

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Dental Clinic, Naval Air Facility, El Centro, CA</i>
Acronym(s) used in correspondence	<i>BDCNAF El Centro</i>
Commonly accepted short title(s)	<i>BDCNAF El Centro</i>

- Complete Mailing Address

Director, Branch Dental Clinic
 Naval Air Facility
 El Centro, CA 92243

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: ⁴¹⁷⁷⁰⁶⁵²66022(*) (Plant Account UIC for Plant Account Holders)

(*) For Class-III Plant Account only.

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

- ALL OTHER UIC(s): 41770 PURPOSE: For DIRS reporting

2. PLANT ACCOUNT HOLDER:

- Yes 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.

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• 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: 60042
- Primary Host (as of 01 Oct 1995) UIC: 60042
- Primary Host (as of 01 Oct 2001) UIC: 60042

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

• Yes _____ No X (check one)

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

Name	Location	UIC
Not applicable		

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

Name	UIC	Location	Host name	Host UIC
Not applicable				

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

Not applicable

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

Current Missions

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.
- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental 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 disasters, and other emergencies.

Projected Missions for FY 2001

Provide comprehensive dental care, administrative services, and logistical support that absolutely delights our customers through:

- Training and development.
- Efficient Personnel utilization.
- Effective material, facilities, and patient management.
- Commitment to quality of life issues.

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

- Not applicable.

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Projected Unique Missions for FY 2001

- Not applicable

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

- Operational name UIC
Commanding Officer, Naval Dental Center, San Diego 66022
- Funding Source UIC
Not applicable

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>1</u>	<u>2 3^{65A}</u>	<u>0</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>0</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>1</u>	<u>2 2^{65A}</u>	<u>0</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>0</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
R.C. WILLIAMS	619-339-2664	619-339-2664	N/A
LCDR, DC, USN	DSN-958-2664	DSN-958-2664	
Branch Director			

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T.C. SPLITGERBER 619-556-8200 619-556-8559 N/A
 CAPT, DC, USN DSN-526-8200 DSN-526-8559
 Commanding Officer

• DANILO L. YU 619-556-8217 619-556-8221 N/A
 LCDR MSC USN DSN-526-8217 DSN-526-8221
 BRAC Coordinator

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					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Not applicable</i>		

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

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

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

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

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR R. C. WILLIAMS, DC, USN
NAME (Please type or print)

RC Williams
Signature

DIRECTOR
Title

27 JAN 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR FACILITY, EL CENTRO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T. C. SPLITGERBER, DC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

NAVAL DENTAL CENTER, SAN DIEGO
Activity

T. C. Splitgerber
Signature
2 Feb 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

(UIC - ~~66022~~ 41770
USA

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)
SURGEON GENERAL/CHIEF BUMED
Title

Donald J. Hagen
Signature
2.8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

NAME (Please type or print)

Title

Signature

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)
ACTING DCNO (LOGISTICS)
Title

J. B. Greene, Jr
Signature
16 FEB 1994
Date

Division

Department

Activity

Document Separator

4571

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NANAF EL CENTRO CA
ACTIVITY UIC: 41770

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

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

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MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	12721	12721	12721	12721	12721	12721	12721	12721	12721
UNMET	1831	1831	1831	1831	1831	1831	1831	1831	1831
TOTAL	14552	14552	14552	14552	14552	14552	14552	14552	14552

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

UNMET =	CLASS	RECORDS	MULTIPLES	UNMET NEEDS
	2	89	4.55	405
	3	155	9.20	1,426
	4	0	4.77	0
			TOTAL	1,831

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

SAME AS NUMBER 1.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET								
UNMET								
TOTAL								

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	2 1								
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

Signature

Date



26 May 94

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-77-94
Date

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

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

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

ACTD6
Title

R. R. Sareeram
Signature
28 JUN 1994
Date

Document Separator

457

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAF EL CENTRO CA
ACTIVITY UIC: 41770**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

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

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MISSION REQUIREMENTS

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

Provide dental services to personnel attached to Naval Air Facility, El Centro and tenant commands located on the base. Provide dental services to other authorized beneficiaries in the area.

Perform other functions as may be directed by the Commanding Officer NAF El Centro

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)
MEDATTACKWEPSD	55257	NAF EL CENTRO	135
BLUE ANGELS	30939	NAF EL CENTRO	100
NAF EL CENTRO	60042	NAF EL CENTRO	95
NAF SEC DET	46256	NAF EL CENTRO	26
CA ARMY NG	W81LAB	NAF EL CENTRO	18
BRMEDCLINIC	41432	NAF EL CENTRO	18
NAVSPWARFARDET	68869	NAF EL CENTRO	16
US ARMY	5082	NAF EL CENTRO	9
USPUBHEALTH		NAF EL CENTRO	6
DEA	48317	NAF EL CENTRO	2
ROICC	68711	NAF EL CENTRO	4
SWDIV CONTRA	45211	NAF EL CENTRO	2
NEX	30275	NAF EL CENTRO	1
NAVCOMTELDET		NAF EL CENTRO	1
NAVYRECRUI	87001	NAF EL CENTRO	1

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

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	443
B. FY1993 MET WORKLOAD (CTVs)	12,721
C. FY1993 UNMET WORKLOAD (CTVs)	1,831
D. TOTAL WORKLOAD (B+C)	14,552
E. MET WORKLOAD PER CAPITA (B÷A)	6.94
F. UNMET WORKLOAD PER CAPITA (C÷A)	32.84
G. WORKLOAD PER CAPITA (D÷A)	1.14

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs:

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY1997	FY1998	FY1999	FY2000	FY 2001
POPULATION	443	443	443	443	443	443	443	443
A: TOTAL MET CTVs	12721 — —	12721	12721	12721	12721	12721	12721	12721
B: TOTAL UNMET CTVs	1831 — —	1831	1831	1831	1831	1831	1831	1831
C: TOTAL WORKLOAD REQUIREMENT (A+B)	14552	14552	14552	14552	14552	14552	14552	14552
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

PROPHY TECHNICIANS (MIL AND CIV)	2 /							
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs:

Explanation:

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC - 66022**

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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 Dental Clinic):

**** NOT APPLICABLE. HOST COMMAND, NAVAL AIR FACILITY, EL CENTRO, CA, UIC-60042 MAINTAINS THE INVENTORY RECORD.**

PLEASE SEE ATTACHED FACILITIES REPORT.

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

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

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

6a. 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?

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7a. 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	N/A

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	66022
FACILITY	NAF EL CENTRO, BLDG. 523, NAVAL DENTAL CENTER EL CENTRO, CA 92243-5015		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT NAF EL CENTRO BRANCN DENTAL CLINIC	01	32' X 45'	BLDG 523
2. DENTAL TREATMENT ROOM	03	12' X 13'	
3. STERILIZATION ROOM			DTR #2 USED
4. X-RAY EXPOSURE ROOM	01	07' X 12'	
5. DARKROOM			
6. PROSTHETIC LAB	01	05' X 12	
7. STOREROOM/ SUPPLY ROOM	01	03' X 04'	SEE PART IV
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	01	12' X 13'	SEE PART IV
10. DENTAL OFFICER'S OFFICE	01	08' X 12'	SEE PART IV

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA			
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC CENTURY	03	(3) A4
2. DENTAL OPERATING CHAIR	ADEC 1005	03	(3) A4
	KOENIG KRAMER RELIANCE X-RAY CHAIR	01	(1) A6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	03	(3) A4
4. CENTRAL VACUUM SYSTEM	VACSTAR 5 AIR TECHNIQUES	01	(1) A4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIRSTAR 3	01	(1) A4
6. STERILIZER	MAGNACLAVE PELTON AND CRANE	01	(1) A4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT																																																																		
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																																																														
1. STATIONARY INTRA-ORAL	G.E. 770	01	(1) A4	JULY 91																																																														
2. MOBILE INTRA-ORAL																																																																		
3. PANORAMIC	GX PAN GENDEX	01	(1) A4	JULY 91																																																														
4. CEPHALOMETRIC																																																																		
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PART III - UTILITIES																																																																		
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC																																																															
				a. VOLTAGE: 110/220 b. CYCLE: 60																																																														
2. GAS:	<input checked="" type="checkbox"/>	NATURAL	COMMERCIAL	BOTTLE ACETYLENE																																																														
PART IV - REMARKS AND RECOMMENDATIONS																																																																		
<p>PART I - DENTAL FACILITIES SPACE</p> <p>7. STOREROOM - VERY SMALL AND A LARGER SPACE IS DESIRED.</p> <p>9, 12, 13, - COMBINED IN ONE ROOM</p> <p>10, 14, - COMBINED INTO ONE ROOM</p> <p>** WALL LOCKERS ARE PROVIDED AND ARE LOCATED IN THE ADMIN OFFICE.</p>																																																																		
DATE		TYPED NAME AND GRADE		SIGNATURE																																																														
01 JANUARY 1994		T.C.SPLITGERBER, CAPT, DC, USN																																																																

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

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

Important. Close to activities.

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

Air - 7 miles. Rail - 2 miles. Ground - 1/2 miles

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

No impact.

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

15 minutes.

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

NOT APPLICABLE

FEATURES AND CAPABILITIES

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

Branch Dental Clinic, Naval Station, San Diego is the nearest dental facility outside of NAF El Centro (approx. 120 miles). The distance factor will create several problems

- Additional loss of time from work
- Emergency issues
- Transportation issues
- Other Branch Dental Clinics will have difficulty in absorbing the increase workload
- Will compromise operational readiness

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

The population would be serviced at other Branch Dental Clinics remaining open.

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

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC-66022.**

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
N/A	N/A	N/A

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

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

13. Quality of Life.

** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL AIR FACILITY, EL CENTRO, CA, UIC-60042, DATA CALL NOS. 37 & 38

13. 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+		

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

n. Complete the table below to indicate the crime rate for your air station for 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			
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Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

LCDR R.C. WILLIAMS, DC, USN
NAME (Please type or print)

R.C. Williams
Signature

DIRECTOR
Title

26 May 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR FACILITY, EL CENTRO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity


Signature
26 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

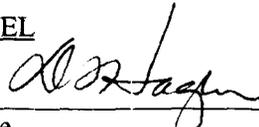
Date

Activity

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

MAJOR CLAIMANT LEVEL

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


Signature

CHIEF BUMED/SURGEON GENERAL
Title

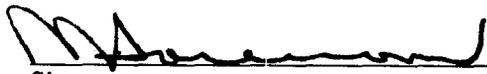
6-17-94
Date

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)

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


Signature

ACTING
Title

30 JUN 1994
Date

457

Activity Information:

Activity Name:	BDC, NAF, EL CENTRO, CA
UIC:	41770
Host Activity Name (if response is for a tenant activity):	NAVAL AIR FACILITY, EL CENTRO, CA
Host Activity UIC:	60042

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: BDC, NAF, EL CENTRO, CA		UIC: 41770	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	6000	0	6000
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	0	0	0
2j. Other (Specify) Telephone Custodial	2000 0	0 0	2000 0
2k. Sub-total 2a. through 2j:	8000	0	8000
3. Grand Total (sum of 1c. and 2k.):	8000	0	8000

BUMED
MED 825
USA
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

O&M, DPH

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: NOT APPLICABLE		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BDC, NAF, EL CENTRO, CA	UIC: 41770
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	0
Material and Supplies (including equipment):	4.4 444
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	.5 502
Total:	5026

BUMED
MED-825
65A
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BDC, NAF, EL CENTRO, CA	UIC: 41770
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

NONE

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

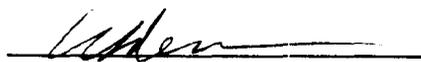
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

CAPT W. M. DERN, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER (Acting)
Title

JUL 13 1994
Date

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

Signature

Date

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

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

W. A. EARNER

NAME (Please type or print)

Title

Signature

Date

Document Separator

458

CAPACITY ANALYSIS: # 28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC BELLE
CHASSE
ACTIVITY UIC: 45022

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	24,531	22,755	18,528	18,528	18,528	18,528	18,528	18,528	18,528
UNMET	5,711	5,711	5,711	5,711	5,711	5,711	5,711	5,711	5,711
TOTAL	30,242	28,466	24,239	24,239	24,239	24,239	24,239	24,239	24,239

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- See next page for notes and calculations.

28

BDC Annex Belle Chasse Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	1,521	1,521	1,521	1,521	1,521	1,521	1,521	1,521
A: Total MET CTVs	22,755	18,528	18,528	18,528	18,528	18,528	18,528	18,528
B: Total UNMET CTVs	5,711	5,711	5,711	5,711	5,711	5,711	5,711	5,711
C: Total Workload requirements (A+B)	28,466	24,239	24,239	24,239	24,239	24,239	24,239	24,239
Dentists (military and Civilian)	1	1	1	1	1	1	1	1
Prophy Techs (military and Civilian)	1	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	0	0	0	0	0	0	0	0

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant. RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations. FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994. UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average. FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

FY-1995-2001

	Numbers		AVG CTVs	Months	CTVs Year
DO	1		920	12	11,040
HYG	0		0	12	0
Prophy	1		421	12	5,052
X-Ray	0		203	12	2,436
Total CTVs					18,528

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	35,556	35,556	35,556	35,556	35,556	35,556	35,556	35,556
UNMET	0	0	0	0	0	0	0	0
TOTAL	35,556	35,556	35,556	35,556	35,556	35,556	35,556	35,556

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- See next page for notes and calculations.

BDC Belle Chasse Data Call #28

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	35,556	35,556	35,556	35,556	35,556	35,556	35,556	35,556
UNMET	0	0	0	0	0	0	0	0
Total	35,556							

Given physical plant is the only constraint.
 RAPS population data unavailable for this clinic.

This clinic has 4 usable Dental Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs. UNMET CTVs are zero in FY-1994-2001 because total workload exceeds projected mission requirements.

Assumptions:

1. 4 DTRs could be ideally staffed with 3 Dental Officers (DOs) and zero Hygienist (HYG).
2. Above workload figures are based on staffing increase from 1 to 3 DO's and zero HYG to zero HYG.
3. Required enlisted personnel will be available.
4. Sufficient supplies will be available.
5. Sufficient funding will be available.

MET CTVs

	Numbers		AVG CTVs	Months	CTVs Year
DO	3		920	12	33,120
HYG	0		0	12	0
Prophy	0		0	12	0
X-Ray	0		203	12	2,436
Total CTVs					35,556

DO's average CTVs same as clinic average reported in Data Call #29.
 X-ray average CTVs same as reported in Data Call #29.

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

Same as projected Staffing in Data Call #29.

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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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 Belle Chasse Annex, LA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

~~DIETMANN, WADM, MC, USN~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~

ACTING CHIEF BUMED

Title

Date

15 JUN 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

Signature

ACTING
Title

Date

J. B. Greene Jr.
6/20/94

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Dental Annex, NAS Belle Chasse, New Orleans, LA</i>
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC BRDENCL

- Complete Mailing Address

400 Russell Ave.
New Orleans, LA 70143-5012

- PLAD

BRMEDCLINIC New Orleans, LA

- PRIMARY UIC: 45022 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): _____ PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 00206

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

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

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

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.

