UIC: 35049

## 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, NSGA, NORTHWEST, VA

| | |
|---|---|
| Official name | *BRANCH DENTAL CLINIC, NSGA, NORTHWEST* |
| Acronym(s) used in correspondence | BDC, NORTHWEST |
| Commonly accepted short title(s) | |

- Complete Mailing Address
  BRANCH DENTAL CLINIC
  NAVAL SECURITY GROUP, NORTHWEST
  CHESAPEAKE, VA 23322

- PLAD: NAVDENCEN NORFOLK VA \\N47\\

- PRIMARY UIC: 35049 (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: 63891___
- Primary Host (as of 01 Oct 1995) UIC: 63891___
- Primary Host (as of 01 Oct 2001) UIC: 63891___

• 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 comprhensive 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 forseeable 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 |
|---|---|
| COMMANDER, NAVAL BASE, NORFOLK | 61463 |

| • Funding Source | UIC |
|---|---|
| CHIEF, BUREAU OF MEDICINE AND SURGERY | 00018 |

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

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 1 | 2 | 0<br>0* |
| • Tenants (total) | N/A | N/A | N/A |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 1 | 2 | 0<br>0* |
| • Tenants (total) | N/A | N/A | N/A |

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

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO/OIC | | | |
| CAPT R. L. KJOME, DC, USN | 804-444-7021 | 804-445-6751 | 804-481-3849 |
| • Duty Officer | 804-444-7011 | | |
| • Branch Director<br>LCDR ADAMS | 804-421-8225 | 804-396-3209 | 804-436-2891 |

* 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.)

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# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

31 Jan '94
DATE

ENCLOSURE (3)

35049

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

# Document Separator

466

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRDENCL NSGA CHESAPEAKE VA
# ACTIVITY UIC: 35049

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.)

UIC:35049-BDC NORTHWEST

| CTVs | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 7,470 | 7,4707 | 7,395 | 7,839 | 7,761 | 7,807 | 7,823 | 7,823 | 7,823 |
| UNMET | 4,299 | 3,589 | 3,553 | 3,766 | 3,728 | 3,750 | 3,758 | 3,758 | 3,758 |
| TOTAL | 11,769 | 11,059 | 10,948 | 11,605 | 11,489 | 11,557 | 11,581 | 11,581 | 11,581 |

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:35049-BDC NORTHWEST

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 7,470 | 7,395 | 7,839 | 7,761 | 7,807 | 7,823 | 7,823 | 7,823 |
| UNMET | 3,589 | 3,553 | 3,766 | 3,728 | 3,750 | 3,758 | 3,758 | 3,758 |
| TOTAL | 11,059 | 10,948 | 11,605 | 11,489 | 11,557 | 11,581 | 11,581 | 11,581 |

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.

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:35049-BDC NORTHWEST

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 7,470 | 7,395 | 7,839 | 7,761 | 7,807 | 7,823 | 7,823 | 7,823 |
| UNMET | 3,589 | 3,553 | 3,766 | 3,728 | 3,750 | 3,758 | 3,758 | 3,758 |
| TOTAL | 11,059 | 10,948 | 11,605 | 11,489 | 11,557 | 11,581 | 11,581 | 11,581 |

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 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:

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

$$\frac{3,589}{7,470} = .480 = \frac{X}{(1/1/-)} = \frac{(.480/.480/-)}{(1/1/-)} = \frac{(1/1/-)^{*}}{(1/1/-)} = \frac{\text{2 Additional DTRs}}{\text{2 DTRs in Use}}$$

- 2+2 DTRs = 4 > 3 DTR capacity: Unmet need (3,589) due to facility constraint (scope, staff mix unaltered).

* in reality fractional staff rounded to next whole provider.

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

UIC:35049 - BDC NORTHWEST

| 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) | 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 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.

940617

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

UIC:35049 - BDC NORTHWEST

| 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 |

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%.

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# 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

LCDR Peter J. Adams
NAME (Please type or print)

Signature

Director
Title

940531
Date

BDC NSGA Chesapeake
Activity

ENCLOSURE (6)
PART I

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)

Signature

Commanding Officer
Title

Date 31 May 94

Naval Dental Center, Norfolk
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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

Signature

Date 6-30-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

# Document Separator

466

# MILITARY VALUE ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRDENCL NSGA CHESAPEAKE VA
# ACTIVITY UIC: 35049

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

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

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Northwest - UIC: 35049

**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 this Branch Dental Clinic at Northwest is as follows:

1. To provide comprehensive dental care to the approximately 900 active duty personnel stationed at this remote site which is located one hour from the next closest dental support.

2. To insure maximum dental readiness to 80-90 cryptologic technicians who provide direct support to the fleet and who frequently deploy on short notice.

3. To insure maximum dental readiness to the Marine Corp Security Training Command which is composed of 50 staff personnel and up to 200 students who upon completion of training are often deployed to remote sites throughout the world without access to dental care.

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) |
|---|---|---|---|
| FSSC | 45854 | | 143 |
| SATCOMM | 42063 | | 54 |
| NW/20 DEPT | 32716 | | 46 |
| NW/20 DEPT | 35454 | | 29 |
| EWOPFAC | 47155 | | 24 |
| NW/50 DEPT | 35454 | | 21 |
| NW/50 DEPT | 35014 | | 19 |
| SPECOMM SCHOOL | 32865 | | 16 |
| SPECOMM | 31163 | | 11 |
| MEDICAL | 32804 | | 10 |
| NW/20 | 35014 | | 9 |
| NW/50 | 44596 | | 9 |
| MARCORPSECFOR TRACEN | M-53531 | | 400 |
| | | | 811 |

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) |
|---|---|---|---|
| NW | 63891 | | 10 |
| NW | 63891 | | 10 |
| CAMSLANT | 20-3245 | | 92 |
| NW/60 DEPT | 32716 | | 8 |
| PSD | 43330 | | 7 |
| FSSC/SCHOOL | 47437 | | 7 |
| NW/60 DEPT | 44596 | | 4 |
| CS DEPT | 63891 | | 296 |
| NATO SATCOMM | 66536 | | 24 |
| USMC TRNG CO | 63891 | | 92 |
| | | | 550 |
| | | | |
| | | | |
| | | | |

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

| CATEGORY UIC:35049-BDC NORTHWEST | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 1,361 |
| B. FY1993 MET WORKLOAD (CTVs) | 7,470 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 4,299 |
| D. TOTAL WORKLOAD (B+C) | 11,769 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 5.489 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 3.159 |
| G. WORKLOAD PER CAPITA (D÷A) | 8.647 |

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:35049<br>BDC NORTHWEST | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| POPULATION | 1361 | 1347 | 1428 | 1414 | 1422 | 1425 | 1425 | 1425 |
| A: TOTAL MET CTVs | 7470 | 7395 | 7839 | 7761 | 7807 | 7823 | 7823 | 7823 |
| B: TOTAL UNMET CTVs | 3589 | 3553 | 3766 | 3728 | 3750 | 3758 | 3758 | 3758 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 11059 | 10948 | 11605 | 11489 | 11557 | 11581 | 11581 | 11581 |
| 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) | 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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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:35049 BDC NORTHWEST | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| POPULATION | 1361 | 1347 | 1428 | 1414 | 1422 | 1425 | 1425 | 1425 |
| A: TOTAL MET CTVs | 7470 | 7395 | 7839 | 7761 | 7807 | 7823 | 7823 | 7823 |
| B: TOTAL UNMET CTVs | 3589 | 3553 | 3766 | 3728 | 3750 | 3758 | 3758 | 3758 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 11059 | 10948 | 11605 | 11489 | 11557 | 11581 | 11581 | 11581 |
| 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: _____

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.

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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 Northwest, VA 35049

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 substandard[2]. 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.
<u>This command does not maintain the inventory record for this clinic. The Plant property owner is Naval Security Group Activity, Northwest</u>

| 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: <u>This facility is deemed substandard due to space allocation</u>

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?

35049

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 reported by host UIC 63891

| 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 reported by host UIC 63891

| 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 reported by host UIC 63891

| 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.

