a Beaufort County Library, Beaufort City Hall, Federal Court Building and a waterfront Park Place. Walmart opened a new 90,000 sq. ft. store creating 200 new jobs. Del Webb Communities created 83 new jobs with a two million dollar payroll.

c. Natural Disasters:

- Hurricane Hugo hit the Charleston, SC area on 22 September 1989. Economic losses in the Greater Beaufort area due to business and property damage were minimal at less than one million dollars total.

d. Overall Economic Trends:

- The annual payroll of military/direct and indirect civilian personnel is 37% ($295 million) of the total annual payroll of Beaufort County, affecting 10,690 jobs. This represents 26% of the total employment in Beaufort County and 42% in main impact area of Northern Beaufort County. The average civilian salary at the military installations is 42% higher than the average salary in Beaufort County and 94% higher than the main impact area of Northern Beaufort County.

- Minorities and women comprise 71% of the civilian employees at the three tri-command bases.

Source of Data (5. Other Socio/Econ): GREATER BEAUFORT CHAMBER OF COMMERCE/POC: MS. JOANNE MITCHELL

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

- Naval Hospital, Beaufort's recreational/club facilities and the Command's auditorium are used extensively by local civic, religious, educational and government organizations to support events such as civilian/military appreciation days, school reunions, Town of Port Royal special events/parties, community meetings, Boy Scouts, Girl Scouts and Explorer Post's. The Command's auditorium is used by non-profit organizations on a space available basis for theatrical performances, school plays and special performances requiring a stage. The Command offers and conducts tours of the Naval Hospital for local schools both public and private. Our Health Promotions program is active throughout the Tri-command and the local community. Military and civilian personnel are active throughout the community through the Chamber of Commerce, Share Program, Boys and Girls Club, American Cancer Society and many more too numerous to list. Extensive program support is provided for civic environmental programs such as recycling, environmental clean-up and preservation.

Source of Data (6. Other): COMMAND PUBLIC AFFAIRS OFFICER, HMCS BIBLE

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

DATA BEING CERTIFIED: Data Call No. 65

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN
NAME (Please type or print)

MVB
Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

ENCLOSURE (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 July 15, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 8/11/94 Date

367

DATA CALL 66 UIC: 43353
INSTALLATION RESOURCES

Activity Information:

Activity Name:	PERSUPPDET Beaufort
UIC:	43353
Host Activity Name (if response is for a tenant activity):	Naval Hospital, Beaufort
Host Activity UIC:	61337

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: PERSUPPDET Beaufort		UIC: 43353	
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.			
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			
2i. Administration	24	325	349
2j. Other (Specify)[1]	12	59	71
2k. Sub-total 2a. through 2j:	36	384	420
3. Grand Total (sum of 1c. and 2k.):	36	384	420

[1]Other Base Support

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

Appropriation	Amount ($000)
O&MN	91
MPN	329

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 UIC: 43353
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A; not a DBOF Activity		UIC: 43353	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

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

Table 2 - Services/Supplies Cost Data

Activity Name: PERSUPPDET Beaufort	**UIC: 43353**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	1
Material and Supplies (including equipment):	27
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	8
Total:	36

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: PERSUPPDET Beaufort	**UIC:** 43353
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

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

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

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

N/A; no contract workyears

2) Estimated number of workyears which would be eliminated:

N/A; no contract workyears

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

N/A; no contract workyears

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.

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
None	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
None	

PSA JACKSONVILLE UIC N68585
DATA CALL SIXTY-SIX

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 H. W. GEHMAN, JR. — H. W. Gehman Jr.
NAME (Please type or print) — Signature

Acting — 15 AUG 1994
Title Commander in Chief — Date
U.S. Atlantic Fleet
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 — W A Earner
NAME (Please type or print) — Signature

9/1/94
Title — Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. V. VAN SAUN
NAME (Please type or print)

Doris V VanSaun
Signature

Commanding Officer, Acting
Title

8/2/94
Date

Personnel Support Activity, Jacksonville
Activity

ENCL (2)

NAVHOSP BEAUFORT

369

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

20 APRIL 1994

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

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ENVIRONMENTAL DATA CALL

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

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

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

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

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

ACTIVITY	UIC
PASD BEAUFORT	43353

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

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

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

Source Citation: Master Plan, Jan 1993

1b.

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

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

N/A

1d.

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

1e.

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

2. WETLANDS

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

2a.

Does your base possess federal jurisdictional wetlands?	NO
Has a wetlands survey in accordance with established standards been conducted for your base?	YES
When was the survey conducted or when will it be conducted? 31/Jul/89	
What percent of the base has been surveyed?	100
What is the total acreage of jurisdictional wetlands present on your base?	0

Source Citation: Master Plan, Naval Hospital Beaufort

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

N/A

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

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES

(1) Fort Frederick - Tabby remains of an early American fortification located in the extreme southeastern corner of the base.

3b.
YES/NO

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

3c.

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

4. ENVIRONMENTAL FACILITIES

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

4a.

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

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

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

N/A

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

N/A

4c.

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

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

N/A

4d.

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

List permit violations and discuss any projects to correct deficiencies.

N/A

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

(1) Average discharge rate: 129,000 gallons per day (no flow limits)

(2) Pollutant limits:

- Sec.4-3004(2) Any liquid or vapor having a temperature higher than one hundred sixty (160) degrees fahrenheit.

4e. (Cont.)

- Sec.4-3004(3) Any water or waste containing more than one hundred (100) parts per million by weight of fats, oils or grease.

- Sec.4-3004(4) Any liquids, solids or gases which by reason of their nature or quality may cause fire or explosion, or be in any way injurious to persons, the sewerage treatment works or the operation of the sewerage treatment works.

- Sec.4-3004(7) Any waters or wastes having a stabilized ph lower than 6.0 or higher than 8.5 or having other corrosive property capable of causing damage or hazard to structures, equipment, or personnel of the sewage works.

- Sec.4-3004(13) Any materials which form excessive amounts of scum that may interfere with the operation of the sewerage-treatment works or cause undue additional labor in connection with the operation.

(3) The base is in compliance with their permit and there are no recurring discharge violations.

4f.

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

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

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

N/A

4h.

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

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

N/A

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

(1) Source: Beaufort/Jasper County Water Authority.

(2) Capacity: No limit.

4j.

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

4k.

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

(1) Not required since the hospital has no outfalls. The stormwater system is connected to the sanitary sewer system.

4l. YES/NO

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

Explain: N/A

4m.

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

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

N/A

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

N/A

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? South Carolina Department of Health and Environmental Control (SCDHEC) Lowcountry District, Beaufort, South Carolina
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? No. List site, location and name of AQCA.

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

Site: Naval Hospital, Beaufort AQCA: SCDHEC, Lowcountry District,

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

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

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

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	.77	*	*	*	.77
NOx	3.07	*	*	*	3.07
VOC	.06	*	*	*	.06
PM10	.07	*	*	*	.07

*** Data Not Available**

Source Document: Air Emissions Compliance Audit Report, Sept 93, and actual fuel usage data.

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

Calculations: Ep = Uf

Ep = emission rate for pollutant P (tpy)
U = actual fuel usage ($MMft^3/yr$)
f = appropriate AP-42 emissions factor ($lb/MMft^3$), Table B-5

1990 Data

Boiler Plant Usage - 43.85 $MMft^3/yr$

$$E_{co} = 43.85 \frac{MMft^3}{yr} \times \frac{35.0\ lb}{MMft^3} \times \frac{1\ ton}{2000lb} = .77\ tpy$$

$$E_{nox} = 43.85 \frac{MMft^3}{yr} \times \frac{140\ lb}{MMft^3} \times \frac{1\ ton}{2000lb} = 3.07\ tpy$$

$$E_{voc} = 43.85 \frac{MMft^3}{yr} \times \frac{2.8\ lb}{MMft^3} \times \frac{1\ ton}{2000lb} = .06$$

$$E_{pm} = 43.85 \frac{MMft^3}{yr} \times \frac{3.0\ lb}{MMft^3} \times \frac{1\ ton}{2000lb} = .07$$

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	.84	*	*	*	.84
NOx	3.37	*	*	*	3.37
VOC	.07	*	*	*	.07
PM10	.07	*	*	*	.07

*** Data Not Available**

Source Document: Air Emissions Compliance Audit Report, Sept 93, and actual fuel usage data.

Calculations: Same equation as 5d.

1993 Data

Boiler Plant Usage - 48.15 $MMft^3/yr$

E_{co} = .84 typ

E_{nox} = 3.37 tpy

E_{vol} = .07 tpy

E_{pm} = .07 tpy

Table B–5. Emission Factors Used in Emission Calculations at NAVHOSP Beaufort.

FUEL BURNING EQUIPMENT

Boiler Type	Unit Size	Fuel Type	AP–42 Emission Factors					Heating Value	Units	Source
			PM	SO2	NOx	CO	VOC			
Industrial	10–100 MMBtu/hr	Natural Gas	3.0	0.6	140.0	35.0	2.80	1050 Btu/cft	lb/MMft3	1

INTERNAL COMBUSTION ENGINES

Engine Type	Size	Fuel	PM	SO2	NOx	CO	VOC	Units	Source
Industrial	34 KW to 447 KW	Diesel	1.50	1.70	15.00	3.90	0.40	g/kWh	1

EVAPORATIVE EMISSIONS FROM GASOLINE SERVICE STATION OPERATIONS

Source Type	Operation Type	Pollutant	Factor	Units	Comments
Underground Storage Tanks	Filling Splash	VOC	11.5	lb/Kgal	EPA – AP–42(1985) Table 4.4–7
	Breathing & Emptying	VOC	1.0	lb/Kgal	
	Refueling (uncontrolled)	VOC	11.0	lb/Kgal	
	Spillage	VOC	0.7	lb/Kgal	

MISCELLANEOUS PROCESSES

Source Type	Material Used	Emission Factors						Units	Emission Factor Reference
		PM	SO2	NOx	CO	VOC	HCl		
Welding Operations	Various Rods	20	0	0	0	0	0	lb/ton rods	2

References

1. U.S. Environmental Protection Agency (EPA). 1985. Compilation of Air Pollutant Emission Factors (AP–42), Fourth Ed. Office of Air and Radiation Office of Air Quality Planning and Standards. Research Triangle Park, NC.

2. Based on an article entitled "Welding and Respiratory Hazards" published in July, 1978 issue of "National Safety News", (pg. 83–85).

Notes

PM = particulate matter
SO2 = sulfur dioxide
NOx = nitrogen oxides
CO = carbon monoxide
Btu = British Thermal Unit
lb/MMft3 = pound per million cubic feet
VOC = volatile organic compounds
N/A = not applicable
HAP = Hazardous Air Pollutant
S = percent sulfur in fuel
MMBtu/hr = million Btu/hr

Sources: EPA, 1985; EPA, 1990.

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

- No expected increases/decreases in future actual emissions.

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

- Yes. A small portion of Charleston County, SC (approximately 70 miles north of Beaufort) does not meet secondary standards for lead. Also, the Cape Romain Wildlife Refuge and the Wolf Island National Wildlife Refuge are within 100 miles of Beaufort.

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

N/A

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

N/A

6. ENVIRONMENTAL COMPLIANCE

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

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	YES	2	0	0	0	0	0
Hazardous Waste	YES	0	42	0	0	0	0
Safe Drinking Water Act	YES	2	0	0	0	0	0
PCBs	YES	182	0	0	0	0	0
Other (non-PCB) Toxic Substance Control Act	YES	0	0	38	0	0	0
Lead Based Paint	YES	0	0	0	0	0	0
Radon	YES	0	0	0	0	0	0
Clean Water Act	YES	0	44	0	0	0	0
Solid Waste	YES	0	0	0	0	0	0
Oil Pollution Act	YES	0	0	133	0	0	0
USTs	YES	0	344	0	0	0	0
Other (Energy Cons)	YES	0	129	0	0	0	0
Total		186	559	171	0	0	0

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

List of Compliance Projects:

- RC4-92. Repairs to electrical distribution system (phase I); $182K; Start: June 94; Complete: Sept 94.

-R10-92. Replace lighting; $96K; Start: FY-95.

-CR11-92. Correct SPCC deficiencies; $44K; Start: FY-95.

6a. (cont.)

-R-12-92. Replace lights-auditorium; $33K; Start: FY-95.

-R-17-92. Improve HW storage area; $42K; Start: FY-95.

-R3-93. Correct pest control facility deficiencies; $38K; Start: Unknown (FY-96.

-C4-93. UST replacement; $133K; Start: FY-95.

-RS-93. Replace UST for emergency generator; $211K; Start: FY-95.

-R1-94. Repairs to fuel storage system; $133K; Start: Unknown (FY-96)

6b.
Does your base have structures containing asbestos? Yes. What % of your base has been surveyed for asbestos? 10%. Are additional surveys planned? Yes. What is the estimated cost to remediate asbestos ($K). Unknown. Are asbestos survey costs based on encapsulation, removal or a combination of both? N/A.

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

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN								
HA	0	0	0	0	0	0	0	0
PA	0	0	0	0	0	0	0	0
Other O&MN ***(MRP)**	52	118	64	136	144	154	330	350
Other (specify) N/A								
TOTAL	52	118	64	136	144	154	330	350

*** Maintenance of Real Property**

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

N/A

7. INSTALLATION RESTORATION

7a.

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

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

N/A

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

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

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

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

N/A

7d.

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

State scope and expected length of pump and treat operation.

N/A

7e.

Has a RCRA Facilities Assessment been performed for your base?	YES

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

-Yes. Four fuel oil tanks; each with a capacity of 24,958 gallons; no restrictions or permits.

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

-Yes. Hazardous waste storage facility; restricted to 90 day storage of waste.

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

N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	NO

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

-NO

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

-N/A

8. LAND / AIR / WATER USE

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

Parcel Descriptor	Acres	Location
MAIN BASE	127	BEAUFORT, SC

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

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		127
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 0
		All Others: 0
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		0
Total Undeveloped land considered to be without development constraints		0
Total Off-base lands held for easements/lease for specific purposes		0
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ	0
	Airfield Safety Criteria	0
	Other	0

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

N/A

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

N/A

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

N/A

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

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

N/A

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

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

N/A

8h.

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

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

N/A

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

N/A

8k.

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

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

N/A

9. WRAPUP

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

N/A

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

-Infectious Waste Permit

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

N/A

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

-None known.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

DATA BEING CERTIFIED: Data Call No. 33

ACTIVITY COMMANDER

R. L. FINKE, CAPT/MSC/USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-7-94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

P. W. DRENNON NAME (Please type or print) Signature

ACTING Title 6/24/94 Date

Document Separator

Activity: 61337

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

- Name

Official name	*Naval Hospital, Beaufort, SC*
Acronym(s) used in correspondence	*NAVHOSP BFT SC*
Commonly accepted short title(s)	*NHB*

- Complete Mailing Address:

Commanding Officer
Naval Hospital
1 Pinckney Boulevard
Beaufort, SC 29902-6148

- PLAD: NAVHOSP BEAUFORT SC
- PRIMARY UIC: N61337
- ALL OTHER UIC(s): N/A PURPOSE: N/A

2. PLANT ACCOUNT HOLDER: • Yes X No _____

3. ACTIVITY TYPE:

- HOST COMMAND:
  - Yes __X__ No ____
- TENANT COMMAND:
  - Yes ____ No __X__
  - Primary Host (current) UIC: __N/A__
  - Primary Host (as of 01 Oct 1995) UIC: __N/A__
  - Primary Host (as of 01 Oct 2001) UIC: __N/A__
- INDEPENDENT ACTIVITY:
  - Yes ____ No __X__

4. SPECIAL AREAS:

N/A

5. DETACHMENTS:

N/A

6. BRAC IMPACT:

a. Per the BRAC III Active Duty Migrations of 6 October 1993, Naval Hospital, Beaufort (NHB) catchment area is scheduled to receive eighteen (18) active duty members in FY-95 and six civil service members in FY-96.

Activity: N61337

7. MISSION:

Current Missions

- Provide primary and specialized medical and surgical support to Marine Corps Recruit Depot recruits, staff and dependents
- Provide primary and specialized medical and surgical support to Marine Corps Air Station, Marine Air Group 31, support personnel, and dependents
- Provide primary and specialized medical and surgical support for all other active duty, retirees, and their dependents
- Provide proactive, comprehensive, quality health care programs and provide for the timely treatment of sickness and/or injury for all eligible beneficiaries

Projected Missions for FY 2001

- N/A

8. UNIQUE MISSIONS:

Current Unique Missions

- Personnel augmentation to Marine Corps Recruit Depot during Hot Season Operations, six months yearly
- Provides medical isolation for large en masse recruit populations with contagious illnesses, (e.g. chicken pox)
- Provides intermediate level of care for recruits recovering from acute illnesses and/or surgery until ready to rejoin unit or be separated from service
- Provides significant number of medical boards for separating Marines
- Provides medical monitoring, triage and treatment in-the-field for heat related casualties during rigorous recruit training
- Provides mass laboratory screenings and baseline assessments for Marine Corps recruits
- Provides contact lens program for pilots and other aviation personnel
- Provides epidemiological surveillance and medical response to recruit population
- Provides continuity of care in support of recruit training, maintaining unbroken essential military environment

Projected Unique Missions for FY 2001

- N/A

Activity: N61337

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

• Operational name	UIC
Commanding General, Eastern Recruiting Region/ Marine Corps Recruit Depot, Parris Island, SC	M32000

• Funding Source

Bureau of Medicine and Surgery Washington, DC	N00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	84	223	181
• Tenants (total)	1	7	2

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~77~~ 100	~~223~~ 320	~~163~~ 200
• Tenants (total)	1	7	2

11. KEY POINTS OF CONTACT (POC):

Title/Name	Office	Fax	Home
• CO/OIC			
CAPT R. L. FINKE, MSC, USN	(803) 525-5301	(803) 525-5320	(803) 525-0861
Officer of the Day, Naval Hospital, Beaufort	(803) 525-5600	(803) 525-5320	N/A

12. TENANT ACTIVITY LIST:

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Personnel Support Activity Detachment, Beaufort, SC	43353	1	7	2

- Tenants residing on main complex (homeported units.)

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).

N/A

- Tenants (Other than those identified previously)

N/A

13. REGIONAL SUPPORT:

Activity: 61337

Activity	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Pennsylvania College of Podiatry	*Philadelphia, PA*	*Clinical Instruction - MOU*
California College of Podiatry	*San Francisco, CA*	*Clinical Instruction - MOU*
Savannah State College	*Savannah, GA*	*Medical Services for NROTC Pre-Commission/Aviation Physicals - MOU*
Technical College of the Lowcountry	*Beaufort, SC*	*Nursing Student Training - MOU*
Webster University	*St Louis, MO*	*Classroom & Office Space - MOU*
Limestone College	*Gaffney, SC*	*Classroom & Office Space - MOU*
Park College	*Parksville, MO*	*Classroom & Office Space - MOU*
City Colleges of Chicago	*Chicago, IL*	*Classroom & Office Space - MOU*
Woman, Infant and Child Program	*Beaufort, SC*	*Office Space - MOU*
United States Postal Service	*Savannah, GA*	*Office, Space, Utilities - MOU*
Medical University of SC School of Pharmacy	*Charleston, SC*	*Clinical Instruction - MOU*
Navy Federal Credit Union	*Fairfield, VA*	*Office Space, Utilities - MOU*
Marine Corps Recruit Depot Fire Station	*Parris Island, SC*	*Fire House Building - ISA*
Navy Resale and Service	*Jacksonville, FL*	*Space - ISA*
Fort Stewart Army Base	*Ft Sterwart, GA*	*Funding for Supplies/Equipment for Veterinarian Services - ISA*

14. FACILITY MAPS:

* Local Area Map. 12 copies provided

DOD activities within 50 miles:

Beaufort, SC::
Marine Corps Air Station, Beaufort, SC
Marine Corps Recruit Depot, Parris Island, SC

Charleston, SC:
Charleston Naval Base
Charleston Air Force Base
Naval Hospital, Charleston

Savannah, GA:
Hunter Army Air Base
Fort Stewart Army Base

* Installation Map / Activity Map / Base Map / General Development Map / Site Map.

36" x 42" - Not Available
11" x 17" - 12 copies provided, buildings numbered, legend not available

* Aerial photo: 8.5" x 11" not available, will request from local agencies

* Air Installations Compatible Use Zones (AICUZ) Map. Not Available

Activity: 61337

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. FINKE, CAPT, MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

4 February 1994

Naval Hospital, Beaufort
Activity

Activity: 61337

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

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

x R I Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

369

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

Installation Name:	NAVHOSP BEAUFORT SC
Unit Identification Code (UIC):	N61337
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	23.2
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$331
Total Number of Officer Housing Units:	8
Total Number of Enlisted Housing Units:	43

No Family Housing Data exist for this UIC.