NO IMPACT.

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 dental support to Naval Air Station personnel.
- Provide dental support to NAS tenant commands, as well as to Reserve Units of the Army, Air Force, Navy, Coast Guard and Louisiana Air National Guard.
- Ensure operational dental readiness of all tenant commands.
- Provide after-hours emergency dental services.
- Augment medical mass casualty support.
-

Projected Missions for FY 2001

- Same as above.
-
-
-
-

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

- NONE
-
-

Projected Unique Missions for FY 2001

- NONE
-
-

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

• Operational name	UIC
<u>Naval Dental Center, Pensacola, FL</u>	<u>68441</u>

• Funding Source	UIC
_____	_____

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>1</u>	<u>1</u>	<u>0</u>
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>X 000</u>	<u>X 000</u>	<u>0</u>
• Tenants (total)	_____	_____	_____

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
Commanding Officer			
<u>CAPT G. B. Grantham, DC, USN</u>	(904)452-5650	(904)452-5285	(904)432-1203
• Duty Officer	(904)452-5600	Same	[N/A]
• Administrative Officer			
<u>CDR R. L. Burdess, MSC, USN</u>	(904)452-5647	Same	(904)484-3509
•			

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing

should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

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

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

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

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

BRAC-95 CERTIFICATION

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

ACTIVITY COMMANDER

CAPT G. B. Grantham, DC, USN
NAME (Please type or print)


Signature

Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

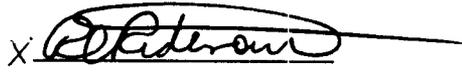
NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

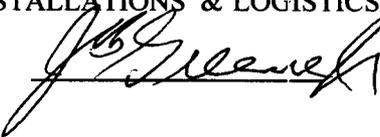
RADM R. I. Ridenour
NAME (Please type or print) X  Signature

ACTING CHIEF BUMED
Title 10 FEB 1994 Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

ACTING
Title 16 FEB 94 Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

438

Activity Name:	Belle Chasse Annex, New Orleans, Louisiana
UIC:	45022
Host Activity Name:	Naval Air Station, New Orleans, Louisiana
Host Activity UIC:	00206

1. VR BUMED 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Belle Chasse Annex, New Orleans, Louisiana		UIC: 45022	
Category	FY-96 BOS COSTS (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	2		2
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	1		1
2k. Sub-total 2a. through 2j.	4		4
3. Grand Total (sum of 1c. and 2k.):	4		4

Table 1B N/A VR Bumer 824 8/1/94

2 VR Bumer 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Belle Chasse Annex, New Orleans, Louisiana	UIC: 45022
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	3
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	4
Total:	8

Table 3 - Contract Workyears	
Activity Name: Belle Chasse Annex, New Orleans, Louisiana	UIC: 45022
Cost Category	FY-1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:	N/A
Total Workyears::	N/A

See pgs 3R, 4R VR Bumed 824 8/1/94

Off-Base Contract Workyear Data

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

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

3. VR Bumed 824 8/1/94

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BELLE CHASSE ANNEX NEW ORLEANS	UIC: 45022
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	0.5
Procurement:	N/A
Other:*	N/A
Total Workyears:	0.5

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

#3R VR Burned 824 2/1/94

**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)): Belle Chasse Annex, New Orleans would transfer 0.5 workyears to the gaining activity.

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

74R VR Bumeo 824 8/1/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

G. B. GRANTHAM
NAME (Please type or print)


Signature

Commanding Officer
Title

13 July '94
Date

Naval Dental Center, Pensacola Florida
Activity

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)
COMPTRROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

18 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

7-18-94
Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
Signature

8-2-94
Date

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

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

W. A. EARNER
NAME (Please type or print)
[Blank]
Title

[Signature]
Signature

8/30/94
Date

Document Separator

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MILITARY VALUE ANALYSIS: # 29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Annex Dental Clinic, Belle
Chasse, LA
ACTIVITY UIC: 45022

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

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

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MISSION REQUIREMENTS

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

To provide quality dental services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized personnel in the assigned geographic area of Naval Air Station, New Orleans, Belle Chasse, Louisiana. Mission includes Reserve Units of the Army, Air Force, Coast Guard and Louisiana Air National Guard.

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)
Naval Air Station	00206	Belle Chasse, LA	505
RAIMD	44490	Belle Chasse, LA	182
MAG-42 DET C	89443	Belle Chasse, LA	144
VR-54	52895	Belle Chasse, LA	141
VP-94	09148	Belle Chasse, LA	124
VFA-204	09032	Belle Chasse, LA	115
USCG		Belle Chasse, LA	113
159TH LAANG	FLLVO	Belle Chasse, LA	96
NAVMEDBRCL	67248	Belle Chasse, LA	22
PSAD NAS NOLA	43104	Belle Chasse, LA	18
COMFLELOGSUPDET	48520	Belle Chasse, LA	18
NTCC DET	33292	Belle Chasse, LA	16
NTOMD	65778	Belle Chasse, LA	10
AFRES 926 FG		Belle Chasse, LA	06
RESPATWINGLANTDET	55594	Belle Chasse, LA	05
RIPO 7	47919	Belle Chasse, LA	03
Annex Dental Clinic	45022	Belle Chasse, LA	03

Note: Number of active duty only. Does not include reservists or civilian personnel.

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

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1,521
B. FY1993 MET WORKLOAD (CTVs)	24,531
C. FY1993 UNMET WORKLOAD (CTVs)	5,711
D. TOTAL WORKLOAD (B+C)	30,242
E. MET WORKLOAD PER CAPITA (B+A)	16.13
F. UNMET WORKLOAD PER CAPITA (C+A)	3.75
G. WORKLOAD PER CAPITA (D+A)	19.88

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY.**

Explanation:

- **EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD.**
- **See attached sheet for notes and calculations.**

BDC Annex Belle Chasse Data Call #29

Actual Population 1,521
 RAPS 0 Not Available
 FY-1993-Total MET CTVs 24,531

EFFICIENCY REVIEW METHODOLOGY						
Class Requirements			ER Multiple			
Class	# of Patients	% of Patients	Class	# of Patients	CTV Multi	Result
I	411	27%	II	867	4.55	3,945
II	867	57%	III	137	9.20	1,260
III	137	9%	IV	106	4.77	506
IV	106	7%	Total	1,110	UNMET	5,711
Total	1,521	100%				

Percentages of Class II, III, and IV records shown above are derived from the average percentages for June 1993 thru May 1994. UNMET CTVs are then determined after applying the ER multiple also noted above.

Workload per Capita

A.	ACTUAL POPULATION	1,521
B.	FY1993 MET WORKLOAD (CTVs)	24,531
C.	FY1993 UNMET WORKLOAD (CTVs)	5,711
D.	TOTAL WORKLOAD (B+C)	30,242
E.	MET WORKLOAD PER CAPITA (B/A)	16.13
F.	UNMET WORKLOAD PER CAPITA (C/A)	3.75
G.	WORKLOAD PER CAPITA (D/A)	19.88

X-Ray CTVs are included in FY-1993 MET workload.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	1,521	1,521	1,521	1,521	1,521	1,521	1,521	1,521
A: TOTAL MET CTVs	22,755	18,528	18,528	18,528	18,528	18,528	18,528	18,528
B: TOTAL UNMET CTVs	5,711	5,711	5,711	5,711	5,711	5,711	5,711	5,711
C: TOTAL WORKLOAD REQUIREMENT (A+B)	28,466	24,239	24,239	24,239	24,239	24,239	24,239	24,239
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **SEE ATTACHED SHEET (NEXT PAGE)**

Explanation:

- See attached sheet for notes and calculations.

BDC Annex Belle Chasse Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	1,521	1,521	1,521	1,521	1,521	1,521	1,521	1,521
A: Total MET CTVs	22,755	18,528	18,528	18,528	18,528	18,528	18,528	18,528
B: Total UNMET CTVs	5,711	5,711	5,711	5,711	5,711	5,711	5,711	5,711
C: Total Workload requirements (A+B)	28,466	24,239	24,239	24,239	24,239	24,239	24,239	24,239
Dentists (military and Civilian)	1	1	1	1	1	1	1	1
Prophy Techs (military and Civilian)	1	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	0	0	0	0	0	0	0	0

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant. RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations. FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994. UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average. FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

FY-1995-2001

	Numbers	AVG CTVs	Months	CTVs Year
DO	1	920	12	11,040
HYG	0	0	12	0
Prophy	1	421	12	5,052
X-Ray	0	203	12	2,436
Total CTVs				18,528

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

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6a.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A No training programs at this facility.								

FACILITIES

- Not applicable, building is owned by NAS, Belle Chasse, LA.

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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 Dental 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.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

- Not applicable, building is owned by NAS, Belle Chasse, LA

- Not applicable, building is owned by NAS, Belle Chasse, LA

7. 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

7a. 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

7b. 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

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

- Not applicable, building is owned by NAS, Belle Chasse, LA

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

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

- **Dental clinic should be close to units served.**

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

- **Not applicable to dental clinics.**

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

- **Not applicable to dental clinics.**

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

- **12 minutes.**

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

- **None.**

FEATURES AND CAPABILITIES

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

- The Naval Air Station, New Orleans provides equipment and facilities for drilling reservists of the Navy, Air Force, Marine, Army and Louisiana Air National Guard. The Dental Clinic provides periodic and flight physical exams to these reserve personnel. The Dental Clinic also provides treatment to approximately 1500 active duty personnel. Loss of the Dental facility would result in decreased dental readiness of active duty and reserve personnel.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

- Personnel could be treated at the Naval Support Activity, New Orleans, approximately ten miles away. The next closest facility is at Branch Dental Clinic, Construction Battalion Center, Gulfport, MS or Keesler Air Force Base in Biloxi, MS. Both are approximately 60 miles away.

12. 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
No mobilization requirements.		

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.

13. Quality of Life.

- This segment answered by Host Activity, NAS Belle Chasse (UIC 00206)
in BRAC Data Call # 9.

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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

29 Belle Chasse Annex, LA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

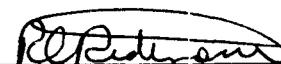
Date

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, RADM, MC, USN~~
R. I. RIDENOUR, RADM, MC, USN

x 

Signature

NAME (Please type or print)

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

15 JUN 1994

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

R. R. SAREERAM

NAME (Please type or print)



Signature

ACTING

Title

27 JUN 1994

Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC-OCEANA
UIC:	35047
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION, OCEANA
Host Activity UIC:	60191

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC-OCEANA		UIC: 35047	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2		2
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	2		2
2. Other Base Operating Support Costs:			
2a. Utilities	50		50
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 Communications)	1		1
2k. Sub-total 2a. through 2j:	51		51

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	53		53
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**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

N/A

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC-OCEANA	UIC: 35047
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	41
Industrial Fund Purchases (other DBOF purchases):	58
Transportation:	0
Other Purchases (Contract support, etc.):	166
Total:	266

**DATA CALL 66
INSTALLATION RESOURCES**

*This is a blank page VRBumed 824
7/29/94*

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name:NAVAL DENTAL CENTER-OCEANA	UIC:35047
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	3
Procurement:	
Other:*	
Total Workyears:	3

* **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)):

3 (THREE)

2) Estimated number of workyears which would be eliminated:

0 (ZERO)

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 (ZERO)

**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)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

8-1-94

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)

W. A. Earner

Signature

Title

8/26/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. L. Kjome, CAPT, DC, USN
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center, Norfolk, VA
Activity


Signature
15 July 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 BRANCH DENTAL CLINIC, NAVAL AIR STATION, OCEANA

Official name	BRANCH DENTAL CLINIC, NAVAL AIR STATION, OCEANA
Acronym(s) used in correspondence	BDC, OCEANA
Commonly accepted short title(s)	

- Complete Mailing Address
BRANCH DENTAL CLINIC
NAVAL AIR STATION OCEANA
VA BEACH, VA 23460-5000

- PLAD: NAVDENCEN NORFOLK VA \\N42\\

- PRIMARY UIC: 35047 (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 (check one)

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

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

• Yes _____ No X _____ (check one)

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

• Yes X _____ No _____ (check one)

• Primary Host (current) UIC: 60191 _____

• Primary Host (as of 01 Oct 1995) UIC: 60191 _____

• Primary Host (as of 01 Oct 2001) UIC: 60191 _____

● **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.

Because this is a support command, fluctuations in patient population caused by homeport changes, commissionings and decommissionings have an impact on our mission. However, this impact has not been measurable to date.

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

Current Missions

- Provide comprehensive dental care to eligible beneficiaries as specified in Title 10, US Code with primary emphasis on maintaining the dental readiness of the fleet and other deployable forces.
- Provide training to staff and other medical department personnel to maintain qualifications.
- Provide personnel and other resources to fill mobilization and operational requirements.

Projected Missions for FY 2001

- We assume that our mission will remain the same in the foreseeable future.

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

Current Unique Missions

- This command provides support services to both shore and fleet units, including fleet units with their own organic dental treatment capability.

Projected Unique Missions for FY 2001

- The uniqueness of our mission is expected to continue throughout the foreseeable future.

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

- | | |
|--|-------|
| ● Operational name | UIC |
| <u>COMMANDER, NAVAL BASE, NORFOLK</u> | 61463 |
| ● Funding Source | UIC |
| <u>CHIEF, BUREAU OF MEDICINE
AND SURGERY</u> | 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	<u>8</u>	<u>16</u>	<u>3</u> 3*
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>7</u>	<u>13</u>	<u>3</u> 3*
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC	<u>CAPT R. L. KJOME, DC, USN</u>	804-444-7021	804-445-6751	804-481-3849
● Duty Officer		804-677-7190		
● Branch Director				
	<u>CAPT WIDLAK, DC, USN</u>	804-677-7190	804-433-2956	804-463-2043

* DENOTES CONTACTOR PERSONNEL

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

PROVIDED BY HOST

- **Local Area Map.** This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- **Aerial photo(s).** Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- **Air Installations Compatible Use Zones (AICUZ) Map.** (Provide 12 copies.)