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 01 JAN 94 | UIC | 35049 |
|---|---|---|---|
| FACILITY | BRANCH DENTAL CLINIC, NORTHWEST<br>BLD #1, CHESAPEAKE, VA. 23322 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT<br>BDC, NORTHWEST | 01 | 38X14 | 3 DTR'S<br>1 CSR<br>1 LAB |
| 2. DENTAL TREATMENT ROOM | 03 | (2) 10X11<br>(1) 9X9 | |
| 3. STERILIZATION ROOM | 01 | 9x8 | TO SMALL |
| 4. X-RAY EXPOSURE ROOM | 01 | 10X11 | COMBINATION X-RAY & DTR |
| 5. DARKROOM | 0 | 0 | SMALL PERI-PRO USED |
| 6. PROSTHETIC LAB | 01 | 7X5 | TO SMALL |
| 7. STOREROOM/ SUPPLY ROOM | 01 | 3X3 | TO SMALL |
| 8. CONFERENCE ROOM | 0 | 0 | |
| 9. ADMINISTRATIVE OFFICE | 0 | 0 | |
| 10. DENTAL OFFICER'S OFFICE | 0 | 0 | |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | 0 | 0 | |
| 12. PATIENT WAITING AREA | 01 | 9X7 | COMBINATION MED & DENTAL |
| 13. RECORDS CONTROL OFFICE | 01 | 11X11 | COMBINED WITH ADMIN/DDS OFFICE |
| 14. LOCKER ROOM (MALE) | 0 | 0 | |
| 15. LOCKER ROOM (FEMALE) | 0 | 0 | |
| 16. TOILET FACILITY (MALE) | 01 | 7X12 | MED & DENT |
| 17. TOILET FACILITY (FEMALE) | 01 | 6X11 | MED & DENT |
| 18. OTHER MAJOR ROOMS | 0 | 0 | |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | ADEC-1005<br>ADEC-1005<br>ADEC-1005 | 03 | A4<br>A4<br>A4 |
| 2. DENTAL OPERATING CHAIR | ADEC-1005 | 01 | A4 |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC-1005 | 03 | A4 |
| 4. CENTRAL VACUUM SYSTEM | DEN-TAL-EZ 200E | 01 | A4 |
| 5. AIR COMPRESSOR DEHYDRATOR | DAYTON SPEEDAIRE 1Z945B | 01 | A4 |
| 6. STERILIZER | SPECTRONICS 450 DH<br>P + C AA<br>VERNITRON 8020G | 01<br>01<br>01 | A4<br>A4<br>A4 |
| 7. LIFE SUPPORT EQUIPMENT | 02 BOTTLE | 01 | |
| 8. OTHER MAJOR EQUIPMENT | NONE | 0 | |

**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 | MIXER VACUUM,WHIPMIX D<br>VIBRATOR,SYNTRON DLIA<br>GRINDER/POL,HANDLER 26A<br>DUST COLLECT, BALDOR DG0 | 01<br>01<br>01<br>01 | A4<br>A4<br>A4<br>A4 |

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 46-15800G2 | 02 | A4 | 30 OCT 1992 |
| 2. MOBILE INTRA-ORAL | NONE | | | |
| 3. PANORAMIC | NONE | | | |
| 4. CEPHALOMETRIC | NONE | | | |
| 5. FILM PROCESSOR | AIR TECHNIQUE PERI-PRO 90000 DL | 01 | A4 | |

**PART III - UTILITIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 120/240 | b. CYCLE: 60 | |
| 2. GAS: N/A | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

NONE...

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 16 DEC 93 | A. L. MINIARD, DT2, LPO | |

**LOCATION**

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

The clinic provides comprehensive dental treatment to 900 active duty personnel who have to travel 1 hour to the next closest dental treatment facility.

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

We are within a 2 minute drive to all of our external customers.

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

Air: 45 mins; Rail: 1 hour; Ground: 40 mins; Sea: 1 hour.

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

Military embarkation node are within 1 hour travel from base.

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

2 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?

Base situation in remote location 1 hour from major metropolitan. Location of base may perclude hiring qualified civilian personnel due to travel time.

**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 this dental treatment facility did not exist, the 900 active duty personnel stationed here would have to travel 1 hour, one-way to receive dental care. This would result in at least a half-day lost per appointment which would be devastating to the mission of the base. The dental treatment facility here is able to provide on-site comprehensive care and virtually eliminate excess travel for dental care.

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 900 active duty personnel would be referred to the Naval Dental Center at Norfolk which is one hour away by car and no public transportation from this site is available. For the large number of junior enlisted stationed here without privately owned vehicles, this would require a duty driver system which would greatly tax an already heavily burdened duty requirement.

Also, currently the Naval Dental Center at Norfolk turns away over 30 patients a day due to appointment non-availability. Loss of this dental treatment facility would have a devastating effect on maintaining the readiness of the many rapid deploys at this command.

Active duty patients would have to compete with higher priority deploying fleet units for limited resources.

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: NORTHWEST (UIC: 35049)

| UNIT NAME | UNIT NUMBER | # OF STAFF ASSIGNED |
|---|---|---|
| FLTHOSP #5 (500 CBTZ) | 68685 | 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.

The mobilization requirement for this small clinic is significant. The admininistrative requirements needed for mobilization preparedness adversly 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 #63891, Naval Security Group Activity - Northwest, Chesapeake, Virginia, BRAC Data Call #33.**

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

LCDR Peter J. Adams
NAME (Please type or print)

Signature

Director
Title

940531
Date

BDC NSGA Chesapeake
Activity

ENCLOSURE 6
PART II

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)

Signature

Commanding Officer
Title

Date 31 May 94

Naval Dental Center, Norfolk
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/3/94

H66

**DATA CALL 66**
**INSTALLATION RESOURCES**

**Activity Information:**

| | |
|---|---|
| Activity Name: | BRANCH DENTAL CLINIC-NORTHWEST |
| UIC: | 35049 |
| Host Activity Name (if response is for a tenant activity): | NAVAL SECURITY GROUP ACTIVITY, NORTHWEST |
| Host Activity UIC: | 63891 |

**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-I exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual

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

| **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)** | | | |
|---|---|---|---|
| **Activity Name:BRANCH DENTAL CLINIC-NORTHWEST** | | **UIC:35049** | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 1 | | 1 |
| 1b. Minor Construction | | | |
| **1c. Sub-total 1a. and 1b.** | 1 | | 1 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | | | |
| 2b. Transportation | | | |
| 2c. Environmental | | | |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Service Centers | | | |
| 2i. Administration | | | |
| 2j. Other (Specify) Communications | | | |
| **2k. Sub-total 2a. through 2j:** | 0 | | 0 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

| | | | |
|---|---|---|---|
| **3. Grand Total (sum of 1c. and 2k.):** | 1 | | 1 |

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

| Appropriation | Amount ($000) |
|---|---|

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

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

N/A

# DATA CALL 66
# INSTALLATION RESOURCES

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

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

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

**Table 2 - Services/Supplies Cost Data**

| **Activity Name:BRANCH DENTAL CLINIC-NORTHWEST** | **UIC:35049** |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 1 |
| **Material and Supplies (including equipment):** | 5 |
| **Industrial Fund Purchases (other DBOF purchases):** | 7 |
| **Transportation:** | 0 |
| **Other Purchases (Contract support, etc.):** | 4 |
| **Total:** | 17 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

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**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-NORTHWEST** | **UIC:35049** |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | |
| Mission Support: | |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | 0 |

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

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

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

2) Estimated number of workyears which would be eliminated:

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

See page 9R VR Burned 824 7/29/94

**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)):

-0-

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-

9 R VR BumeD 824 7/29/94

**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 | |

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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)

Signature

Commanding Officer
Title

Date

Naval Dental Center, Norfolk, VA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

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ACTIVITY COMMANDER

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

Signature

Commanding Officer
Title

15 July 94
Date

Naval Dental Center, Norfolk, VA
Activity

# Document Separator

UIC: 35045

**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, NORFOLK NAVAL SHIPYARD

| | |
|---|---|
| Official name | *BRANCH DENTAL CLINIC, NORFOLK NAVAL SHIPYARD* |
| Acronym(s) used in correspondence | BDC, NNSY |
| Commonly accepted short title(s) | |

- Complete Mailing Address
  BRANCH DENTAL CLINIC
  NORFOLK NAVAL SHIPYARD
  PORTSMOUTH, VA 23691-5000

- PLAD: NAVDENCEN NORFOLK VA \\N44\\

- PRIMARY UIC: 35045 (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: 00181____
- Primary Host (as of 01 Oct 1995) UIC: 00181____
- Primary Host (as of 01 Oct 2001) UIC: 00181____

• 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 comprhensive 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 forseeable 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 |
|---|---|
| COMMANDER, NAVAL BASE, NORFOLK | 61463 |

| • Funding Source | UIC |
|---|---|
| CHIEF, BUREAU OF MEDICINE AND SURGERY | 00018 |

UIC: 35045

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

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 2 | 8 | 1<br>2* |
| • Tenants (total) | N/A | N/A | N/A |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 4 | 6 | ~~1~~ 2 GSA<br>2* |
| • Tenants (total) | N/A | N/A | N/A |

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

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO/OIC | | | |
| CAPT R. L. KJOME, DC, USN | 804-444-7021 | 804-445-6751 | 804-481-3849 |
| • Duty Officer | 804-444-7011 | | |
| • Branch Director<br>CDR CIOTTI | 804-396-5231 | 804-421-8218 | 804-460-4512 |

* 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.)