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

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

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

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

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

YVONNE O. SPRING
NAME (Please type or print)

Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENCON
Activity

Enclosure (1)

369

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:

Naval Hospital
1 Pinckney Blvd.
Beaufort, SC 29902-6148

ACTIVITY UIC: 61337

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

26 May 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 Naval Hospital, Beaufort is to ensure the health of sailors, Marines and recruits entrusted to our care and to allow them to perform their mission in defense of our nation. We provide a comprehensive quality health care program with timely treatment or referral for sickness or injuries and a proactive health program. We continually strive to provide the same level of quality care to families of active duty members and other beneficiaries based on the resources available. Unique missions as follows:

- Provides mass optometric exams and eyeglass fabrication for same day issue

- Provides comprehensive podiatric surveillance for recruits throughout their training process

- Provides mass immunizations and psychiatric screenings to recruits

- Provides health care coverage for the only Marine Corps female recruit training facility

- Provides mass baseline audiometric screening of recruits

- Recruit DNA identification collection point

- Establish military health records for Marine recruits

- Provide practical experience prior to formal Marine medical support training

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)
MCRD	00263	MCRD PI, SC	6918*
MALS-31	01086	MCAS BEAUFORT	713
MWSS 273	00273	MCAS BEAUFORT	654
H&HS	02031	MCAS BEAUFORT	582
NAVAL HOSPITAL	61337	BEAUFORT, SC	428
MACS-5	00972	MCAS BEAUFORT	268
VMFA(AW) 224	01224	MCAS BEAUFORT	167
VMFA(AW) 332	01332	MCAS BEAUFORT	167
VMFA(AW) 533	01533	MCAS BEAUFORT	167
VMFA 451	01451	MCAS BEAUFORT	138
VMFA 115	01115	MCAS BEAUFORT	138
VMFA 122	01122	MCAS BEAUFORT	138
VMFA 251	01251	MCAS BEAUFORT	138
VMFA 312	01312	MCAS BEAUFORT	138
NAVAL DENTAL CENTER	68411	MCRD PI, SC	128
MAG 31 HQ	00031	MCAS BEAUFORT	92
CSSD 23	27140	MCAS BEAUFORT	90
MAG 31	09131	MCAS BEAUFORT	57
MHC 52 HERON	21864	SAVANNAH, GA	45
MCAS	60619	MCAS BEAUFORT	22
NAVY/USMC RESERVE CEN	62154	SAVANNAH, GA	10
PASD BEAUFORT	43353	BEAUFORT, SC	9
SUPSHIP RES DET	47204	SAVANNAH, GA	9

FLEET INDOC TEAM	49095	SAVANNAH, GA	8
CSSD	41629	MCAS BEAUFORT	8
NROTC	66809	SAVANNAH, GA	7
12TH DENTAL COMPANY	47336	MCRD PI, SC	7
NAVFAC ENGINEERING	62467	MCRD PI, SC	6
SOUTH DIV CONTRACTING	44227	BEAUFORT, SC	6
DEP MEDS	46877	BEAUFORT, SC	5
ECP SAVANNAH STATE	46555	SAVANNAH, GA	5
COOP MINE UNIT 2209	55225	SAVANNAH, GA	4
MC BR/ARD	45118	BEAUFORT, SC	2
NAESU	33203	MCAS BEAUFORT	2
DEPMED PI	46885	MCRD PI, SC	1
NEX DET	30347	BEAUFORT, SC	1
INSERVTRNG	31025	BEAUFORT, SC	1
EEAP USC	48437	BEAUFORT	1
NAVY/USMC RES CENTER 4TH FSSG	46049	SAVANNAH, GA	1
NAVY/USMC CENTER MECP ARMSTRONG STATE	47946	SAVANNAH, GA	1

*NOTE: Total Unit Size (number of personnel) incorporates approximately five thousand Marine Corps Recruits under training at any given time throughout the year.

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	792	19,980	7.17	16.54
ACTIVE DUTY NON N/MC	5	300	1.50	.05
TOTAL ACTIVE DUTY	797	20,280		16.59
FAMILY OF AD	1,212	56,748	2.29	7.46
RETIRED AND FAMILY MEMBERS UNDER 65	252	23,265	2.49	1.54
RETIRED AND FAMILY MEMBERS OVER 65	216	7,755	3.59	2.23
OTHER	12	1,092	2.17	.09
TOTAL	2,489	109,140		11.32

What is your occupancy rate for FY 1994 to date? 56.94% through Feb 1994

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	125,610	125,610	183,184	183,422	186,204	186,204	186,204
ADMISS.	3,165	3,166	4,166	4,179	4,193	4,193	4,193

ASSUMPTIONS AND CALCULATIONS

Projections based on FY-92 RAPS projected workload. Population was modified to reflect an increase of 6,939 A/D members reflected in the most recent FY-93 RAPS population data. Additional population modifications were performed to reflect an approximate increase of 688 retired members and 482 retired family members in 1997 due to the addition of an 8000 unit retirement complex in our catchment area. RAPS would only project to 1999, whereafter workload was straight-lined.

In 1997 this service area is projected to implement the TRICARE Managed Care Initiative with the expectations of capturing 80% of the non-direct care in our catchment area. The RAPS non-direct care projection module was utilized to obtain this data, which was applied beginning in FY-97 proportionally to the hospital and clinics based on actual FY-93 workload data for all categories other than A/D.

Additional calculations as follows:

- Admissions: RAPS FY-95 projections for all categories other than A/D reflected only 639 admissions, while the actual in these categories for FY-93 was 1,596. To resolve this, the percentage increase in the RAPS FY-95 admissions for A/D of 1.75 was applied to actual FY-93 category of all other admissions and reduced by 36%, which is the approximate percentage of recruits in the catchment area at any given time who would not have family members. This number was then projected out with the programs associated increases or decreases.

4. Projected Workload (Cont.)

- Outpatient Visits: The same assumptions and calculations were made with OPVs, with the exception of the 36% decrease. This was not used in order to offset recruits high outpatient acuity level. Visits were proportionally distributed to the hospital and clinics based on actual FY-93 workload 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
INDUSTRIAL HYGIENE SURVEY	82 HRS	3
WORKPLACE MONITOR - IND HYGIENE	115 HRS	3
TRAINING - IND HYGIENE	19 HRS	2
LAB ANALYSIS/IDENTIFICATION	19 HRS	2
EQUIPMENT MAINTENANCE/CALIBRATION	14 HRS	2
ADMINISTRATION - IND HYGIENE	202 HRS	3
PHYSICAL READINESS TRAINING	29 HRS	2
HEALTH PROMOTIONS	480 HRS	2
BLOOD DRIVE	144 HRS	9
AMBULANCE SERVICE	480 HRS	9
INPATIENT/OUTPATIENT RECORDS	480 HRS	14
TRANSCRIPTION	480 HRS	2
PATIENT ADMINISTRATION	480 HRS	5
RTR PT AND FIELD TRAINING COVERAGES (HOTSOP)	144 HRS	10
MANAGED CARE	100 HRS	10
EDUCATION AND TRAINING	100 HRS	5
QUALITY ASSURANCE	100 HRS	6

NOTE: The indicated time spent per quarter is for one staff member only. For an accurate reflection of total manhours required, multiply time spent per quarter by the staff needed per event.

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

RESPONSE: Not Applicable

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]

[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.

RESPONSE: Not Applicable

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]
61010	BLDG 7/PSD,BEQ	29,009	45	INADEQUATE
72113	BLDG 8/MANPOWER MGT	5,703	46	INADEQUATE
7211	BLDG 9/TEMPORARY STORAGE	46,264	45	INADEQUATE
74067	BLDG 12/EM CLUB	8,760	45	ADEQUATE
82109	BLDG 13/HEATING PLANT	6,215	46	ADEQUATE
21977	BLDG 14/STORAGE, PUBLIC WORKS	6,000	46	ADEQUATE
14310	BLDG 15/FIRE STATION, GARAGE	6,399	46	ADEQUATE
83310	BLDG 17/INCINERATOR	345	46	ADEQUATE
74037	BLDG 18/HOBBY SHOP	1,963	29	INADEQUATE
73020	BLDG 19/GATEHOUSE MAIN GATE	740	46	ADEQUATE
74030	BLDG 20/FILLING STATION WITH CANOPY	578	46	INADEQUATE
21910	BLDG 21/PEST CONTROL SHOP	1,404	46	ADEQUATE
71143	BLDG B/FUND HOUSING, PRE 1950,0-6	2,416	46	ADEQUATE
71141	BLDG D/FUND HOUSING, PRE 1950,0-1/0-3	1,780	45	ADEQUATE
74074	BLDG 25/NAVY RELIEF	1,854	48	INADEQUATE
74055	BLDG 24/BOY SCOUT REC FACILITY	1,472	48	ADEQUATE
21920	BLDG 38/GROUND EQUIP MAINT SHED	2,880	43	ADEQUATE
44130	BLDG 39/HAZARDOUS, FLAMMABLE STORAGE	527	43	ADEQUATE
51010	BLDG 1/HOSPITAL	276,428	45	ADEQUATE
21910	BLDG 16/PUBLIC WORK SHOP	5,528	46	ADEQUATE

71131	BLDG 81/FUND HOUSING, 1950/69,WO,0-1/0-3	1,697	38	ADEQUATE
71131	BLDG 82/ " "	1,697	38	ADEQUATE
71131	BLDG 83/ " "	1,697	38	ADEQUATE
71131	BLDG 84/ " "	1,697	38	ADEQUATE
71131	BLDG 85/ " "	1,697	38	ADEQUATE
71130	BLDG 101/FUND HOUSING, 1950/69,ENLISTED	3,253	38	ADEQUATE
71130	BLDG 102/ " "	3,253	38	ADEQUATE
71130	BLDG 103/ " "	3,253	38	ADEQUATE
71130	BLDG 104/ " "	3,253	38	ADEQUATE
71130	BLDG 105/ " "	3,253	38	ADEQUATE
71130	BLDG 106/ " "	3,253	38	ADEQUATE
71130	BLDG 107/ " "	3,253	38	ADEQUATE
71130	BLDG 108/ " "	3,253	38	ADEQUATE
71130	BLDG 109/ " "	3,253	38	ADEQUATE
71130	BLDG 110/ " "	3,253	38	ADEQUATE
71130	BLDG 111/ " "	3,253	38	ADEQUATE
71130	BLDG 112/ " "	3,253	38	ADEQUATE
71130	BLDG 113/ " "	3,253	38	ADEQUATE
71130	BLDG 114/ " "	3,253	38	ADEQUATE
71131	BLDG 115/FUND HOUSING,1950/69,WO, 0-1/0-3	1,627	38	ADEQUATE
71131	BLDG 116/ " "	3,253	38	ADEQUATE
71130	BLDG 117/FUND HOUSING, 1950/69,ENLISTED	3,253	38	ADEQUATE
71130	BLDG 118/ " "	3,253	38	ADEQUATE
71130	BLDG 119/ " "	1,627	38	ADEQUATE
71130	BLDG 120/ " "	3,253	38	ADEQUATE
71130	BLDG 121/ " "	1,627	38	ADEQUATE
71130	BLDG 122/ " "	3,253	38	ADEQUATE
71130	BLDG 123/ " "	3,253	38	ADEQUATE
71130	BLDG 124/ " "	3,253	38	ADEQUATE
71130	BLDG 125/ " "	1,627	38	ADEQUATE
21977	BLDG 40/MORALE, WELFARE & REC BLDG	800	38	SUB-STANDARD

74030	BLDG 49/EXCHANGE AUTO REPAIR STATION	724	37	INADEQUATE
44130	BLDG 53/BOTTLED OXYGEN/NO2 STORAGE	390	44	ADEQUATE
71153	BLDG 140/FUND HOUSING,1950/69,0-6	2,556	38	ADEQUATE
74089	BLDG 134/BATHOUSE	530	28	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?

- BLDG 7/61010: Design criteria, building and seismic, non-existent air conditioning/environmental control; BEQ and PSD; $2,263,000; BEQ and PSD at no cost; $157,000 in improvements programmed for FY-94; no.

- BLDG 8/72113: Design criteria, building interior configuration; Manpower Management (Admin); $691,000; none; none; no.

- BLDG 9/72111: Building interior, structure and seismic design, non-existent environmental controls; temporary storage; unknown; demolition for $242,000; none; no.

- BLDG 20/74030: Physical condition, total structure; filling station with canopy; $28,900; none; none; no.

- BLDG 49/74030: Physical condition; storage; unknown; demolition $3,500; none; no.

- BLDG 18/74037: Physical condition - waterproofing, total obsolescence; Hobby Shop; $214,000; none; no.

- BLDG 25/74074: Location - entire building; Navy Relief $180,000; none; none; no.

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE $000
88-C-0318	REPAIR ELEVATORS 1 & 2	1987	253
86-R-0455	IMPROVEMENTS TO SIDEWALKS/PARKING SPACES	1987	228
86-C-0618	CORRECT FIRE DEFICIENCIES	1987	254
86-C-0427	BACHELOR ENLISTED QUARTERS	1989	2,323
87-C-0332	REPAIR ELEVATORS 3, 4, 5 & 6	1988	366
87-C-0395	FAMILY HOUSING AREA IMPROVEMENTS	1987	93
87-C-0540	REPAIR ROOFS IN FAMILY HOUSING	1989	739
87-C-0778	FAMILY HOUSING IMPROVEMENTS	1987	1,324
88-C-0098	WALKING & WORKING SURFACE	1991	86
88-C-0303	IMPROVEMENT TO EXTERIOR SIDING FAMILY HOUSING	1990	250
88-C-0450	FIRE SPRINKLER SYSTEM IN BLDG 2	1991	211
88-C-4422	REPAIR ROOFS BLDGS 7 & 20	1988	76
89-C-6914	REPAIR NURSES CALL SYSTEM	1991	77
89-C-0478	REPLACE PERIMETER FENCE	1991	126
91-C-0568	PARKING LOT ADDITIONS	1991	83
91-C-0703	REPAIR FIRE ALARM SYSTEM BLDGS 1 & 25	1993	157
91-C-4422	REPAIR NAVAL HOSPITAL SWITCHGEAR	1991	40
93-C-5122	REPAIR CHILLED WATER GENERATOR	1993	38
93-C-9322	REPLACE CHILLERS	1993	239

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 $000
CE1-89	ALTERATIONS TO LAB	1995	443
C2-86	EMERGENCY ROOM RENOVATION	1995	221
RAI6-92	REPLACE AHU 13 & 24	1994	160
RH8-93	REPLACE LIQUID CHILLERS	1995	427
R15-92	REPAIR A/C & LIFE SAFETY, B.12	1995	160
R14-92	LIFE SAFETY CODE REPAIRS	1994	245
RA7-93	REPLACE COOLING TOWERS	1995	110
RC4-92	IMPROVE ELECTRICAL DISTRIBUTION SYSTEM	1994	183
R10-92	REPLACE LIGHTING	1995	96
R12-92	REPLACE LIGHTING IN AUDITORIUM	1995	34
C4-93	REPLACE UNDERGROUND STORAGE TANK	1995	133
R5-93	REPLACE UST-EMERGENCY GENERATOR	1995	211
RC8-92	REPAIR SWIMMING POOL, BATHHOUSE	1997	54
92-C-0760	HOUSING RENOVATION	1994	865
C6-92	UPGRADE SOFTBALL FIELD	1997	62
R7-92	REPAIR TENNIS COURTS	1997	27
R1-92	REPAIR BRICKWORK	1997	225

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

RESPONSE: Not Applicable

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0104
1. FACILITY NAME	NAVAL HOSPITAL, BEAUFORT			
2. UIC N61337	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 55		
5. SIZE 126.92 ACRES	A. GSF 494,571	B. NORMAL BEDS 114		C.DTRS N/A
6. LOCATION R8	A. CITY BEAUFORT		B.STATE SC	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	70	20	10	B17,E17	
(2) ADMINISTRATION	60	25	15	C12,E12,B01	
(3) CENTRAL STERILE SVCS.	90	10	0	A12	
(4) DENTAL	70	15	15	B01,B04,B12	
(5) EMERGENCY SVCS.	45	45	10	B01,B06,B12, B17	
(6) FOOD SERVICES	95	5	0	B01,B07	
(7) LABORATORIES	45	45	10	B01,B06,B12, D06	
(8) LOGISTICS	60	30	10	B01,B17	
(9) INPATIENT NURSING UNITS	70	30	0	B01,B03,B06, B08	
(10) LABOR-DEL-NURSERY	60	30	10	B01,B08	
(11) OUTPATIENT CLINICS	80	10	10	B01,B12,B17	
(12) PHARMACY	60	40	0	A12,B01,B12, B17	
(13) RADIOLOGY	85	10	5	A12,B01	
(14) SURGICAL SUITE	70	30	0	A12,B01	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	70	10	20	C10	
(B) HVAC	70	20	10	B01,B17	

(C) PLUMBING	25	65	10	A02,B02	
(D) ELECTRICAL SVCS.	90	0	10	B05	
(E) ELECTRICAL DISTRIBUTION	75	15	10	B06,C06	
(F) EMERGENCY POWER	50	40	10	C07,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: 16 March 1992
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 2 (Record as 1,2,3,4,or 5)

LOCATION:

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

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

- The facility is geographically located in between Marine Corps Air Station, Beaufort and Marine Corps Recruit Depot, Parris Island with all three commands in an approximate 15 mile radius. Our location provides equitable access to both bases and the beneficiaries that live on and in the proximity of their respective duty stations.

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

- Air: Two Beaufort County airports, the Lady's Island Airport and Hilton Head Island Airport, are used by private planes. Daily commuter flights to and from Hilton Head Island Airport make connections in Charlotte, North Carolina. Major airline and air freight services are offered at Savannah Municipal Airport 45 miles away and at Charleston Airport 65 miles away via two-lane roads. Travel times are one hour and an hour and a half respectively. Additionally, Marine Corps Air Station, Beaufort, located seven miles from the Naval Hospital has runway capabilities to support both airline and air freight requirements.

- Rail: Port Royal Railroad Company in Port Royal, South Carolina, approximately two miles from Naval Hospital, Beaufort. Also, AMTRAK has passenger service from Yemassee, South Carolina, approximately 20 miles away.

- Sea: Port Royal Port Authority in Port Royal, South Carolina, a small, deep harbor port.

- Ground: Interstate 95 is the primary roadway and can be accessed via Highways 21 or 170. Some 13 authorized motor carriers serve all parts of Beaufort County. Travel time from Interstate 95 to Naval Hospital, Beaufort is approximately 40 minutes. The distance to Interstate 95 from Naval Hospital, Beaufort is 28 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): Seven miles.

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

- We have ready access to commercial carriers in both Charleston, SC and Savannah, GA. Additionally, Marine Corps Air Station, Beaufort offers local airfield access.

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

- Approximately 15 minutes.

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

- Naval Hospital, Beaufort is approximately one hour to and hour and a half commuting distance between two large metropolitan areas. This results in potential hires being drawn to higher paying, more upwardly mobile positions in these cities; therefore, reducing the number of qualified personnel.

FEATURES AND CAPABILITIES

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

LOSE BRANCH MEDICAL CLINICS ONLY
* Loss of responsiveness to operational areas

LOSE HOSPITAL AND HOSPITAL CLINICS ONLY
* No specialty outpatient care
* No inpatient care
* No specialty consults
* Minimal lab services
* No administrative support for clinics
* Recruits placed into civilian health care to detriment of good order and discipline

LOSE HOSPITAL AND BRANCH MEDICAL CLINICS
* No outpatient or inpatient medical, ancillary, or administrative services available

- Active duty personnel would be forced to utilize MTF's at either Naval Hospital, Charleston, at a distance of 65 miles, Winn Army Medical Facility (AMC) on FT Stewart, at 57 miles, or Eisenhower AMC on FT Gordon, at 128 miles for basic medical treatment and outpatient appointments. Other than basic treatment would be referred to local civilian treatment facilities. Eligible beneficiaries would have the option of using the most convenient MTF's or obtaining medical care through CHAMPUS locally.

- The mission of the Naval Hospital, Beaufort is to provide medical support for the operation of military missions and to eligible beneficiaries. There is no other medical facility locally available to assume this role because of capabilities of staff and facilities. Staff personnel are uniquely trained to perform search and rescue missions, field medical treatment, medically screen recruit personnel, air evacuation of casualties, medical boards, and many other military specific medical support requirements. Much of the varied military specific medical support cannot be performed by the civilian community. The main hospital is designed to be rapidly reconfigured and expanded for wartime medical augmentation.

- There are no other civilian facilities available to assume this function.

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.

- There is only one local hospital, Beaufort Memorial Hospital, which has 99 licensed beds and a current occupancy rate of 53%. In the fall of 1994 they are expecting to expand bed capacity by 64 (44 subacute and 20 psychiatric).

- Although with expansion, Beaufort Memorial could probably accommodate our inpatient workload, on several occasions they have been unable to take our ICU overflow, or perform after hours ultrasounds. It is felt that the local community would have a great difficulty in servicing the healthcare needs of the 300,000 OPV's that the current military healthcare system accommodates annually, especially in the ancillary service arena.

- Also of great concern should this facility close is the civilian community's ability to handle the operational and unique healthcare needs experience by military members. Examples as follows: Medical holding company, field medical treatment, search and rescue missions, medical boards, large capacity isolation capabilities for communicable diseases, etc.

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.

- Should the active duty and their families leave the area, the approximate residual population would be as follows:

Retired Military	3,055
Family members of retirees	3,974
Survivors	672
Guard and dependents	588
Others	25
Total	8,324

- The civilian medical system would realize an annual increase in inpatient and outpatient workload as a direct result of the retiree population based on FY-93 actual workload of:

- Outpatient Visits (Navy Hospital Beaufort and CHAMPUS)					57,504
Inpatient Admissions	"	"	"	"	1,281

- With expansion, as previously referred to in 10A, Beaufort Memorial and the local medical community could probably accommodate these beneficiary categories and their health care needs.

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

- If Beaufort Memorial Hospital expands its inpatient services as projected, it should be able to accommodate our inpatient workload. Please refer to 10A for details.

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

- The mobilization requirements of Naval Hospital, Beaufort are to provide a comprehensive range of emergency, outpatient medical/dental health care services to active duty Navy and Marine Corps personnel and active duty members of the Federal Uniformed Services. Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and warfare duties. Ensure that the Command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U.S. Code, and other assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained. Participate as an integral element of the Navy and Tri-Service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disaster and other emergencies. Maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission on Accreditation of Health Care Organizations.

- The execution of full mobilization can be accomplished with minimal impact. The significant impacts of implementing this mobilization plan are manpower, facilities and material. If adequate and timely support can be provided in these impact areas, the mobilization plan can meet expanded capacity at M+3 (M+90 days) with minimal interruption in providing quality health and dental care to support area commands in this service area.