35047
GSA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER



R. L. KJOME
COMMANDING OFFICER
NAVAL DENTAL CENTER, NORFOLK

31 Jan '94
DATE

ENCLOSURE (5)

35017
65A

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

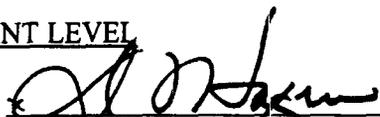
Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____


Signature

NAME (Please type or print)

Date

SURGEON GENERAL/CHIEF BUMED _____

2.9-94
Date

Title

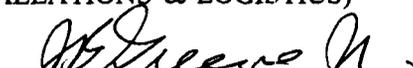
BUREAU OF MEDICINE & SURGERY _____

Activity

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

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

J. B. GREENE, JR _____


Signature

NAME (Please type or print)

Date

ACTING _____

16 FEB 94
Date

Title

Document Separator

459

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL NAS OCEANA VA
ACTIVITY UIC: 35047

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

UIC:35047-BDC OCEANA

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	103,411	103,441	102,407	108,551	107,465	108,110	180,326	180,326	108,326
UNMET	39,208	34,420	34,076	36,121	35,760	35,975	36,047	36,047	36,047
TOTAL	142,619	137,861	136,483	144,672	143,225	144,085	144,373	144,373	144,373

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35047-BDC OCEANA

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	103,441	102,407	108,551	107,465	108,110	108,326	108,326	108,326
UNMET	34,420	34,076	36,121	35,760	35,975	36,047	36,047	36,047
TOTAL	137,861	136,483	144,672	143,225	144,085	144,373	144,373	144,373

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

940617
[Handwritten signature]

1a. Using the table below and the parameter given, fill in your net and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35047-BDC OCEANA

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	137,861	136,483	144,672	143,225	144,085	144,373	144,373	144,373
UNMET	0	0	0	0	0	0	0	0
TOTAL	137,861	136,483	144,672	143,225	144,085	144,373	144,373	144,373

Parameter: Assume your only constraint is your physical plant, what would your net and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20, 4.77 for records held in class 2, 3, and 4.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- Methodology used for evaluating facility constraint:

$$\frac{\text{Unmet CTV}}{\text{Actual Met CTV}} = \frac{\text{Additional staff for unmet need}}{\text{Actual staff (DDS/RDH/Prophy)}} - \frac{\text{Additional DTR needed}}{\text{DTR in use}}$$

$$\frac{34,420}{103,441} = .333 = \frac{X}{(9/-/3)} - \frac{(2,997/-/,999)}{(9/-/3)} - \frac{(3/-/1)*}{(9/-/3)} = \frac{4 \text{ Additional DTRs}}{12 \text{ DTRs in Use}}$$

• 4+12 DTRs = 16 < 25 DTR capacity: Unmet need (34,420) could be eliminated.

* in reality fractional staff rounded to next whole provider.

R 3 *940617* *med 63*

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

UIC:35047 - BDC OCEANA

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	11	11	11	12	12	12	12	12	12
PROPHY TECHNICIANS (MIL AND CIV)	4	4	4	4	4	4	4	4	4
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnshuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

9/1/01


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

UIC:35047 - BDC OCEANA

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	9	9	9	10	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	3	3	3	3	3	3	3

Explanation:

- Used Fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

3

quella

[Signature]

[Signature]

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."

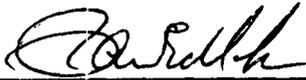
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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. WIDLAK
NAME (Please type or print)


Signature

DIRECTOR
Title

27 MAY 94
Date

BRANCH DENTAL CLINIC
Activity

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. L. KJOME
NAME (Please type or print)
Commanding Officer
Title
Naval Dental Center, Norfolk
Activity

R. L. KJOME
Signature
31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. HAGEN
Signature
6-10-94
Date

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

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

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

R. R. SAREERAM
Signature
30 JUN 1994
Date

Document Separator

459

29

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL NAS OCEANA VA
ACTIVITY UIC: 35047

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

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

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OCEANA - UIC: 35047

MISSION REQUIREMENTS

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

Branch Dental Clinic, Oceana supports the only master jet base on the East Coast with a full range of dental services to deploying Air Squadrons and shore based personnel. The clinic also provides endodontic and oral surgery specialty support to FCTC, Dam Neck, NSGA-Northwest, and Fort Story personnel. Dental care is provided to all active duty beneficiaries and there is very limited space availability provided to retirees.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VF-101	09067		780
AIMD	44327		719
NASO	60191		611
VA-42	09062		477
COPDT	46963		456
VF-102	09717		318
VA-35	09728		295
VA-85	09225		293
VA-34	09070		290
VA-75	09628		289
VF-103	09718		273
VF-32	09053		268
VF-143	09281		266
			5,335

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)
VF-84	09224		261
VF-142	09097		252
VF-41	09774		251
VF-14	09084		245
ACOPDT	35672		239
VF-74	09060		227
VA-43	09072		198
VF-101	65552		177
VA-36	09941		175
NAMTRADT	66045		161
VFC-12	52994		118
MEDICAL	32528		99
SECURITY	47213		91
			2,494

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)
VF-42	65549		86
NAVMAC	47653		85
NAVMASSO	46008		84
SWATSLANT	47157		46
FITWING	09216		45
CBU	66923		45
PSD	68550		37
MATWING	09254		36
CVW-1	09732		31
CVW-8	09748		31
CVW-7	09736		30
CVW-3	09731		27
DENTAL	35047		34
			617

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY UIC:35047-BDC OCEANA	FY 1993 DATA
A. ACTUAL POPULATION	8,472
B. FY1993 MET WORKLOAD (CTVs)	103,411
C. FY1993 UNMET WORKLOAD (CTVs)	39,208
D. TOTAL WORKLOAD (B+C)	142,619
E. MET WORKLOAD PER CAPITA (B÷A)	12.206
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.628
G. WORKLOAD PER CAPITA (D÷A)	16.834

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

UIC:35047 BDC OCEANA	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	8472	8387	8890	8801	8854	8872	8872	8872
A: TOTAL MET CTVs	103441	102407	108551	107465	108110	108326	108326	108326
B: TOTAL UNMET CTVs	34420	34076	36121	35760	35975	36047	36047	36047
C: TOTAL WORKLOAD REQUIREMENT (A+B)	137861	136483	144672	143225	144085	144373	144373	144373
DENTISTS (MIL AND CIV)	11	11	12	12	12	12	12	12
PROPHY TECHNICIANS (MIL AND CIV)	4	4	4	4	4	4	4	4
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

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[Signature]

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

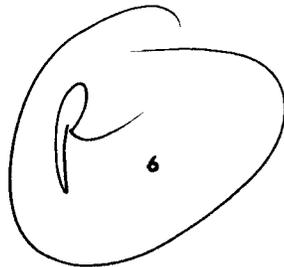
UIC:35047 BDC OCEANA	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	8672	8387	8890	8801	8854	8872	8872	8872
A: TOTAL NET CTVs	108441	102607	108551	107465	108110	108326	108326	108326
B: TOTAL UNMET CTVs	34420	34076	36121	35760	35975	36047	36047	36047
C: TOTAL WORKLOAD REQUIREMENT (A+B)	137861	136483	144672	143225	144085	144373	144373	144373
DENTISTS (MIL AND CIV)	9	9	10	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	3	3	3	3	3	3

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994. RAPS data not available beyond FY 1999. - Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20 and 4.77 for records held in class 2, 3 and 4.



 940617
 MCD63


5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
NOT APPLICABLE								

FACILITIES BDC Oceana, VA 35047

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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 Dental Clinic):

6750/4 attached

This command does not maintain the inventory record for this clinic. The Plant property owner is Naval Air Station, Oceana

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

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

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

6a. 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: This facility is adequate.

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?

35047

7. 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.

This information to be provided by host UIC 60191

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

This information to be provided by host UIC 60191

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

This information to be provided by host UIC 60191

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts. This facility is adequate for mission accomplishment.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 Jan 94	UIC	35047
FACILITY	BDC, NAS Oceana, Virginia Beach, VA 23460-5141		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT Bldg. 285	1	100X130	
2. DENTAL TREATMENT ROOM	25	7) 10X11 5) 9X11 3) 11X12	CONT. PART IV
3. STERILIZATION ROOM	1	12X15	
4. X-RAY EXPOSURE ROOM	2	1) 11X14 1) 10X11	
5. DARKROOM	2	6X11	
6. PROSTHETIC LAB PORCELAIN ROOM	1 1	17X17 6X11	
7. STOREROOM/ SUPPLY ROOM	4	1) 14X16 1) 9X15 1) 8X10	CONT. PART IV
8. CONFERENCE ROOM	1	12X16	
9. ADMINISTRATIVE OFFICE	2	1) 9X12 1) 8X16	
10. DENTAL OFFICER'S OFFICE	4	1) 8X11 1) 9X13 2) 10X10	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	16X31	
13. RECORDS CONTROL OFFICE	2	1) 6X16 1) 11X12	
14. LOCKER ROOM (MALE)	2	1) 10X14 1) 8X12	
15. LOCKER ROOM (FEMALE)	1	10X14	
16. TOILET FACILITY (MALE)	5	1) 5X11 1) 10X12 1) 5X9	CONT. PART IV
17. TOILET FACILITY (FEMALE)	2	1) 5X6 1) 6X10	
18. OTHER MAJOR ROOMS			CONT. PART IV
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	23	21 A-5 2 A-4
2. DENTAL OPERATING CHAIR	ADEC 1005	25	21 A-5 4 A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300 ADEC 6300 Pelton Crane HA	22 2 2	22 2 2	A-5 A-4 A-4
4. CENTRAL VACUUM SYSTEM	Dental EZ CD-210 Dental EZ MC-202-2HP	2 1	2 1	A-5 A-5
5. AIR COMPRESSOR DEHYDRATOR	Ingersol Rand 2-10T3NLE15 Ingersol Rand HG 100	1 1		A-4 A-4
6. STERILIZER STEAM GENERATOR	AMSCO 3023 AMSCO LB-40	1 1		A-4 A-5
7. LIFE SUPPORT EQUIPMENT				
8. OTHER MAJOR EQUIPMENT				
SECTION B - PROSTHETIC LAB EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE	
1. AUTOMATIC CASTING MACHINE	KERR, BROKEN ARM	1	A-5	
2. VACUUM PORCELAIN FURNACE	JELENSKO, COMMODORE II	1	A-4	
3. BURNOUT OVEN	JELENSKO, ACCU THERM II JELCRAFT HT	1 1	A-5 A-5	
4. OTHER PROSTHETIC EQUIPMENT	DUST COLLECTOR, HANDLER HS GRINDER/REDWING POLISHER TICONIUM INDUCT CAST MACH	1 2 1	A-5 A-5 A-5	

NAVMED 6750/4 (Rev. 5/91)

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

The location of this clinic is outside of the main gate of NAS Oceana. Location is mission neutral.

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

Dental clinic is easily located by customers from on or off base

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

Naval Air is located on base. Commercial air is about 25 miles away. Commercial rail (AMTRAK) is about 5 miles away. Sea transportation is about 30 miles away.

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

Can easily reach any embarkation site for mobilization in less than 1 hour.

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

Ten minutes

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

Located in metropolitan area. Lack of qualified personnel has not been a problem when filling civilian billets, pay has been an issue. Qualified civilian personnel would rather work at this location than Naval Operation Base. There are people continually asking to "swap" to our locaton.

FEATURES AND CAPABILITIES

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

We provide comprehensive dental care to NAS Oceana as well as oral surgical and endodontic specialty care to Dam Neck and Northwest. If this facility were to close, dental specialists at this end of the Tidewater area would be lost; causing 1-hour one way trip to the next source of tertiary care.

OCEANA UIC: 35047

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

If this facility were to close and the active duty population were to remain, they would have to travel approximately 30 miles to NDC, Norfolk for dental care. That would result in a loss of 1 1/2 hours manpower per patient per visit in travel time alone. BDC, Dam Neck, the closest facility, is neither staffed nor sized to accept another 10,300 patients.

12. 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:

BDC: OCEANA

(UIC: 35047)

UNIT NAME	UNIT NUMBER	# OF STAFF ASSIGNED
FLTHOSP #5 (500 CBTZ)	68685	01
USNS COMFORT (T-AH-20)	46246	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

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

Although the mobilization requirement for this clinic is limited, the administrative requirements needed for mobilization preparedness adversely affect the number of patients seen in the clinic. The benefit of not having the mobilization requirement would be related to the position effected. (ie: Dentist or Dental Tech; on the average a dentist sees 8 patients a day with good staffing. If the tech is gone, the number of patients seen is reduced.

13. Quality of Life.

This information was provided by UIC #60191, Naval Air Station, Oceana, Virginia Beach, Virginia, BRAC Data Call #38.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

ACTIVITY COMMANDER

R.A. WIDLAK
NAME (Please type or print)


Signature

DIRECTOR
Title

31 May 94
Date

BRANCH DENTAL CLINIC OCEANA
Activity

ENCLOSURE (5)
PART 2

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

NEXT ECHELON LEVEL (if applicable)

R. L. KJOME
NAME (Please type or print)
Commanding Officer
Title
Naval Dental Center, Norfolk
Activity

R. L. KJOME
Signature

Date

31 May 94

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. HAGEN
Signature

Date

6-20-94

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

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

W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner
Signature

Date

8/13/94

460

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic, NAS Whidbey Island
ACTIVITY UIC: 39075

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	117176	120691	124311	128040	131881	135837	137195	137195	137195
UNMET	35152	36207	37293	38412	39564	40751	41158	41158	41158
TOTAL	152328	156898	161604	166452	171445	176588	178353	178353	178353

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

Population growth and CTV's have consistently grown over the past three fiscal years at a three percent rate. Therefore, the "MET" CTV's have been computed using a steady three percent growth from FY93 to FY99. I feel the "UNMET" CTV's are 30 percent of the FY93 "MET" projection. This is due to an increase in active duty population, majority from BRAC issues. Also, our manning allowance has not been met since FY92. The physical plant has not reached its capacity as of yet and will not reach it's maximum capacity until FY98 or FY99.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	120691	124311	128040	131881	135837	137195	137195	137195
UNMET	36207	37293	38412	39564	40751	41158	41158	41158
TOTAL	156898	161604	166452	171445	176588	178353	178353	178353

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

RAPS population data includes dependents of active duty, retired, dependents of retired, survivors and others medical eligible. It is not consistent with Navy Dentistry. Since the Navy Dental Insurance (DELTA Dental) was instituted a decreasing amount of dependents have been treated. Retired are only treated on a space available basis. Growth of active duty and increased productivity is therefore consistent with the workload predictions in paragraph 1. under "Mission Requirements".

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	10	10	10	10	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	0	2	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	3	2	2	2	2	2	2

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

S. M. TWOHEY, CAPT, DC, USN
NAME (Please type or print)

S M. Twohey
Signature

DIRECTOR, BDC, WHIDBEY ISLAND
Title

5-31-94
Date

NAS, WHIDBEY ISLAND
Activity

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Dental Clinic, Naval Air Station, Whidbey Island, WA</i>
Acronym(s) used in correspondence	<i>Branch Dental Clinic NAS Whidbey BDC, NAS Whidbey Island</i>
Commonly accepted short title(s)	<i>BDC Whidbey</i>

- Complete Mailing Address
Branch Dental Clinic
3475 N. Saratoga Street
Naval Air Station, Whidbey Island
Oak Harbor, WA 98278-8900

- PLAD BRDENCLINIC WHIDBEY ISLAND WA

- PRIMARY UIC: 39075 (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)

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: 00620

• Primary Host (as of 01 Oct 1995) UIC: 00620

• Primary Host (as of 01 Oct 2001) UIC: 00620

• **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.

As a result of BRAC-93 two P-3 squadrons have been reassigned to NAS Whidbey. The squadrons have already begun to move on board the air station. Currently there has been an increase of 517 active duty personnel. No additional budget or billets have been reassigned to BDC Whidbey under BRAC-93.