35045
OSA

# 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

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

31 Jan '94
DATE

ENCLOSURE (4)

35045

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

29

467

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRDENCL NVSHPYD NORFOLK VA
# ACTIVITY UIC: 35045

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.)

UIC:35045-BDC NNSY PORTSMOUTH

| CTVs | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 50,956 | 50,956 | 50,446 | 53,473 | 52,938 | 53,256 | 53,362 | 53,362 | 53,362 |
| UNMET | 2,917 | 3,116 | 3,085 | 3,270 | 3,237 | 3,256 | 3,263 | 3,263 | 3,263 |
| TOTAL | 53,873 | 54,072 | 53,531 | 56,743 | 56,175 | 56,512 | 56,625 | 56,625 | 56,625 |

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:35045-BDC NNSY PORTSMOUTH

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 50,956 | 50,446 | 53,473 | 52,938 | 53,256 | 53,362 | 53,362 | 53,362 |
| UNMET | 3,116 | 3,085 | 3,270 | 3,237 | 3,256 | 3,263 | 3,263 | 3,263 |
| TOTAL | 54,072 | 53,531 | 56,743 | 56,175 | 56,512 | 56,625 | 56,625 | 56,625 |

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.

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:35045-BDC NNSY PORTSMOUTH

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 50,956 | 50,446 | 53,473 | 52,938 | 53,256 | 53,362 | 53,362 | 53,362 |
| UNMET | 3,116 | 3,085 | 3,270 | 3,237 | 3,256 | 3,263 | 3,263 | 3,263 |
| TOTAL | 54,072 | 53,531 | 56,743 | 56,175 | 56,512 | 56,625 | 56,625 | 56,625 |

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 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:

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

$$\frac{3{,}116}{50{,}956} = .061 = \frac{X}{(4/2/2)} = \frac{(.240/.122/.122)}{(4/2/2)} = \frac{(1/1/1)^{*}}{(4/2/2)} = \frac{\text{3 Additional DTRs}}{\text{8 DTRs in Use}},$$

- 3+8 DTRs = 11 > 9 DTR capacity: Unmet need (3,116) due to facility constraint (scope, staff mix unaltered).

* in reality, fractional staff rounded to next whole provider.

940617
MC 2063

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

UIC:35045 - BDC NNSY PORTSMOUTH

| 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 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| PROPHY TECHNICIANS (MIL AND CIV) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 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 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.

940617

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

UIC:35045 - BDC NNSY PORTSMOUTH

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

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%.

940617
MEO 63

R

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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

A. J. CIOTTI
NAME (Please type or print)

Anthony J Ciotti
Signature

DIRECTOR
Title

31 MAR 94
Date

BRDENCL NVSHPYDNORFOLK
Activity

ENCLOSURE (3)
PART I

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

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, NORFOLK
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

Document Separator

29

467

# MILITARY VALUE ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRDENCL NVSHPYD NORFOLK VA
# ACTIVITY UIC: 35045

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

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

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Portsmouth - UIC: 35045

**MISSION REQUIREMENTS**

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

To support the mission and function of Naval Dental Center, Norfolk by providing comprehensive dental care to military personnel located at the Norfolk Naval Shipyard and adjacent activities. Treatment priority will be given to personnel aboard ships which are in for repairs and that lack dental capabilities. The clinic also is a referral point for ships that do have dental facilities. The clinic also provides space for ships' dental officers while their dental spaces are being worked on.

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) |
|---|---|---|---|
| SIMA PORTSMOUTH | 33341 | | 329 |
| NNSY | 00181 | | 128 |
| JFK-DET | 03367 | | 71 |
| FTC | 30629 | | 51 |
| SERVICE CRAFT | 30028 | | 41 |
| NAVSEACENLANT | 65912 | | 38 |
| MEDICAL | 32532 | | 26 |
| SUPSHIPPORTS | 62678 | | 22 |
| ILO | 0067A | | 18 |
| NAVELEXSYSENG CEN | 65580 | | 14 |
| NRRO | 44617 | | 12 |
| NTCC | 39147 | | 12 |
| DENTAL | 35045 | | 8 |
| | | | 770 |

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) |
|---|---|---|---|
| COMMISSARY | 49031 | | 8 |
| NAVDET | 35355 | | 5 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 13 |

Note Fleet Personnel aboard ships not included in POP figures - but appears to be included in CTV network workload.
940614
MEP63

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

| CATEGORY UIC:35045-BDC NNSY PORTSMOUTH | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 783 |
| B. FY1993 MET WORKLOAD (CTVs) | 50,956 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 2,917 |
| D. TOTAL WORKLOAD (B+C) | 53,873 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 65.078 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 3.725 |
| G. WORKLOAD PER CAPITA (D÷A) | 68.803 |

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:35045<br>BDC NNSY PORTSMOUTH | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| POPULATION | 783 | 775 | 822 | 830 | 835 | 837 | 837 | 837 |
| A: TOTAL MET CTVs | 50956 | 50446 | 53473 | 52938 | 53256 | 53362 | 53362 | 53362 |
| B: TOTAL UNMET CTVs | 3116 | 3085 | 3270 | 3237 | 3256 | 3263 | 3263 | 3263 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 54072 | 53531 | 56743 | 56175 | 56512 | 56625 | 56625 | 56625 |
| DENTISTS (MIL AND CIV) | ~~5~~ 4 | ~~5~~ 4 | ~~5~~ 4 | ~~5~~ 4 | ~~5~~ 4 | ~~5~~ 4 | ~~5~~ 4 | ~~5~~ 4 |
| PROPHY TECHNICIANS (MIL AND CIV) | ~~4~~ 2 | ~~4~~ 2 | ~~4~~ 2 | ~~4~~ 2 | ~~4~~ 2 | ~~4~~ 2 | ~~4~~ 2 | ~~4~~ 2 |
| DENTAL HYGIENISTS (MIL AND CIV) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

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MCD63

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.

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 Norfolk Naval Shipyard, VA 35045

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 substandard[2]. 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 Norfolk Naval Shipyard

| 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?

35045

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 00183

| 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 00183

| 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 00183

| 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.

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 1 January 1994 | UIC | 35045 |
|---|---|---|---|
| FACILITY | Branch Dental Clinic, Norfolk Naval Shipyard Portsmouth Va | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | | | |
| 2. DENTAL TREATMENT ROOM | 9 | 14 1/2X11 | |
| 3. STERILIZATION ROOM | 1 | 15 1/2X16 1/2 | |
| 4. X-RAY EXPOSURE ROOM | 1 | 6 X 8 1/2 | |
| 5. DARKROOM | 1 | 6 X 6 1/2 | |
| 6. PROSTHETIC LAB | 1 | 32 1/2 X 17 | |
| 7. STOREROOM/ SUPPLY ROOM | 1 | 15 X 10 | |
| 8. CONFERENCE ROOM | 1 | 15 X 11 | |
| 9. ADMINISTRATIVE OFFICE | 1 | 14 1/2 X 15 | |
| 10. DENTAL OFFICER'S OFFICE | 1 | 16 X 17 | |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | | | |
| 12. PATIENT WAITING AREA | 1 | 20 X 15 | |
| 13. RECORDS CONTROL OFFICE | 1 | 8 1/2 X 10 | |
| 14. LOCKER ROOM (MALE) | 1 | 15 X 8 | |
| 15. LOCKER ROOM (FEMALE) | 1 | 15 X 6 | |
| 16. TOILET FACILITY (MALE) | 1 | 15 X 8 | same as locker room |
| 17. TOILET FACILITY (FEMALE) | 1 | 15 X 9 | |
| 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 | 8 | 4 (A-4)<br>2 (A-5)<br>2 (A-6) |
| 2. DENTAL OPERATING CHAIR | 1 MDT<br>7 ADEC<br>1 Dental EZ | 9 | A-6<br>A-5<br>A-6 |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC | 8 | A-4 |
| 4. CENTRAL VACUUM SYSTEM | | 1 | A-4 |
| 5. AIR COMPRESSOR DEHYDRATOR | | | |
| 6. STERILIZER | Pelton Crane Magna Clave | 1 | 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 | "N/A" | | |
| 2. VACUUM PORCELAIN FURNACE | BUMED-822 | | |
| 3. BURNOUT OVEN | MJS, 14 Jul 94 | | |
| 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 | GENDEX 1000<br>G.E. 1000 | 1<br>1 | A-4<br>A-5 | SEP-92<br>SEP-92 |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | GENDEX PAN | 1 | A-4 | NOV-92 |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | Air Techniques A/T 2000 | 1 | A-4 | |

**PART III - UTILITIES**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 120 | | | | b. CYCLE: | |
| 2. GAS: | X | NATURAL | | COMMERCIAL | | X | BOTTLE | | ACETYLENE | |

**PART IV - REMARKS AND RECOMMENDATIONS**

All Dental Treatment rooms are fully operational

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| | | |

**LOCATION**

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

The branch dental clinic is in a building within walking distance of the waterfront. The proximity to the workforce provides a service whose cost would significantly increase if moved off site.