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
NAVHOSP ROTA	66101	23
NAVHOSP ROOSEVELT RD	65428	9
FLTHOSP-4	68684	42
FLTHOSP-5	68685	23
FLTHOSP-8	45382	56
FLTHOSP-15	45339	48
MAG-31 MCASBFT	09131	6
MAG-27 MCAS JAX, FL	09167	1
USS GUADALCANAL	07352	1
1ST MARINE AIR WING	57079	3
1ST MARINE BRIGADE	67339	25
3RD FSSG	67436	4

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.

- If our mobilization and training requirements were taken away, the Command would still be required to support the increased recruit population for Marine Corps Recruit Depot, Parris Island (MCRD). Actual wartime numbers for MCRD is classified, but we can expect their population to more than triple. Even with current anticipated reserve support, the Command would not be able to assume any additional workload without additional resources.

- In the event full mobilization were to occur, the Command would only have a cadre staff of 15 laboratory personnel and residual, med-hold and limited duty staff of approximately 164 personnel.

R

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]: 54 R 9/7/94 VRBumed824 9/26/94

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

30 R 9/7/94) VRBUMED 824 9/26/94

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]: 179

[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	573	465	212
OUTPATIENT	352	266	95

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] $000	NO.	COST $000	NO.	COST $000
AD	2,200	623	2,436	697	1,206	162
AD FAMILY	534	182	527	108	337	44
OTHER	564	157	848	128	452	63
TOTAL	3,298	962	3,811	933	1,995	269

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

[2] The total cost in thousands of dollars.

*NOTE: FY-94 data through 31 March 1994.

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

CATEGORY	FY 1992	FY 1993	FY 1994*
TOTAL COSTS	11,502,946	12,971,693	9,160,918
TOTAL OUTPATIENT VISITS	106,790	108,222	109,128
AVERAGE COST PER VISIT	107.72	119.86	83.95

*NOTE: FY-94 data projected.

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	7,916,064	10,401,865	2,035,927

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	464,484	565,955	109,869
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	464,484	565,955	109,869
E. TOTAL E EXPENSES (ALL ACCOUNTS)	10,665,514	14,531,064	3,496,783
F. % SELECTED E EXPENSES (D÷E)[1]	0.043550	0.038948	0.031420

[1] Record as a decimal to 6 digits.

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Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	2,470,266	3,079,859	569,330
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	107,580	119,954	17,888
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	130,345	148,191	35,011
M. DECEDENT AFFAIRS (FDD)	0	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	130,345	148,191	35,011
Q. E EXPENSES INCLUDED IN ROW P	5,045	1,211	0
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	220	47	0
S. OTHER F'S LESS E (P-R)	130,125	148,144	35,011

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Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	2,326	2,079	573
U. TOTAL WORK UNITS (MWU)[2]	9,337	9,331	2,379
V. PERCENT INPATIENT (IWU÷AWU)	0.25	0.22	0.24
W. FINAL OTHER F EXPENSES (S×V)	32,531	32,592	8,403
X. FINAL F EXPENSES (K+W)	32,531	32,592	8,403
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	7,840,745	10,314,503	2,026,442
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)			
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

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Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
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)			

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ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

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TABLE A: BEAUFORT

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS–A	7916064	10,401,865	

FY 94 INFORMATION NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	464484	565955	
D. TOTAL EXP EBE AND EBF	464484	565955	0
E. TOTAL E EXPENSES	11984280	18106693	
F. % SELECTED E EXPENSES (D/E)	0.038758	0.031257	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS–A	5940014	1795523	
H. E EXPENSES TO REMOVE FROM A (FxG)	230221.7	56122.077	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	130345	148191	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	130345	148191	0
E EXPENSE (FAL)	5045	1211	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E EXPENSES INCLUDED IN ROW P	5045	1211	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	195.533	37.8518322	ERR
S. OTHER F'S LESS E (P–R)	130149.5	148153.148	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	2326.37	2078.46	
U MWU	5049.9	4889.29	
V PERCENT INPATIENT	0.460676	0.42510467	ERR
W. FINAL OTHER F EXP (SxV)	59956.79	62980.5948	ERR
X FINAL F EXP (K+W)	59956.79	62980.5948	ERR
Y TOTAL CATEGORY III EXP (A–H+X)	7745799	10408723.5	ERR
Z NUMBER BIOMETRICS DISPOS	2537	2260	
AA. TOTAL MEPRS DISP	2565	2379	
BB. ADJ DISPOS (Z/AA)	0.989084	0.94997898	ERR
CC ADJ MERPS EXP (YxBB)	7661245	9888068.58	ERR
DD. TOTAL RWP	1684.515	1482.345	
EE COST PER RWP (CC/DD)	4548.042	6670.55819	ERR
CATEGORY II RWPS			
(DXNNH)	0	0	
(PAS)	539.961	387.153	
(ADELS)	22.8952	8.197	
FF. TOTAL CAT II RWPS	562.8562	395.35	0
GG. TOTAL CAT II COST (EExFF)	2559893	2637205.18	ERR
HH. TOTAL EXT CAT III EXP (CC–GG)	5101351	7250863.4	ERR
II. TOTAL CAT III RWPS (DD–FF)	1121.659	1086.995	0
JJ. COST PER CAT III RWP (HH/II)	4548.042	6670.55819	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	9535	7443	
CAT II OBDS			
(DXNNH)	0	0	
(PAS)	1233	941	
(ADELS)	473	104	
LL TOTAL CAT II OBD	1706	1045	0
MM CAT III OBDS (KK–LL)	7829	6398	0
NN. AVG DAYS/RWP (MM/II)	6.979841	6.92275033	ERR
OO. ADD ON PER RWP (NNx77)	537.4478	533.0619778	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5085.49	7125.60967	ERR
QQ. CIVILIAN PAY COST (PPx.15)	762.8234	1068.94146	ERR
RR. MILITARY PAY COST (PPx.56)	2847.874	3990.00198	ERR
SS. OTHER COSTS (PPx.29)	1474.792	2066.71686	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	814.542	1141.5487[illegible]	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3001.974	4206.88184	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1197.377	1677.95768	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1245.272	1744.07410	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3122.053	4375.17531	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1533.784	2149.36067	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1661.088	2327.78487	ERR
ADJ CAT III COST/RWP	6028.412	8447.06607	ERR

BUMED
MED-825
GSA
6/2/94

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? No.

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

*NOTE: Data submitted only for housing on Naval Hospital, Beaufort compound.

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	N/A	N/A	N/A	N/A
Officer	3	8	8	N/A	N/A
Officer	1 or 2	N/A	N/A	N/A	N/A
Enlisted	4+	N/A	N/A	N/A	N/A
Enlisted	3	45	45	N/A	N/A
Enlisted	1 or 2	N/A	N/A	N/A	N/A
Mobile Homes	N/A	N/A	N/A	N/A	N/A
Mobile Home lots	N/A	N/A	N/A	N/A	N/A

(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. *NOTE: Data submitted only for housing on Naval Hospital, Beaufort compound.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	N/A	N/A
	2	N/A	N/A
	3	1	12 MONTHS
	4+	N/A	N/A
O-4/5	1	N/A	N/A
	2	N/A	N/A
	3	4	12-18 MONTHS
	4+	N/A	N/A
O-1/2/3/CWO	1	N/A	N/A
	2	N/A	N/A
	3	11	12 MONTHS
	4+	N/A	N/A
E7-E9	1	N/A	N/A
	2	N/A	N/A
	3	4	9-12 MONTHS
	4+	N/A	N/A
E1-E6	1	N/A	N/A
	2	N/A	N/A
	3	39	9-12 MONTHS
	4+	N/A	N/A

[1]As of 31 March 1994.

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

	Top Five Factors Driving the Demand for Base Housing
1	COST
2	CONVENIENCE TO PERSONNEL IN HOSPITAL
3	SCHOOLS
4	SAFETY/SECURITY
5	QUALITY OF BASE HOUSING

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)? 100%

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

Type of Quarters	Utilization Rate
Adequate	98.8%
Substandard	N/A
Inadequate	N/A

(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	60%
Substandard	75%
Inadequate	0%

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

RESPONSE: No. The reason occupancy is under 95% is most of the active duty members are married with dependents or active duty members are married to other active duty members. These members live in housing or reside in the local area.

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

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

RESPONSE: AOB geographic bachelors is six.

(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.)	6	100%	
Spouse Employment (non-military)	N/A	N/A	
Other	N/A	N/A	
TOTAL	6	100	

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

(3) BOQ: Not applicable.

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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			

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

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

LOCATION **Naval Hospital, Beaufort** **DISTANCE** **N/A**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	1	N/A
	Outdoor Bays	4	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	1,764	N
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	25	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	4	N/A
Beach	LF	0	N/A
Swimming Ponds	Each	0	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	3	N/A
Basketball CT (outdoor)	Each	1	N/A
Racquetball CT	Each	0	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	0	N/A
Fitness Center	SF	660	N/A
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	2	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A

c. Is your library part of a regional interlibrary loan program?
RESPONSE: Not applicable.

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. Not Applicable.

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?

Not Applicable.

(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.

Not Applicable.

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

Not Applicable.

(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).

- Marine Corps Recruit Depot, Child Care Center, capacity 85 children, 6 months to 6 yrs.
- Marine Corps Air Station, Child Care Center, three buildings:
  (1) Bldg 842, Capacity 78 children, 3 - 4 yrs;
  (2) Bldg 1142, Capacity 96 children, 6 months to 3 yrs;
  (3) Bldg 894, Capacity 58 children, 5 yrs and older.

(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	1419
Gas Station	SF	N/A
Auto Repair	SF	724
Auto Parts Store	SF	N/A
Commissary	SF	N/A
Mini-Mart/Gas Station	SF	578
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	1
Family Service Center	SF	N/A
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	16
Chapel	PN	74
FSC Classrm/Auditorium	PN	312

NOTE: N/A = Not Applicable

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

City	Distance (Miles)
CHARLESTON, SC	65
SAVANNAH, GA	45
AUGUSTA, GA	126

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	86.48	48.39
E2	86.48	54.39
E3	82.62	60.87
E4	81.99	57.22
E5	85.43	59.65
E6	81.99	55.43
E7	79.90	55.40
E8	69.05	52.20
E9	71.97	54.63
W1	N/A	N/A
W2	50.15	39.34
W3	80.78	65.67
W4	56.88	50.43
O1E	84.52	62.70
O2E	62.80	50.70
O3E	60.64	51.30
O1	78.83	58.09
O2	67.85	53.03
O3	47.30	39.82
O4	37.75	32.83
O5	35.19	29.10
O6	5.93	4.91
O7	N/A	N/A

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	295.00	175.00	50.00
Apartment (1-2 Bedroom)	530.00	250.00	100.00
Apartment (3+ Bedroom)	585.00	475.00	120.00
Single Family Home (3 Bedroom)	1000.00	400.00	180.00
Single Family Home (4+ Bedroom)	1200.00	450.00	225.00
Town House (2 Bedroom)	550.00	475.00	140.00
Town House (3+ Bedroom)	635.00	475.00	150.00
Condominium (2 Bedroom)	800.00	450.00	160.00
Condominium (3+ Bedroom)	850.00	540.00	165.00

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

Type Rental	Percent Occupancy Rate
Efficiency	98
Apartment (1-2 Bedroom)	97
Apartment (3+ Bedroom)	97
Single Family Home (3 Bedroom)	94
Single Family Home (4+ Bedroom)	99
Town House (2 Bedroom)	99
Town House (3+ Bedroom)	99
Condominium (2 Bedroom)	98
Condominium (3+ Bedroom)	98

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	75,000
Single Family Home (4+ Bedroom)	100,000
Town House (2 Bedroom)	56,000
Town House (3+ Bedroom)	60,000
Condominium (2 Bedroom)	85,000
Condominium (3+ Bedroom)	89,900

(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	32	63	3
February	34	51	3
March	30	44	4
April	36	57	3
May	38	59	3
June	30	60	5
July	17	61	5
August	31	76	3
September	34	73	5
October	26	60	5
November	26	55	4
December	24	51	7

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

(a) Retirement/local resort area located on the Atlantic Coastal Waterway.

(b) Remote area from large metropolitan cities.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: Not Applicable.

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

RESPONSE: Not Applicable.

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)
BEAUFORT COUNTY	95.9	6	10
CHARLESTON COUNTY	1.0	75	90
JASPER COUNTY	1.2	20	30
HAMPTON COUNTY	1.1	25	35
COLLETON COUNTY	0.8	40	55

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
LAUREL BAY SCHOOL	DODD S	PRE & K - 6	BASED ON IEP *	5,122	N/A	N/A	BUDGET OFFICE
BEAUFORT ACADEMY	PRIV	K - 12	LIMITED	3,044	973	100%	BUS. OFFICE
AGAPE CHRISTIAN SCHOOL	PRIV	K - 12	NO	50	N/A	85%	BUS. OFFICE
LITTLE PEOPLE COLLEGE	PRIV	K - 5	NO	1800	N/A	N/A	BUS. OFFICE
PRAISE CHRISTIAN SCHOOL	PRIV	K - 8	NO	1300	N/A	N/A	BUS. OFFICE
YORUBA ACADEMY	PRIV	K - 12	YES	0	N/A	100%	BUS. OFFICE
ST. PETER'S CATHOLIC	PRIV	K - 6	NO	3200	N/A	N/A	BUS. OFFICE
BEAUFORT ELEMENTARY	PUB	PRE & K -5	NO	0	N/A	N/A	ATTEND. COORD.
BROAD RIVER ELEMENTARY	PUB	3 - 5	NO	0	N/A	N/A	ATTEND. COORD.
DAVIS ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
FIELDS ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
HILTON HEAD ELEMENTARY	PUB	K - 2	NO	0	N/A	N/A	ATTEND. COORD.
HILTON HEAD PRIMARY	PUB	3 - 5	NO	0	N/A	N/A	ATTEND. COORD.
LADY'S ISLAND ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.

MOSSY OAKS ELEMENTARY	PUB	K - 5	NO	0	N/A	N/A	ATTEND. COORD.
PORT ROYAL ELEMENTARY	PUB	1 - 5	NO	0	N/A	N/A	ATTEND. COORD.
RILEY ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
SHELL POINT ELEMENTARY	PUB	PRE & K - 3	NO	0	N/A	N/A	ATTEND. COORD.
ST. HELENA ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND COORD.
MCCRACKEN MIDDLE	PUB	6 - 8	NO	0	N/A	N/A	ATTEND. COORD.
LADY'S ISLAND MIDDLE SCHOOL	PUB	6 - 8	NO	0	N/A	N/A	ATTEND. COORD.
ROBERT SMALLS MIDDLE SCHOOL	PUB	6 - 8	NO	0	N/A	N/A	ATTEND. COORD.
BATTERY CREEK HIGH SCHOOL	PUB	9 - 12	NO	0	832	46%	ATTEND. COORD.
BEAUFORT HIGH SCHOOL	PUB	9 - 12	NO	0	832	57%	ATTEND. COORD.
HILTON HEAD HIGH SCHOOL	PUB	9 - 12	NO	0	832	70%	ATTEND. COORD.
BEAUFORT SPECIAL ED PROGRAM	PUB	K - 12	YES	3700	N/A	N/A	ATTEND. COORD.
ATLANTIC SHORE	PRIV	K - 12	NO	1200	N/A	N/A	BUS. OFFICE

*NOTE: IEP = Individual Education Plan - A plan developed for a child who has been classified in the Special Education Category. Full Service, which could include physical disabilities, as well as Limited Service, which could include speech services or learning disabilities, are offered.

(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	
WEBSTER UNIVERSITY	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	YES
LIMESTONE COLLEGE	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
USC-BEAUFORT	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
BEAUFORT-JASPER CAREER ED CENTER	Day	NO	YES	NO	NO	NO
	Night	YES	YES	NO	NO	NO
TECHNICAL COLL OF THE LOWCOUNTRY	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO

(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	
WEBSTER UNIVERSITY	Day	NO	NO	NO	NO	YES
	Night	NO	NO	NO	NO	YES
	Corres-pondence	NO	NO	NO	NO	NO
LIMESTONE COLLEGE	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
	Corres-pondence	NO	NO	NO	NO	NO
PARK COLLEGE	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
	Corres-pondence	NO	NO	NO	NO	NO
UNIV OF SC - BEAUFORT	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
	Corres-pondence	NO	NO	YES	YES	YES
TECHNICAL COLL OF THE LOWCOUNTRY	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	N0
	Corres-pondence	NO	NO	YES	YES	NO
CITY COLLEGE OF CHICAGO	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO

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	10	6	5	N/A*
Manufacturing	3	2	1	N/A*
Clerical	12	9	13	N/A*
Service	27	21	15	N/A*
Other	0	0	0	N/A*

*NOTE: Local unemployment rates for the respective skill levels were not available. However, general local unemployment rates for the specified periods were:

- 1991 - 4.5%
- 1992 - 4.6%
- 1993 - 5.5%

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.

- Medical: Due to its small size (49 beds), Naval Hospital, Beaufort is limited in some specialties which may require referral to other regional Military Treatment Facilities (MTFs) or civilian sources. With this exception, there are no other difficulties with access to medical care.

- Dental: Complete dental service is available to active duty members in the clinics at Marine Corps Recruit Depots (MCRD) and Marine Corps Air Station (MCAS).

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.

- Medical: As stated before, Naval Hospital, Beaufort is limited in some specialties which may require referral to other regional MTFs or disengagement to civilian sources. In the Beaufort area, most specialties are available from civilian sources, but, due to the small physician population, the majority of the physicians don't accept CHAMPUS on an outpatient basis. Because of the larger physician population in the Savannah and Charleston area, access to various specialties are more readily available and competition among physicians is greater, resulting in increased CHAMPUS acceptance.

- Dental: Limited services is available to family members from the military sources, dependent on space availability and active duty priorities. There is a sufficient source of dental care from the civilian community under the Delta Dental Plan.

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

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
2. Blackmarket (6C)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
3. Counterfeiting (6G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
4. Postal (6L)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	3	0	0
Base Personnel - civilian	0	2	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	1	0
10. Wrongful Destruction (6U)			
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)			
Base Personnel - military	1	0	0
Base Personnel - civilian	1	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
25. Sodomy (8G)			
Base Personnel - military	0	1	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	1
Off Base Personnel - civilian	0	0	0

15. Quality of Life

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

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ 148/72111	114	57			114	85.5		
BEQ 148/72112	5	5	5	171				
BEQ 148/72113	1	2	1	350				
BEQ 7/72111	41	20					41	97
BEQ 7/72112	13	8					13	97
BEQ 7/72113	2	1					2	97

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

(1) FACILITY TYPE/CODE: BEQ 7/72111, 72112, 72113
(2) WHAT MAKES IT INADEQUATE? Design criteria, building and seismic.
(3) WHAT USE IS BEING MADE OF THE FACILITY? For a Personnel Support Detachment and BEQ.
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD? Facility cannot be upgraded to substandard due to seismic criteria. Cost to upgrade to adequate is $2,263,000.
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST? No other uses.

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	0	1	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	2
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	0	8	1
Base Personnel - civilian	0	0	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)			
Base Personnel - military	3	13	12
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	1	2
Off Base Personnel - civilian	0	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.

DATA BEING CERTIFIED: Data Call No. 27

ACTIVITY COMMANDER

R. L. FINKE, CAPT/MSC/USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

26 MAY 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 | June 2, 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 | J B Greene Jr

NAME (Please type or print) | Signature

Acting | 6/9/94

Title | Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

DATA BEING CERTIFIED: Data Call No. 27 Amendment 2

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN
NAME (Please type or print)

MVB
Signature

COMMANDING OFFICER
Title

9 September 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

9/21/94
Date

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.