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 direct support to Naval Air Station Whidbey Island and it's tenant commands. (30 units, 2,864 active duty personnel)
- Provide direct support to 27 operational units (squadrons). 5,466 active duty personnel.
-
-
-
-

Projected Missions for FY 2001

- N/A
-
-
-
-

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 |
| <u>Naval Dental Center, Bremerton WA</u> | <u>68443</u> |
| ● Funding Source | UIC |
| <u>Naval Dental Center, Bremerton WA</u> | <u>68443</u> |

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command Contracted	<u>8</u>	<u>18</u>	<u>2</u> 2*
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command Contracted	<u>10</u>	<u>15</u>	<u>2 0 62A</u> 3*
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
<u>Sheila M. Twohey CAPT DC USN</u>	(206) 257-2601	(206) 257-4040	(206) 678-3660
• Duty Officer			[N/A]
•			
<u>George R. Myers CDR DC USN</u>	(206) 257-2572	(206) 257-4040	
•			

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

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

- **Local Area Map.** This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- **Aerial photo(s).** Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- **Air Installations Compatible Use Zones (AICUZ) Map.** (Provide 12 copies.)

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

Larry V. Kuhl, CAPT DC USN
NAME (Please type or print)

Larry V. Kuhl
Signature

Commanding Officer
Title

Date

Naval Dental Center, 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

VADM Donald Hagen, MC _____

Donald Hagen

Signature

NAME (Please type or print)

2-8-94

Date

SURGEON GENERAL/CHIEF BUMED _____

Title

BUREAU OF MEDICINE & SURGERY _____

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene, Jr

Signature

ACTING

Title

16 FEB 1994

Date

460

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic, NAS Whidbey Island
ACTIVITY UIC: 39075

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

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

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MISSION REQUIREMENTS

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

The mission of Branch Dental Clinic Whidbey Island is to provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities and other authorized personnel at NAS Whidbey Island. This includes over 8000 personnel in 21 squadrons and 31 tenant commands aboard Naval Air Station Whidbey Island.

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)
VA 128	N09522	NAS WHIDBEY	524
VAQ 129	N09995	NAS WHIDBEY	522
AIMD	N44329	NAS WHIDBEY	452
SEAOPDET	N46967	NAS WHIDBEY	428
NAS	N00620	NAS WHIDBEY	346
VA 196	N09093	NAS WHIDBEY	314
VA 52	N09283	NAS WHIDBEY	308
VA 95	N09707	NAS WHIDBEY	305
VP 40	N09674	NAS WHIDBEY	304
NAVFAC	N68844	NAS WHIDBEY	291
VA 165	N09616	NAS WHIDBEY	280
VP 46	N09632	NAS WHIDBEY	277
VAQ 139	N09200	NAS WHIDBEY	221
NAVHOSP	N66097	NAS WHIDBEY	215
VAQ 138	N09199	NAS WHIDBEY	213
VAQ 135	N09971	NAS WHIDBEY	209
VAQ 134	N09970	NAS WHIDBEY	208
VAQ 140	N53806	NAS WHIDBEY	202
VAQ 137	N09996	NAS WHIDBEY	201
VAQ 132	N09615	NAS WHIDBEY	199
VAQ 131	N09364	NAS WHIDBEY	198
VAQ 130	N09289	NAS WHIDBEY	197
VAQ 141	N53807	NAS WHIDBEY	197
SE	N46252	NAS WHIDBEY	153
NAVAIRES	N00621	NAS WHIDBEY	141

A/C OP DET	N35674	NAS WHIDBEY	134
VP 69	N09989	NAS WHIDBEY	133
VAQ 309	N53871	NAS WHIDBEY	122
VAQ 129 STUDENTS	N30694	NAS WHIDBEY	111
NAMTRAGRU DET	N66058	NAS WHIDBEY	108
VA 128 STUDENTS	N30679	NAS WHIDBEY	85
EODMU 11	N55569	NAS WHIDBEY	81
VR 61	N08988	NAS WHIDBEY	81
COMPATWING 10	N55165	NAS WHIDBEY	57
CBU 417	N66925	NAS WHIDBEY	50
CVWP	N55627	NAS WHIDBEY	50
NAVFAC (CANADIAN DET)	NX2305	NAS WHIDBEY	47
PSD	N43138	NAS WHIDBEY	46
CAWP	N55628	NAS WHIDBEY	44
MAWS	N46740	NAS WHIDBEY	38
NWSTF	N30051	BOARDMAN, OR	33
EODMU 17	N47150	NAS WHIDBEY	32
NAVCOMDET	N33219	NAS WHIDBEY	31
NAS OTHERS	N43492	NAS WHIDBEY	29
DENTAL CLINIC	N39075	NAS WHIDBEY	23
NPMD	N65907	NAS WHIDBEY	22
MATSG	N67849	NAS WHIDBEY	20
MWSS 473	N48043	NAS WHIDBEY	17
FASO	N0345A	NAS WHIDBEY	12
STU EEAP SVC	N43997	NAS WHIDBEY	12
FIC	N45002	NAS WHIDBEY	12
NLSO	N35502	NAS WHIDBEY	9
NAESU	N30333	NAS WHIDBEY	8
DECA	N49110	NAS WHIDBEY	8

ROICC (WESTDIV)	NX1366	NAS WHIDBEY	6
CAAC	N68121	NAS WHIDBEY	4
RBSU	N30052	SPOKANE	4
NAVY EXCHANGE	N63355	NAS WHIDBEY	1
NAVFAC DET PAC BCH)	N57056	NAS WHIDBEY	1
NAVY CAMPUS	N49304	NAS WHIDBEY	1

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

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	8275
B. FY1993 MET WORKLOAD (CTVs)	117176
C. FY1993 UNMET WORKLOAD (CTVs)	35152
D. TOTAL WORKLOAD (B+C)	152328
E. MET WORKLOAD PER CAPITA (B÷A)	14.16
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.25
G. WORKLOAD PER CAPITA (D÷A)	18.41

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	24930 ⁹²³⁶	24768 ⁹²³⁶	24552 ⁹²³⁶	24069 ⁹²³⁶	21165 ⁹²³⁶	24252 ⁹²³⁶	24252 ⁹²³⁶	24252 ⁹²³⁶
A: TOTAL MET CTVs	120691	124311	128040	131881	135837	137195	137195	137195
B: TOTAL UNMET CTVs	36207	37293	38412	39564	40751	41158	41158	41158
C: TOTAL WORKLOAD REQUIREMENT (A+B)	156898	161604	166452	171445	176588	178353	178353	178353
DENTISTS (MIL AND CIV)	10	10	10	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	2	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	2	2	2	2	2	2

940607
MEO63
RSM

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
None	N/A							

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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 Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
54010	Bldg 993/Patient Care	11023	4 years	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.

6a. 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?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	39075
FACILITY	BRANCH DENTAL CLINIC, NAS WHIDBEY ISLAND, WA 98278 BLDG. 993		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BRANCH DENTAL NAS	1	73 X 151	
2. DENTAL TREATMENT ROOM	18	12 X 12	
3. STERILIZATION ROOM	1	11 X 16	CLEAN SIDE
	1	11 X 8	DIRTY SIDE
4. X-RAY EXPOSURE ROOM	1	14 X 10	
5. DARKROOM	1	10 X 6	
6. PROSTHETIC LAB	1	25 X 12	
7. STOREROOM/ SUPPLY ROOM	1	20 X 17	
8. CONFERENCE ROOM	1	24 X 12	
9. ADMINISTRATIVE OFFICE	2	12 X 10	
	1	8 X 11	
10. DENTAL OFFICER'S OFFICE	1	11 X 12	

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(1)

11. DENTAL REPAIR SHOP	1	10 X 10	
12. PATIENT WAITING AREA	1	53 X 24	
13. RECORDS CONTROL OFFICE	1	24 X 10	
14. LOCKER ROOM (MALE)	2	10 X 8	
15. LOCKER ROOM (FEMALE)	1	10 X 8	
16. TOILET FACILITY (MALE)	4	7 X 7	
17. TOILET FACILITY (FEMALE)	3	7 X 7	
18. OTHER MAJOR ROOMS EQUIPMENT ROOM COPY ROOM	4 1	10 X 10 10 X 8	CONSULTATION ROOM DUTY ROOM

PART 11 - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2071	10	(5)A-4(5)A-5
	ADEC 2070	3	(2)A-4(1)A-5
	ADEC 2080	3	(2)A-4(1)A-5
	ADEC 2040	1	A-5
2. DENTAL OPERATING CHAIR	RELIANCE (X-RAY)	1	A-5
	ADEC 1005	16	A-4
	ROYD SURG. CHAIRS-615	1	A-4
	DEI- TAL- E2 PL 200	1	B-6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	18	A-5
4. CENTRAL VACUUM SYSTEM	DEN- TAL- E2 CD210	2	A-4
5. AIR COMPRESSOR DEHYDRATOR	NONE	0	
6. STERILIZER	AHSCO 3011 AHSCO 3012 W/S	1 1	A-4 A-4
7. LIFE SUPPORT EQUIPMENT	VERIFLO OXYGEN REGULATOR	3	A-4
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE	0	
2. VACUUM PORCELAIN FURNACE	NEY MARK III MODULAR DENISPLY MULTIWATT 99	1 1	B-5 A-4
3. BURNOUT OVEN	JELETKO ACCU-THERM 250 JELETKO ACCU-THERM II 1000	1 1	A-5 A-5
4. OTHER PROSTHETIC EQUIPMENT			

NAVVED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX	1	A-4	MAR 93
	GENDEX GX-770	1	A-4	MAR 93
	GE 1000	1	A-5	MAR 93
2. MOBILE INTRA-ORAL	NONE	0		
3. PANORAMIC	GENDEX PANELIPSE II	1	A-4	MAR 93
4. CEPHALOMETRIC	NONE	0		
5. FILM PROCESSOR	AIR TECHNIQUES AT 2000	1	A-4	
		1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT: AC <input checked="" type="checkbox"/> DC <input type="checkbox"/>	a. VOLTAGE: 120/240	b. CYCLE: 60
2. GAS: <input type="checkbox"/> NATURAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/>	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

DATE 01 JAN 94 290.2 93	TYPED NAME AND GRADE S. M. TWOHEY, CAPT, DC, USN	SIGNATURE <i>S. M. Twohey</i>
----------------------------	---	----------------------------------



DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	39075
FACILITY	BRANCH DENTAL CLINIC, NAS WILD BEY ISLAND, WA 98278 BLDG #993, DENTAL TRAILER		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT MOBILE DENTAL TRAILER	1	33' X 9'	
2. DENTAL TREATMENT ROOM	1	8 X 13	
	1	8 X 11	
3. STERILIZATION ROOM	0		
4. X-RAY EXPOSURE, ROOM	0		
5. DARKROOM	1	4 X 4	
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	0		
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	0		

NAVMED 6750/4 (Rev. 5/91)

WILD BEY ISLAND (12)



11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	8 X 8	
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	0		
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC-N14'-TROL 4000	2	B-4
2. DENTAL OPERATING CHAIR	SS WHITE REGENCY	2	B-4

NAVMED 6750/4 (Rev. 5/91)



3. DENTAL OPERATING LIGHT	DEN-TAL-E2 DARAY	2	B-4
4. CENTRAL VACUUM SYSTEM	DEN-TAL-E2 CD-202	1	B-4
5. AIR COMPRESSOR DEHYDRATOR	NIKESSEN MOD 586 AIR TECHNIQUES	1	B-4
6. STERILIZER	AHSCO SPEED CLAVE	1	B-4
7. LIFE SUPPORT EQUIPMENT	NONE	0	
8. OTHER MAJOR EQUIPMENT	NONE	0	

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE	0	
2. VACUUM PORCELAIN FURNACE	NONE	0	
3. BURNOUT OVEN	NONE	0	
4. OTHER PROSTHETIC EQUIPMENT	NONE	0	

NAVMED 6750/4 (Rev. 5/91)





SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX	1	A-4	MAR 93
2. MOBILE INTRA-ORAL	NONE	0		
3. PANORAMIC	NONE	0		
4. CEPHALOMETRIC	NONE	0		
5. FILM PROCESSOR	AIR TECHNIQUES PERI- PRO	1	A-4	

PART III - UTILITIES

1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 120/240	b. CYCLE: 60
2. GAS:		NATURAL	COMMERCIAL	BOTTLE	ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

DATE 01 JAN 94 39872.9.3	TYPED NAME AND GRADE S. M. TWOMEY, CAPT, DC, USN	SIGNATURE S. M. Twomey
-----------------------------	---	---------------------------

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
None			

7a. 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
None			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
None			

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

LOCATION

9. Geographic Location. How does your geographic location affect your mission? LOCATION ACCENTS MISSION. LOCATED ON BASE WITH EXCELLENT ACCESS

a. What is the importance of your location relative to the clients supported? EXCELLENT ACCESS, CLOSE PROXIMITY, ACCEPTABLE PARKING

b. What are the nearest air, rail, sea, and ground transportation nodes? SEATTLE, ACCESSIBLE BY FERRY OR ROAD

c. What is the importance of your location given your mobilization requirements? COMPLEMENTS REQUIREMENT

d. On the average, how long does it take your current client/customers to reach your facility? 10 MINUTES AVERAGE

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? ONLY TWO CIVILIAN EMPLOYEES WITH EXTREMELY LOW TURNOVER FOR CIVIL SERVICE. HOWEVER, ISOLATED LOCATION LIMITS POOL OF CONTRACT HYGIENISTS WHO HAVE A HIGHER TURNOVER RATE. RECRUITING BY CONTRACTING COMPANIES EXPANDS BEYOND THE LOCAL AREA.

FEATURES AND CAPABILITIES

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

If the dental clinic at BDC Whidbey was closed there would be no Navy dental treatment facility on the eastern side of Puget Sound from the Canadian border to the small clinic at Everett, Washington. The bulk of Navy Dental resources are located on the western side of Puget Sound. This would eliminate the capability of treating emergency as well as routine dental problems without a lengthy drive to Ft. Lewis or a trip across the sound.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

Active duty would be required to travel to Branch Dental Clinic, Bangor or NDC Bremerton to receive dental care. These are a three hour drive each way (including taking a ferry which is sometimes cancelled due to weather).

The only other alternatives would be utilizing the Ft. Lewis Army Dental Clinic, also a three hour drive, or Everett (1 1/2 hours away). The Everett clinic is not staffed to handle the increase in patients that closure of the Whidbey Island clinic would entail.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USNS MERCY (TAH 19)	46245	3
NDC PEARL HARBOR	62313	2
NDC OKINAWA	68582	2
NDC GUAM	62328	1
NAVHOSP OKINAWA	68470	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.