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

The branch dental clinic is in a building within walking distance of the waterfront. The proximity to the workforce provides a service whose cost would significantly increase if moved off site.

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

All nodes within 30 minutes travel from clinic. Air: 10 miles; Rail: 15 miles; Ground: 1 mile; Sea: 5 miles.

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

Military embarkation nodes Land, Sea, Air within 30 mins travel from base.

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

10 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 a metropolitan area. No problem in hiring qualified civilian personnel.

**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 Branch Dental Clinic is designed to provide emergency and general dentistry services to fleet personnel while assigned to Norfolk Naval Shipyard. If the facility were to be lost, a significant increase in "down time" from both ship and shore based work centers would result due to the increased distances personnel would be required to travel in order to receive essential dental care. Failure to meet dental needs during maintenance periods, would defer treatment into deployed periods.

If the facility were to close, dental care would have to be provided by either NMC, Portsmouth or Naval Dental Center, Norfolk. Based on current staffing at both of these facilities, however, dental treatment of shipyard personnel would most likely result in significant delay compared to present access.

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 the facility were to close, dental care would have to be provided by either NMC, Portsmouth or Naval Dental Center, Norfolk. Based on current staffing at both of these facilities, however, dental treatment of shipyard personnel would most likely result in significant delays compared to present access due to competition with higher priority fleet personnel.

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: PORTSMOUTH UIC: 35045

| UNIT NAME | UNIT NUMBER | # OF STAFF ASSIGNED |
|---|---|---|
| FLTHOSP #5 (500 CBTZ) | 68685 | 02 |
| | | |
| | | |
| | | |
| | | |
| | | |

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 admininistrative requirements needed for mobilization preparedness adversly 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 #00183, Norfolk Naval Shipyard, Portsmouth, Virginia, BRAC Data Call #27.**

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

A. J. CIOTTI
NAME (Please type or print)

Anthony J Ciotti
Signature

DIRECTOR
Title

31 MAR 94
Date

BRDENCL NVSHPYDNORFOLK
Activity

ENCLOSURE (3)
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)

ROBERT L. KJOME
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May '94

NAVAL DENTAL CENTER, NORFOLK
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

Date 8/3/94

H67

**DATA CALL 66**
**INSTALLATION RESOURCES**

**Activity Information:**

| | |
|---|---|
| Activity Name: | BRANCH DENTAL CLINIC-NORFOLK NAVAL SHIPYARD |
| UIC: | 35045 |
| Host Activity Name (if response is for a tenant activity): | NORFOLK NAVAL SHIPYARD, PORTSMOUTH |
| Host Activity UIC: | 00181 |

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

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

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

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

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

| **Activity Name:** BRANCH DENTAL CLINIC-NORFOLK NAVAL SHIPYARD | **UIC:** 35045 |
|---|---|

| 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 | 48 | | 48 |
| 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 | 2 | | 2 |
| **2k. Sub-total 2a. through 2j:** | 50 | | 50 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

| | | | |
|---|---|---|---|
| **3. Grand Total (sum of 1c. and 2k.):** | 52 | | 52 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

| Appropriation | Amount ($000) |
|---|---|

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

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

**DATA CALL 66**
**INSTALLATION RESOURCES**

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** | | | |

| | | | |
|---|---|---|---|
| **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-NORFOLK NAVAL SHIPYARD** | **UIC:35045** |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 1 |
| **Material and Supplies (including equipment):** | 17 |
| **Industrial Fund Purchases (other DBOF purchases):** | 24 |
| **Transportation:** | 0 |
| **Other Purchases (Contract support, etc.):** | 95 |
| **Total:** | 137 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

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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:BRANCH DENTAL CLINIC-NORFOLK NAVAL SHIPYARD** | **UIC:35045** |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | |
| Mission Support: | 1 |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | 1 |

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

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

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

1 (ONE)

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) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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)

Signature

Commanding Officer
Title

14 July 94
Date

Naval Dental Center, Norfolk, VA
Activity

408

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR DATA CALL NUMBER TWENTY-EIGHT
DENTAL FACILITY:Branch Dental Clinic, Weapons Station, Charleston
ACTIVITY UIC:35748

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 | 28653 | 31000 | 31000 | 31000 | 31000 | 31000 | 31000 | 31000 | 31000 |
| UNMET | 8817 | 9523 | 18149 | 24095 | 24095 | 24095 | 24095 | 24095 | 24095 |
| TOTAL | 37470 | 40253 | 49149 | 55095 | 55095 | 55095 | 55095 | 55095 | 55095 |

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:

1. Physical plant is being utilized at maximum capacity.
2. Unmet need increases in FY 95 and out-years duty to increase in active duty population.

**UNMET CALCULATION:**

| | CTV FACTOR | | ACTIVE DUTY | | UNMET | | ACTIVE DUTY | | UNMET | | ACTIVE DUTY | | UNMET |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CLASS I | 4.55 | X | 1396 | = | 6352 | : | 2874 | = | 13077 | : | 3695 | = | 16812 |
| II | 9.20 | x | 229 | = | 2107 | : | 471 | = | 4333 | : | 606 | = | 5575 |
| III | 4.77 | x | 75 | = | 358 | : | 155 | = | 739 | : | 199 | = | 1708 |
| | | | 1700 | | 8817 | : | 3500 | | 18149 | : | 4500 | | 24095 |

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 | 31000 | 31000 | 31000 | 31000 | 31000 | 31000 | 31000 | 31000 |
| UNMET | 9523 | 18149 | 24095 | 24095 | 24095 | 24095 | 24095 | 24095 |
| TOTAL | 40253 | 49149 | 55095 | 55095 | 55095 | 55095 | 55095 | 55095 |

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:

1. Physical plant is being utilized at maximum capacity.
2. Unmet need increases in FY 95 and out-years due to increase in active duty population.

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 | 7 | 7 | 7 | 7 | 7 | 7 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

J. A. MADDOX, CAPT, DC, USN
NAME (Please type or print)

JAMaddox
Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL DENTAL CENTER, CHARLESTON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-9-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

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

ACTING

Title 6/20/94 Date

# Document Separator

35749

# DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

| | |
|---|---|
| Official name | *Branch Dental Clinic, Naval Weapons Station, CHASN* |
| Acronym(s) used in correspondence | *BDC, NWS* |
| Commonly accepted short title(s) | *Branch Dental Clinic, NWS* |

- Complete Mailing Address

Branch Dental Clinic
Naval Weapons Station
Bldg. 731, Polaski Street
Goose Creek, SC 29445

- PLAD

BRDENCLINIC NAVWEPSTA Charleston, SC

- PRIMARY UIC: 35748 (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)

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

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

• Yes _____ No __X__ (check one)

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

• Yes __X__ No _____ (check one)

• Primary Host (current) UIC: 65999 (NDC, CHASN)

• Primary Host (as of 01 Oct 1995) UIC: 68444 (NDC, JAX - Proposed)

• Primary Host (as of 01 Oct 2001) UIC: 68444 (NDC, JAX - Proposed)

• 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 | | |

35748
GSA

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

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| N/A | | | | |

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

Branch Dental Clinic, Naval Weapons Station, Charleston is the **only** Branch Clinic of Naval Dental Center, Charleston. Naval Dental Center, Charleston, which is physically located on the Naval Station, Naval Base, Charleston, was selected for closure under BRAC "93". The Branch Dental Clinic, Naval Weapons Station will remain to support the active duty forces at Naval Weapons Station. The Branch Dental Clinic will be staffed with 22 military and 3 civilians.

FOR FY95 7 OFFICERS, 15 ENLISTED, & 3 CIVILIANS. WILL UTILIZE 1 DENTAL TRUCK & 1 MOBILE DENTAL VAN.

WILL REALIGN WITH NDC JACKSONVILLE IN FY95.

UPON DISESTABLISHMENT OF NDC CHARLESTON, A DETACHMENT WILL BE AT USAF BASE CHARLESTON.

GSA

35748

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 all active duty personnel at Naval Weapons Station including tennants and other commands such as Nucler Power Training Unit (NPTU) and Polaris Missile Facility (POMFLANT).

Projected Missions for FY 2001

- Provide dental care to all Naval Commands and tenant activities in the Charleston area.
- Provide space available care to authorized dependents and retirees.
- Provide support to the Air Force Dental Clinic, Charleston Air Force Base.