DATA BEING CERTIFIED: Data Call No. 27 (pg 30)

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN
NAME (Please type or print)

MVB
Signature

COMMANDING OFFICER
Title

7 September 1994
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148
Activity (UIC: 61337)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-28-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

ACTING
Title — Date 13 OCT 1994

370 R

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**BREMERTON NH**
Unit Identification Code (UIC):	**N00254**
Major Claimant:	**BUMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998	019T	OUTPATIENT CLINIC	BRAC	9,300
		Sub-Total - 1998		9,300
		Grand Total		9,300

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

12/7/94
Date

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

CDR, CEC, USN
Title

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

MD Thornton
Signature

9 Dec 94
Date

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	BREMERTON NH
Unit Identification Code (UIC):	N~~00254~~ 68095 #370
Major Claimant:	BUMED

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997	019T	OUTPATIENT CLINIC	BRAC	9,300
		Sub-Total - 1997		**9,300**
		Grand Total		**9,300**

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

2/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,

2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,

3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than $15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Bremerton
Unit Identification Code (UIC):	N00254
Major Claimant:	BRAC

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997	019T	Outpatient Clinic	MCON	9,300
		Sub-Total 1997		**9,300**
		Grand Total		**9,300**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	BREMERTON NH
Unit Identification Code (UIC):	68095
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997		Hospital Addition/Alteration	MCON	24,000
		Sub Total 1997		**24,000**
		Grand Total		**24,000**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**BREMERTON WA NAVHOSP**
Unit Identification Code (UIC):	**N68095** #370
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1999	008	PARKING STRUCTURE	MCON	3,750
		Sub-Total - 1999		**3,750**
		Grand Total		**3,750**

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

MAJOR CLAIMANT LEVEL

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

Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

7/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,

2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,

3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than $15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

3-1C

68085

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Hospital, Bremerton, WA
UIC:	68095
Host Activity Name (if response is for a tenant activity):	
Host Activity UIC:	

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

Activity Name: Naval Hospital Bremerton | **UIC:** 68095

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	758	219	977
1b. Minor Construction	467	136	603
1c. Sub-total 1a. and 1b.	1225	355	1580
2. Other Base Operating Support Costs:			
2a. Utilities	1461	1	1462
2b. Transportation	97	37	134
2c. Environmental	100	1	101
2d. Facility Leases			
2e. Morale, Welfare & Recreation	12		12
2f. Bachelor Quarters	52	224	276
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	805	2873	3678
2j. Other (Specify) *	1253	1381	2634
2k. Sub-total 2a. through 2j:	3780	4517	8297
3. Grand Total (sum of 1c. and 2k.):	5005	4872	9877

DATA CALL 66
INSTALLATION RESOURCES

*	Non-Lab	Lab
FG	67	736 (534 Civ, 202 Mil)
FK	16	216 (216 Mil)
FN	275	30 (30 Civ)
FV	184	398 (398 Mil)
V2	17	0
FD	694	1 (1 Civ)
	1253	1381

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)
DHP	7008
MPN	2869
Total	9877

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Naval Hospital Bremerton		**UIC:** 68095	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			N/A
1b. Real Property Maintenance (<$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A
2j. Supply and Storage Operations			N/A
2k. Major Range Test Facility Base Costs			N/A
2l. Other (Specify)			N/A
2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			N/A
4. Grand Total (sum of 1c., 2m., and 3.) :			N/A

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

Table 2 - Services/Supplies Cost Data

Activity Name: Naval Hospital Bremerton	**UIC:** 68095
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	800
Material and Supplies (including equipment):	7292
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	7736
Total:	15828

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: Naval Hospital Bremerton	**UIC:** 68095
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	50
Mission Support:	47
Procurement:	
Other:*	
Total Workyears:	97

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

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

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

NONE

2) Estimated number of workyears which would be eliminated:

50 Johnson Controls
27 EMAC & Radiology
6 Other Contracts
--
83

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):

14 Other contracts

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.)
17	Biohaz waste disposal, newborn screening, guard services, diaper service, standing orders, subscriptions

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
44	Biohaz waste disposal, newborn screening, guard services, diaper service, standing orders, subscriptions

	Elim.	Relocate
Misc	6	14
Laundry	3	4
Ambulance	4	7
Sup Care	4	17
Johnson Control	__	2
	17	44

DATA CALL 66 **68085**
INSTALLATION RESOURCES

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

7/14/94
Date

Naval Hospital Bremerton
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

04 AUG 1994

Title

Date

68095

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

Activity Name:	Naval Hospital, Bremerton, WA
UIC:	~~96805~~ 68095
Major Claimant:	Bureau of Medicine and Surgery

General Instructions/Background:

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

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

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**

- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$31749 $31333*

*Excludes Occupational Health employees located in Bldg 491, PSNS

Source of Data (1.a. Salary Rate): *

* General Schedule Salary #77 dtd Jan 94
Industrial Hygienst Series 690 schedule dtd Jan 94
Engineer Series 801 schedule dtd Jan 94
Pharmacist Pay Scale (Series 660) dtd 11/17/93
Federal Wage System Wage Rate Schedule for Seattle-Everett-Tacoma dtd 6 Dec 93

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
Kitsap	WA	558	247	83.68	5	15
Pierce	WA	9	21	3.12	30	45
Mason	WA	4	15	1.98	7	20
King	WA	5	36	4.26	60	90
Jefferson	WA	0	61	6.34	30	20
Other	WA	1	5	0.62		
				= 100%		

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

Submarine Base Bangor, Silverdale, WA
Jackson Park Family Housing, Bremerton, WA

Source of Data (1.b. 1) & 2) Residence Data): Manpower Dept, Nav Hosp Brem; HRO Subase Bangor

PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 94 JUN 30 16:11 DESIRE LIST (PA) AS OF 94 JUN 30 PCN N130050

BR/ ;TA CALL 65 - RESIDENCY TABLE:
FOR UIC: 68095

COUNTY & STATE	NBR EMPLOYEES	PCT OF EMPLOYEES	AVG DISTANCE	AVG COMMUTE TIME
BONNEVILLE, ID	1	.26		
ISLAND, WA	1	.26		
JEFFERSON, WA	61	15.84		
KING, WA	36	9.35		
KITSAP, WA	247	64.16		
MASON, WA	15	3.90		
PIERCE, WA	21	5.45		
SNOHOMISH, WA	3	.78		
TOTAL:	385			

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶ 6

To WESSELS
Dept./Agency 37 NAVHOSP
Fax # 478-9355

From M. Roberts
Phone # 744-1859
Fax # 744-1889

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

Pcn N130050 END PAGE 1

PERSONAL DATA - PRIVACY ACT OF 1974

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

City	County	Distance from base (miles)
Seattle	King	60
Tacoma	Pierce	30
Bremerton	Kitsap	05

Source of Data (1.c. Metro Areas): 1993 Rand McNally Road Atlas

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's civil service workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	3	.78
20 - 24 Years	1	.26
25 - 34 Years	51	13.25
35 - 44 Years	128	33.25
45 - 54 Years	136	35.32
55 - 64 Years	55	14.29
65 or Older	11	2.86
TOTAL	385	100 %

Source of Data (1.d.) Age Data): HRO Subase Bangor

PREPARED 94 JUN 30 16:12 DESIRE LIST (PA) AS OF 94 JUN 30 PCN N130050

SP[illegible] DATA CALL 63 - AGE OF CIVILIAN WORKFORCE:
F[illegible] [illegible]C: 68095

AGE CATEGORY	NBR EMPLOYEES	PCT OF EMPLOYEES
16 - 19 YEARS	3	.78
20 - 24 YEARS	1	.26
25 - 34 YEARS	51	13.25
35 - 44 YEARS	128	33.25
45 - 54 YEARS	136	35.32
55 - 64 YEARS	55	14.29
65 OR OLDER	11	2.86
TOTAL:	385	

e. Education Level of Civilian Workforce

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

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	1	.26
9th through 11th Grade	5	1.30
12th Grade or High School Equivalency	187	48.57
1-3 Years of College	100	25.97
4 Years of College (Bachelors Degree)	61	15.84
5 or More Years of College (Graduate Work)	31	8.05
TOTAL	385	100 %

2) Degrees Achieved. Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	20
Associate Degree	36
Bachelor Degree	60
Masters Degree	17
Doctorate	4

PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 94 JUN 30 16:12 DESIRE LIST (PA) AS OF 94 JUN 30 PCN H130050

DATA CALL 65 - EDUCATIONAL LEVEL OF CIVILIAN WORKFORCE:
FOR UIC: 68095

LAST SCHOOL YEAR COMPLETED	NBR EMPLOYEES	PCT OF EMPLOYEES
A - 8TH GRADE OR LESS	1	.26
B - 9TH THRU 11TH GRADE	5	1.30
C - 12TH GRADE OR HS EQUIV	187	48.57
D - 1-3 YEARS OF COLLEGE	100	25.97
E - 4 YEARS OF COLLEGE (BACH DEG)	61	15.84
F - 5+ YEARS OF COLLEGE (GRAD WORK)	31	8.05
TOTAL:	385	

PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 94 JUN 30 16:12 DESIRE LIST (PA) AS OF 94 JUN 30 PCN N130050

BY DATA CALL 65 - DEGREES ACHIEVED BY CIVILIAN WORKFORCE:
FOR UIC: 68095

DEGREE	NBR EMPLOYEES
	248
A - TERMINAL OCCUP PROGRAM	20
B - ASSOCIATE DEGREE	36
C - BACHELOR DEGREE	60
D - MASTERS DEGREE	17
E - DOCTORATE	4

Source of Data (1.e.1) and 2) Education Level Data): HRO Subase Bangor

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

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

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09		
2. Construction (includes facility maintenance and repair)	15-17	3	.78
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	various		
3e. Other Manufacturing not included in 3a. through 3d.	various		

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 3a. through 3e.	20-39		
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	15	3.90
4c. Water Transportation (includes organizational level maintenance)	44		
4d. Air Transportation (includes organizational level maintenance)	45		
4e. Other Transportation Services (includes organizational level maintenance)	47		
4f. Communications	48	3	.78
4g. Utilities	49		
Sub-Total 4a. through 4g.	40-49	18	4.68
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	25	6.49
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		
5f. Motion Pictures	78		
5g. Amusement and Recreation Services	79		
5h. Health Services	80	239	62.08

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5i. Legal Services	81	1	.26
5j. Educational Services	82	1	.26
5k. Social Services	83		
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	3	.78
5n. Other Misc. Services	89	33	8.57
Sub-Total 5a. through 5n.:	70-89	302	78.44
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	39	10.13
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92		
6c. Public Finance	93	17	4.42
6d. Environmental Quality and Housing Programs	95	9	2.34
Sub-Total 6a. through 6d.		65	16.88
TOTAL		385	100 %

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

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

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

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	31	8.05
2. Professional Specialty		
2a. Engineers	3	.78
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research	5	1.30
2d. Life Scientists		
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners	1	.26
2h. Social & Recreation Workers	8	2.08
2i. Religious Workers		
2j. Teachers, Librarians & Counselors		
2k. Health Diagnosing Practitioners (Doctors)	6	1.56
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	96	24.94

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	2	.52
2n. Visual Arts		
Sub-Total 2a. through 2n.:	121	31.43
3. Technicians and Related Support		
3a. Health Technologists and Technicians	61	15.84
3b. Other Technologists	2	.52
Sub-Total 3a. and 3b.:	64	16.62
4. Administrative Support & Clerical	124	32.21
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service	25	6.49
5c. Dental/Medical Assistants/Aides	5	1.30
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)		
Sub-Total 5a. through 5d.	30	7.79
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers		
8. Construction Trades		
9. Production Occupations		
10. Transportation & Material Moving	6	1.56
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	10	2.60
TOTAL	385	100 %

PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 94 JUN 30 16:12 DESIRE LIST (PA) AS OF 94 JUN 30 PCN N130050

F DATA CALL 65 - CIVILIAN EMPLOYMENT BY OCCUPATION:
FOR UIC: 68095

OCCUPATION	NBR EMPLOYEES	PCT OF EMPLOYEES
0018 SAFETY AND OCCUPATIONAL HEALTH MANAGEMENT	2	.52
0101 SOCIAL SCIENCE	1	.26
0185 SOCIAL WORK	8	2.08
0186 SOCIAL SERVICES AID AND ASSISTANT	3	.78
0204 MILITARY PERSONNEL CLERICAL AND TECHNICIAN	1	.26
0301 MISCELLANEOUS ADMINISTRATION & PROGRAM	1	.26
0303 MISCELLANEOUS CLERK & ASSISTANT	6	1.56
0304 INFORMATION RECEPTIONIST	1	.26
0318 SECRETARY	20	5.19
0322 CLERK-TYPIST	2	.52
0326 OFFICE AUTOMATION CLERICAL AND ASSISTANCE	7	1.82
0334 COMPUTER SPECIALIST	5	1.30
0335 COMPUTER CLERK & ASSISTANT	2	.52
0341 ADMINISTRATIVE OFFICER	1	.26
0343 MANAGEMENT AND PROGRAM ANALYSIS	6	1.56
0344 MANAGEMENT CLERICAL AND ASSISTANCE	1	.26
0392 GENERAL TELECOMMUNICATIONS	1	.26
0403 MICROBIOLOGY	1	.26
0501 FINANCIAL ADMINISTRATION AND PROGRAM	2	.52
0503 FINANCIAL CLERICAL AND ASSISTANCE	2	.52
0[illegible] FINANCIAL MANAGEMENT	1	.26
0525 ACCOUNTING TECHNICIAN	7	1.82
0540 VOUCHER EXAMINING	3	.78
0560 BUDGET ANALYSIS	1	.26
0561 BUDGET CLERICAL AND ASSISTANCE	1	.26
0601 GENERAL HEALTH SCIENCE	1	.26
0602 MEDICAL OFFICER	5	1.30
0610 NURSE	64	16.61
0620 PRACTICAL NURSE	10	2.60
0630 DIETITIAN AND NUTRITIONIST	3	.78
0633 PHYSICAL THERAPIST	1	.26
0636 REHABILITATION THERAPY ASSITANT	2	.52
0640 HEALTH AID AND TECHNICIAN	32	8.31
0644 MEDICAL TECHNOLOGIST	3	.78
0645 MEDICAL TECHNICIAN	3	.78
0646 PATHOLOGY TECHNICIAN	2	.52
0647 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST	4	1.04
0649 MEDICAL INSTRUMENT TECHNICIAN	1	.26
0651 RESPIRATORY THERAPIST	2	.52
0660 PHARMACIST	4	1.04
0661 PHARMACY TECHNICIAN	5	1.30
0662 OPTOMETRIST	1	.26

PERSONAL DATA - PRIVACY ACT OF 1974

PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 94 JUN 30 16:12 DESIRE LIST (PA) AS OF 94 JUN 30 PCN N130050

P DATA CALL 65 - CIVILIAN EMPLOYMENT BY OCCUPATION:
FL.. UIC: 68095

OCCUPATION	NBR EMPLOYEES	PCT OF EMPLOYEES
0665 SPEECH PATHOLOGY AND AUDIOLOGY	2	.52
0669 MEDICAL RECORDS ADMINISTRATION	1	.26
0671 HEALTH SYSTEM SPECIALIST	4	1.04
0675 MEDICAL RECORD TECHNICIAN	11	2.86
0679 MEDICAL CLERK	63	16.36
0688 SANITARIAN	1	.26
0690 INDUSTRIAL HYGIENE	9	2.34
0699 MEDICAL & HEALTH STUDENT TRAINEE	4	1.04
0801 GENERAL ENGINEERING	1	.26
0802 ENGINEERING TECHNICIAN	2	.52
0950 PARALEGAL SPECIALIST	1	.26
0962 CONTACT REPRESENTATIVE	9	2.34
1105 PURCHASING	3	.78
1411 LIBRARY TECHNICIAN	1	.26
1412 TECHNICAL INFORMATION SERVICES	1	.26
1531 STATISTICAL ASSISTANT	1	.26
1910 QUALITY ASSURANCE	1	.26
2001 GENERAL SUPPLY	1	.26
2005 SUPPLY CLERICAL AND TECHNICIAN	5	1.30
3504 SUMMER AID/STUDENT AID	4	1.04
5 MOTOR VEHICLE OPERATING	1	.26
6901 MISC WAREHOUSING & STOCK HANDING	1	.26
6907 MATERIALS HANDLING	4	1.04
7401 MISC FOOD PREPARATION & SERVING	1	.26
7404 COOKING	9	2.34
7408 FOOD SERVICE WORKING	15	3.90
TOTAL:	385	

PCN ..130050 END PAGE 2

PERSONAL DATA - PRIVACY ACT OF 1974

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

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

1. Percentage of Military Employees Who Are Married:	42%
2. Percentage of Military Spouses Who Work Outside of the Home:	*
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	5
3b. Employed "On-Base" - Non-Appropriated Fund:	1
3c. Employed "Off-Base" - Federal Employment:	*
3d. Employed "Off-Base" - Other Than Federal Employment	*

Source of Data (1.h.) Spouse Employment Data): Manpower Management, Nav Hosp Bremerton

* Information unavailable, not tracked by Family Services Center, PSNS or Manpower Management.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

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

Kitsap County

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

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

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

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

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

Category	20% Increase+	50% Increase+	100% Increase+
Off-Base Housing	B	C	C
Schools - Public	A	C	C
Schools - Private	A	B	B
Public Transportation - Roadways	B	C	C
Public Transportation - Buses/Subways/Ferry	A	B	B
Public Transportation - Rail & Air	A	A	B
Fire Protection	A	A	B
Police	B	C	C
Health Care Facilities	A	B	B
Utilities:			
Water Supply	A	A	B
Water Distribution	A	B	B
Energy Supply	A	B	B
Energy Distribution	A	B	B
Wastewater Collection	B	B	C
Wastewater Treatment	B	B	C
Storm Water Collection	B	B	C
Solid Waste Collection and Disposal	A	B	B
Hazardous/Toxic Waste Disposal	*	*	*
Recreational Activities	A	B	C

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

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

+ See attached for explanations.

Source of Data (2.a. 1) & 2) - Local Community Table): PSNS Business Office;
Kitsap County Draft Comprehensive Plan, June 1994

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

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

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

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

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

+ See attached for explanations.

Source of Data (2.b. 1) & 2) - Regional Table): PSNS Business Office; Kitsap County Draft Comprehensive Plan, June 1994

Background: Kitsap County is a small largely rural and wooded county occuping the northern two thirds of the Kitsap Peninsula. The county's orientation is to the outdoors and water. (Mason and Pierce Counties occupy the remainder of the peninsula.)

The City of Bremerton is centrally in the County on Sinclair Inlet. Although the impacts in this study are divided into **community** (City) and **region** (County), there is a strong crossover for many.

In order to determine the total population increase in the community and region, multiplier factors for retail and other support, persons per household and other factors were extrapolated from a report prepared by the Office of Economic Adjustment, OSD, in February 1976 titled The Trident Impact on Kitsap County. The forecast in this report for 1985 (166,000) was close to actuals for that year (168,000).

For the requested scenarios, the population increase is estimated at:

Percent Increase	Population Increase			
In Yard Staff	City	County	Other	Total
20 Per cent	3,815	7,296	2,138	13,249
50	6,392	21,385	5,346	33,122
100	9,639	45,914	10,692	66,245

Appendix (a) provides the backup calculations for the above projections. (The percent of Shipyard population living in the City is for Bremerton Zip Codes 98310 and 98312, which includes unincorporated areas adjacent to the City and Zip Code 98310 for the Shipyard. Effective 1 July 1994, these zip codes changed to , which will increase the unincoorporated portion.)

Population: The region's population has been increasing rapidly for the last few years. From 1990 to 1994, the County's population grew 12 percent. Kitsap Count was the eight fastest growing county in the state. Growth in the county has been in the central and northern area, surrounding the retail center at Silverdale and the Bangor base; and in South Kitsap, due to migration from Tacoma and North Pierce County.

During the same period, Bremerton's population increased only 3.0 percent to a current total of 39,292 in the City. Growth in the City has been primarily in border neighborhoods.

County growth for the next 20 years is projected at 91,000, or 38 percent of the population increase derived from a Shipyard scenario of 100 percent. This growth is projected for the City and regions adjacent to the City: South and Central Kitsap.

The City projects an increase for the next **six** years of about 2,000, or 45 percent of the population increase for the twenty percent scenario. Bremerton is constrained for space to build

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single family dwellings.

City growth for the next twenty years is projected at 19,000, nearly 200 per cent more than than the 100 percent scenario. The increase after six years assumes changing market conditions which will demand and allow significant construction of multi-family dwellings.

City of Bremerton planning allows for plus or minus ten percent shift in total Shipyard (military and civilian), due to Shipyard worklaod changes and the types of ships traditionally in overhaul or in port.

The retail core ahs shifted from downtown Bremerton to Silverdale, substantially impacting city revenues. With completion of a downtown overwater park and marina, including colocation of the EX-USS TURNER JOY, alternatives to normal retail trade, such as art gallaries, are locating in the central core. Sizable retail areas exist in both East Bremerton, around Ridell Road and West at Auto Center Way.

Off-base Housing:

		Community	Region
Assessment:	20 percent increase	B	B
	50 percent increase	C	C
	100 percent increase	C	C

Increase in Demand	Dwelling Units Required to meet Demand
20 per cent	5,740
50 per cent	14,350
100 per cent	28,700

According to the 1990 U.S. Census, there are 74,000 housing units of all types in the County or a 29 percent increase (16,700) in ten years. Housing demand is projected at 3,100 units average per year County wide for the next three years. Vacancy rates are generally low, raging from 0.7 percent in South Kitsap to 1.9 percent in Central Kitsap.

An increase in Shipyard population of 20 percent will be more than double housing demand. With the upgrades to Highway 3 West being accomplished in Mason County, a higher portion of the Yard's population may reside in North Mason County.

For home sales, demand is high:

> Single family homes are affordable (compared to other markets) in the local market with the average new home sale price in 1993 at $143,000 and used at $124, 388. Home sales are healthy with annual average of 3,000 sales recorded in the Multiple Listing Service in the last two years. Housing

demand is generated by urban buyers seeking a more rural environment, a strong move-up market, a strong retiree market, growth restrictions in surrounding Puget Sound counties, and business start-ups.

The supply of single-family and mobile home lots is falling short of consumption. Over the past foru years 1.33 lots were used to every lot created.

Demand has decreased for apartment units:

Multiple-dwelling vacancy rates were 7.7 percent in March 1994. (Vacancy rates were under 2.0 percent for three years, increasing to above five percent in December 1992.) Bremerton vacancy rates were about 9.2 percent in the same month. Factors contribute to the higher vacancy rates: Loss of tenants to home pruchase; new properties drawing tenants out of older properties; and those due to completion of VINSON and CALIFORNIA overhauls in early 1993.

Per the report, Demand for Private Sector housing, NC Bangor/Bremerton of February 1991, prepared for WestDiv NavFac, a critical housing shortage currently exists in both navy and civilian families in Kitsap County today. Nearly 800 local Navy families are unsuitably housed in the private sector. Therefore, the Navy is building ____ housing units at Jackson Park and Bangor.

New units currently under construction or in lease-up total 931.

364 BEQ rooms are approved for construction, totaling 1,448 rooms.

Public Schools:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	C	C
	100 percent increase	C	C

Using the criteria established in the Trident Impact study and verified by the Bremerton School District, a new school will be required for every 500 new students:

Percent Increase in Shipyard Staff	New Students	Schools
20 percent	3,312	7
50 percent	8,281	17
100 percent	23,186	33

The school districts primarily impacted will be Bremerton and the districts bordering Bremerton School District: South Kitsap, Central Kitsap, and North Mason (Mason County). (Other districts include North Kitsap, Peninsula (Pierce County), Bainbridge Island and Chimicum and Port Townsend in Jefferson County.)