13. Quality of Life. INFORMATION SUBMITTED BY NAS WHIDBEY ISLAND, UIC: 00620 AS BRAC 29.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

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

S. M. TWOHEY, CAPT DC, USN
NAME (Please type or print)

S. M. Twohey
Signature

DIRECTOR, BDC, WHIDBEY ISLAND
Title

5-31-94
Date

NAS, WHIDBEY ISLAND
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT L. V. KUHL, DC, USN
NAME (Please type or print)

L. V. Kuhl
Signature

COMMANDING OFFICER
Title

1 June 94
Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC WHIDBEY ISLAND UIC 39057
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

D. F. Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-8-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

R. R. Sareeram
Signature

ACTD6
Title

27 JUN 1994
Date

460

**DATA CALL 66
INSTALLATION RESOURCES**

1 Activity Information:

Activity Name:	BRANCH DENTAL CLINIC WHIDBEY ISLAND
UIC:	39075
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION WHIDBEY ISLAND OAK HARBOR WA
Host Activity UIC:	00620

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: BRANCH DENTAL CLINIC WHIDBEY ISLAND WA		UIC: 39075	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair		6	6
1b. Minor Construction			
1c. Sub-total 1a. and 1b.		6	6
2. Other Base Operating Support Costs:			
2a. Utilities		13	13
2b. Transportation		2	2
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)			
2k. Sub-total 2a. through 2j:		15	15
3. Grand Total (sum of 1c. and 2k.):		21	21

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M:	319
SUBTOTAL DIRECT	319
MILITARY PERSONNEL:	
MPN	51
SUBTOTAL MPN	51
GRAND TOTAL	370

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC WHIDBEY IS WA			UIC: 39075
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	N/A	N/A	N/A
1a. Real Property Maintenance (> \$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (< \$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:	N/A	N/A	N/A
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC WHIDBEY ISLAND WA	UIC: 39075
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	13
Material and Supplies (including equipment):	80
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	2
Other Purchases (Contract support, etc.):	203
Total:	298

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC WHIDBEY ISLAND WA	UIC: 39075
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:* Dental Hygienists	3
Total Workyears:	3

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

*Dental Hygienist contracts are required to provide oral prophylaxis and preventive dentistry procedures due to large demand of active duty beneficiaries.

**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)):

Three (3)

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):

Three (3)

see next pg

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BUMED
MED 825
GSA
8/4/94
VR BUMED
824 8/4/94

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39075

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

None

2) Estimated number of workyears which would be eliminated:

None

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):

Three (3)

392
14 ~~HR~~
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MED-835
GSA 8/4/94
VRBUMED 824 8/4/94

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

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

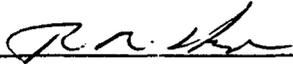
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity



Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity



Signature

8-8-94

Date

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

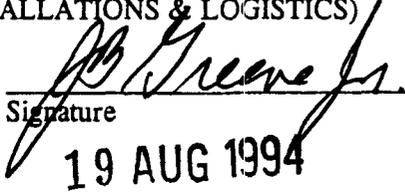
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title



Signature

19 AUG 1994

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

L. V. KUHL, CAPT, DC, USN
NAME (Please type or print)

L.V. Kuhl
Signature

COMMANDING OFFICER
Title

12 July 94
Date

NAVAL DENTAL CENTER BREMERTON WA
for BRANCH DENTAL CLINIC BANGOR
Activity

4/61

MILITARY VALUE ANALYSIS: # 29
 DATA CALL WORK SHEET FOR
 DENTAL FACILITY: BRANCH DENTAL CLINIC,
NAVAL STATION PASCAGOULA
 ACTIVITY UIC: 48868 *48867* *MD 63*
240613

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

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

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MISSION REQUIREMENTS

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

- To provide quality dental services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized personnel in the assigned geographic area of SUPSHIP, Conv & Repair, Pascagoula, Mississippi.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CG 73 PT ROYAL	21830	SUPSHIP PASC	347
SIMA PASC GOULA	47318	NAVSTA PASC	249
FFG 32 J HALL	21057	NAVSTA PASC	221
FFG 24 J WILLIAMS	02977	NAVSTA PASC	220
DDG 55 STOUT	21685	SUPSHIP PASC	218
FFG 29 S GROVES	21054	NAVSTA PASC	210
FFG 26 GALLERY	20979	NAVSTA PASC	206
FFG 20 ANTRIM	20973	NAVSTA PASC	167
FFG 21 FLATLEY	20974	NAVSTA PASC	163
SSHP PASG D INGA	47382	SUPSHIP PASC	88
DDG 57 MITSCHER	21687	SUPSHIP PASC	59
SUPSHIP PASGLA MS	62795	SUPSHIP PASC	58
LHD 4 B PCU	41294	SUPSHIP PASC	39
NS PASCAGOULA MS	68890	NAVSTA PASC	38
CDS 6	52811	SUPSHIP	26
NS PASCAG OTHR	39441	NAVSTA PASC	21
HNRCL PASCAGOULA	47435	NAVSTA PASC	20
DDG 59 RUSSELL	21821	SUPSHIP PASC	14
DDG 59 R PCU	41255	SUPSHIP PASC	7
DDG 57 M PCU	41253	SUPSHIP PASC	7
NDC BR PASCAGOULA	48867	NAVSTA PASC	5
PSD PASCAGOULA	49332	NAVSTA PASC	4
DDG 61 RAMAGE	41257	SUPSHIP PASC	4
COMDESRON 6 NDC	49127	SUPSHIP PASC	3

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NDCLBR SS PASCAG	42345	SUPSHIP PASC	3
AIGISCSSGSSHP MS	45536	SUPSHIP PASC	2
NEXCH DT PASCGLA	68158	NAVSTA PASC	1
DDG 61 RAMAGE	21823	SUPSHIP PASC	1
DDG 65 BF PCU	41286	SUPSHIP PASC	1

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1,048
B. FY1993 MET WORKLOAD (CTVs)	14,586
C. FY1993 UNMET WORKLOAD (CTVs)	4,357
D. TOTAL WORKLOAD (B+C)	18,943
E. MET WORKLOAD PER CAPITA (B+A)	13.92
F. UNMET WORKLOAD PER CAPITA (C+A)	4.16
G. WORKLOAD PER CAPITA (D+A)	18.08

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY.**

Explanation:

- EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD.
- See attached sheet for notes and calculations.

BDC NAVSTA Pascagoula Data Call #29

Actual Population 1,048
 RAPS 0 Not Available
 FY-1993-Total MET CTVs 14,586

EFFICIENCY REVIEW METHODOLOGY						
Class Requirements			ER Multiple			
Class	# of Patients	% of Patients	Class	# of Patients	CTV Multi	Result
I	147	14%	II	776	4.55	3,531
II	776	74%	III	52	9.20	478
III	52	5%	IV	73	4.77	348
IV	73	7%	Total	901	UNMET	4,357
Total	1,048	100%				

Percentages of Class II, III, and IV records shown above are derived from the average percentages for June thru May 1994. UNMET CTVs are then determined after applying the ER multiple also noted above.

*****BDC NAVSTA Pascagoula UIC 48867 opened as a temporary clinic November 1992 and permanent clinic in October 1993.*****

Workload per Capita

A.	ACTUAL POPULATION	1,048
B.	FY1993 MET WORKLOAD (CTVs)	14,586
C.	FY1993 UNMET WORKLOAD (CTVs)	4,357
D.	TOTAL WORKLOAD (B+C)	18,943
E.	MET WORKLOAD PER CAPITA (B/A)	13.92
F.	UNMET WORKLOAD PER CAPITA (C/A)	4.16
G.	WORKLOAD PER CAPITA (D/A)	18.08

BDC NAVSTA Pascagoula UIC 48867 opened November 1992.

X-Ray CTVs are included in FY-1993 MET workload.

MET CTVs represent workload for one Dental Officer.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	2,402	2,402	2,402	2,402	2,402	2,402	2,402	2,402
A: TOTAL MET CTVs	22,453	26,184	26,184	26,184	26,184	26,184	26,184	26,184
B: TOTAL UNMET CTVs	9,991	9,991	9,991	9,991	9,991	9,991	9,991	9,991
C: TOTAL WORKLOAD REQUIREMENT (A+B)	32,444	36,175	36,175	36,175	36,175	36,175	36,175	36,175
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **SEE ATTACHED SHEET (NEXT PAGE)**

Explanation:

- See attached sheet for notes and calculations.

BDC NAVSTA Pascagoula Data Call #29

29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,402	2,402	2,402	2,402	2,402	2,402	2,402	2,402
A: Total MET CTVs	22,453	26,184	26,184	26,184	26,184	26,184	26,184	26,184
B: Total UNMET CTVs	9,991	9,991	9,991	9,991	9,991	9,991	9,991	9,991
C: Total Workload requirements (A+B)	32,444	36,175	36,175	36,175	36,175	36,175	36,175	36,175
Dentists (military and civilian)	2	2	2	2	2	2	2	2
Prophy Techs (military and civilian)	1	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	0	0	0	0	0	0	0	0

BDC SUPSHIPS Pascagoula UIC 42345 closed in February 1994. CTV data for FY -1994 is NAVSTA and SUPSHIPS combined. SUPSHIPS CTV data for FY-1993 reported separately.

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.

RAPS population data unavailable for this Branch Dental Clinic. FY-95 thru FY-2001 CTVs, NAVSTA & SUPSHIPS actual population of April 1994 was combined for all calculations.

FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.

UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.

FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

Dental Officer Billets for NAVSTA and SUPSHIPS combined. Total equals 2 Dental Officers for FY-1994 on.

FY-1995-2001

	Numbers	AVG CTVs	Months	CTVs Year
DO	2	771	12	18,504
HYG	0	0	12	0
Prophy	1	421	12	5,052
X-Ray	0	219	12	2,628
Total CTVs				26,184

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A No training programs at this facility.								

FACILITIES

- Not applicable, building is owned by NAVSTA Pascagoula, MS.

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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 Dental 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.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

- Not applicable, building is owned by NAVSTA Pascagoula, MS.

- Not applicable, building is owned by NAVSTA Pascagoula, MS.

7. 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

7a. 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

7b. 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

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

- Not applicable, building is owned by NAVSTA Pascagoula, MS.

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

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

- Dental clinic should be close to units served.

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

- Not applicable to dental clinics.

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

- Not applicable to dental clinics.

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

- Naval Station - 10 minutes
SUPSHIP - 20 minutes

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

- Help; NONE. Hinder; geographic isolation, no large metropolitan area within 30 miles.

FEATURES AND CAPABILITIES

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

- Branch Dental Clinic, Naval Station Pascagoula provides dental support to all the personnel aboard the Naval Station and the ships homported here. In addition, it provides support to all personnel at SUPSHIP Pascagoula and the personnel assigned to Pre Com Units. Loss of the Naval Station dental would necessitate reopening, reequipping, and staffing a dental facility at SUPSHIP Pascagoula or transporting dental patients to Keesler AFB or CBC Gulfport for treatment.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

- Reopen and restaff the Branch Dental Clinic at SUPSHIP Pascagoula - but the facility there would have to be expanded and modernized. Dental support could be arranged at the dental clinic at Keesler AFB or at CBC Gulfport.

12. 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
FLT HOSP # 5		ENLISTED = 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.

1. No DO's assigned = 0 CTV's lost/month.
2. Deploying Enlisted are not Propy Techs. No CTV's lost.

13. Quality of Life.

- This segment answered by Host Activity, NAVSTA Pascagoula, MS (UIC 68990) in BRAC Data Call # 9.

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

8-2-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)
J. B. GREENE, JR.

J. B. Greene, Jr.

Signature

NAME (Please type or print)
ACTING

16 AUG 1994

Date

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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

29 BDC Naval Station Pascagoula, MS

461

CAPACITY ANALYSIS: # 20
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC, NAVSTA, PASCAGOULA
ACTIVITY UIC: 48868 940613
48867 MAS63



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

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

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MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	14,586	22,453	26,184	26,184	26,184	26,184	26,184	26,184	26,184
UNMET	4,357	9,991	9,991	9,991	9,991	9,991	9,991	9,991	9,991
TOTAL	18,943	32,444	36,175	36,175	36,175	36,175	36,175	36,175	36,175

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- See next page for notes and calculations.

BDC NAVSTA Pascagoula Data Call #28

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,402	2,402	2,402	2,402	2,402	2,402	2,402	2,402
A: Total MET CTVs	22,453	26,184	26,184	26,184	26,184	26,184	26,184	26,184
B: Total UNMET CTVs	9,991	9,991	9,991	9,991	9,991	9,991	9,991	9,991
C: Total Workload requirements (A+B)	32,444	36,175	36,175	36,175	36,175	36,175	36,175	36,175
Dentists (military and civilian)	2	2	2	2	2	2	2	2
Prophy Techs (military and civilian)	1	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	0	0	0	0	0	0	0	0

BDC SUPSHIPS Pascagoula UIC 42345 closed in February 1994. CTV data for FY -1994 is NAVSTA and SUPSHIPS combined. SUPSHIPS CTV data for FY-1993 reported separately.

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.

RAPS population data unavailable for this Branch Dental Clinic. FY-95 thru FY-2001 CTVs , NAVSTA & SUPSHIPS actual population of April 1994 was combined for all calculations.

FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.

UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.

FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

Dental Officer Billets for NAVSTA and SUPSHIPS combined. Total equals 2 Dental Officers for FY-1994 on.

FY-1995-2001

	Numbers	AVG CTVs	Months	CTVs Year
DO	2	771	12	18,504
HYG	0	0	12	0
Prophy	1	421	12	5,052
X-Ray	0	219	12	2,628
Total CTVs				26,184

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	32,904	32,904	32,904	32,904	32,904	32,904	32,904	32,904
UNMET	0	3,271	3,271	3,271	3,271	3,271	3,271	3,271
TOTAL	32,904	36,175	36,175	36,175	36,175	36,175	36,175	36,175

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- See next page for notes and calculations.

8

BDC NAVSTA Pascagoula Data Call #28

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	32,904	32,904	32,904	32,904	32,904	32,904	32,904	32,904
UNMET	0	3,271	3,271	3,271	3,271	3,271	3,271	3,271
Total	32,904	36,175	36,175	36,175	36,175	36,175	36,175	36,175

Given physical plant is the only constraint.
 RAPS population data unavailable for this clinic.

This clinic has 4 usable Dental Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs.

Assumptions:

1. 4 DTRs could be ideally staffed with 2 Dental Officers (DOs) and 1 Hygienist (HYG).
2. Required enlisted personnel will be available.
3. Sufficient supplies will be available.
4. Sufficient funding will be available.

MET CTVs

	Numbers	AVG CTVs	Months	CTVs Year
DO	2	771	12	18,504
HYG	1	981	12	11,772
Prophy	0	0	12	0
X-Ray	0	219	12	2,628
Total CTVs				32,904

DO's average CTVs same as clinic average reported in Data Call #29.

X-ray average CTVs same as reported in Data Call #29.

Hygienist's average CTVs are command wide average of all HYG for February, March, and April 1994.

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	1	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

- Same as projected Staffing in Data Call #29.

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)
ACTING

Signature

Title

Date

16 AUG 1994

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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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC Naval Station Pascagoula, MS

ENCLOSURE (3)

461

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC
SUPSHIPS, PASCAGOULA
ACTIVITY UIC: 42345

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

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

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MISSION REQUIREMENTS

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

- NOTE: THIS FACILITY CLOSED FEBRUARY 1994. DENTAL CARE PROVIDED BY NAVSTA BDC PASCAGOULA UIC: 48867.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

- Workload data for October thru January FY-1994 combined with BDC NAVSTA Pascagoula.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1,350
B. FY1993 MET WORKLOAD (CTVs)	10,172
C. FY1993 UNMET WORKLOAD (CTVs)	5,617
D. TOTAL WORKLOAD (B+C)	15,789
E. MET WORKLOAD PER CAPITA (B+A)	7.53
F. UNMET WORKLOAD PER CAPITA (C+A)	4.16
G. WORKLOAD PER CAPITA (D+A)	11.70

- X-Ray CTV's are included in FY-1993 MET workload.