35748
SA

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

- Will be the sole source of dental care provided by the Navy in the Charleston area.

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

| Operational name | UIC |
|---|---|
| CO, NDC, CHASN | 65999 |

| Funding Source | UIC |
|---|---|
| | |

IN FY 95 WILL BE UNDER NDC JACKSONVILLE

35748

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

On Board Count as of 01 January 1994

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

Authorized Positions as of 30 September 1994

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

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

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO | | | |
| J.A. MADDOX, CAPT, DC, USN | (DSN) 563-2781 | 563-9531 | (803) 747-6100 |
| • Duty Officer | | | |
| | (DSN) 563-6198 | 563-9531 | {N/A} |

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

- Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | | | | |

- Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | | | | |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| N/A | | | | | |

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| N/A | | | | | |

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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.) |
|---|---|---|
| *Naval Weapons Station* | *Goose Creek, SC* | *Dental services for all active duty* |

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.)

35748

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

J. A. MADDOX, CAPT, DC, USN
NAME (Please type or print)

JAMaddox
Signature

COMMANDING OFFICER
Title

01-25-94
Date

NAVAL DENTAL CENTER, CHARLESTON
Activity

35748
SA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

468

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR DATA CALL NUMBER TWENTY-NINE
DENTAL FACILITY: Branch Dental Clinic, Naval Weapons Station, Charleston
ACTIVITY UIC: 35748

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

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

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# Document Separator

**MISSION REQUIREMENTS**

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

Provide dental support to all active duty personnel at Naval Weapons Station including all tenants such as the Nuclear Power Training Unit (NPTU) and the Polaris Missile Facility (POMFLANT).

Beginning 01 OCT 1995, will be the only Navy dental facility in the Charleston area supporting Navy/Marine Corps personnel.

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

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| NPTU | 47724 | NWS | 1180 |
| POMFLANT | 63028 | NWS | 138 |
| EOD | 55238 | NWS | 112 |
| NWS | 00193 | NWS | 100 |
| NWS NIF | 47613 | NWS | 78 |
| PSD | 43350 | NWS | 28 |
| DECA | 48873 | NWS | 6 |
| DET-4 CHAS | 48589 | NWS | 2 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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 | 2000 |
| B. FY1993 MET WORKLOAD (CTVs) | 28653 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 8817 |
| D. TOTAL WORKLOAD (B+C) | 37470 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 14.3 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 4.4 |
| G. WORKLOAD PER CAPITA (D÷A) | 18.7 |

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

Maximum capacity for CTVs: **37373** = (28653 ÷ 2.3) x 3 (FTE's)

Explanation:

1. Leave/TAD/SIQ, etc.
2. Number of available health care providers.

**UNMET WORKLOAD (CTV'S):**

| | | | | | | |
|---|---|---|---|---|---|---|
| Class II | = | 1396 | x | 4.55 | = | 6352 |
| Class III | = | 229 | X | 9.20 | = | 2107 |
| Class IV | = | 75 | x | 4.77 | = | 358 |
| | | 1700 | | | | 8817 |

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 | 2000 | 3500 | 4500 | 4500 | 4500 | 4500 | 4500 | 4500 |
| A: TOTAL MET CTVs | 31000 | 37373 | 72000 | 72000 | 72000 | 72000 | 72000 | 72000 |
| B: TOTAL UNMET CTVs | 9523 | 33542 | 24095 | 24095 | 24095 | 24095 | 24095 | 24095 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 40523 | 70915 | 96095 | 96095 | 96095 | 96095 | 96095 | 96095 |
| DENTISTS (MIL AND CIV) | 1.3 | 1.3 | 7 ~~6~~ | 7 ~~6~~ | 7 ~~6~~ | 7 ~~6~~ | 7 ~~6~~ | 7 ~~6~~ |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

940608
MAD 63
[illegible]

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

Maximum capacity for CTVs: 37373 FY95
72000 FY96

Explanation:

1. Leave/TAD/SIQ, etc.

2. Number of available health care providers is inadequate in FY94 and 95.
3. Population increases in FY95 and out-years generates requirement for additional health care providers.

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. N/A

| 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 substandard[2]. 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):

NAVMED 6750/4 of 01 JAN 94 is submitted as enclosure (1). As submitted during BRAC III Data Calls, the Branch Dental Clinic, Naval Weapons Station, Goose Creek, South Carolina, will be grossly inadequate upon closure/disestablishment of Naval Dental Center, Charleston, South Carolina on 30 SEPT 95. The expected patient population of active duty personnel in this area will require approximately 7 Dental Officers, 1 hygienist, 2 assistants and 15 technicians. As present, the Branch Dental Clinic will only use 2 Dental Officers, one hygienist and approximately 4 technicians. Interim plans are to place one mobile dental trailer and one Atlantic Fleet mobile van adjacent to the Branch Dental Clinic. Other staff personnel will utilize the Air Force's facility as required. A Basic Facility Requirements Study was submitted for a new building for the Naval Weapons Station, Branch Dental Clinic during BRAC III. See enclosure (2). This requirement was not funded per enclosure (3).

All additional questions on facilities will be answered by the host; UIC: 00193, NAME: Naval Weapons Station, Charleston, BSAT Data Call #46.

| 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?

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.

**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?

Very important. Most active duty are located within a 5 mile radius of the clinic.

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

Air (Charleston International Airport/Charleston Air Force Base - 6 miles). Rail - 7 miles, sea/ground - 10 miles.

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

Air transportation is only 15 minutes away; however, at this time, there are no mobilization requirements for BDC, NWS personnel.

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?

No

**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 Weapons Station will be the <u>only</u> Navy dental facility supporting the Navy and Marine Corps active duty personnel in the Charleston area on 01 OCT 95. If these capabilities were lost, over 5000 active duty personnel would be left without dental support.

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 Branch Dental Clinic, Naval Weapons Station closed, we could not provide dental care to the remaining active duty because all of our resources would be gone.

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

None for Branch Dental Clinic, Weapons Station.

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

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

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

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

N/A

13. Quality of Life.

All questions under 13.a-n are being answered by the Host, UIC: 00193, Naval Weapons Station, Charleston, BSAT Data Call #46.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

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

(2) BEQ:

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

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

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

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

(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:

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

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

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

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

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

**LOCATION**_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

| City | Distance (Miles) |
|---|---|
| | |
| | |
| | |

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

| Location | % Employees | Distance (mi) | Time(min) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

| | | | |
|---|---|---|---|
| Off Base Personnel - civilian | | | |

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

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

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

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

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

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 1 JANUARY 1994 | UIC | 65999 |
|---|---|---|---|
| FACILITY | NAVAL DENTAL CENTER, CHARLESTON, SC 29408-5800<br>NAVAL WEAPONS STATION BRANCH CLINIC, BLDG: #731 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 1 | | SEE ITEM #1 REMARKS SECTION BLDG: #731 |
| 2. DENTAL TREATMENT ROOM | 3 | (2) 10′ X 12′<br>(1) 12′ X 12′ | |
| 3. STERILIZATION ROOM | 0 | | SEE ITEM #2 REMARKS SECTION |
| 4. X-RAY EXPOSURE ROOM | 2 | (1) 10′ X 12′<br>(1) 12′ X 12′ | TWO DTR'S HAVE INTRA-ORAL MACHINES |
| 5. DARKROOM | 0 | | |
| 6. PROSTHETIC LAB | 1 | 4′ X 12′ | |
| 7. STOREROOM/ SUPPLY ROOM | 1 | 5′ X 6′ | |
| 8. CONFERENCE ROOM | 0 | | |
| 9. ADMINISTRATIVE OFFICE | 1 | 27′ X 10′ | COMBINED ADMIN AND RECORDS CONTROL OFFICE |
| 10. DENTAL OFFICER'S OFFICE | 0 | | |

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE ( 1 )

| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | 0 | | |
| 12. PATIENT WAITING AREA | 1 | 5′ X 10′ | |
| 13. RECORDS CONTROL OFFICE | | | SEE PART I, LINE #9 |
| 14. LOCKER ROOM (MALE) | 0 | | |
| 15. LOCKER ROOM (FEMALE) | 0 | | |
| 16. TOILET FACILITY (MALE) | 1 | 8′ X 10′ | USED BY BOTH MALE & FEMALE |
| 17. TOILET FACILITY (FEMALE) | 0 | | |
| 18. OTHER MAJOR ROOMS | 1 | 6′ X 8′ | COMPRESSOR ROOM OUTSIDE |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | A-DEC CUSTOM | 3 | 2 = A-5<br>1 = A-4 |
| 2. DENTAL OPERATING CHAIR | A-DEC 1005<br>PELTON/CRANE COACHMAN | 1<br>2 | A-4<br>A-5 |