Sufficient new construction has occurred in all districts to allow

meeting demand at the 20 percent scenario.

The demand for additional school facilities at the higher scenarios will be very difficult to meet. Generally, the school districts impacted are not meeting current demand due to: (1) Normal growth pressures. (2) Reluctance by voters and state government to fund additional facilities, i.e., the most substantial barrier to meeting school demand and to increase other infrastructures is availability of public funds.

Substantial infusion of funds would be required to meet the 50 and 100 percent scenarios. In today's financial climate at all levels of government, such infusion is unlikely. (Kitsap County has adopted a "development impact fee", where new development is assessed a share for the increased costs of schools, parks and ,streets. Other infrastructure, such as fire protection is not included. Incorporated areas have not adopted the fee.)

Private Schools:

Assessment	20 percent increase	A
	50 percent increase	B
	100 percent increase	B

Demand will adapt to market conditions and public school overflow.

There are many small private schools in the region. Most are church related. However, they are not a major infrastructure impact in either the City or County. For example, there is only one school with a full 12 grades, and it's enrollment is only about 200 students. Demand appears to be driven by overcrowded public schools.

Public Transportation - Roadways:

		Community	Region
Assessment:	20 percent increase	B	A
	50 percent increase	C	B
	100 percent increase	C	C

The main arterials through the region are in the county. State Highways 16 and 3 are currently receiving major upgrades: Highway 16 South between the Pierce/Kitsap County line and Gorst, eliminating cross traffic. Highway 16 North from the Hood Canal bridge to Silverdale is being upgraded to four lanes. Highway 3 From Shelton to the Kitsap/Mason County line is being upgraded, including a bypass around Belfair.

As the host for Shipyard jobs, the major impact on roads will be for the City of Bremerton. All arterials to the Shipyard traverse the City.

For the 50 and 100 percent scenarios, substantial added upgrade

will be required for all main routes: South Kitsap via Gorst, Central and North Kitsap via highway 3 and Kitsap Way, and Central Kitsap and East Bremerton via Wheaton Way. A major limited access arterial through the City will be required.

For a 100 percent increase, one or two additional major roadways similar to Highway 3 will be required. In addition, the Wagga Way/Wheaton Way arterial from Silverdale to Bremerton will require limited access to the Shipyard. Total construction in the County would be similar to Trident impact.

In conjunction with the Shipyard, the City is upgrading it's Western egress. The Yard will open a new gate into the community area retail core.

Public Transportation - Buses/Subways: (Includes Ferry systems)

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	B	B
	100 percent increase	B	B

(There are no subway systems in the region.)

In both the City and County, bus transportation is provided by Kitsap Transit of two basic types: Regular bus services and worker/driver buses for Shipyard commuters (including vans.) Both types are expected to meet market demand.

The County is serviced by three cross-Sound Washington State Ferry routes. The City is serviced by one cross-Sound route, a small privately owned passenger ferry to Port Orchard, and small privately owned commuter routes for Shipyard workers. Except for the cross-Sound route from Bremerton, all routes are expected to meet market demand if sufficient notice is given.

Public Transportation - Rail (includes air):

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	A	A
	100 percent increase	B	B

The sole rail service in the region is the Shelton-Bangor railway owned by the Navy. At the 100 percent scenario, commuter service along this line may be feasible.

The County does not currently have passenger air service from Bremerton national Airport. These population increases will support renewed service from this airport to SeaTac International Airport.

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Fire protection:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	A	B
	100 percent increase	B	C

Fire protection services have improved with construction of three new stations and major mergers of districts.

In the County, the increased population and resultant housing will require additional fire stations. The availability of public funds will inhibit construction.

Police:

		Community	Region
Assessment:	20 percent increase	B	A
	50 percent increase	C	B
	100 percent increase	C	B

Due to an inadequate revenue base to support City services, City police are currently underfunded. The lack of public funds will be a greater barrier at the higher population projections.

Health Care Facilities:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	B	B
	100 percent increase	B	B

Civilian health care is provided by Harrison Memorial Hospital, a private non-profit coorproation and a major HMO (Group Health). The Hospital is currently building a new out-patient facility in South Kitsap, expanding the main hospital and has pruchased land for a new facility at Silverdale.

The HMO has completed a major facility in Port Orchard and a private multi-care facility is being constructed at Silverdale.

Demand will generally be meet by market conditions. There may be a temporary shortage of care-providers if the demand occurs rapidly.

(Military care is provided by the 148 bed Bremerton Naval Hospital, located in the City.

Utilities - Water Supply:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	A	B
	100 percent increase	B	B

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The City of Bremerton has an excellent water supply. County supplies (mostly well water) should be adequate for the increases noted. However, coupled with other projected population increases, water levels will become a concern.

In the County, the higher demands will require extensive new wells or connection to the City's supply sources.

Utilities - Water Distribution:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	B	B
	100 percent increase	B	C

Coordinated water plans and allocation of all County areas to water suppliers will significantly improve development of public water systems.

In the County, the higher demands will require extensive new wells or connection to the City's supply sources.

Utilities - Energy Supply and Distribution:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	B	B
	100 percent increase	B	C

Electrical power is supplied by Puget Power, a public utility. The utility is making major system upgrades in the North end of the County. Demand will be met by market conditions. For the woo percent scenario, lead-time for new distribution systems would be the major barrier.

Wastewater Collection:

		Community	Region
Assessment:	20 percent increase	B	B
	50 percent increase	B	C
	100 percent increase	C	C

Wastewater collection in the city at the higher population levels will require substantial investment in upgrading and enlarging existing wastewater lines.

In the County, additional systems must be built to support the concentration of housing expected for the 50 and 100 percent scenarios.

Wastewater Treatment:

		Community	Region
Assessment:	20 percent increase	B	B

50 percent increase	B	C
100 percent increase	C	C

The plant currently treats a maximum of 18.7M gallons per day; maximum designed capacity is 30.0M gallons per day.

Substantial investment in upgrading treatment plants would be required at the higher population levels.

Storm Water Collection:

		Community	Region
Assessment:	20 percent increase	B	B
	50 percent increase	B	C
	100 percent increase	C	C

There are new Storm Water laws restricting runoff into harbors and other waters. The City has started execution of a new collection system. The impact from these scenarios would likely follow, requiring additional major bonding authority and construction.

In the County, additional systems must be built to support the concentration of housing expected for the 50 and 100 percent scenarios.

Solid Waste Collection and Disposal:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	B	B
	100 percent increase	B	B

Solid Waste Collection for both the City and County is provided by a private contractor. The contractor has began a very aggresive recycling program to alleviate land fill requirements. Collection will meet market demand. Long-haul trucking of waste to landfill sites outside of the County will likely be required.

Hazardous/Toxic Waste Disposal: There is very little manufacturing accomplished in the County. (Total manufacturing employment is 1,830, a drop since 1990.) The only significant hazardous waste generation occurs in the Naval installations. Therefore, neither the City or County have assessed hazardous waste disposal requirements.

Recreation Activities:

		Community	Region
Assessment:	20 percent increase	A	A
	50 percent increase	B	A
	100 percent increase	C	C

The general Puget Sound area and Western Washington abound in

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recreational opportunities. Kitsap county has six state parks, eight major County Parks and numerous marinas along its 228 miles of shoreline. Three major performing arts centers exist in the Count and City and a third is being developed.

The City has recently completed a major waterfront park, home of the Shipyard Centennial Plaza and Turner Joy. Construction is under way for a major sports complex in West Bremerton.

The City's availability to provide recreational services and parks to meet the higher population scenarios is bound by the availability of public funding.

For the 100 percent scenario, county park and recreation assets will have to increase by 75 to 100 percent.

3. Public Facilities Data:

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

Rental Units: approximately 8% per month

Units for Sale: approximately 55 MLS listings per month

Source of Data (3.a. Off-Base Housing): Housing Referral Office, Submarine Base Bangor

b. **Education.**

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

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio***		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current*	Max. Capacity**	Current	Max. Ratio	
Bremerton	Kitsap	7	2	1	6,133	6,620	19.1:1	28.6:1	Yes
Central Kitsap	Kitsap	14	3	2	12,845	11,596	25:1	25:1	Yes
North Kitsap	Kitsap	7	2	1	5,980	6,100	26.8:1	27.3:1	Yes
South Kitsap	Kitsap	10	3	1	10,794	10,445	26:1	28:1	Yes
Bainbridge Island	Kitsap	3	1	1	3,167	2,800	26.3:1	25.3:1	Yes
North Mason	Mason	2	1	1	2,152	2,146	26:1	26:1	No
Peninsula	Pierce	8	4	3	8,769	8,385	26:1	28:1	No

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

* Includes students in alternative schools and the Kitsap Peninsula Vocational Skills Center, neither of which is included in the "number of schools" column.

** Based on permanent facilities only. Does not include portable classroom facilities. Space is available to locate additional portables to accomindate increased demand due to expansion.

*** Pupil to teacher ratios vary from one grade level to another. Data reflects the average ratios for all grades per school district. Maximum ration based upon association contracts.

Source of Data (3.b.1) Education Table): Kitsap County Draft Comprehensive Plan, June 1994, School Districts Administrators, PSNS Business Office.

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

No

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

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Education.

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

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio***		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current *	Max. Capacity**	Current	Max. Ratio	
Bremerton	Kitsap	7	1	1	6,133	6,620	19.1:1	28.6:1	YES
Central	Kitsap	14	3	2	12,845	11,596	25:1	25:1	YES
South	Kitsap	10	3	1	10,794	10,445	26:1	28:1	YES
North	Kitsap	7	2	1	5,980	6,100	26.8:1	27.3:1	YES
Peninsula	Pierce	8	4	3	8,769	8,385	26:1	28:1	NO
North Mason	Mason	2	1	1	2,152	2,146	26:1	30:1	NO
Bainbridge Island	Kitsap	3	1	1	3,167	2,800	26.3:1	25.3:1	YES

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

* Includes students in alternative schools and the Kitsap Peninsula Vocational Skills Center, neither of which is included in the "number of schools" column.

** Based on permanent facilities only. Does not include portable classroom facilities. Space is available to locate additional portables to accommodate increased demand due to expansion.

*** Pupil to teacher ratios vary from one grade level to another. Data reflects the average ratios for all grades per school district. Maximum ratio based on teacher association contracts.

Source of Data (3.b.1) Education Table): School Districts - Administrators

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

NO

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

Central Texas College (Puget Sound Naval Shipyard)
Columbia College (Puget Sound Naval Shipyard)
Chapman College
City University
Olympic College
Southern Illinois University (Subase Bangor)
Lesley College
Seattle Pacific University
Northwest College of Arts
University of Puget Sound
University of Washington/Tacoma
Pierce College
Tacoma Community College
University of Puget Sound Law School
Pacific Lutheran University

Other major collges and universities outside the immediate area of activity employees, but within commuting distance include:

University of Washington
Seattle University
Seattle Pacific University

Source of Data (3.b.3) Colleges): Kitsap County, Seattle Telephone Books

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

Eton Technical Institute - Health Careers, Medical, Dental, Word Processing
Office Training Center - Telephone Skills, Typing, Word Processing
Kitsap Peninsula Vocational Skills Center - Food Services, Auto Mechanics, etc.
Clover Park technical College - Variety
L.H. Bates Technical College - Barbering, Upholstery, Beautician, etc.
Trans Union Truck Driving School - Semi-truck driving instruction
Western Truck School - Semi-truck driving instruction
Business Computer Training Institute
Griffin College - Business Courses
Puget Sound Naval Shipyard Apprentice School - electronics/electrical, structural, machinist, and service utilities related trades.

Source of Data (3.b.4) Vo-tech Training): Kitsap, Seattle Telephone books

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ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.b.2) On-Base Schools): Not Applicable

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

Central Texas College (Puget Sound Naval Shipyard)
Columbia College (Puget Sound Naval Shipyard)
Chapman College
City University
Olympic College
Southern Illinois University (Bangor)
Lesley College
Seattle Pacific University
Northwest College of Arts
University of Puget Sound
University of Washington/Tacoma
Pierce College
Tacoma Community College
University of Puget Sound Law School
Pacific Lutheran University

Other major colleges and universities outside the immediate area of activity employees, but within commuting distance include:

University of Washington
Seattle University
Seattle Pacific University

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

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

Eton Technical Institute - Health Careers, Medical, Dental, Word Processing
Office Training Center - Telephone Skills, Typing, Word Processing
Kitsap Peninsula Vocational Skills Center - Food Services, Auto Mechanics, etc.
Clover Park Technical College - Variety
L.H. Bates Technical College - Barbering, Upholstery, Beautician, etc.
Trans Union Truck Driving School - Semi-truck driving instruction
Western Truck School - Semi-truck driving instruction
Business Computer Training Institute

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Griffin College - Business courses
Puget Sound Naval Shipyard Apprentice School - Electronics/electrical, structural, machinist, and service utilities related trades.

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

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	
Rail:		X
Subway:		X
Ferry:	X	

Source of Data (3.c.1) Transportation): Kitsap County Phone Book - 1994

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

Tacoma - 30 miles
King Street Station, Seattle - 16 nautical miles, 6 surface miles

Source of Data (3.c.2) Transportation): 1993 Rand McNally Road Atlas

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

Seattle Tacoma International Airport - 50 miles
Bremerton National Airport - 12 miles

Source of Data (3.c.3) Transportation): 1993 Rand McNally Road Atlas

4) How many carriers are available at this airport?

SeaTac - 24
Bremerton - 1

Source of Data (3.c.4) Transportation): Port of Seattle Operations, Port of Bremerton Operations

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

Interstate 5 - 30 miles
State route 3 - 1.8 miles

Source of Data (3.c.5) Transportation: 1993 Rand McNally Road Atlas

6) Access to Base:

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

There are 2 main access roads leading to the core facility from State Route 3. Austin Drive and Chico Way are two lane roads which are uninhibited during peak flows. Chico Way is currently being resurfaced and Austin Drive is in good condition.

b) Do access roads transit residential neighborhoods?

Chico Way transits a residential area, while Austin Drive runs along the perimeter of Jackson Park Housing.

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

N/A - Kitsap County owns road outside of main gate.

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

None affecting immediate access to the base, however, barriers do exist that could affect commuters such as ferry delays and accidents, or high winds, on the Tacoma Narrows Bridge.

Source of Data (3.c.6) Transportation: Security and Facility Management Department, NAVHOSP Brem.

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

Fire protection is provided by the Base Operating Services Contractor (Johnson Controls) through Submarine Base Bangor. Clean up of hazardous material can be preformed by Johnson Controls or Puget Sound Naval Shipyard (PSNS). The Navy On-sceen commander is provided by PSNS under a Memorandum of Agreement.

Source of Data (3.d. Fire/Hazmat): Base Operating Support Contract

e. **Police Protection.**

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

Concurrent jurisdiction (Federal and State)

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

Naval Hospital Bremerton's installation has a regularly assigned security force comprised of Navy, civil service, and/or contractor personnel (Subase Bangor Security). These forces operate under the compound's Security Officer and are capable of general law enforcement and internal security duties. State jurisdiction would come into effect in the event of hostage-barricade incidents and for primary or secondary support id required.

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

Yes, Memorandum of Understanding (MOU) between the Washington Stae Patrol (WSP) and Commander, Naval Base Seattle for the support of Naval installations (i.e. Naval Hospital Bremerton) by the WSP Special Weapons and Tacticts (SWAT) Team in the event of hostage-barricade incidents.

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

N/A

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

Interservice Support Agreement between the 62nd Military Airlift Wing McCord AFB and Naval Hospital Bremerton to provide Emergency Service Team (EST) support in the event of hostage-barricade situations to back up an FBI team or for primary support if required.

Source of Data (3.e. 1) - 5) - Police): BOS Contract, MOA, MOU, Security Dept, NAVHOSP Bremerton

f. **Utilities.**

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

Water - provided through City of Bremerton - bill paid through PSNS on a prorated basis between Jackson Park Housing and this facility
Refuse - contracted with Bremair
Electricity - contracted through Puget Power
Gas - contracted through Cascade Gas

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

No known water rationing has been conducted in the last 5 years. The base has a 300,000 gallon water tank that can provide water for approximately one week.

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

Minor disruptions within the last 5 years normally occur from ice storms associated with high winds. The hospital has 2 800kw generators which can provide power to easily to this facility; fuel supply can last up to 30 days.

Source of Data (3.f. 1) - 3) Utilities): Facility Management Department, NAVHOSP Bremerton

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

Employer	Product/Service	No. of Employees
1. Puget Sound Naval Shipyard	Government - Shipyard	22,394
2. Naval Submarine Base Bangor	Government - Sub Base	8,743
3. Naval Undersea Warfare Center, Keyport	Government - Underwater Weapons Engineering	3,582
4. State Agencies (DSHS, WSP, DOT, DL&I, ect)	Government - Public Services	1,752
5. Central Kitsap School District	Government - Education	1,350
6. Harrison Memorial Hospital Bremerton	Service - Medical	1,335
7. South Kitsap School District	Government - Education	1,100
8. Kitsap County	Government - Community Services	879
9. Johnson Controls World Service	Service - Military Base Operations Support	850
10. VITRO	Service - Military Engineering Logistics Support	844

Source of Data (4. Business Profile): Table 10, Kitsap County Draft Comprehensive Plan, Part II, June 1994; Economic Development Council of Kitsap County, Feb '93

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

Employer	Product/Service	No. of Employees (NOTE 1)
1. Puget Sound Naval Shipyard	Shipyard	22,394
2. Naval Submarine Base, Bangor	Submarine Base	8,743
3. Naval Undersea Warfare Center, Keyport	Underwater Weapons Engineering	3,582
4. State Agencies	Public Services	1,752
5. Central Kitsap School District	Education	1,350
6. Harrison Memorial Hospital, Bremerton	Medical	1,335
7. South Kitsap School District	Education	1,100
8. Kitsap County	Community Services	879
9. Johnson Controls World Service	Military Base Operations Support	850
10. VITRO	Military Engineering Logistics Support	844

NOTE 1: "Number of Employees" includes military and civilian personnel.

Source of Data (4. Business Profile):	Economic Development Council of Kitsap County, February 1993

5. Other Socio-Economic Impacts. For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers: There has been no loss of major employers during the last five years. Stability with employment through the Naval Activities in the area has caused an increase in new service related industries entering the area and expansion of existing businesses.

A major effort is underway to diversify employment in the County. Government employment has decreased from 57 percent of the civilian employment of the total in 1980 to 44 percent in 1990 and 41 percent in 1993. In addition, primary business growth in the area has been predominetly service related; attempts are being made to draw in light manufacturing and other related industry.

b. Introduction of New Businesses/Technologies: New businesses have been largely retail trade and services. the initial boost came from Trident Submarines in the late 70's. This boost resulted in a major retail center being established in Silverdale, Washington, an unicorporated community about 5 miles north of Bremerton. The impact of this center was underestimated: (1) It is a major shopping area for residences of Clallam and Jefferson counties to the west of Kitsap County. (2) Kitsap residents are far less inclined to trade in the major metropolitan areas of Seattle and tacoma.

New large retail outlets continue to locate in the Region: Construction is underway for a 105,000 sr. ft. mall at silverdale. Announced are two 50,000 complexes for food and home furnishings and a Wal-Mart.

Of the three major industrial parks in the region, only 4,000 sq. ft. of space is available or 0.75 percent.

c. Natural Disasters: There have been no significant natural disasters. Climate is relatively mild and due to a lack of major reivers, the county is not subject to flooding.

d. Overall Economic Trends: As noted above, the dependence on government employment continues to decline. The largest recent economic event in the Region was the 1993 IVERA at the Shipyard.

Over the last five years, the unemployment rate has averaged 5.6%, or One percent lower than the state average. January 1994 rates were 5.9% for the Region and 6.8% for the state.

Source of Data (5. Other Socio/Econ): PSNS Business Office; Kitsap County Draft Comprehensive Plan, June 1994

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

N/A

Source of Data (6. Other):

5. OTHER SOCIO-ECONOMIC IMPACTS:

a. Loss of major Employers: There has been no loss of major employers during the last five years.

A major effort is underway to diversify employement in the County. Goverment employment has decreased from 57 percent of the civilian employement of the total in 1980 to 44 percent in 1990 and 41 percent in 1993.

b. Introduction of New Business/Technologies: New businesses have been largely retail trade and services. The initial boost came from Trident impact in the late 70's. This boost resulted in a major retail center being established in Silverdale, Washington, an unincorporated community about five miles north of Bremerton. The impact of this center was underestimated: (2) It is a major shopping area for residences of Clallam and Jefferson counties to the west of Kitsap County. (2) Kitsap residents are far less inclined to trade in the major metropolitan areas of Seattle and Tacoma.

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d. Overall Economic Trends: As noted above, the dependence on Government employment continues to decline. The largest recent economic event in the Region was th 1993 IVERA at the Shipyard.

Over the last five years, the unemployment rate has averaged 5.6 percent, or one percent lower than the state average. January 1994 rates were 5.9 percent for the Region and 6.8 percent for the State.

FACTORS FOR CALCULATING POPULATION INCREASE FOR INCREASE IN YARD STAFF

Shipyard Population:

Civilian	~~12,000~~ 10398
~~Enlisted~~ military	~~6,500~~ 6798
~~Officer~~	~~500~~
Total	~~19,000~~ 17096

Population Distribution:

City of Bremerton	~~30%~~ - varies from 15% to 25%
South Kitsap	~~30%~~
~~Central Kitsap~~	~~18%~~
~~North/Bainbridge~~	~~5%~~
← ~~Total~~ County (excluding Bremerton)	~~83%~~ varies
All other	17% ~~20%~~

Employment multiplier:	Civilian	.8
	Military	.5
Persons per household:	3	
Percent Military Single:	50%	
Civilian Single:	20%	
Percent Dual Wage Earners	50%	
Percent Working Military wives	40%	
Household multiplier:	35%	
New Student Multiplier:	25%	
Students per school:	500	

(Except as noted below, percentages extrapolated from February 1976 Trident Impact Study:

Percent Military Single is an estimate for homeported ships. The Trident study used 30 percent.)