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY.**

Explanation:

- **EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD.**

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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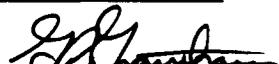
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

29 BDC SUPSHIP Pascagoula, MS

ENCLOSURE (14)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

~~DIFF HAGEN, VADM, MC, USN~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

15 JUN 1994

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

R. R. SAREERAM

NAME (Please type or print)

Signature

Title

Date

ACTING

27 JUN 1994

461 #28

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC
SUPSHIPS, PASCAGOULA
ACTIVITY UIC: 42345

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

- 1. Workload 3,4
- 2. Staffing5

- NOTE: THIS FACILITY CLOSED FEBRUARY 1994. DENTAL CARE PROVIDED BY NAVSTA, BDC PASCAGOULA, UIC: 48867

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC SUPSHIP Pascagoula, MS

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

~~XXXX HAGEN, XADMI, MC, USN XXX~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

R. I. Ridenour

Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

Title

Date

15 JUN 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

J. B. Greene, Jr.

Signature

ACTING

Title

Date

6/20/94

Document Separator

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 68990

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

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

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

Activity: 48867

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.

None

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

Current Missions

- Provide dental support to NAVSTA personnel.
- Facilitate utilization of Delta Dental Plan.
- Provide dental support to the Precommissioning Units.
- Provide dental support to SUPSHIP personnel.
- Coordinate dental repair services to ships with Dental Dept.
- Provide after-hour emergency dental services.
- Conduct training to ensure operational dental readiness.

Projected Missions for FY 2001

- Same as above
-
-
-
-

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

- NONE

-

-

Projected Unique Missions for FY 2001

- NONE

-

-

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

• Operational name	UIC
<u>Naval Dental Center, Pensacola, FL</u>	<u>68441</u>
• Funding Source	UIC
_____	_____

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

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

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

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

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

BRAC-95 CERTIFICATION

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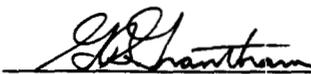
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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT G. B. Grantham, DC, USN
NAME (Please type or print)


Signature

Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
Activity

Activity: 48867

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

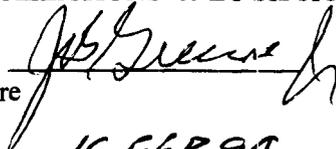
Activity

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

16 FEB 94

Title

Date

ACTING

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

461

Activity Name:	Branch Dental Clinic, Pascagoula, Mississippi
UIC:	48867
Host Activity Name:	Naval Station, Pascagoula, Mississippi
Host Activity UIC:	68890

L VR Burned 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, Pascagoula, Mississippi		UIC: 48867	
Category	FY-96 BOS COSTS (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	6		6
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	2		2
2k. Sub-total 2a. through 2j.	9		9
3. Grand Total (sum of 1c. and 2k.):	9		9

Table 1B N/A VR Bumed 824 8/1/94

2 VR Bumed 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, Pascagoula, Mississippi	UIC: 48867
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	4
Material and Supplies (including equipment):	51
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	4
Total:	59

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, Pascagoula, Mississippi	UIC: 48867
Cost Category	FY-1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:	N/A
Total Workyears::	N/A

Table 3B N/A VR BUMED 824 8/1/94

Off-Base Contract Workyear Data

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

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

3. VR BUMED 824 8/1/94

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

G. B. GRANTHAM
NAME (Please type or print)


Signature

Commanding Officer
Title

13 July '94
Date

Naval Dental Center, Pensacola Florida
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)
COMPTROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
18 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
7-18-94
Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
Signature
8-2-94
Date

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

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

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

[Signature]
Signature
8/30/94
Date

462

CAPACITY ANALYSIS: # 28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC, NEW ORLEANS
ACTIVITY UIC: 41787

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	73,829	33,358	46,464	46,464	46,464	36,720	36,720	36,720	36,720
UNMET	11,049	11,049	1,305	1,305	1,305	11,049	11,049	11,049	11,049
TOTAL	84,878	44,407	47,769	47,769	47,769	47,769	47,769	47,769	47,769

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- SEE NEXT PAGE FOR NOTES AND CALCULATIONS

BDC NSA New Orleans Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	3,433	3,433	3,433	3,433	3,433	3,433	3,433	3,433
A: Total MET CTVs	33,358	46,464	46,464	46,464	36,720	36,720	36,720	36,720
B: Total UNMET CTVs	11,049	1,305	1,305	1,305	11,049	11,049	11,049	11,049
C: Total Workload requirements (A+B)	44,407	47,769	47,769	47,769	47,769	47,769	47,769	47,769
Dentists (military and Civilian)	3	4	4	4	3	3	3	3
Prophy Techs (military and Civilian)	1	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	0	0	0	0	0	0	0	0

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant. RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations. FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994. UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average. FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below. FY-1994 workload data represents 3 Dental Officers and zero Hygienists.

FY-1995-1997

	Numbers		AVG CTVs	Months	CTVs Year	Provider AVG
DO	4		812	12	38,976	9,744
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		203	12	2,436	
Total CTVs					46,464	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994. One Dental Officer gained for FY-1995-1997.

FY-1998-2001

	Numbers		AVG CTVs	Months	CTVs Year	Provider AVG
DO	3		812	12	29,232	9,744
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		203	12	2,436	
Total CTVs					36,720	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994. Anticipate loss of 1 Dental Officer Billet in FY-1998 on.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	53,184	53,184	53,184	53,184	53,184	53,184	53,184	53,184
UNMET	0	0	0	0	0	0	0	0
TOTAL	53,184	53,184	53,184	53,184	53,184	53,184	53,184	53,184

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- PLEASE NEXT PAGE SHEET FOR NOTES AND CALCULATIONS

BDC NSA New Orleans Data Call #28

28

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	53,184	53,184	53,184	53,184	53,184	53,184	53,184	53,184
UNMET	0	0	0	0	0	0	0	0
Total	53,184							

Given physical plant is the only constraint.
RAPS population data unavailable for this clinic.

This clinic has 6 usable Dental Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs. UNMET CTVs are zero in FY-1994-2001 because total workload exceeds projected mission requirements.

Assumptions:

1. 6 DTRs could be ideally staffed with 4 Dental Officers (DOs) and 1 Hygienist (HYG).
2. Above workload figures are based on staffing increase from 3 to 4 DO's and zero HYG to 1 HYG.
3. Required enlisted personnel will be available.
4. Sufficient supplies will be available.
5. Sufficient funding will be available.

MET CTVs

	Numbers	AVG CTVs	Months	CTVs Year
DO	4	812	12	38,976
HYG	1	981	12	11,772
Prophy	0	0	12	0
X-Ray	0	203	12	2,436
Total CTVs				53,184

DO's average CTVs same as clinic average reported in Data Call #29.
X-ray average CTVs same as reported in Data Call #29.
Hygienist's average CTVs are command wide average of all HYG for February, March, and April 1994.

4a.

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	5	3	4	4	4	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	0	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	1	0	0	0	0	0	0	0	0

- Same as projected Staffing in Data Call #29

BRAC-95 CERTIFICATION

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

ACTIVITY COMMANDER

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC New Orleans, LA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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, XADM, MC, USN~~