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| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | A-DEC 6300 | 3 | 2 = A-5<br>1 = A-4 |
| 4. CENTRAL VACUUM SYSTEM | PELTON/CRANE WINDMILL | 1 | A-5 |
| 5. AIR COMPRESSOR DEHYDRATOR | MDT 3-08-1000-32 | 1 | A-5 |
| 6. STERILIZER | P/C MAGNA CLAVE (S)<br>P/C VALIDATOR 10 (S) | 1<br>1 | A-5<br>A-5 |
| 7. LIFE SUPPORT EQUIPMENT | | 0 | |
| 8. OTHER MAJOR EQUIPMENT | | 0 | |
| **SECTION B - PROSTHETIC LAB EQUIPMENT** | | | |
| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE | | 0 | |
| 2. VACUUM PORCELAIN FURNACE | DENTSPLY MULTI-MAT | 1 | A-6 |
| 3. BURNOUT OVEN | | 0 | |
| 4. OTHER PROSTHETIC EQUIPMENT | | 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 1000 (83)<br>SIEMENS 70 (87) | 1<br>1 | A-5<br>A-5 | 9 OCT 92<br>9 OCT 92 |
| 2. MOBILE INTRA-ORAL | | 0 | | |
| 3. PANORAMIC | | 0 | | |
| 4. CEPHALOMETRIC | | 0 | | |
| 5. FILM PROCESSOR | AIR TECHNIQUES PERI-PRO II | 1 | A-4 | |

**PART III - UTILITIES**

| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 115/230 | b. CYCLE: 60 |
|---|---|---|---|---|---|---|

| 2. GAS: | | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |
|---|---|---|---|---|---|---|---|---|

**PART IV - REMARKS AND RECOMMENDATIONS**

PART I, LINE #1: THIS COMMAND IS A TENANT ACTIVITY. CLASS 1 PLANT PROPERTY RECORDS ARE MAINTAINED FOR BUILDING #731 BY THE NAVAL WEAPONS STATION, CHARLESTON.

PART I, LINE #3: NDC MAGNA CLAVE STERILIZER IS LOCATED IN THE BRANCH MEDICAL CLINICS SPACE.

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 10 JAN 94 | K. B. DEPPERMAN LT, MSC, USN | |

BRANCH DENTAL CLINIC, NWS CHARLESTON, SC
BASIC FACILITY REQUIREMENTS

---

BFR COMPUTATIONS FOR CCN 540-10

Reference : (a) Defense Medical Facilities Office DOD Medical Space Planning Criteria, 1 August 1991

1. The Branch Dental Clinic, NWS Charleston, SC is tasked with providing comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities and other authorized personnel in the assigned geographic area as prescribed by Title 10, U. S. Code, and other applicable directives and to operate assigned component dental care facilities.

2. From the table on page C-2 of reference (a), dental provider requirements are indicated at eight (8). This table does not breakdown the mix of the dental provider team (specialists, general duty dental officers, hygienists). For purposes of these calculations, the following staffing will be assumed:

| | |
|---|---|
| General duty dental officers | 5 |
| Specialists | |
| Comprehensive | 1 |
| Oral hygienists | 2 |

Based upon this staffing and the table on the bottom of page C-2 of reference (a), the following number of dental treatment rooms (DTRs) are required:

| | | |
|---|---|---|
| General duty dental officers | 5 x 1.5 DTRs = | 8 DTRs |
| Specialist | 1 x 2.0 DTRs = | 2 DTRs |
| Oral hygienists | 2 x 1.0 DTRs = | 2 DTRs |
| Total DTRs | | 12 DTRs |

3. Space plan:
(based upon pages C-3 through C-7 of reference (a))

Dental Administration

| | |
|---|---|
| Senior Dental Officer (OIC) | 120 NSF |
| Conference Room | 150 NSF |
| Administrative Support | 150 NSF |
| TOTAL NSF REQUIRED FOR DENTAL ADMINISTRATION | 420 NSF |

ENCLOSURE (2)

# BRANCH DENTAL CLINIC, NWS CHARLESTON, SC
## BASIC FACILITY REQUIREMENTS

### Treatment Areas

| | |
|---|---|
| DTRs/OHTRs (12 DTRs x 120 NSF) | 1,440 NSF |
| Consultation Office (1 x 100 + 4 x 80 NSF) | 460 NSF |
| X-Ray Exposure (110 NSF + 36 NSF) | 146 NSF |
| X-Ray Developing (60 NSF + 15 NSF) | 75 NSF |
| Dental Records | 100 NSF |
| Reception Area | 120 NSF |
| Waiting Area | 250 NSF |
| Patient Toilets | |
| Male | 120 NSF |
| Female | 120 NSF |
| DTR Support Area (3 x 90) | 270 NSF |
| TOTAL NSF REQUIRED FOR TREATMENT AREAS | 3,101 NSF |

### Dental Support Areas

| | |
|---|---|
| Supply | 110 NSF |
| Linen | 80 NSF |
| Central Sterilization Room (medium) | 240 NSF |
| Prosthetics Laboratory | 220 NSF |
| Soiled Utility/Trash Room | 120 NSF |
| Staff Lounge | 100 NSF |
| Housekeeping | 110 NSF |
| Staff Toilets | |
| Male | 60 NSF |
| Female | 60 NSF |
| Staff Lockers | |
| Male | 150 NSF |
| Female | 150 NSF |
| Lounge | 120 NSF |
| TOTAL NSF REQUIRED FOR DENTAL SUPPORT AREAS | 1520 NSF |

# BRANCH DENTAL CLINIC, NWS CHARLESTON, SC
## BASIC FACILITY REQUIREMENTS

| | | |
|---|---|---|
| TOTAL NSF REQUIRED | | 5,041 NSF |
| Mechanical Space | (10 % of 5,041 NSF) | 504 GSF |
| | | 5,545 GSF |
| Circulation | (37.5 % of 5,545 GSF) | 2,079 GSF |
| | | 7,624 GSF |
| Walls and Partitions | (9.53 % of 7,624 GSF) | 727 GSF |
| | | 8,351 GSF |
| Half Areas | (1 % of 8,351 GSF) | 84 GSF |
| | | 8,435 GSF |
| Flexibility | (0.75 % of 8,435 GSF) | 63 GSF |
| TOTAL GSF REQUIRED | | 8,498 GSF |

| Post-It™ brand fax transmittal memo 7671 | # of pages ▸ 6 |
|---|---|
| To CDR CROXTON | From LT BALESTRIERI |
| Co. NDC CHARLESTON | Co. BUMED - 433A |
| Dept. | Phone # 202 653-1637 |
| Fax # (803) 743-9531 | Fax # -0262 |

11110
433
23 Sep 93

MEMORANDUM

From: MED-43
To: MED-08B
MED-31

Subj: CONSTRUCTION PROJECTS FOR THIS CLAIMANCY CURRENTLY BEING SUPPORTED BY NAVCOMPT AS A RESULT OF BASE REALIGNMENT AND CLOSURE III (BRAC III) INITIATIVES

Ref: (a) BRAC Action Committee meeting of 16 Sep 93

Encl: (1) BUMED, BRAC III Construction Projects

1. Pursuant to reference (a), please find the latest status of this claimancy's previously identified BRAC III construction requirements submitted herewith as enclosure (1).

2. The "final" marks--subsequent to the recently held reclama hearings--were received by this division on 22 Sep 93. Enclosure (1) is a reconciled tally of what BUMED originally asked for and, what currently remains supported by NAVCOMPT.

3. Please contact the undersigned directly (ext. 3-1637) or, in my absence, Mr. Brassfield and LT Kurt Milson, if you have questions regarding this submission.