Appendix A

POPULATION INCREASE FOR 100% CHANGE

		Yard	Other Support	Total	Population
Military:					
Single	3349	~~3,500~~	1675 ~~1,750~~	5024 ~~5,250~~	~~5,250~~ 5024
Married	3349	~~3,500~~	1675 ~~1,750~~	~~5,250~~ 5024	~~13,125~~ 12559
Civilian	10398	~~12,000~~	8318 ~~9,600~~	~~21,600~~ 18716	~~60,480~~ 48663
Total	17496	~~19,000~~	11667 ~~13,100~~	~~32,100~~ 28763	~~78,775~~ 66245

Population Distribution:

City	~~23,600~~	9639
County	~~55,155~~	45914
Other		10692

Other Support is the predicted added jobs in the community for retail and other services.

Number of Households	~~27,575~~ 23186
Number of new students	~~19,700~~ 16561
Number of new schools	~~39~~ 33

POPULATION INCREASE FOR 50% CHANGE

Total Population:	~~39,387~~ 33122
City	~~12,300~~ 6392
County	~~27,087~~ 21385
Other	5346
Number of Households:	~~13,788~~ 11593
Number of new students	~~9,850~~ 8281
Number of new schools	~~20~~ 17

POPULATION INCREASE FOR 20% CHANGE

Total Population	~~15,750~~ 13249
City	~~4,900~~ 3815
County	~~10,850~~ 7296
Other	2138
Number of Households	~~5,520~~ 4637
Number of new students	~~3,940~~ 3312
Number of new schools	~~8~~ 7

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DATA CALL 65 **68095**
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

7/13/94
Date

Naval Hospital Bremerton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date July 15, 1994

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/11/94

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DATA CALL 63
FAMILY HOUSING DATA

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	NAVHOSP BREMERTON
Unit Identification Code (UIC):	N68095
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	~~20~~ 20.3% CW
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	~~434.7~~ 412.1 CW
Total Number of Officer Housing Units:	~~25.9~~ 26 CW
Total Number of Enlisted Housing Units:	~~45.8~~ 46 CW

Line 4, Percentage of Military Families Living on Base, is taken from DD Form 1377.
Lines 7-9, represents the activitys' "fair share" of the complex total of the family housing budget and inventory of officer and enlisted units. This data was provided by COMNAVFACENGCOM.
This UIC contains 324 personnel entitled to BAQ W/Dependents out of a complex total of 8287 personnel entitled to BAQ W/Dependents. There are 121 activities identified within this complex.

NOTE: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

CW 7/13
Chris Ward
7/13/94
NAVFAC 52JCW

Enclosure (1)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 of 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. Your 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.

SOUTHWESTNAVFACENGCOM

THOMAS E. GUNN
Name (Please type or print)

Signature

COMMANDING OFFICER
Title

7/13/94
Date

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

- **Name**

Official name	*Naval Hospital, Bremerton, WA*
Acronym(s) used in correspondence	*NAVHOSP Bremerton*
Commonly accepted short title(s)	*NAVHOSP Brem*

- **Complete Mailing Address**

Naval Hospital
Boone Road
Bremerton, Washington 98312-1898

- **PLAD**

NAVHOSP BREMERTON WA

- **PRIMARY UIC:** 68095 (Plant Account UIC for Plant Account Holders)
- **ALL OTHER UIC(s):** See Detachments PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

- Yes __X__ No ____ (check one)

• **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

- Yes ____ No __X__ (check one)
- Primary Host (current) UIC: _____
- Primary Host (as of 01 Oct 1995) UIC: _____
- Primary Host (as of 01 Oct 2001) UIC: _____

• **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

- Yes ____ No __X__ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
Not Applicable		

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
Naval Hospital Branch Clinic	32587	Puget Sound Naval Shipyard	Puget Sound Naval Shipyard	48695
Branch Medical Clinic	46144	Naval Ordnance Center, Pacific Division, Port Hadlock, WA	Naval Ordnance Center, Pacific Division, Port Hadlock, WA	35445
Branch Medical Clinic	32586	Naval Undersea Warfare Center, Keyport, WA	Naval Undersea Warfare Center, Keyport, WA	45237
Branch Hospital	41338	Naval Station, Adak, AK	Naval Station, Adak, AK	60462
Branch Medical Clinic+	46145	Security Group Annex, Adak, AK	Security Group Annex, Adak, AK	63886
Naval Hospital Branch Clinic	46073	Naval Nuclear Power Training Unit, Idaho Falls, ID	Naval Nuclear Power Training Unit, Idaho Falls, ID	43147
Branch Medical Clinic	45237	Naval Submarine Base, Bangor, WA	Naval Submarine Base, Bangor, WA	45237
Naval Medical Administrative Unit	49430	Madigan Army Medical Center, Tacoma, WA	Madigan Army Medical Center, Tacoma, WA	48458
Naval Medical Administrative Unit	46389	Elmendorf Air Force Base, Anchorage, AK	Elmendorf Air Force Base, Anchorage, AK	68912
DEPMEDS, NAVHOSP Bremerton	46854*	Naval Hospital, Bremerton, WA	Naval Hospital, Bremerton, WA	68095

Naval Hospital Training (Family Practice Residency)	48456*	Naval Hospital, Bremerton, WA	Naval Hospital, Bremerton, WA	68095
Naval Hospital Branch Clinic	47430**	Naval Station, Everett, WA	Naval Station, Everett, WA	68967

+ Manning consists of 1 Hospital Corpsman assigned from Branch Hospital, Adak.
* Personnel assigned are included in NAVHOSP Brem (UIC 68095)
** Projected gain based on BRAC II; Not offically apart of this command to date

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.

- Previous Base Closure and Realignment (BRAC) decision will cause an increase to the Kitsap Peninsula beneficiary population. Current BRAC migration estimates range from approximately 9,258 to 16,758 depending on the homeporting initiatives. Challenges directly affecting NAVHOSP Bremerton from projected BRAC related migration are as follows:

- Naval Hospital Bremerton is a geographically isolated facility.

- The Naval Hospital is currently at capacity for outpatient visits due to existing space constraints, however, we do anticipate that we have the ability to absorb projected increases in inpatient visits.

- The ability of the one local civilian hospital to absorb any of our projected increases, whether related to BRAC or normal growth, is minimal.

- MCO expansion projects (P-008, P-019T) are required to facilitate projected (BRAC) increases in outpatient visits and to eliminate previously identified space constraints do to our current physical plant is at DoD for approval. Specific Projects are as follows:

- MCON P-008 - Modifications to existing space constraints identified 11 months after moving into current facility.

- MCON P-018 (Relocatable Trailers) - submitted as an interim solution to P-008 to support and consolidate Family Practice functions and residency program.

- MCON P-019T - Proposed construction of a freestanding facility for primary care services in support of BRAC III related growth in the Kitsap region.

- Combination of P-008 and P-019T is being considered to construct a 96,000 sqft freestanding facility to support our original expansion request (P-008) and projected BRAC migration growth (P-019T).

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

- Naval Hospital Bremerton is the principle Naval Medical Treatment Facility in the Pacific Northwest.

- Meet the health care needs of the fleet and all eligible beneficiaries.

- Provide graduate medical education for Family Practice Interns and Residents.

- Provide clinical and ancillary support to Branch Clinics and Fleet Units through out the Northwest and Alaska.

- Provide clinical specialty support to Branch Hospital, Adak on a quarterly basis, as well as, additional clinical and ancillary coverage is provided for periods of staff leave and TAD.

Projected Missions for FY 2001

- Unable to project with current information.

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

- Occupational Health and Industrial Hygiene services provided to ships and submarines homeported throughout the Northwest
- Family Practice Residency Graduate Medical Education Program
- Active participant in the Lead Agent concept through participation in the Puget Sound Federal Health Care Council
- Provide inpatient (level III) Alcohol Rehabilitation services to the Army, Air Force, and Navy via ASMRO designation
- Provide Optical Support (Lens Lab) throughout the Northwest to the Army, Air Force, and Navy

Projected Unique Missions for FY 2001

- Unable to project with current information.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

Operational name	UIC
Commander, Naval Base Seattle	00255

Funding Source	UIC
Bureau of Medicine and Surgery	00018

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~214~~ 176	~~469~~ 360	364
• Contracted			55.7**
• Tenants (total)			

~~*Includes billets assigned to DEPMED UIC 46854 and TRNG UIC 48456~~
~~+ Includes one billet currently assigned to NS Everett UIC 47430~~
** Does not include partnerships - Mental Health will expire 31 Jan 94, Dermatology will expire Feb 94, Physical Therapy not scheduled to end (1 physical therapist and 1 physical therapy technician)

Authorized Positions as of 30 September 1994**

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~212~~ 160	~~479~~ 321	373
DEPMED 46854	1 GSA	28 GSA	
• Tenants (total)			

~~* Includes billets assigned to DEPMED UIC 46854 and TRNG UIC 48456~~ GSA
~~+ Includes requested billet transfer from Seattle (UIC 65575) to Everett (UIC 47430)~~
** Based on current Manpower Authorization (AMD) for 1994

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			
R. A. MAYO, CAPT, MC, USN	(206) 478-9239	(206) 478-9476	(206) 405-1105
• Duty Officer	(206) 478-9232		
• W. R. WESSELS, LT, MSC, USN	(206) 478-9353	(206) 478-9355	(206) 691-7655
• M. K. KEATON, LT, MSC, USN	(206) 478-9646	(206) 478-9346	

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

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.)**
Naval Hospital	*Oak Harbor, WA*	*Pathology, Optometry, ENT/Audiology, Bio Medical Repair, Pediatric Sexual Assault Team, Industrial Hygiene/Occupational Health Services*
Branch Medical Clinic	*Everett, WA*	*Bio Medical Repair, Industrial Hygiene/Occupational Health Services*
Naval Medical Clinic	*Seattle, WA*	*Pathology, Optometry, ENT/Audiology, Bio Medical Repair, Pediatric Sexual Assault Team, Industrial Hygiene/Occupational Health Services*
Army, Air Force, Navy	*Pacific Northwest*	*Optical Support (Lens Lab)*
Naval Bases and Reserve Centers	*ID, MT, OR, WA, NV*	*Industrial Hygiene/Occupational Health Services*
Army, Air Force, Navy	*Naval Hospital Bremerton through ASMRO*	*Level III Alcohol Rehabilitation Treatment*

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**: Map 1 is the standard map presented in Naval Hospital Bremerton's command brief; it shows the geographical and transportation barriers as well as the distance between Naval Hospital Bremerton and other Puget Sound Facilities (civilian and military). A legend for Map 1 and an approximate time and distance chart are provided. Map 2 utilizes standard distance rings (5 - 15 miles) to show you the relationship between Naval Hospital Bremerton and other Puget Sound installations. Map 3 reflects the general location of Naval facilities in the Puget Sound Region. Map 4 is a general map of the Puget Sound Region utilizing the 5 - 25 mile distance rings. Map 5 is a general transportation map of the Puget Sound Region.

- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Map 1a is a complex map of Naval Hospital Bremerton. Map 2a is a site development constraints map of Naval Hospital Bremerton and the adjoining Jackson Park Housing. Included are 2 complex maps in the requested 36" x 42". All maps show the Naval Hospital Bremerton complex as it currently exists.

- **Aerial photo(s)**. Aerial shot provided is the only photo available; it does not include the north and east boundary, as well as, the Bachelor Enlisted Quarters, Bldg. 87 (Children's Waiting Room, Medical Repair, and Record Archiving), and Bldg 12 which houses Morale, Welfare, and Recreation.

- **Air Installations Compatible Use Zones (AICUZ) Map.** See map 2a.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. A. MAYO, CAPT, MC, USN
NAME (Please type or print)

RAMayo
Signature

Commanding Officer
Title

3 Feb 94
Date

Naval Hospital, Bremerton, WA
Activity

68095

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

NAME (Please type or print) _____ Signature X _____

Title _____ Date 10 FEB 1994

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR	
NAME (Please type or print)	Signature
ACTING	16 FEB 1994
Title	Date

NAVHOSP BREMERTON

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ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

20 APRIL 1994

BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Ativities

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ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy*.

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

S P E C I E S (plant or animal)	**Designation (Threatened/ Endangered)**	**Federal / State**	**Critical / Designated Habitat (Acres)**	**Important Habitat (acres)**
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
Gray Whale	En-dangered	Federal		
Norhtern Seal Lion	Threatened	Federal		
Bald Eagle	Threatened	Federal		

Source Citation: Naval Hospital Bremerton Natural Resources Management Plan 1992

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	YES/NO NO
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	YES/NO NO

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES/NO NO

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO NO

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES/NO YES
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO YES
When was the survey conducted or when will it be conducted? 1 / 21 / 94	
What percent of the base has been surveyed?	100
What is the total acreage of jurisdictional wetlands present on your base?	4

Source Citation: Naval Hospital Bremerton Natural Resources Management Plan 1992

2b.
If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.

N/A

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? xx NO _____ If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO YES

The Survey was conducted but no resources were found listed on the National Register of Historic Places.

3b.

	YES/NO
Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	YES/NO NO

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	YES/NO NO

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					**NO**
ID/Location of Landfill	**Permitted Capacity (CYD)**		**Maximum Capacity (CYD)**	**Contents[1]**	**Permit Status**
	TOTAL	**Remaining**			

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES
Facility/Type of Operation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**
MWR Recycling	NONE	250 pounds	800 pounds	N/A	Cardboard, paper, and aluminum cans.

List any permit violations and projects to correct deficiencies or improve the facility.

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					NO
ID/Location of WWTP	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**	**Level of Treatment/Year Built**

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

The base generates approx. 40,000 gallons/day of liquid waste. There are currently no dicharge limits.

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					NO
ID/Location of IWTP	**Type of Treatment**	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

N/A

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					NO
ID/Location of WTP	**Operating (GPD)**		**Method of Treatment**	**Maximum Capacity**	**Permit Status**
	Permitted Capacity	**Daily Rate**			

List permit violations and projects/actions to correct deficiencies or improve the facility.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

Potable water is supplied by the City of Bremerton. There are no limits on capacity.

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	NO

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	NO
If NO, why not and provide explanation of plan to achieve permitted status.	

EFA NW stated that we were exempt.

4l.

	YES/NO
Does your base have bilge water discharge problem?	NO
Do you have a bilge water treatment facility?	NO

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	NO

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. NONE

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. NO

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? _Puget Sound Air Pollution Control Authority_____
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? ____NO_____ . List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: Naval Hospital Bremerton _____ AQCA: ____

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO	X				
Ozone	X				
PM-10	X				
SO_2	X				
NO_2	X				
Pb	X				

1 Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

2 Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	1.99	15.5	N/A	-	17.4
NOx	7.97	0.32	N/A	-	8.3
VOC	0.16	0.47	N/A	-	0.63
PM10	0.17	-	N/A	-	0.17

Source Document: Calculated using EPA document AP-42

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	1.99	17.5	N/A	-	19.5
NOx	7.97	0.35	N/A	-	8.3
VOC	0.16	0.52	N/A	-	1.2
PM10	0.17	-	N/A	-	0.17

Source Document: Calculated using EPA document AP-42

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

Estimate increase in air emissions of 2 tons/year of NOx, 0.5 tons/year of SOx, 4 tons/year of CO, 0.2 tons/year of VOC, and 0.1 tons of PM10. Estimates are derived by increases of vehicles and expansion of physical plant.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

Yes, there are National Parks and Non-Attainment area between Tacoma and Seattle.

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.

NO

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?
NO

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Com-pleted ?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	YES	1	1	2	2	4	4
Hazardous Waste	YES	20	20	20	25	50	50
Safe Drinking Water Act	YES	20	50	-	-	-	-
PCBs	N/A						
Other (non-PCB) Toxic Substance Control Act	YES	-	-	-	-	-	-
Lead Based Paint	N/A						
Radon	YES	-	-	-	-	-	-
Clean Water Act	YES	30	30	-	-	-	-
Solid Waste	YES	79	79	79	90	180	180
Oil Pollution Act	YES	20	-	-	-	-	-
USTs	YES	20	-	-	-	-	-
Other							
Total		190	180	101	117	234	234

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos?_YES_____ What % of your base has been surveyed for asbestos?___100_____ Are additional surveys planned? ___NO_____ What is the estimated cost to remediate asbestos ($K) __50_____. Are asbestos survey costs based on encapsulation, removal or a combination of both?
Combination of removal and encapsulation.

6c. Provide detailed cost of operational (environmental) compliance costs, with funding source.

Funding Source	**FY92**	**FY93**	**FY94**	**FY95**	**FY96**	**FY97**	**FY98 -99**	**FY0 0- 01**
Other O&MN	-	-	-	-	-	-	-	-
HA	-	-	-	-	-	-	-	-
PA	0	0	40	19	?	?	?	?
Other (specify)	-	-	100 OPN	-	-	-	-	-
TOTAL	0	0	140	19	?	?	?	?

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

NO

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	NO
Is your base an NPL site or proposed NPL site?	NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

N/A

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.

NO

7d.

Is there a groundwater treatment system in place?	NO
Is there a groundwater treatment system planned?	NO

State scope and expected length of pump and treat operation.

7e.

Has a RCRA Facilities Assessment been performed for your base?	NO

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

Yes, hazardous waste is stored in HP02 (100 sq. ft.). The base is a small quantity generator. HP02 is very small.

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

NO

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	NO

7j. Have any base operations or development plans been restricted due to Installation Rrestoration considerations?

NO

7k. List any other hazordous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions, and permit conditions.
None.

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
Complex	48.0	NavHospBrem
Access/Util Corr. Easement	0.89	NavHospBrem

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		Approx. 36
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands:Approx. 4
		All Others:
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		Approx. 3
Total Undeveloped land considered to be without development constraints		Approx. 3
Total Off-base lands held for easements/lease for specific purposes		Approx. 1
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ	0
	Airfield Safety Criteria	0
	Other	0

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. None

8d. What is the date of your last AICUZ update? _____/_____/_____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

N/A

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use. N/A

Acreage/Location/ID	**Zones 2 or 3**	**Land Use**	**Compatible / Incompatible**

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement. N/A

Navigational Channels/ Berthing Areas	**Location / Description**	**Maintenance Dredging Requirement**			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

N/A

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.**

N/A

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion.

NONE

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	YES/NO N/A

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved.

NONE

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions?

NO

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations.

NO

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections.

NO

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

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

R. A. Mayo
NAME (Please type or print)

RAMayo
Signature

Commanding Officer
Title

6 June 94
Date

Naval Hospital Bremerton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-8-94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

P. W. DRONNON

NAME (Please type or print) Signature

ACTING 6/24/94

Title Date

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Hospital
Boone Rd
Bremerton, WA 98312

370

UIC: 68095

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~~ 1999		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	~~9516~~ 15794	~~0~~ 15869	50348	~~13240~~ 14192	~~0~~ 18690	64600
FAMILY OF AD	~~23019~~ 23903	~~974~~ 22685	94072	~~26681~~ 21486	~~1250~~ 26378	106637
SUBTOTAL	~~32535~~ 39697	~~974~~ 38554	144420	~~39921~~ 35,678	~~1250~~ 45068	171237
RETIRED AND FAMILY MEMBERS UNDER 65	~~15746~~ 17873	~~1123~~ 13686	148613	~~15335~~ 17,455	~~1172~~ 13355	147352
RETIRED AND FAMILY MEMBERS OVER 65[4]	~~3107~~ 4151	~~323~~ 3153	44280	~~3878~~ 5273	~~320~~ 4005	43904
OTHER	~~1228~~ 3100	~~86~~ 2409	13377	~~1553~~ 3343	~~107~~ 2605	16513
TOTAL	~~52616~~ 64,821	~~2006~~ 57,802	350690	~~60687~~ 61749	~~2849~~ 65,833	379006

N/A 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-82.2
MSA, 7 Jun 99

1

RAPS POPULATION PROJECTION REPORT — MAY 15, 1994
FY99 BASED UPON FY93 BASELINE — 16:28:27
V 6.01 03/30/94 MIXED REDEFINED & RETAINED CATCHMENTS BRAC III.03 03/15/94
0 NH BREMERTON
(SEATTLE/TACOMA SERVICE AREA)

0 POPULATION BY AGE/SEX

AGE/SEX	1 ACTIVE DUTY	2 DEPS OF ACT DTY	3 MED ELG NG/RES	4 DEPS OF NG/RES	5 RETIRED	6 DEPS OF RETIRED	7 SURVIVR	8 TOTAL
00-04/M	--	3182	--	26	--	83	30	3321
05-14/M	--	4180	--	69	--	899	50	5198
15-17/M	--	604	--	16	--	563	17	1200
18-24/M	4741	375	30	8	9	740	41	5944
25-34/M	5433	91	49	3	48	10	36	5670
35-44/M	2229	59	49	2	947	14	17	3317
45-64/M	260	31	6	0	4038	15	1	4351
65+ /M	--	10	--	1	2325	15	0	2351
00-04/F	--	3027	--	24	--	85	19	3155
05-14/F	--	3996	--	53	--	829	48	4926
15-17/F	--	614	--	13	--	533	16	1176
18-24/F	189	3094	11	18	1	726	48	4087
25-34/F	223	4655	11	48	3	184	37	5161
35-44/F	114	2222	9	37	40	1264	50	3736
45-64/F	9	416	0	7	56	3659	244	4391
65+ /F	--	41	--	0	42	1459	818	2360
0 TOTAL	13198	26597	165	325	7509	11078	1472	60344
				324	5142	9,604		
				1	2,367	1,474		

>65 15,235
<65 3,842

7.9 ↑

Inc/Dec	0.002	.13 0.002	+ 0.05 —	+ 0.07 —	.03 0.01	.005 0.003	0.17 0.03	0.003
2000	13,219	26,639	165	325	7,552	11,113	1,512	60,525
2001	13,240	26,681	165	325	7,595	11,148	1,553	60,707
			165	324	<65 5,201	9,665		
				1	>65 2,394	1,483		

R

68095

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]:	109
Set Up Beds[1]:	28
Expanded Bed Capacity[2]:	139 R 9/7/94 VR BUMED 824 9/28/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

4 R(9/7/94) VR BUMED 824 9/28/94

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]:	~~96~~ 109
Set Up Beds[1]:	~~137~~ 28
Expanded Bed Capacity[2]:	~~209~~ 169

BUMED-822
MSS, 7 Jun 94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55068	129971	60542	245581
ADMISSIONS	1594	2739	1458	5791
LABORATORY TESTS (WEIGHTED)[1]	891100	2104429	982597	3978126
RADIOLOGY PROCEDURES (WEIGHTED)[1]	60080	141886	66249	268215
PHARMACY UNITS (WEIGHTED)[1]	109522	258647	120766	488935
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

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	55068	129971	60542	245581
ADMISSIONS	1594	2739	1458	5791
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RADIOLOGY PROCEDURES (WEIGHTED)[1]	60080	141886	66249	268215
PHARMACY UNITS (WEIGHTED)[1]	109522	258647	120766	488935
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

Previous table reflects our maximum capacity. Our major constraint to increasing visits to this facility is space as reflected in previous BRAC submissions.