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

~~~~
Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

Title

15 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

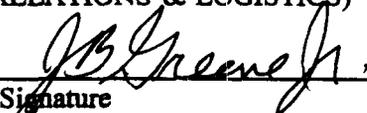
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DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)


Signature

ACTING

Title

6/20/94

Date

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	<u>Branch Dental Clinic, Naval Support Activity, New Orleans, LA</u>
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC BRDENCL

- Complete Mailing Address

Bldg H 100 Naval Support Activity
2300 General Meyer Ave.
New Orleans, LA 70142-5007

- PLAD

NAVSUPPACT NEW ORLEANS LA

• PRIMARY UIC: 41787 (Plant Account UIC for Plant Account Holders)

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

• ALL OTHER UIC(s): _____ PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

• Yes _____ No X (check one)

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 00205

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

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

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

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.

NO IMPACT

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 general and preventive dental services/support to all military units in the New Orleans catchment area.
- Provide focused emphasis on operational dental readiness.
- Conduct ongoing professional/military training to ensure maximum efficiency and readiness.
- Continue to provide specialty treatment consultation to area military and civilian specialists.
- Maintain ISSA/MOU relationships with Naval Support Activity and Naval Medical Clinic to enhance disaster preparedness, community support and resource utilization.
- Fully support all regulatory compliance issues.

Projected Missions for FY 2001

- Same as above.
-
-
-
-

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

- NONE

•

•

Projected Unique Missions for FY 2001

- NONE

•

•

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

• Operational name	UIC
<u>Naval Dental Center, Pensacola, FL</u>	<u>68441</u>

• Funding Source	UIC
_____	_____

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>3</u>	<u>11</u>	<u>0</u>
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>5</u>	<u>101295</u>	<u>0</u>
• Tenants (total)	_____	_____	_____

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

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC	Commanding Officer			
	<u>CAPT G. B. Grantham, DC, USN</u>	(904)452-5650	(904)452-5285	(904)432-1203
• Duty Officer		(904)452-5600	Same	[N/A]
• Administrative Officer	Administrative Officer			
	<u>CDR R. L. Burdess, MSC, USN</u>	(904)452-5647	Same	(904)484-3509
•	_____			

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

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

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

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

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT G. B. Grantham, DC, USN
NAME (Please type or print)


Signature

Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

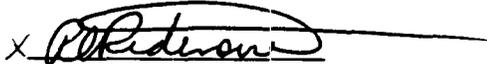
NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

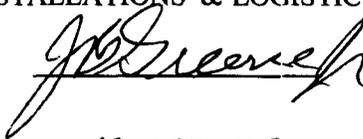
RADM R. I. Ridenour
NAME (Please type or print) Signature X 

ACTING CHIEF BUMED
Title Date 10 FEB 1994

BUREAU OF MEDICINE & SURGERY
Activity

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

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

J. B. GRENE
NAME (Please type or print) Signature 

ACTING
Title Date 16 FEB 94

462

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, NEW ORLEANS
ACTIVITY UIC: 41787

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

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

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MISSION REQUIREMENTS

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

To provide quality dental services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized personnel in the assigned geographic area of Naval Support Activity, New Orleans, Louisiana. Provide focused emphasis on operational dental readiness. Continue to provide specialty treatment consultation to area military and civilian specialists.

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)
MARRESFOR	03001	NEW ORLEANS LA	583
COMNAVRESFOR	00072	NEW ORLEANS LA	236
EPMAC	68412	NEW ORLEANS LA	226
CRUDIST	62444	NEW ORLEANS LA	216
NAVSUPPACT	00205	NEW ORLEANS LA	152
COMNAVSURFRESFOR	68736	NEW ORLEANS LA	107
COMNAVAIRRESFOR	68656	NEW ORLEANS LA	101
NAVRESPERSCEN	68327	NEW ORLEANS LA	100
NAVMEDCLIN	66898	NEW ORLEANS LA	88
NAVAIRLOGOFF	68814	NEW ORLEANS LA	65
SRESOFFMGRS	45815	NEW ORLEANS LA	60
SSC&REP	63124	NEW ORLEANS LA	60
CNRESCRUCOM	68902	NEW ORLEANS LA	58
8TH MARINE CORPS DIST	67016	NEW ORLEANS LA	49
NAVSUPPACT RMS	68032	NEW ORLEANS LA	48
SPECIAL BOAT UNIT 22	52857	NEW ORLEANS LA	47
NAVY BAND DC	31951	NEW ORLEANS LA	46
PSD NAVSUPPACT	43105	NEW ORLEANS LA	46
SPEC BOAT UNIT 22 SD	44393	NEW ORLEANS LA	42

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NRRCREG10	68307	NEW ORLEANS LA	36
NAVY BIODYNAMICS LAB	66863	NEW ORLEANS LA	36
COMNAVRESFOR RPN	66734	NEW ORLEANS LA	28
NRPS LITTLE ROCK	62423	LITTLE ROCK AR	24
BRDENCLIN	41787	NEW ORLEANS LA	19
LSD MF PCU	41296	NEW ORLEANS LA	17
4THMARDIVFMF	82195	NEW ORLEANS LA	15
NROTC SO U&A&M	66810	NEW ORLEANS LA	13
PERSUPPACT	68594	NEW ORLEANS LA	13
EPMAC TMU	39030	NEW ORLEANS LA	12
NRESPERSCEN SDU	46995	NEW ORLEANS LA	11
NAVCOMTELSTA	68608	NEW ORLEANS LA	10
COMNAVSURFRESFOR RPN	43580	NEW ORLEANS LA	08
FLEET INTRO TEAM	49096	DET GULFPT MS	08
DAO - CL	68518	NEW ORLEANS LA	07
MEPS	66565	SHREVEPORT LA	06
SNFED CO	44218	NEW ORLEANS LA	05
NEXCH DET N	60937	NEW ORLEANS LA	05
COMFSRON 1	45762	NEW ORLEANS LA	05

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVLEGSVDET	43493	NEW ORLEANS LA	04
NRPS	43955	SHREVEPORT LA	04
NAVSUPPACT NOLA OTH	41337	NEW ORLEANS LA	04
NRRCREG 10 RPN	41877	NEW ORLEANS LA	04
SSH NOLA DET AVONDALE	47377	NEW ORLEANS LA	03
NAVSUPPACT NOLA FSC	48710	NEW ORLEANS LA	03
4THMAWFMFHQUSMC	67811	NEW ORLEANS LA	03
NJROTC AREA 8	35107	NEW ORLEANS LA	03
S MD OST	44134	NEW ORLEANS LA	02
S AEPR TULANE U	44500	NEW ORLEANS LA	02
USCG COM 8TH DIST	48400	NEW ORLEANS LA	02
1ST NAVMEDCLIN	41813	NEW ORLEANS LA	02
AESU DET	30338	NEW ORLEANS LA	02
S EEAP DELGADO	44182	NEW ORLEANS LA	01
DIRSMCD OSO	44733	NEW ORLEANS LA	01
S ECP TULANE U	46566	NEW ORLEANS LA	01
S EEAP UNO	49062	NEW ORLEANS LA	01
BUPERS COMP	49268	NEW ORLEANS LA	01
DPRO MICHOU	49276	NEW ORLEANS LA	01

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
S MECP NW S U	49585	NEW ORLEANS LA	01
4TH MDIVMSC3BN23	67645	NEW ORLEANS LA	01
MTMC GULF OPORT	68069	NEW ORLEANS LA	01
PC S PCU	42026	NEW ORLEANS LA	01
NRPC RPN	35351	NEW ORLEANS LA	01

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

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

NON-NAVAL & OTHERS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARRESFOR (SELRES)	20016	NEW ORLEANS LA	637
MARCORCRUITSTA	84001	NEW ORLEANS LA	69
COM USA RECRUIT	W8J4AA	NEW ORLEANS LA	42
NAVINSERVRA	SELRES	NEW ORLEANS LA	28

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

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	3,433
B. FY1993 MET WORKLOAD (CTVs)	73,829
C. FY1993 UNMET WORKLOAD (CTVs)	11,049
D. TOTAL WORKLOAD (B+C)	84,878
E. MET WORKLOAD PER CAPITA (B÷A)	21.51
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.22
G. WORKLOAD PER CAPITA (D÷A)	24.72

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY**

Explanation:

EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD

- SEE ATTACHED SHEET FOR NOTES AND CALCULATIONS.

BDC NSA New Orleans Data Call #29

Actual Population 3,433
 RAPS 0 Not Available
 FY-1993-Total MET CTVs 73,829

EFFICIENCY REVIEW METHODOLOGY						
Class Requirements			ER Multiple			
Class	# of Patients	% of Patients	Class	# of Patients	CTV Multi	Result
I	1,202	35%	II	1,614	4.55	7,341
II	1,614	47%	III	172	9.20	1,579
III	172	5%	IV	446	4.77	2,129
IV	446	13%	Total	2,231	UNMET	11,049
Total	3,433	100%				

Percentages of Class II, III, and IV records shown above are derived from the average percentages for June 1993 thru May 1994. UNMET CTVs are then determined after applying the ER multiple also noted above.

Workload per Capita

A.	ACTUAL POPULATION	3,433
B.	FY1993 MET WORKLOAD (CTVs)	73,829
C.	FY1993 UNMET WORKLOAD (CTVs)	11,049
D.	TOTAL WORKLOAD (B+C)	84,878
E.	MET WORKLOAD PER CAPITA (B/A)	21.51
F.	UNMET WORKLOAD PER CAPITA (C/A)	3.22
G.	WORKLOAD PER CAPITA (D/A)	24.72

X-Ray CTVs are included in FY-1993 MET workload.

FY-1993 data included workload for 5 Dental Officers and 1 Hygienist.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	3,433							
A: TOTAL MET CTVs	33,358	46,464	46,464	46,464	36,720	36,720	36,720	36,720
B: TOTAL UNMET CTVs	11,049	1,305	1,305	1,305	11,049	11,049	11,049	11,049
C: TOTAL WORKLOAD REQUIREMENT (A+B)	44,407	47,769						
DENTISTS (MIL AND CIV)	3	4	4	4	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	1							
DENTAL HYGIENISTS (MIL AND CIV)	0							

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **SEE ATTACHED SHEET (NEXT PAGE)**

Explanation:

SEE ATTACHED SHEET FOR NOTES AND CALCULATIONS.

BDC NSA New Orleans Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	3,433	3,433	3,433	3,433	3,433	3,433	3,433	3,433
A: Total MET CTVs	33,358	46,464	46,464	46,464	36,720	36,720	36,720	36,720
B: Total UNMET CTVs	11,049	1,305	1,305	1,305	11,049	11,049	11,049	11,049
C: Total Workload requirements (A+B)	44,407	47,769	47,769	47,769	47,769	47,769	47,769	47,769
Dentists (military and Civilian)	3	4	4	4	3	3	3	3
Prophy Techs (military and Civilian)	1	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	0	0	0	0	0	0	0	0

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant. RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs, actual population April 1994 used for all calculations. FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994. UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average. FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below. FY-1994 workload data represents 3 Dental Officers and zero Hygienists.

FY-1995-1997

	Numbers	AVG CTVs	Months	CTVs Year	Provider AVG
DO	4	812	12	38,976	9,744
HYG	0	0	0	0	0
Prophy	1	421	12	5,052	5,052
X-Ray	0	203	12	2,436	
Total CTVs				46,464	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994. One Dental Officer gained for FY-1995-1997.

FY-1998-2001

	Numbers	AVG CTVs	Months	CTVs Year	Provider AVG
DO	3	812	12	29,232	9,744
HYG	0	0	0	0	0
Prophy	1	421	12	5,052	5,052
X-Ray	0	203	12	2,436	
Total CTVs				36,720	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994. Anticipate loss of 1 Dental Officer Billet in FY-1998 on.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A No training programs at this facility.								

FACILITIES

- Not applicable, building is owned by NSA, New Orleans

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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 Dental 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.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

- Not applicable, building is owned by NSA, New Orleans

- Not applicable, building is owned by NSA, New Orleans

7. 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

7a. 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

7b. 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

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

- Not applicable, building is owned by NSA, New Orleans

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

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

- **Clinical care should be close to all units served. Currently, the majority of the patient population is across the Mississippi River with patients either having to drive approximately 30-45 minutes or taking a liberty launch 30-45 minutes.**

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

- **Not applicable to dental clinics.**

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

- **Not applicable to dental clinics.**

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

- **30 - 45 minutes (one-way)**

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

- **None**

FEATURES AND CAPABILITIES

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

- The Operational Dental Readiness, oral health care, and mission readiness of unit personnel would be severely impacted, with personnel having to travel approximately 1 1/2 hours to Branch Dental Clinic, Gulfport, MS; or 2 hours to Keesler Air Force Base, Biloxi, MS

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

- The staff and resources located at Branch Dental Clinic, Naval Support Activity would be relocated to Naval Air Station, Belle Chasse. Secondary consideration would be temporary facilities setup within Naval Medical Clinic, J. Edward Hebert Hospital, Veterans Administration Building, or at Branch Dental Clinic, Gulfport, MS.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
1ST MAR BRIG		OFFICER - 1 ENLISTED - 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.

1. DENTAL OFFICER = 812.75 CTV'S/MONTH

CALCULATION:

1 DENTAL OFFICER X \$12.75 = 812.75 CTV'S LOST/MONTH

13. Quality of Life.

- This segment answered by Host Activity, NSA, New Orleans
(UIC 00205) in BRAC Data Call # 9.

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

~~D.F. HAGEN, YADM, MC, USN~~
R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

Title

Date

15 JUN 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)**

R. R. SAREERAM

NAME (Please type or print)

Signature

Title

Date

ACTW6

27 JUN 1994

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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

29 BDC New Orleans, LA

ENCLOSURE (12)

DATA CALL 66 INSTALLATION RESOURCES

463

Activity Name:	Branch Dental Clinic, NSA, New Orleans
UIC:	41787
Host Activity Name:	Naval Support Activity, New Orleans, Louisiana
Host Activity UIC:	00205

1. VR BUMED 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, NSA, New Orleans		UIC: 41787	
FY-96 BOS COSTS (\$000)			
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction	10		10
1b. Sub-total 1a. and 1b.	10		10
2. Other Base Operating Support Costs:			
2a. Utilities	18		18
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	2		2
2k. Sub-total 2a. through 2j.	21		21
3. Grand Total (sum of 1c. and 2k.):	31		31

Table 1B N/A VR BUMED 824 8/1/94

2. VR BUMED 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, NSA, New Orleans	UIC: 41787
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	3
Material and Supplies (including equipment):	28
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	55
Total:	86

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, NSA, New Orleans	UIC: 41787
Cost Category	FY-1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:	N/A
Total Workyears::	N/A

Table 3B N/A VR Burned 824 8/1/94
Off-Base Contract Workyear Data

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

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

3. VR Burned 824 8/1/94

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

G. B. GRANTHAM
NAME (Please type or print)


Signature

Commanding Officer
Title

13 July '94
Date

Naval Dental Center, Pensacola Florida
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)
COMPTROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

18 July 1994

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

7-18-94

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
Signature

Date

8-2-94

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

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

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

[Signature]
Signature

Date

8/30/94

463

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, NAVAL COMPUTER AND
TELECOMMUNICATIONS AREA MASTER STATION WESTPAC (NCTAMS WESTPAC GU),
GUAM
ACTIVITY UIC: 35747

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

- | | |
|-------------------|-----|
| 1. Workload | 3,4 |
| 2. Staffing | 5 |

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	21249	15267	15267	15267	15267	15267	15267	15267	15267
UNMET	3674	2678	2678	2678	2678	2678	2678	2678	2678
TOTAL	24923	17945	17945	17945	17945	17945	17945	17945	17945

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

Source: Met CTVs for FY93 and FY94 are for all patient categories and were obtained from DIRs (FY94 was forecasted out based on workload from OCT to APR).

Method of calculating: Unmet CTVs were calculated by taking the average number of active duty members at each dental classification level (average of Oct 93 to Apr 94 only) and multiplying by the appropriate workload multiple (Class 2 - 4.55; Class 3 - 9.2; Class 4 - 4.77).

FY95 to FY2001 met and unmet CTVs are assumed to be the same as base year 1994 (RAPS population data not available for NCTAMS population. The unmet CTVs are identical to the ones listed in BRAC data call 29.

Assumptions:

1. Causes of unmet CTVs remains stable (ie. down-time due to natural disasters).

1a. Using the table below and the parameter given, fill in the missing Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	21249	21249	21249	21249	21249	21249	21249	21249
UNMET	23024	23024	23024	23024	23024	23024	23024	23024
TOTAL	44273	44273	44273	44273	44273	44273	44273	44273

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

Source: Met CTVs from DIRs; Unmet is the calculated difference between met CTVs and maximum clinical capacity CTVs listed in the total row.

Maximum CTVs (total row) were calculated based upon 4 available operatories and the JHMS (BUMEDINST 5310.7A) staffing formula; using the chart on page A-6500-4 and taking the line with 4 dental officers (middle one) equals 13 total staff. The following formula was applied:

$$y = 168.7 + .4652 (x) \quad x \text{ is CTVs for one month}$$

$$\text{Formula reversed: } 13 \text{ staff} \times 145 \text{ (manhour conversion factor)} = 1885$$

$$1885 = 168.7 + .4652 (x)$$

$$x = 3,689 \text{ CTVs/monthly times } 12 \text{ months} = 44,273 \text{ CTVs annually}$$

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

J. A. Kemp
NAME (Please type or print)

J. A. Kemp
Signature

Commanding Officer
Title

31 May 94
Date

U. S. Naval Dental Center, Guam
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

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

6/20/94

Date

Document Separator

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

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

• Yes _____ No X (check one)

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

• Yes X No _____ (check one)

- Primary Host (current) UIC: 70243
- Primary Host (as of 01 Oct 1995) UIC: 70243
- Primary Host (as of 01 Oct 2001) UIC: 70243

● 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.

NO

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

NAVAL DENTAL CENTER GUAM CURRENT MISSION STATEMENT

PEACETIME MISSION

1. **Primary Mission: Dental Services.** Provide comprehensive dental services to active duty military personnel and then to other beneficiaries on a space-available basis (excluding those that are on the Delta Dental Program for which care is available in the civilian sector). Availability of Dental Services:

a. **NON-NAVAL DENTAL CENTER GUAM (NDC, GU) DENTAL CARE RESOURCES:**

- Camp Covington, Guam (UIC 55504): one general dentist attached.
- Naval Hospital, Guam (UIC 68096): one general dentist and one oral surgeon.
- USS HOLLAND (UIC 04696): three general dentists attached.
- U.S. Air Force Dental Clinic (UIC MGDA): 8 general dentists and one orthodontist.
- Delta Dental Program consists of 26 civilian participating providers.

b. **NAVAL DENTAL CENTER, GUAM:**

- **Naval Air Station Branch Dental Clinic (BD-NAS) (UIC 35746)**

Primary mission: Provide general dentistry care in support of the Naval Air Station active duty population. Provide for sick-call during normal workhours.

- **NCTAMS Branch Dental Clinic (BDC-NCTAMS) (UIC 35747)**

Primary mission: Provide general dentistry and some comprehensive dentistry in support of the active duty population at NCTAMS. Provides for sick-call during normal workhours.

- **Naval Station Branch Dental Clinic (NDC-NAVSTA) (UIC 62328)**

Primary mission: Provide general dentistry to the active duty population of Naval Station and tenant commands, USS WHITE PLAINS and any other visiting ships. Provide dental specialty care to the above and to Air Force active duty at Andersen Air Force Base, Navy VQ squadrons at Andersen, and active duty attached to Camp Convington, USS HOLLAND, USS WHITE PLAINS (UIC 05835), Naval Air Station, and NCTAMS. Provide after hours acute emergency dental care to active duty, dependents, civil service,