VR,

E. L. KORNEGAY

Copy to:
MED-03
MED-04
MED-06
HLTHCARE SUPPO, Jacksonville
HLTHCARE SUPPO, Norfolk
HLTHCARE SUPPO, San Diego

ENCLOSURE (3)

22 Sep 1993

**BUREAU OF MEDICINE AND SURGERY (MED-43)**
**BASE REALIGNMENT AND CLOSURE 1993**
**BRAC III - Construction Projects**
**($'s in 000's)**

| Closing Facility / Gaining Facility | BSO | N44 | NAVCMPT | REMARKS |
|---|---|---|---|---|
| **NAVSTA/NSY Charleston, SC** | | | | |
| I. NH, Jacksonville, FL | | | | |
| Med/Den Cl Mayport, Add/Alt | 5,900 | 0 | 0 | CINCLANTFLT: Line mission migration is undetermined |
| Hospital Staff Supp Facility | 1,900 | 0 | 0 | Migration not determined |
| II. NAVWEPSTA, Goose Creek, Chrlstn, SC | | | | |
| Branch Dental Clinic Add/Alt | 1,275 | 0 | 0 | NAVCOMPT: Impression is that sufficient space exists at Charleston AFB |
| **Naval Hospital Oakland, CA** | | | | |
| I. NMCNTR, San Diego, CA | | | | |
| Parking Lot/*FY 96 | 4,800 | 0 | - | To be determined, maybe $3M range per NAVCOMPT; *revisit in FY 94 (2/3 of 660 staff migration to be accommodated) |
| BEQ-FY 96 | 6,650 | 0 | 6,650 | |
| Dependent Care Clinic | 31,900 | 0 | 0 | NAVCOMPT will revisit in FY 94/95 |
| NSHS/Rehab School Bldg | 1,100 | 0 | 0 | MED-05 confirmed that migrating students will "fit" in current facility |
| Family Housing | 9,440 | 0 | 0 | Migration not determined |

ENCLOSURE(1)

| 1. COMPONENT | FY 19~~9~~4 MILITARY CONSTRUCTION PROJECT DATA | 2. DATE |
|---|---|---|
| NAVY | | 01 JUL 93 |

| 3. INSTALLATION AND LOCATION | 4. PROJECT TITLE |
|---|---|
| Naval Weapons Station<br>Goose Creek, SC | Dental Clinic Expansion |

| 5. PROGRAM ELEMENT | 6. CATEGORY CODE | 7. PROJECT NUMBER | 8. PROJECT COST ($000) |
|---|---|---|---|
| BRAC III | 540-10 | P-ØØ7 | 1,275.0 |

9. COST ESTIMATES

| ITEM | U/M | QUANTITY | UNIT COST | COST ($000) |
|---|---|---|---|---|
| PRIMARY FACILITY | | | | 999.9 |
| Building Addition | SF | 7,523 | 127.73 | (960.9) |
| Building Renovations | SF | 975 | 40.00 | ( 39.0) |
| SUPPORTING FACILITIES | | | | 145.0 |
| Site Improvements | LS | | | ( 70.0) |
| Electrical Utilities | LS | | | ( 40.0) |
| Mechanical | LS | | | ( 35.0) |
| SUB TOTAL | | | | 1,144.9 |
| CONTINGENCY @ 5% | | | | 57.2 |
| TOTAL CONTRACT COST | | | | 1,202.1 |
| S.I.O.H. @ 6% | | | | 72.1 |
| TOTAL REQUESTED | | | | 1,274.2 |
| TOTAL REQUESTED (ROUNDED) | | | | 1,275.0 |
| EQUIPMENT PROVIDED FROM OTHER APPROPRIATIONS | | | | 127.0 |

10. DESCRIPTION OF PROPOSED CONSTRUCTION

**Project will construct a one story addition to the existing clinic. Construction will be compatible with the existing facility. Modification to the existing facility will provide clinic configuration compatible with current needs. Project includes upgrade of existing electrical, water, and sewer distribution.**

11. REQUIREMENT: 8,498 SF. ADEQUATE: 975 SF. SUBSTANDARD 0 SF

CURRENT SITUATION: Existing facility is a branch of Naval Dental Center, Charleston. NDC Charleston will be closing per BRAC III. With the closure of NDC, a major expansion in services provided at the Naval Weapons Station will be required to provide adequate dental services to the active duty population.

IMPACT IF NOT PROVIDED: With the BRAC III closure of the main clinic at NAVSTA Charleston the majority of the active duty staff would have to go to NDC Parris Island, approximately 75 miles away for routine dental care.

DD FORM 1 DEC 76 1391 PREVIOUS EDITIONS UNTIL

S/N 0102-LF-001-3910

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶ 1

| To | From |
|---|---|
| CDR CROXTON | LT DAN WILSON |
| Dept./Agency NDC CHARLESTON | Phone # 942-4341 |
| Fax # 563-9531 | Fax # 942-4995 |

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

# 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. MADDOX, CAPT, DC, USN
NAME (Please type or print)

JAMaddox
Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL DENTAL CENTER, CHARLESTON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 6-21-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

R. R. SAREERAM

NAME (Please type or print) — Signature

27 JUN 1994

ACNO 6

Title — Date

DATA CALL 66
INSTALLATION RESOURCES

468

Activity Information:

Activity Name: NAVAL BRANCH DENTAL CLINIC, WPN STA CHARLESTON

UIC: 35748

Host Activity Name: NAVAL DENTAL CENTER CHARLESTON, SC

Host UIC:65999
(NOTE: This branch clinic will belong to NDC JAX, UIC 68444, when NDC CHASN is disestablished as of 30 Sep 95.)

**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: NBDC CHASN UIC: 35748

| Category | FY 1996 BOS Costs ($000) Non-Labor | Labor | Total |
|---|---|---|---|
| **1. Real Property Maintenance:** | | | |
| 1a. Maintenance and Repair | NA | | |
| 1b. Minor Construction | NA | | |
| **1c. Sub-total 1a. and 1b.** | NA | | |
| **2. Other Base Operating Support:** | | | |
| 2a. Utilities | NA | | |
| 2b. Transportation | 7 | | |
| 2c. Environmental | NA | | |
| 2d. Facility Leases | NA | | |
| 2e. Morale, Wel&Rec | NA | | |
| 2f. Bachelor Quarters | NA | | |
| 2g. Child Care Centers | NA | | |
| 2h. Family Service Centers | NA | | |
| 2i. Administration | NA | | |
| 2j. Other (Specify) | NA | | |
| **2k. Sub-total (2a-2j):** | **7** | | |
| **3. Grand Total (1c + 2k):** | **7** | | |

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

| Appropriation | Amount ($000) |
|---|---|

# DATA CALL 66
# INSTALLATION RESOURCES

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: NBDC WPN STA CHASN UIC: 35748

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

# 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: NBDC CHASN UIC: 35748**

| Cost Category | FY 1996 Projected Costs ($000) |
|---|---|
| **Travel:** | |
| MA 301 2101 | 4 |
| MA 302 2101 | 3 |
| MR 301 2101 | 5 |
| MR 302 2101 | 4 |
| MR 989 2503 | 3 |
| **Material and Supplies (including equipment):** | |
| MR 417 2601 | 32 |
| MR 925 3101 | 23 |
| MR 969 2611 | 39 |
| MR 989 2503 | 12 |
| **Industrial Fund Purchases (other DBOF purchases):** | |
| **Transportation:** | |
| **Other Purchases (Contract support, etc.):** | |
| **Total:** | 125 |

# 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: NBDC CHASN UIC: 35748**

| Contract Type | FY 1996 Estimated Number of Workyears On-Base |
|---|---|
| Construction: | NA |
| Facilities Support: | NA |
| Mission Support: | NA |
| Procurement: | NA |
| Other:* | NA |
| **Total Workyears:** | NA |

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

# DATA CALL 66
# INSTALLATION RESOURCES

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

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

NA

2) Estimated number of workyears which would be eliminated:

NA

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

NA

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

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

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

# 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. MADDOX, CAPT, DC, USN | JAMaddox |
| NAME (Please type or print) | Signature |
| COMMANDING OFFICER | 13 JUL 94 |
| Title | Date |
| NAVAL DENTAL CENTER, CHARLESTON, SC | |
| Activity | |

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHEF BUMED/SURGEON GENERAL
Title

Date 7-20-94

~~BUREAU OF MEDICINE AND SURGERY~~
Activity

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

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

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

Signature

Title

04 AUG 1994
Date

Document Separator

469

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRDENCL PMTC POINT MUGU, CA
# ACTIVITY UIC: 35744

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 | 51209 | 50512 | 50381 | 50301 | 50525 | 50842 | 51170 | 51170 | 51170 |
| UNMET | 15048 | 15048 | 15009 | 14985 | 15052 | 15146 | 15244 | 15244 | 15244 |
| TOTAL | 66257 | 65559 | 65389 | 65286 | 65577 | 65988 | 66414 | 66414 | 66414 |

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:

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 | 50512 | 50381 | 50301 | 50525 | 50842 | 51170 | 51170 | 51170 |
| UNMET | 15048 | 15009 | 14985 | 15052 | 15146 | 15244 | 15244 | 15244 |
| TOTAL | 65559 | 65389 | 65286 | 65577 | 65988 | 66414 | 66414 | 66414 |

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) | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| PROPHY TECHNICIANS (MIL AND CIV) | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 |
| DENTAL HYGIENISTS (MIL AND CIV) | ~~0~~ | ~~0~~ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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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

S. L. MURPHY, CDR, DC, USN
NAME (Please type or print)

Signature

DIRECTOR
Title

Date 26 May 94

BRANCH DENTAL CLINIC
Activity

NAVAL AIR WEAPONS STATION
POINT MUGU, CA 93042

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

NEXT ECHELON LEVEL (if applicable)