[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	55068	192115	89786	336969
ADMISSIONS	1594	3908	2088	7590
LABORATORY TESTS (WEIGHTED)[1]	891100	2777846	1306854	4975800
RADIOLOGY PROCEDURES (WEIGHTED)[1]	60080	187289	88111	335480
PHARMACY UNITS (WEIGHTED)[1]	109522	341414	160619	611555
OTHER (SPECIFY)	N/A			

BUMED-822 MJ 7Jun94

* 1993 CHAMPUS admissions and visits added to family of active duty and retired visits on a percentage basis of total visits and admissions shown on table 3 for this category.
* Active duty category not changed by CHAMPUS information.
* Tests, procedures, and pharmacy units increased by percentage of population increase between table 3 and 3b.
* 1993 CHAMPUS data attached.

[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.

FY 93
USN HOSP BREMERTON

	Total Benefit Cost	Admin Cost	FY 90 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS
OCT 92	$807,794	$32,244	$840,038	104	5,131
NOV 92	$903,861	$37,357	$941,218	190	6,393
DEC 92	$809,874	$30,995	$840,869	161	5,619
JAN 93	$720,547	$26,900	$747,547	158	5,560
FEB 93	$902,363	$33,070	$935,433	299	7,472
MAR 93	$790,422	$31,798	$822,220	141	6,782
APR 93	$1,070,870	$42,848	$1,122,718	154	8,687
MAY 93	$764,346	$28,400	$792,746	123	7,307
JUN 93	$872,203	$32,310	$904,513	118	7,086
JUL 93	$840,677	$22,863	$863,540	120	6,828
AUG 93	$828,508	$30,101	$858,609	131	8,043
SEP 93	$563,466	$19,984	$583,450	99	8,482
TOTAL	$9,683,861	$368,850	$10,052,701	1,799	81,388

FY 93
USN HOSP OAK HARBOR

	Total Benefit Cost	Admin Cost	FY 91 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS
OCT 92	$528,626	$21,109	$549,735	65	3,880
NOV 92	$566,043	$23,395	$589,438	94	4,681
DEC 92	$716,270	$28,864	$744,134	95	5,152
JAN 93	$510,244	$16,972	$527,216	72	3,168
FEB 93	$569,421	$20,868	$590,289	99	3,668
MAR 93	$590,563	$23,758	$614,321	76	4,526
APR 93	$754,933	$29,955	$784,888	69	4,865
MAY 93	$520,157	$19,325	$539,482	53	4,137
JUN 93	$562,995	$20,655	$583,650	53	4,473
JUL 93	$508,732	$18,155	$526,887	58	3,687
AUG 93	$530,212	$22,897	$553,109	60	4,119
SEP 93	$443,236	$15,704	$458,940	54	3,367
TOTAL	$6,900,432	$261,857	$7,162,289	874	49,459

FY 93
USAF HOSPITAL, FAIRCHILD

	Total Benefit Cost	Admin Cost	FY 92 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS
OCT 92	$543,742	$21,739	$565,481	68	5,808
NOV 92	$568,117	$27,587	$595,704	93	6,091
DEC 92	$490,783	$20,128	$510,911	67	3,464
JAN 93	$807,833	$33,401	$841,234	70	4,021
FEB 93	$496,897	$18,181	$515,078	117	4,096
MAR 93	$535,323	$21,539	$556,862	76	4,552
APR 93	$561,069	$22,147	$583,216	96	5,523
MAY 93	$515,248	$19,029	$534,277	85	4,372
JUN 93	$559,807	$21,928	$581,735	68	4,857
JUL 93	$570,205	$20,767	$590,972	85	4,042
AUG 93	$549,283	$19,885	$569,168	143	4,374
SEP 93	$419,957	$14,998	$434,955	398	4,499
TOTAL	$6,618,204	$261,329	$6,879,533	1,365	54,497

FY 93
MAMC, FT LEWIS

	Total Benefit Cost	Admin Cost	FY 93 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS
OCT 92	$1,130,849	$44,648	$1,175,297	76	14,830
NOV 92	$1,341,761	$52,657	$1,394,418	121	17,213
DEC 92	$903,897	$25,562	$929,459	104	11,037
JAN 93	$944,019	$38,300	$982,319	99	12,599
FEB 93	$944,567	$38,314	$980,881	127	13,540
MAR 93	$1,012,813	$40,033	$1,052,846	126	14,881
APR 93	$1,174,123	$49,033	$1,223,156	130	14,553
MAY 93	$1,130,758	$44,188	$1,174,946	148	12,311
JUN 93	$1,087,365	$42,845	$1,130,210	103	11,867
JUL 93	$862,596	$33,759	$896,355	108	11,013
AUG 93	$880,150	$32,085	$912,235	93	12,045
SEP 93	$1,146,053	$43,869	$1,189,922	89	11,037
TOTAL	$12,258,753	$483,294	$12,742,047	1,324	158,839

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]	~~29.3~~ 25	~~29.3~~ 25	* 25	* 25	* 25	* 25	* 25	* 25
SPECIALTY CARE[2]	~~23~~ 25	~~23~~ 25	* 25	* 25	* 25	* 25	* 25	* 25
PHYSICIAN EXTENDERS[3]	~~20.7~~ 3	~~17.7~~ 3	* 3	* 3	* 3	* 3	* 3	* 3
INDEPENDENT DUTY CORPSMEN	~~12~~ 6	~~12~~ 6	* 6	* 6	* 6	* 6	* 6	* 6
TOTAL	~~81.3~~ 59	~~79.7~~ 59	* 59	* 59	* 59	* 59	* 59	* 59

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

Note: Does not include Family Practice Residency billets.
* Unable to provide or project based on information currently available. Current manning documents do not reflect any increases.

Additional Requirements validated by the Efficiency review: Primary Care - 7
Specialty - 8
Phys Ext - 0
IDC - 0

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]	184
SPECIALTY CARE[2]	284
PHYSICIAN EXTENDER[3]	82
TOTAL	550

[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: 231,755*

* Our catchment area is divided by geographical barriers and include - The Puget Sound to the east, Tacoma Narrows to the south, and the Hood Canal to the west. Population figures listed above do not include those zip codes seperated from Naval Hospital bremertyon by those barriers.

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]
Harrison Memorial Hospital	Kitsap County Hospital Foundation	6 miles	15 mins	None
Mason General Hospital	Public Hospital Dist #1, Mason County, WA	45 miles	90 mins	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]
Harrison Memorial Hospital	298	Yes	58.9%	None*
Mason General Hospital	68	Yes	30.8%	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.

* Harrison is utilized for specialty care such as OB, Cardiac, and ICU services, however, routinely these services are at maximum occuapancy.

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
NOT APPLICABLE								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
NOT APPLICABLE			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[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.

68095

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

R. A. MAYO
NAME (Please type or print)

R A Mayo
Signature

Commanding Officer
Title

26 May 94
Date

Naval Hospital Bremerton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-8-94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. Greene, Jr. NAME (Please type or print) J B Greene Jr Signature

Acting Title 10 JUN 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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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

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

9/7/94
Date

Naval Hospital Bremerton Wa
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 9-29-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 13 OCT 1994

370

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital, Bremerton, WA 98312-1898
ACTIVITY UIC: 68095

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.

Naval Hospital Bremerton is the principle Naval Medical treatment facility in the Pacific Northwest. Geographically isolated on the Kitsap Peninsula, our mission, is to meet the Healthcare Service needs of the fleet and all beneficiary in our areas of responsibility and to provide graduate medical education for Family Practice Interns and Residents.

In addition, we provide Medical, Fiscal, Material Management, Biomedical Repair Services, Manpower Management support to Branch Clinics located throughout the Puget Sound, Alaska, and Idaho, as well as Naval Hospital Oak Harbor, and the Coast Guard, and Industrial Hygiene and Preventive Medicine Services to the previously mentioned and to include Montana, Orgeon, and North Dekota.

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).

Puget Sound Naval Shipyard, Bremerton, WA

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)*
USS NIMITZ	03368	BREMERTON, WA	3054
USS SACRAMENTO	05832	BREMERTON, WA	600
USS CAMDEN	05833	BREMERTON, WA	600
USS CALIFORNIA	20541	BREMERTON, WA	600
USS ROANOKE	20248	BREMERTON, WA	600
USS TRUXTUN	52712	BREMERTON, WA	570
PSNS, NAV STA	00251	BREMERTON, WA	716
NAVAL DENTAL CENTER	68443	BREMERTON, WA	39
PSA/PSD	43173	BREMERTON, WA	62
FLEET INDUSTRIAL SUPPLY CENTER	00406	BREMERTON, WA	25
SIMA	68856	BREMERTON, WA	80
NAV RESALE	66292	BREMERTON, WA	18
NAVRESMAINT	68707	BREMERTON, WA	87
PMO PAC	00441	BREMERTON, WA	15
NTCC	68443	BREMERTON, WA	16
FLT IMAGING	45002	BREMERTON, WA	3
NLSO	35969	BREMERTON, WA	63

* Approximate

Submarine Base Bangor, Silverdale, WA

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)*
SUBGROUP 9	53885	SILVERDALE, WA	114
SUBRON 17	53886	SILVERDALE, WA	42
TRIDENT TRNG FAC	68437	SILVERDALE, WA	502
TRIDENT REFIT FAC	68438	SILVERDALE, WA	748
SWPAC	63402	SILVERDALE, WA	119
SUBASE	68436	SILVERDALE, WA	164
DEN CEN	45021	SILVERDALE, WA	21
PSD	43150	SILVERDALE, WA	65
NAVCOMSTA	68660	SILVERDALE, WA	132
CBU 418	68571	SILVERDALE, WA	60
EOD	42969	SILVERDALE, WA	7
USS H.M. JACKSON	21040	SILVERDALE, WA	350**
USS ALABAMA	21042	SILVERDALE, WA	350**
USS NEVADA	21043	SILVERDALE, WA	350**
USS GEORGIA	21039	SILVERDALE, WA	350**
USS FLORIDA	21038	SILVERDALE, WA	350**
USS MICHIGAN	21037	SILVERDALE, WA	350**
USS OHIO	21036	SILVERDALE, WA	350**
USS ARCHERFISH	21041	SILVERDALE, WA	350**
MC SEC FORCE	67403	SILVERDALE, WA	410+

* Approximate
** 175 x 2 (Blue/Gold)
\+ Reflects T/O increase of 33 in FY94

Other Supported Activities

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)*
NUWC KEYPORT	00253	KEYPORT, WA	400
NAVAL ORDNANCE CENTER, PAC DIV DET	46144	PORT HADLOCK, WA	45
USS WICHITA	05849	SEATTLE, WA	
USS PLEDGE	08150	SEATTLE, WA	62
USS CONQUEST	08146	SEATTLE, WA	62

* Approximate

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	1492	47368	4.1	16.8
ACTIVE DUTY NON N/MC	50	1272	10.3	1.4
TOTAL ACTIVE DUTY	1542	48640		18.2
FAMILY OF AD	2793	130900	2.2	16.8
RETIRED AND FAMILY MEMBERS UNDER 65	741	34992	3.7	8.5 **(R 9/29/94)**
RETIRED AND FAMILY MEMBERS OVER 65	672	29808	3.0	5.4 **(R 9/24/94)**
OTHER	26	1362	2.8	.2
TOTAL	5774	245702		49.1

What is your occupancy rate for FY 1994 to date? 45.0

Revised pg

3. **Workload.** Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	1492	47368	4.1	16.8
ACTIVE DUTY NON N/MC	50	1272	10.3	1.4
TOTAL ACTIVE DUTY	1542	48640		18.2
FAMILY OF AD	2793	130900	2.2	16.8
RETIRED AND FAMILY MEMBERS UNDER 65	1413	64800	3.6	13.9
RETIRED AND FAMILY MEMBERS OVER 65	0	0	N/A	N/A
OTHER	26	1362	2.8	.2
TOTAL	5774	245702		49.1

What is your occupancy rate for FY 1994 to date? 45.0

BUMED-822
MRS, 14 Jun 94

4. **Projected Workload.** Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	253073	260665	268485	276539	284835	293380	302181
ADMISS.	5947	6125	6309	6498	6693	6894	7101

Please show all assumptions and calculations in the space below:

We utilized a stright 3% increase for each fiscal year, however, due to our space constraints, we will be unable to increase our visits above FY93 levels unless modifications are made to our existing facility.

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+
Operational TAD Support*	459 Man Days	1
USMC Field Training	10 days	1
Rifle Range Support	10 days	1
PRT Ambulance	1 day	2
Physical Fitness	90 Hrs++	1

+ On the average
++ As reported through MEPERS
* Presently have 16 members of this command participating in Operation Provide Promise.

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
Puget Sound Family Medicine Residency	15	17	18	20	22	24	24	24

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]
Puget Sound Family Medicine Residency	N	100	Provisional accreditation; expect answer in Jun 94

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. **Facilities Description.** Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-10	Hospital	252,700	14	A
219-10	Public Works Shop	1,800	3	A
721-12	BEQ	9,000	2	A
721-11	BEQ	22,356	14	A
740-78	Recreation Pavilion	1,548	11	A
740-43	Recreation Building	2,552	5	A
740-84	Handball Court	934	5	A
510-77	Medical Repair/Child Care	5,524	55	I
441-10	Med Warehouse/Admin	5,524	57	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 for BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C2-85	Recreation Bldg & Handball Court	89	182,379
C2-82	Public Works Shop	91	183,832
P-016	BEQ	92	1162000

7c. **Planned Capital Improvements.** List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-018	Family Practice Residency Relocatable Buildings	94	525000
C4-94	Recreation Building Expansion	95	65000
C1-94	Construct Warehouse	95	130000
P-008	Hospital Addition	96	22000000
C3-90	Indoor Playing Court Addition	97	107000
P-011	Recreation Building	99	2148000
P-012	Indoor Swimming Pool	99	1666000

7d. **Planned Capital Improvements.** List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-019T	BRAC - Hospital Addition	96	9300000

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 0126
1. FACILITY NAME Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 510-10		4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 252,700		B. NORMAL BEDS 137		C.DTRS
6. LOCATION	A. CITY 0180			B.STATE 53	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				

(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME Public Works Shop, Naval Hospital Bremerton				
2. UIC N68095	3. CATEGORY CODE 219-10	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 1800	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Bachelor Enlisted Quarters, Naval Hospital Bremerton				
2. UIC N68095	3. CATEGORY CODE 721-12	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 9000	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Bachelor Enlisted Quarters, Naval Hospital Bremerton				
2. UIC N68095	3. CATEGORY CODE 721-11	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 22,356	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Recreation Pavilion, Naval Hospital Bremerton				
2. UIC N68095	3. CATEGORY CODE 740-78	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 1548	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Recreation Building, Naval Hospital Bremerton				
2. UIC N68095	3. CATEGORY CODE 740-43	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 2552	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Handball Court, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 740-84		4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 934		B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180			B.STATE 53	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Medical Repair/Child Waiting Room, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 510-77		4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 5524		B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180			B.STATE 53	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 0126
1. FACILITY NAME: Medical Warehouse/Administration, Naval Hospital Bremerton				
2. UIC N68095	3. CATEGORY CODE 441-10	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 5524	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY 0180		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A*				
(7)LABORATORIES	N/A				
(8) LOGISTICS	100*				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

This building also contains refrigerated/freezer space for food services; while considered adequate, it proves to be inconvenient because of its separation from the main building.

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard 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 28, 1991
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 4 (Record as 1,2,3,4,or 5)

Overall score for the hospital: 84

Safety Management: 3
Life Safety Management: 2
Equipment Management: 1
Utility Management: 1

Next survey scheduled for Fall 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?

Naval Hospital Bremerton is geographically isolated on the Kitsap Peninsula and is centrally located between our two major customers, the Puget Sound Naval Shipyard and Submarine Base Bangor. We are the only U.S. Military Treatment Facility within the Kitsap Peninsula Region excluding Branch Clinics supported by us. Under ideal conditions, the closest major MTF to Naval Hospital Bremerton is Madigan Army Hospital, FT Lewis, WA, which is approximately 50 minutes, 42 miles, by car. The closest civilian facility, Harrison Memorial Hospital, is usually at or near capacity in the areas we would routinely transfer (i.e. cardiology, ICU, difficult deliveries), is approximately 15 minutes, 8 miles, by car. The Seattle/Bremerton Ferry is appoximately 5 miles fron this facility.

While the overall distances to Seattle or Tacoma are short; travel constraints, weather, traffic, or natural barriers either make actual travel times overly excessive or expensive to this facility and/or our patients.

b. What are the nearest air, rail, sea and ground transportation nodes?

* Seattle Tacoma International Airport - approximately 50 miles from the hospital - major airline service.
* Bremerton National Airport - limited commercial activity.
* McCord Air Force Base - south of Tacoma - provides MAC passenger and MEDEVAC services.
* AMTRAC rail services available in Seattle and Tacoma.
* Ferry service to Seattle is approximately 7 miles from this facility in Bremerton and is operated by Washington State.
* Public buses run between virtually all areas of Bremerton with connecting routes to the hospital.
* PSNS operates a shuttle service between the shipyard and the hospital during normal working hours.

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
Bremerton National Airport

d. What is the importance of your location given your mobilization requirements?

Not applicable because we do not mobilize to any local activities such as amphibious task force shipping, however, movement of personnel to staging areas is easily supported by both commercial and military airfields.

e. On the average, how long does it take your current clients/customers to reach your facility?

From 15 minutes to 4 hours, however, better than 50% of our population base can reach our activity within 30 minutes. However, the average commute to the hospital from the "bedroom" communities and majority of housing is less than 30 minutes, and the average hunt for parking is approximately 15 minutes.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

No, the greater Puget Sound has been experiencing a extended period of growth. In 1990, Bremerton was named the number one place to live by **MONEY** Magazine (August 1990). With the lower cost of living, as compared to other regions of the United States, affordable housing, rural atmosphere, and availability of cross sound ferries between Seattle and Bremerton make Kitsap County an attractive living area, however, there are difficulties in obtaining high grade waivers for civilian medical positions.

FEATURES AND CAPABILITIES

10. **Capabilities.** What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

- Loss of Occupational Health and Industrial Hygiene services provided to ships and submarines homeported in the Puget Sound Region, Alaska, Montana, Oregon, and Idaho.
- Loss of Family Practice Residency Graduate Medical Education Program.
- Loss of inpatient (level III) Alcohol Rehabilitation services to the Army, Air Force, and Navy.
- Loss of Optical Support (Lens Lab) throughout the Northwest to the Army, Air Force, and Navy.

As the principle Naval inpatient facility in the Pacific Northwest, Navy and Marine Corps personnel and their dependents stationed/homeported at PSNS, NSB, and NUWC would be required to travel 40+ miles to Madigan Army Medical Center. A significant geographical boundary exists in that access to Seattle and Tacoma, via State Highway 16, requires crossing the Tacoma narrows bridge. The bridge is subject to closure/impaired trafficability due to high winds, ice, or motor vehicle accidents.

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 Harrison Memorial Hospital is a community hospital that operates continuously at or near capacity in the specialty care areas such as cardiology. Plans are being developed by Harrison to expand their outpatient operations, but they are not expected to begin construction until 1997. The influx of our beneficiaries into the local medical community would have a severe impact on how primary care service is provided.

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, as stated previously, they have the capacity to handle the local population, and have proposed expanding their primary care service centers to support local population growth. Plans for growth and expansion are predomintely based upon information supplied to them by the Kitsap Planning Agency.