and other beneficiaries.

Specialty Care: Oral Surgery
Endodontics
Periodontics
Prosthodontics
Pedodontics

2. Provide for on-going training of the staff to ensure:
 - that all staff members are BCLS certified
 - that all military staff are aware of their wartime duties
 - that both military and professional standards of conduct and performance are achieved and maintained.
 - that all officers receive continuing education to maintain their professional skills and licensure.
3. Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
4. Provide support to the Regional Line Commander (RLC), Commander Naval Forces Marianas.
5. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.
6. Provide general oversight and assistance in the implementation of the Delta Dental Program on Guam for the active duty dependents.
7. Oversee the quality of life issues and morale of the Naval Dental Center staff to ensure that it is of the highest quality possible.
8. Participate as an integral element of the Navy and Tri-Service Regional Health Care System.
9. Provide services and functions pertinent to command operations in accordance with NAVMEDCOMINST 5450.1 series and COMNAVMAR JOINT INST 5400.1 series or as directed by the Responsible Line Commander (RLC).

FUNCTIONS

1. Provides comprehensive outpatient dental care services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code. The specific care rendered includes:
 - a. Operative Dentistry - provides diagnosis, treatment, consultation, and referral services for the preservation and restoration of the dentition and its supporting structures.
 - b. Pediatric Dentistry - provides diagnosis, relief of pain and restoration of deciduous and permanent teeth as required for proper function and esthetics. Provide patient consultation and referral services.

- c. Endodontic Dentistry - provides the diagnosis and treatment of diseases and traumatic injuries that affect the dental pulp and periapical tissues.
 - d. Periodontic Dentistry - provides diagnosis and treatment of diseases or abnormalities affecting the hard and soft tissue supporting structures of the dentition.
 - e. Preventive Dentistry - provides oral prophylaxis, topical fluoride application, and oral hygiene instruction. Treat gingivitis and early periodontitis.
 - f. Prosthodontics Dentistry - provides diagnosis and treatment for the replacement of missing teeth. Responsible for the efficient operation of the prosthetic laboratory.
 - g. Radiology Services - provides intraoral, extraoral, and panoramic radiograph exposures and processing these x-ray films as requested by clinical departments. Processes panoramic duplicates for the DOD central sepository.
 - h. Overseas Screening - provides exams to determine the suitability of members and their families for continued overseas duty.
 - i. Oral Surgery - provides various outpatient oral surgery procedures including tooth extraction, biopsy and preprosthetic recontouring of ridges.
2. Develops, operates, and manages administrative and logistical plans and programs in compliance with current directives.
- a. Manpower/civilian personnel management
 - b. Automated Information Systems (AIS) management, training, and security
 - c. Materials and equipment management
 - d. Operations and facilities management
 - e. Physical security
 - f. Fiscal management
 - g. Correspondence/instructions management
 - h. Maintenance and disposition of records
 - i. Ensure the proper organization, performance (evaluations), effectiveness and discipline of the Command.
 - j. Provides career counseling services
 - k. Provides assistance to staff in Personnel Support Detachment functions (ie. TAD, pay, and leave)
 - l. Provides mailroom services.
3. Exercises command and control over the operation of the subordinate branch dental care facilities.
4. Fleet Liaison Program - maintains liaison with shore commands and units of the Operating Forces receiving dental care from the command. Conducts annual dental recall program.

5. Conducts patient education and public relations programs to promote consumer awareness and satisfaction through the use of Patient Contact Representatives and PAO resources.
6. Maintains standards of dental health care for accreditation and recognition as required by governmental and civilian agencies and commissions. Active in the credentialing process and maintains an Executive Committee of the Dental Staff (ECODS).
7. Operates a quality assurance/risk management program to assess and improve the delivery of optimal dental care.
8. Provides for clinical rotations for dental officers to enhance their professional competence and expand their scope of care.
9. Provides in-service and on-the-job training for dental technicians.
10. Provides a sponsor program and command indoctrination program for all newly reporting personnel.
11. Conducts a personnel management program for assignment rotation of staff for education and training purposes to achieve more efficient and effective use of dental care resources. The efficiency review process is conducted as directed.
12. Executes Memoranda of Understanding (MOU's) and Interservice Support Agreements (ISSA's) for purposes of mutual education, training, or support services.
13. Provides dental equipment maintenance and repair services to assigned dental care treatment activities and other commands in the local area as requested and as available.
14. Provides and coordinates preventive dentistry programs for personnel of the operating forces, shore activities, and other beneficiaries.
15. Maintains an equal opportunity program.
16. Maintains liaison with and provides representation to various committees, groups, and organizations of a military, governmental, commercial, scientific, or professional nature with regard to dental care and related subjects. Specific programs include tenant/host committees, special projects through the RLC, and the Dental Society of Guam.
17. Confers with civilian consultants on professional matters, including the education and training of officers.
18. Develops and administers dental correspondence courses and continuing education courses at the graduate level for active duty staff personnel.

19. Maintains a DAPA Program
20. Maintains a Management Control Program
21. Maintains a Public Affairs Program
22. Ensures the maintenance of a command professional library adequate to meet optimal educational requirements.
23. Provides for the safety of staff and patients.
24. Ensures the effectiveness of the clinical infection control program.
25. Provides for disaster preparedness training and proper execution of plans.
26. Provides for the security of classified material.
27. Ensures the physical fitness of all the active duty staff members.
28. Maintains an active Red Cross dental assistant training program.
29. Provides humanitarian assistance during natural or man made disasters.
30. Provides humanitarian dental care to neighboring islands as requested by RLC.
31. Conducts a training program in Prosthetic Laboratory Technology to civilian personnel from neighboring islands under valid MOU's.
32. Provides for the progressive implementation of Total Quality Leadership at the Command.

MOBILIZATION MISSION

1. Continue ~~peacetime~~ mission/functions, provide essential dental care to ~~military personnel~~, dependents, and retirees at a reduced level (no ~~elective procedures~~), while expanding acute care services to the ~~active duty personnel~~.
2. Assist the RLC in meeting the wartime mission.

Projected Missions for FY2001
Same as above.

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 |
| <u>U. S. Naval Dental Center, Guam</u> | <u>62328</u> |
| ● Funding Source | UIC |
| <u>U. S. Naval Dental Center, Guam</u> | <u>62328</u> |

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>2</u>	<u>2</u>	<u>1</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>20</u> <i>all 2/1/94</i>	<u>40</u> <i>9/24 2/1/94</i>	<u>0</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC	AREA CODE (671)		
<u>CAPT J A Kemp, Commanding Officer</u>	339-5266	339-4169	563-0970
● Duty Officer	339-3175	339-4169	[N/A]
●			
<u>LT D C Barber, Director for Admin.</u>	339-5266	339-4169	477-7639
●			
<u>CDR Arnold, Branch Clinic Director</u>	355-5885	355-5087	637-4376

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Naval Computer Telecommunications Area Master Station (NCTAMS)</i>	<i>Guam</i>	<i>Host/Tenant Command Agreement</i>

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

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

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

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

- **Air Installations Compatible Use Zones (AICUZ) Map.** (Provide 12 copies.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. A. Kemp

NAME (Please type or print)

Commanding Officer

Title

U. S. Naval Dental Center, Guam

Activity

J. A. Kemp
Signature

26 Jan. 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

[Handwritten Signature]
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

[Handwritten Signature]
Signature

ACTING
Title

16 FEB 1994
Date

463

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC,
NAVAL COMPUTER AND TELECOMMUNICATIONS
AREA MASTER STATION WESTPAC (NCTAMS
WESTPAC GU), GUAM
ACTIVITY UIC: 35747**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

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

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MISSION REQUIREMENTS

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

NAVAL DENTAL CENTER GUAM CURRENT MISSION STATEMENT

PEACETIME MISSION

1. **Primary Mission: Dental Services.**

Provide general dentistry and some comprehensive dentistry in support of the active duty population at NCTAMS. Provides for sick-call during normal workhours. Serves as a primary source for intake of patients to refer to the Naval Dental Center (NDC), Naval Station, Guam for further specialty care. Also, provides limited prosthetic laboratory services, referring most cases to the main lab at NDC. Conducts overseas screening exams and annual recalls.

2. **Other functions:**

- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.
- Participates as an integral element of the Navy and Tri-Service Regional Health Care System.
- Conducts patient education and participates in public relations programs to promote consumer awareness and satisfaction through the use of Patient Contact Representatives.
- Participates in the command's quality assurance/risk management program.
- Participates in the command's safety program.
- Maintains the effectiveness of the clinical infection control program.
- Participates in disaster preparedness training and proper execution of plans and other command training programs.
- Provides for liaison with the NCTAMS base.

MOBILIZATION MISSION

1. Continue peacetime mission/functions, provide essential dental care to military personnel, dependents, and retirees at the normal peacetime level, while expanding acute care services to provide for wartime requirements.

2. Assist the RLC in meeting the wartime mission.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NCTAMS	Note 1	Guam	980 (Note 2)

Note 1: Inclusive UICs:30312, 31126, 31160, 31196, 32714, 35474, 39218, 41680, 42236, 43463, 43670, 44602, 48123, 48515, 63887, 68030, 70243. (Source PSD listing of UICs)

Note 2: Based upon the average number of active duty records held for FY94 (October to April) at Branch Dental Clinic, NCTAMS.

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

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1100 (Note 1)
B. FY1993 MET WORKLOAD (CTVs)	15660 (Note 2)
C. FY1993 UNMET WORKLOAD (CTVs)	3674 (Note 3)
D. TOTAL WORKLOAD (B+C)	19334
E. MET WORKLOAD PER CAPITA (B÷A)	14.236
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.34
G. WORKLOAD PER CAPITA (D÷A)	17.576

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

Note 1: NCTAMS population was determined by the average number of active duty records held during FY93; Source: Command Profile.

Note 2: The met workload only reflects the workload generated by active duty patients to be consistent with the population and the format used for calculating unmet CTVs. It should be noted, that there is some non-active duty workload generated at this clinic which is not reflected in the above data. Source: FY93 DIRS reports.

Note 3: Source: Command Profile which lists the readiness class of all the active duty records maintained at BDC, NCTAMS. Unmet CTVs were calculated by taking the average number of active duty members at each dental classification level and multiplying by the appropriate workload multiple (Class 2 - 4.55; Class 3 - 9.2; Class 4 - 4.77).

Explanation for unmet CTVs: Unmet CTVs are due to the numerous typhoons during October to December 1992 which caused clinic down-time and reduction in number of providers at this branch clinic in June 1993.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION Active Duty only (Note 1)	980	980	980	980	980	980	980	980
A: TOTAL MET CTVs (Note 2)	13318	13318	13318	13318	13318	13318	13318	13318
B: TOTAL UNMET CTVs (Note 3)	2678	2678	2678	2678	2678	2678	2678	2678
C: TOTAL WORKLOAD REQUIREMENT (A+B)	15996	15996	15996	15996	15996	15996	15996	15996
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

Note 1: NCTAMS population was determined by the average number of active duty records held during FY94 (October to April). Source: Command Profile. Population from RAPS for just NCTAMS was not available; assume population remains the same through FY2001.

Note 2: Total Met CTVs for FY94 projected out based upon met CTVs for Oct 93 thru Apr 94 (calculation: 7769/7 months times 12 months).

Note 3: Total unmet CTV's for FY94 are lower than FY93 CTVs due to no natural disasters to date in FY94. Unmet CTVs were calculated by taking the average number of active duty members at each dental classification level (average of Oct 93 to Apr 94 only) and multiplying by the appropriate workload multiple (Class 2 - 4.55; Class 3 - 9.2; Class 4 - 4.77).

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
NONE								

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard¹. 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 Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
54010	Branch Dental Clinic /dental care & admin.	4400	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.

Source: Facility Planning Document and Shore Base Readiness Report dtd 3 AUG 93

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: **Not Applicable**

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?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 Jan 1994	UIC	35747 NCTAMS
FACILITY	Branch Dental Clinic, PSC 455, Box 114 FPO AP 96540-1812 Bldg 198		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	32 X 55	Bldg 198
2. DENTAL TREATMENT ROOM	3 1	12 X 12 7 X 9	
3. STERILIZATION ROOM	2	7 X 12	
4. X-RAY EXPOSURE ROOM	1	7 X 7	Too small
5. DARKROOM	1	4 X 7	Too small
6. PROSTHETIC LAB	1	10 X 12	
7. STOREROOM/ SUPPLY ROOM	1 1	6 X 7 3 X 4	
8. CONFERENCE ROOM	NONE		
9. ADMINISTRATIVE OFFICE	1	13 X 14	Too small, used as staff lounge and training room
10. DENTAL OFFICER'S OFFICE	NONE		

NAVMED 6750/4 (Rev. 8/91)

11. DENTAL REPAIR SHOP.	NONE		
12. PATIENT WAITING AREA	1	13 X 17	
13. RECORDS CONTROL OFFICE	1	8 X 13	
14. LOCKER ROOM (MALE)	1	7 X 7	Too small, used by male/female officer/enlisted
15. LOCKER ROOM (FEMALE)	See # 14		
16. TOILET FACILITY (MALE)	1	6 X 8	Too small, used by male/female
17. TOILET FACILITY (FEMALE)	See # 16		
18. OTHER MAJOR ROOMS Equipment Room	1	10 X 12	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Den-Tal-Eze AS 2000	4	A-5
2. DENTAL OPERATING CHAIR	Den-Tal-Eze E 2000 Koenigkramer 5000 X-ray	4 1	A-5 A-5

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3. DENTAL OPERATING LIGHT	Adec 6300	4	A-5
4. CENTRAL VACUUM SYSTEM	Den-Tal-Eze CD 207 7 1/2 HP Turbine	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	Air Techniques 52,000	1	A-5
6. STERILIZER	Peltone and Crane Magna Clave Steam	1	A-5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	Wilkerson Refrigerated Air Dryer A03	1	A-5
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE		
2. VACUUM PORCELAIN FURNACE	NONE		
3. BURNOUT OVEN	NONE		
4. OTHER PROSTHETIC EQUIPMENT	NONE		

NAVMED 6750/4 (Rev. 8/91)

SECTION C - DENTAL X-RAY EQUIPMENT																								
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																				
1. STATIONARY INTRA-ORAL	Gendex 1000	1	A-5	May 90																				
	Oct 86 SIEMENS Oct 91	1	A-5	Aug 92																				
2. MOBILE INTRA-ORAL	SIEMENS Oct 92	1	A-5	Oct 92																				
3. PANORAMIC	Morita Versaview Nov 87	1	A-5	Aug 92																				
4. CEPHALOMETRIC	NONE																							
5. FILM PROCESSOR	Air Techniques AT 2000/PERI-PRO	1/1	A-5	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
PART III - UTILITIES																								
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 120/240	b. CYCLE: 60																		
2. GAS:	<input type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	BOTTLE	<input type="checkbox"/>	ACETYLENE																
PART IV - REMARKS AND RECOMMENDATIONS																								
DATE 20 November 1992	TYPED NAME AND GRADE J. A. KEMP, CAPT, DC, USN		SIGNATURE																					

7a. 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
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

Current facility is adequate. It is co-located with the medical branch clinic and is in a building belonging to and maintained by NCTAMS.

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported? Guam is a Pacific island, very isolated from other sources of military dental care. The importance of BDC, NCTAMS' location on Guam is its ability to readily provide general and comprehensive dentistry to active duty members stationed at NCTAMS, reducing their time away from work which would be greater if they traveled to Naval Station.

b. What are the nearest air, rail, sea, and ground transportation nodes? Marine Drive is the main road that runs from one end of the island to the other, taking no more than 1 hour to travel entire length (depending upon traffic and road construction). The airport is located in the center of the island, taking no more than 30 minutes to reach from any given point.

c. What is the importance of your location given your mobilization requirements? Naval Dental Center, Guam (for which the Branch Dental Clinic, NCTAMS falls under) does not have any BUMED directed mobilization requirements. However, during wartime, NDC Guam is augmented with active duty members to provide direct dental support to the fleet. The BDC, NCTAMS has expansion capability to support additional providers and expand its support to NCTAMS during wartime.

d. On the average, how long does it take your current client/customers to reach your facility? As most of BDC's immediate customers are located on or near NCTAMS, the average travel time should be no more than 5 to 15 minutes.

10. 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 civilians are assigned at this time to the Branch Dental Clinic.

Source for the above questions: Common Knowledge and experience.

FEATURES AND CAPABILITIES

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

Dental care would not be readily available to active duty, resulting in a decrease in their dental readiness directly impacting NCTAMS' mission, and increasing the amount of time members spend away from their jobs traveling to the Naval Station.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

Refer all active patients down to Naval Dental Center, Naval Station (could take approximately one hour travel each way depending upon traffic).

12. 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: NOT APPLICABLE

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

SINCE EDC, NCTAMS IS A TENANT COMMAND OF NCTAMS AND A BRANCH CLINIC OF THE NAVAL DENTAL CENTER, NAVAL STATION THE REST OF THIS SURVEY IS NOT APPLICABLE. ADDITIONALLY, THE FOLLOWING QUESTIONS ARE ALSO BEING ANSWERED AND SUBMITTED BY THE NAVAL STATION, GUAM UNDER ERAC DATA CALL 37. PLEASE REFER TO THAT DATA CALL FOR THESE ANSWERS.

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

ACTIVITY COMMANDER

J. A. Kemp
NAME (Please type or print)

J. A. Kemp
Signature

Commanding Officer
Title

31 May 94
Date

U. S. Naval Dental Center, Guam
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x 
Signature

CHIEF BUMED/SURGEON GENERAL

6-8-94
Date

Title

Date

BUREAU OF MEDICINE & SURGERY

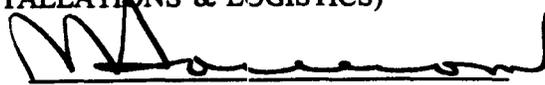
Activity

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

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

R. R. SAREERAM

NAME (Please type or print)


Signature

Title

27 JUN 1994
Date