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:

They would be able to absorb our inpatient workload to some degree based upon the reported occuapancy rate of 58.9%, but would difficulties within the specialty care areas as experienced in the past.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS TRIPOLI (LPH-10)	07198	02
USS ESSEX (LHD-2)	21533	01
3D MARINE AIR WING	31053	04
3D MARINE AIR WING DETACHMENT, YUMA	31055	01
USNS MERCY (TAH-19)	46245	123
7TH MARINE EXPEDITIONARY BRIGADE	55356	02
1ST MARINE AIR WING	57079	01
3D MARINE AIR WING	57081	14
U.S. NAVDENCEN GUAM	62328	06
3D MARINE DIVISION	67360	01
3D FORCE SERVICE SUPPORT GROUP	67436	09
1ST FORCE SERVICE SUPPORT GROUP	67446	18
1ST MARINE DIVISION	67448	43
1ST MARINE DIVISION ADVANCE ELEMENT	MPS1D	02
1ST FORCE SERVICE SUPPORT GROUP ADVANCE ELEMENT	MPS1F	38
1ST MARINE AIR WING ADVANCE ELEMENT	MPS3W	01

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3D MARINE AIR WING ADVANCE ELEMENT	MPS3W	01
3D MARINE DIVISION ADVANCE ELEMENT	MPS3D	07
3RD MARINE AIR WING ADVANCE ELEMENT	MPS1W	01
U.S. NAVAL HOSPITAL GUAM	68096	16
NAVAL MEDICAL CLINIC PEARL HARBOR	68098	15
U.S. NAVAL HOSPITAL YOKOSUKA	68292	20
U.S. NAVAL HOSPITAL OKINAWA	68470	54
FLEET HOSPITAL #1	68681	20
FLEET HOSPITAL #2	68682	25
FLEET HOSPITAL #6	68686	38

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.

Training and assignments does not significantly decrease our ability to preform current duties anymore than leave, TAD, or professional GME.

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]: 139 R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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3D MARINE AIR WING ADVANCE ELEMENT	MPS3W	01
3D MARINE DIVISION ADVANCE ELEMENT	MPS3D	07
3RD MARINE AIR WING ADVANCE ELEMENT	MPS1W	01
U.S. NAVAL HOSPITAL GUAM	68096	16
NAVAL MEDICAL CLINIC PEARL HARBOR	68098	15
U.S. NAVAL HOSPITAL YOKOSUKA	68292	20
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Number of "stubbed" expanded beds[1]: 209

[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	726	760	353
OUTPATIENT	818	898	384

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	339	227.4	304	323	117	129.49
AD FAMILY	153	102.7	78	82.8	22	24.34
OTHER	143	95.9	68	72.4	11	12.17
TOTAL	635	426.0	450	478.2	150	166.0

[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	22813673	23410325	22000000
TOTAL OUTPATIENT VISITS	226363	243114	225000
AVERAGE COST PER VISIT	100.78	96.29	97.78

+ Projection based on historical information.

14a. **Costs.** Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994*
A. TOTAL MEPRS-A EXPENSE (All Accounts)	16,173,842	18,275,330	4,197,261

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994*
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	91,877	360
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,050,516	3,797,549	185,940
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,050,516	3,889,426	186,300
E. TOTAL E EXPENSE (ALL ACCOUNTS)	17,514,998	26,209,435	3,595,982
F. % SELECTED E EXPENSES (D/E)[1]	.059978	.148398	.051808

* 1st Quarter
[1] Record as a decimal

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994*
G. TOTAL E EXPENSES INCLUDED IN MEPERS A	3,925,125	3,735,027	940,345
H. E EXPENSES TO REMOVE FROM MEPERS A (FxG)	235,421	554,270	48,717
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	348,099	416,177	97,078
M. DECEDENT AFFAIRS (FDD)	14,868	2,164	234
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	362,967	418,341	97,312
Q. E EXPENSES INCLUDED IN ROW P	16,977	13,590	3,311
R. E EXPENSES TO REMOVE FROM ROW P (FxQ)	1,018	2,016	172
S. OTHER F'S LESS E (P-R)	361,949	416,325	97,140

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994*
T. INPATIENT WORK UNIT (IWU)	5163	5470	1263
U. TOTAL WORK UNITS (MWU)[2]	15154	14320	3443
V. PERCENT INPATIENT (IWU/AWU)	.34	.38	.37
W. FINAL OTHER F EXPENSES (SxV)	123063	158204	35942
X. FINAL F EXPENSES (K+W)	123063	158204	35942
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	15,815,358	17,562,856	4,112,602
Z. NUMBER OF BIOMETRICS DISPOSITIONS	5861	5806	1433
AA. TOTAL MEPERS DISPOSITIONS	5861	5806	1433
BB. ADJUSTED DISPOSITIONS (Z/AA)	1	1	1
CC. ADJUSTED MEPERS EXPENSES (YxBB)	15,815,358	17,562,856	4,112,602
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	4460.18	4098.19	2344.12
EE. COST PER RWP (CC/DD)	3545.90	4285.51	1754.43

FF. TOTAL CATEGORY II RWPs[3]	8.5299	6.6475	1.3067
GG. TOTAL CATEGORY II COST (EExFF)	30246.17	28487.93	2292.51
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	15,785,112	17,534,368	4,110,339
II. TOTAL CATEGORY III RWPs (DD-FF)	4451.65	4091.54	2342.81
JJ. COST PER CATEGORY III RWP (HH/II)	3545.90	4285.52	1754.45

[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 Diagnsis Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS)

Table E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)	23240	20239	4282
LL. CATEGORY II (AS DEFINED IN FF) OBDs	35	35	6
MM. CATEGORY III OBDs (KK/LL)	23205	20205	4276
NN. AVERAGE DAYS/RWP (MM/II)	5.2	4.9	1.8
OO. ADD ON PER RWP (NNx77)	400.4	377.3	138.6
PP. TOTAL COST PER RWP (JJ+OO)	3946.30	4662.82	1893.05
QQ. CIVILIAN PAY COST (PPx15)	591.95	699.42	283.96
RR. MILITARY PAY COST (PPx.56)	2209.93	2611.18	1060.11
SS. OTHER COSTS (PPx.29)	1142.43	1352.22	548.98
TT. CIVILAIN PAY RAISES (RRx1.037x1.0297)	632.08	746.84	303.21
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2329.51	2752.47	1117.47
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)	725.00	856.63	347.78
WW. CIVILIAN ASSET USE CHARGE (UUx1.04)	754.00	890.90	361.69
XX. MILITARY ASSET USE CHARGE (UUx1.04)	2422.69	2862.57	1162.17
YY. OTHER ASSET USE CHARGE (SSx1.04)	1188.13	1406.30	570.94
ZZ. OTHER COST DEFLATOR FACTOR (YYx1.083)	1286.74	1523.02	618.33
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	4463.43	5276.49	2142.19

15. **Quality of Life.**

a. **Military Housing controlled by Puget Sound Naval Shipyard, Bremerton, WA**

NOTE: INFORMATION NOT PROVIDED AT THIS TIME; WILL PROVIDE UNDER SEPERATE COVER AS IT BECOMES AVAILABLE.

(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?

NOTE: INFORMATION NOT PROVIDED AT THIS TIME; WILL PROVIDE UNDER SEPERATE COVER AS IT BECOMES AVAILABLE.

(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 4 May 1994.

NOTE: INFORMATION NOT PROVIDED AT THIS TIME; WILL PROVIDE UNDER SEPERATE COVER AS IT BECOMES AVAILABLE.

(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?

a. **Military Housing controlled by Submarine Base Bangor, Silverdale, WA**

(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+	36	36	0	0
Officer	3	44	44	0	0
Officer	1 or 2	36	36	0	0
Enlisted	4+	73	73	0	0
Enlisted	3	260	260	0	0
Enlisted	1 or 2	416	416	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
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?

* Includes all housing managed by Subase Bangor, on the Subase, Kingston, Bainbridge Island, Keyport, and Port Hadlock; does not include units managed by PSNS Bremerton. Information provided by Housing Office, Subase Bangor.

(d) Complete the following table for the military housing waiting list+.

Pay Grade	Number of Bedrooms	Number on List[2]	Average Wait
O-6/7/8/9	1	0	
	2	0	
	3	0	
	4+	1	1-12 mos
O-4/5	1	0	
	2	0	
	3	8	3 mos
	4+	4	3 mos
O-1/2/3/CWO	1	0	
	2	35	3-6 mos
	3	9	6 mos
	4+	1	6 mos
E7-E9*	1	*	*
	2	*	*
	3	*	*
	4+	*	*
E1-E6*	1	0	
	2	917	24 mos
	3	245	16 mos
	4+	74	18-24 mos

* Enlisted personnel are on a combined list.
\+ Numbers reflect Subase Bangor waiting lists. Information provided by Hosuing Office, Subase Bangor

[2]As of 4 May 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	Shortage of community housing which is affordable to junior enlisted personnel.
2	Desire to be close to work site.
3	High quality of housing and neighborhoods.
4	Support of other Navy Families.
5	Security for the family.

(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)?

100% of units

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	99.58%
Substandard	N/A
Inadequate	N/A

(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.

* Information provided by Housing Office, Subase Bangor.

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	88.92%
Substandard	N/A
Inadequate	N/A

(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?

The construction/opening of 36 new BEQ spaces has kept utilization rate at 88/89% thru this fiscal year.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\textbf{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

$$\textbf{AOB} = \frac{(2 \times 180)}{365} = .99$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	2	100%	On board FY94
Spouse Employment (non-military)	0	0	
Other	0	0	
TOTAL	2	100	

Note: Total GB's for FY93 was 6.

(e) How many geographic bachelors do not live on base?

Information not available.

(3) BOQ LOCATED AT PUGET SOUND NAVAL SHIPYARD, BREMERTON, WA*:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	82%
Substandard	N/A
Inadequate	N/A

(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?

Utilization varies due to ship's deployments.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

$$= \frac{1 \times 365}{365} = 1$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	0	0	
Spouse Employment (non-military)	0	0	
Other	1	100	
TOTAL	1	100	

(e) How many geographic bachelors do not live on base?

Information unavailable

* Information provided by PSNS BOQ

(3) BOQ located at SUBMARINE BASE BANGOR, SILVERDALE, WA*:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	95
Substandard	N/A
Inadequate	N/A

(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.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

$$= \frac{7 \times 180}{365} = 3.45$$

(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.)	3	43%	
Spouse Employment (non-military)	2	28.5%	
Other	2	28.5%	Divorced
TOTAL	7	100	

(e) How many geographic bachelors do not live on base?

Data unavailable.

* Information provided by Subase Bangor

b. For on-base MWR facilities[3] 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.

Naval Hospital, Bremerton, 10 Miles
Submarine Base, Bangor, 5 Miles
Puget Sound Naval Shipyard, Bremerton

LOCATION **NUWC Division, Keyport, WA** **DISTANCE** **14 Miles**

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	3 NUWC 8 NSB 13 PSNS	Y N Y
	Outdoor Bays	3 NSB	N
Arts/Crafts	SF	1,200 NSB	N
Wood Hobby	SF	820 NUWC	Y
Bowling	Lanes	16 NSB 18 PSNS	Y Y
Enlisted Club	SF	4,916 NSB	Y
Officer's Club	SF	2,216 NSB	Y
Library+	SF	7,296 NUWC 10,045 NSB	N/A N/A
Library	Books	9,600 NUWC 20,000+ NSB	N/A N/A
Theater	Seats	495 NSB	Y
ITT	SF	900 NSB	Y
Museum/Memorial	SF	52,524 NUWC	N/A
Pool (indoor)	Lanes	10 NSB	N
Pool (outdoor)	Lanes	N/A	N/A
Beach	LF	1,000 NSB	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	3 NUWC 8 NSB 7 PSNS 2 NHB*	N/A N/A N/A N/A

[3]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	2 NUWC 1 PSNS 1 NHB*	N/A N/A N/A
Basketball CT (outdoor)	Each	1 NUWC 1 NSB[1] 1 PSNS 1 NHB*	N/A N/A N/A N/A
Racquetball CT	Each	1 NUWC 7 NSB 2 PSNS 1 NHB	Y N Y N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	8,174 NUWC 10,400 NSB[2]	Y N
Fitness Center	SF	800 NUWC 4,400 NSB 800 PSNS 1377 NHB	Y N Y N/A
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	1 NUWC 5 NSB 3 PSNS 1 NHB	Y N Y N/A
Football Fld	Each	1 NUWC 1 NSB 1 PSNS	N N N
Soccer Fld	Each	1 NUWC 1 NSB 1 PSNS	N N N
Youth Center	SF	4,220 NUWC 3,500 NSB	N/A N[3]

+ Naval Hospital Bremerton has a medical library only

[1] Outdoor court is covered with vinyl dome structure

[2] Includes (2) different facilities

[3] Does not include before and after school care facility

* Volleyball CT, Basketball CT, and Tennis CT are combined

c. Is your library part of a regional interlibrary loan program?

Not applicable to Naval Hospital Bremerton.

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.*

Facility located at Puget Sound Naval Shipyard

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	4	8008+			77	365
6-12 Mos	4				0-12 Months	365
12-24 Mos	10				73	365
24-36 Mos	28				42	365
3-5 Yrs	88				97	365

* Navy Marine Corps Relief Society operates a drop-off facility for up to ten children, supporting parents who have appointments, at Naval Hospital Bremerton.
+ Consists of 2 facilities managed by Family Services Center, PSNS, Bremerton. Information provided relfectws total space allocated for child care.

(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 child care
- Civilian child care centers
- State certified home care

(4). How many "certified home care providers" are registered at your base?

28
19 providers in process

(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).

See information provided on facility located at Submarine Base Bangor.

Facility located at Naval Submarine Base Bangor

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	15	900	0	0	47	6mos - 1yr
6-12 Mos	15	525	0	0	47	6mos - 1yr
12-24 Mos	20	700	0	0	21	6mos - 1yr
24-36 Mos	28	980	0	0	23	6mos - 1yr
3-5 Yrs	22	770	0	0	47	3 - 4 mos

* Navy Marine Corps Relief Society operates a drop-off facility for up to ten children, supporting parents who have appointments, at Naval Hospital Bremerton.

Note: Subase Bangor restricts its child care to personnel actually assigned to Subase Bangor; all others are required to request a waiver.

(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 Child Care
Civilian Child Care Centers
State and or Navy Certified Home Care
Navy & Civilian pre-school

(4). How many "certified home care providers" are registered at your base?

25

(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, See above previous information for Puget Sound Naval Shipyard

(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	962
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	0
Package Store	SF	0
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	41
FSC Classrm/Auditorium	PN	0

e. **Proximity of closest major metropolitan areas (provide at least three):**

City	Distance (Miles)
Seattle	16 Nautical/66 road
Tacoma	40
Silverdale	5

f. **Standard Rate VHA Data for Cost of Living:**

Paygrade	With Dependents	Without Dependents
E1	130.59	73.07
E2	130.59	82.12
E3	127.83	94.19
E4	149.24	104.16
E5	174.96	122.16
E6	211.71	144.11
E7	244.20	169.94
E8	235.65	178.15
E9	231.91	176.04
W1	228.91	173.85
W2	260.84	204.59
W3	234.91	173.62
W4	233.17	153.75
O1E	234.07	173.85
O2E	192.84	153.75
O3E	216.81	183.42
O1	194.76	143.52
O2	190.49	140.89
O3	211.61	178.16
O4	206.88	179.90
O5	183.46	151.72
O6	246.08	203.69
O7	176.48	143.39

g. Off-base housing rental and purchase as provided by Housing Referral Office, Subase, Bangor.

(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	400	275	65±
Apartment (1-2 Bedroom)	650	350	75±
Apartment (3+ Bedroom)	875	575	100±
Single Family Home (3 Bedroom)	1600	575	100+
Single Family Home (4+ Bedroom)	1600	725	100+
Town House (2 Bedroom)	NA	NA	NA
Town House (3+ Bedroom)	NA	NA	NA
Condominium (2 Bedroom)	NA	NA	NA
Condominium (3+ Bedroom)	NA	NA	NA

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	92.5
Apartment (1-2 Bedroom)	94.5 - 95
Apartment (3+ Bedroom)	92.7
Single Family Home (3 Bedroom)	92.1
Single Family Home (4+ Bedroom)	91.2 - 70.5
Town House (2 Bedroom)	NA
Town House (3+ Bedroom)	NA
Condominium (2 Bedroom)	NA
Condominium (3+ Bedroom)	NA

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	127,900
Single Family Home (4+ Bedroom)	137,500
Town House (2 Bedroom)	
Town House (3+ Bedroom)	55,000*
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

* Town Houses and condominiums are not considered seperately in Kitsap County.

(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		24	
February		18	
March		24	
April		18	
May		20	
June		29	
July		27	
August		36	
September		26	
October		NA	
November		NA	
December		NA	

* BREAKDOWN BY BEDROOM NOT AVAILABLE. FIGURES ARE FOR ALL SIZES, INCLUDING MASON COUNTY

(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*
HM	0	402
DT	0	04
ICC	0	01
MS	0	01
TM	0	01

* Assigned to Naval Hospital and Branch Facilities.

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)
Bremerton	25	11.7	15
North & West Bremerton	24	8	13
Silverdale	19	10	15
Port Orachard	14	13	20
Pouslbo	4	13	20

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
North Kitsap School District	Pub	K - 12	Full svs program	$4,203*	V-444 M-484	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Central Kitsap School District	Pub	K - 12	Full Svs Program	$4,214*	V-439 M-471	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
South Kitsap School District	Pub	K - 12	Full Svs Program	$4,165*	V-419 M-461	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Bremerton School District	Pub	K - 12	Full Svs Program	$4,137*	V-430 M-472	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
North Mason School District	Pub	K - 12	Full Svs Program	$4,132*	V-440 M-470	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Peninsula School District	Pub	K - 12	Full Svs Program	$4,225*	V-452 M-495	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Bambridge Island School District	Pub	K - 12	Full Svs Program	$4,185*	V-491 M-542	85	WA State Supt of Public Inst WA State School Apportionment & School Dist

* Per pupil expenditures; no tuition is charged
V = Verbal
M = Math

Additionally, there are approximately 30 pre-schools, 20 church affiliated schools, and under 10 private schools in the Kitsap County area.

(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	
Tacoma Community College	Day	YES	YES	NO	YES	NO
	Night	YES	YES	NO	YES	NO
University of Washington, Tacoma	Day	NO	NO	NO	YES	YES
	Night	NO	NO	NO	YES	NO
Bates Technical Institute, Tacoma	Day	NO	NO	YES	YES	NO
	Night	NO	NO	NO	NO	NO
Northwest College of Art, Poulsbo	Day	NO	NO	NO	YES	NO
	Night	NO	NO	NO	YES	NO
City University, Silverdale	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	YES	YES
Eton Technical Institute, Port Orchard	Day	NO	YES	NO	YES	NO
	Night	NO	YES	NO	YES	NO
Pacific Lutheran University, Tacoma	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
University of Puget Sound, Tacoma	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
South Seattle Community College	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
Seattle Central Community College	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
University of Washington	Day	NO	NO	NO	YES	YES
	Night	NO	NO	NO	YES	NO
Seattle University	Day	NO	NO	NO	YES	YES
	Night	NO	NO	NO	YES	NO
Seattle Pacific University	Day	NO	NO	NO	YES	YES

	Night	NO	NO	NO	YES	NO

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Olympic College	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
Antioch University	Day	NO	NO	NO	YES	YES
	Night	NO	NO	YES	YES	YES

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution*	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Olympic College	Day	NO	NO	YES	NO	NO
	Night	NO	YES	YES (Individual Study)	YES	NO
	Corres-pondence	NO	NO	NO	NO	NO
Southern Illinois University	Day	NO	NO	NO	YES	NO
	Night	NO	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO
Chapman University	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	YES
	Corres-pondence	NO	NO	NO	NO	NO
Pennsylvania State University	Day	YES	YES	NO	YES	YES
	Night	NO	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO

* Classes offered on Submarine Base Bangor, Puget Sound Naval Shipyard, NUWC Keyport

Institution*	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
City College	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
	Corres-pondence	NO	NO	NO	NO	NO
University of Massachusetts	Video Based	NO	NO	NO	NO	YES
University of Idaho	Video Based	NO	NO	NO	NO	YES
University of Washington	Video Based	NO	NO	NO	NO	YES

* Classes offered on Submarine Base Bangor, Puget Sound Naval Shipyard, NUWC Keyport

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	146	132	221	No Data
Manufacturing	1	1	2	"
Clerical	313	281	472	"
Service	173	155	261	"
Other	33	30	50	"

Note: Information provided by Family Services Center, PSNS Bremerton.

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, however, some Branch Medical Clinics may be limited in the level of care they are able to provide. Care above the acute/injury treatment level of the clinic is referred to Navcal Hospital Bremerton.

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.

No, dependents reeive care through Naval Hospital Bremerton or CHAMPUS. Naval Hospital Bremerton is experiencing difficulty in expanding enrollment to Family Practice and other primary care clinics due to our physical space constrints. Some delays to access are experienced due to the previously mentioned.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
2. Blackmarket (6C)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
3. Counterfeiting (6G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
4. Postal (6L)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
10. Wrongful Destruction (6U)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	0	1	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	0	0	2
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)			
Base Personnel - military	0	2	1
Base Personnel - civilian	0	1	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
25. Sodomy (8G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, BLDG HP05, E1-E3*	126	42	126	264/Room	N/A		N/A	
BEQ, BLDG HP03, E4-E6*	32	24	36	217/Room	N/A		N/A	

* Occupancy: E1-E3 - 3 persons/room, E4 - 2 persons/room, E5-E6 - 1 person/room

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

9/10/94
Date

Naval Hospital Bremerton Wa
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

68095

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. A. MAYO
NAME (Please type or print)

Signature

Commanding Officer
Title

26 May 94
Date

Naval Hospital Bremerton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature 15 JUN 1994

ACTING CHIEF BUMED
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)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

68095

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

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

9/29/94
Date

Naval Hospital Bremerton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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 — X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — 11 OCT 1994 Date

68095

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

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

9/29/94
Date

Naval Hospital Bremerton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Signature

ACTING

Title 11 OCT 1994 Date