K. J. DAVIS, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date JUNE 1, 1994

NAVAL DENTAL CENTER, LONG BEACH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

Date 6/20/94

# Document Separator

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

| | |
|---|---|
| Official name | *Branch Dental Clinic Naval Air Weapons Station, Point Mugu, CA* |
| Acronym(s) used in correspondence | BDC, NAWS, PT Mugu |
| Commonly accepted short title(s) | POINT MUGU DENTAL CLINIC |

- Complete Mailing Address

Director
Branch Dental Clinic
Naval Air Weapons Station
Point Mugu, CA 93042-5000

- PLAD

BRDENCLINIC NAWS PT MUGU CA

- PRIMARY UIC: 35744 (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: N/A

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X_____ (check one)

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

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

- Yes _____ No _X_____ (check one)

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

- Yes _X_____ No _____ (check one)
- Primary Host (current) UIC: _0429A_____
- Primary Host (as of 01 Oct 1995) UIC: _0429A_____
- Primary Host (as of 01 Oct 2001) UIC: _0429A_____

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

- Yes _____ No _X_____ (check one)

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

| Name | Location | UIC |
|---|---|---|
| N/A | | |

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

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| N/A | | | | |

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

Disestablishment of Naval Dental Center, Long Beach Command Headquarters and re-alignment with Naval Dental Center, San Diego.

35744

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 a state of optimum oral health and ensure dental readiness if active duty Navy and Marine Corps personnel to enable them to accomplish their missions.

- Augment the military medical effort, particularly during periods of armed conflict, mass casulaty and other contengencies.

- Maximize quality of life and customer satisfaction.

- Promote wellness

- Ensure the dental team is trained, ready and equipped to accomplish their mission.

- Support our dental team through ongoing professional development.

* Assess the oral health of the Navy and Marine Corps reserve.

* Provide dental health care services to other eligible beneficiaries as authorized by law.

Projected Missions for FY 2001

- SAME AS ABOVE

35744

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

NDC, LONG BEACH CA 62947

- Funding Source UIC

SAME AS ABOVE

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

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian |
|---|---|---|---|
| (Appropriated) | | | |
| • Reporting Command | 2 | 4 | 2 |
| • Tenants (total) | N/A | | |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian |
|---|---|---|---|
| (Appropriated) | | | |
| • Reporting Command | 3 | 4 | ~~2~~ 0 [illegible] 2/8/94 |
| • Tenants Total) | N/A | | |

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

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO/OIC | | | |
| CO, CAPT K. J. Davis | (310)547-7436 | (310)547-9375 | (310)831-0387 |
| • Duty Officer | (310)547-6292 | | [ N/A] |
| • BrDir, CDR S. L. Murphy | (805)488-7126 | (805)488-2091 | (805)482-6914 |
| Duty Officer | (805) 989-8815 | | |

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

- Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | | | | |

- Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | | | | |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| N/A | | | | | |

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| N/A | | | | | |

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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.) |
|---|---|---|
| *Antarctic Development Squadron Six (VXE-6)* | *NAWS, Point Mugu, CA* | *MOU* |
| *Naval Air Reserve* | *Naval Air Station, Point Mugu, CA* | *MOU* |

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

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

35744

# 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

K. J. DAVIS

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

2 Feb 94

Date

NAVAL DENTAL CENTER, LONG BEACH CA

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

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. GREENE, JR
NAME (Please type or print)

Signature

ACTING
Title

16 FEB 94
Date

# Document Separator

469

**MISSION REQUIREMENTS**

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

SUPPORT FOR VXE-6 IN IT'S ANNUAL DEPLOYMENT TO ANTARCTICA.

MAINTAIN DENTAL READINESS FOR ALL ACTIVE DUTY PERSONNEL ATTACHED TO NAWS POINT MUGU AND AIR NATIONAL GUARD.

AUGMENT MEDICAL STAFF IN THE EVENT OF A MASS CASUALTY ON MEDICAL EMERGENCY.

PROVIDE ANNUAL RECALL FOR ALL ACTIVE DUTY PERSONNEL

PROVIDE COMPREHENSIVE TREATMENT FOR ACTIVE DUTY PERSONNEL.

PROVIDE HUMANITARIAN DENTAL MEDICAL CARE AS REQUIRED.

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) |
|---|---|---|---|
| NAWS | 0429A | POINT MUGU | 517 |
| MAD | 06090 | POINT MUGU | 25 |
| VP-65 | 09173 | POINT MUGU | 115 |
| VFA-305 | 09326 | POINT MUGU | 115 |
| VXE-6 | 09589 | POINT MUGU | 434 |
| VX-4 | 09830 | POINT MUGU | 306 |
| EOD | 30213 | POINT MUGU | 9 |
| SNI | 30614 | POINT MUGU | 58 |
| NAESU | 32904 | POINT MUGU | 1 |
| COMM3 | 33321 | POINT MUGU | 3 |
| NTCC | 39048 | POINT MUGU | 10 |
| BUPERS | 41342 | POINT MUGU | 23 |
| PSD | 41345 | POINT MUGU | 25 |
| ROICC | 44266 | POINT MUGU | 7 |

**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) |
|---|---|---|---|
| MEDICAL | 45113 | POINT MUGU | 18 |
| HCS-5 | 47409 | POINT MUGU | 108 |
| DECA | 49208 | POINT MUGU | 7 |
| NAWC | 63126 | POINT MUGU | 139 |
| NAVSOC | 63200 | POINT MUGU | 40 |
| NAR | 66630 | POINT MUGU | 113 |
| NAVRESCRUITCOM | 47763 | POINT MUGU | 4 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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 | ~~6555~~ 932 1.D |
| B. FY1993 MET WORKLOAD (CTVs) | 51209 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 15048 |
| D. TOTAL WORKLOAD (B+C) | 66257 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 7.82 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 2.3 |
| G. WORKLOAD PER CAPITA (D÷A) | 10.11 |

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

**Maximum capacity for CTVs:** 57227 FY90

**Explanation:** LESS MANPOWER IN FY 93

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 | ~~6466~~ 932 | ~~6449~~ 932 | ~~6430~~ 932 | ~~6468~~ 932 | ~~6508~~ 932 | ~~6550~~ 932 | ~~6550~~ 932 | ~~6550~~ 932 |
| A: TOTAL MET CTVs | 50512 | 50381 | 50301 | 50525 | 50842 | 51170 | 51170 | 51170 |
| B: TOTAL UNMET CTVs | 15048 | 15009 | 14985 | 15052 | 15146 | 15244 | 15244 | 15244 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 65559 | 65389 | 65286 | 65577 | 65988 | 66414 | 66414 | 66414 |
| DENTISTS (MIL AND CIV) | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
| PROPHY TECHNICIANS (MIL AND CIV) | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 | ~~2~~ 1 |
| DENTAL HYGIENISTS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

940607 MCD 63

940607 MCD 63

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

Maximum capacity for CTVs: 57227 FY 90

Explanation: LESS MANPOWER IN FY 93

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 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**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 substandard[2]. 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 | BRDENTCLINIC POINT MUGU PATIENT CARE | 3,158 | 39 | S |
| | | | | |
| | | | | |
| | | | | |

[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 fo BRAC realignments or closures.

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| N62474-93-C-7867 | REPAIR HEATING SYSTEM | FY94 | |
| | | | |
| | | | |

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 |
|---|---|---|---|
| DBP-1033 | REPLACE FLOOR COVERING IN CLINIC | FY95 | 15,000.00 |
| DBP-1043 | PAINT INTERIOR OF CLINIC | FY96 | 12,000.00 |
| | | | |

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.

**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?

Centrally located within the host activity

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

Information provided by host activity

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

Centrally located within the host activity.

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

1-15 minutes (walking)

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?

High cost of living.

**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?**

ASSUMING CURRENT MANNING LEVELS

1. ALL DENTAL SUPPORT WOULD HAVE TO BE OBTAINED THROUGH
   A. MOBILE TREATMENT FACILITY
   B. ELSEWHERE
      - CIVILIAN
      - DOD FACILITY - PORT HUENEME, VANDENBERF AFBASE, LONG BEACH

2. REDUCTION TO MEDICAL DISASTER PREPAREDNESS STAFFING

   LOSS OF PRESENT COMPREHENSIVE DENTAL CARE PROGRAM WOULD RESULT IN DECREASE IN READINESS, LOSS OF STANDARDIZED CARE.

   LOGISTICS - TRANSPORT PATIENTS TO PORT HUENEME, AFBASE, LONG BEACH-LOST MANHOUR

   ELSEWHRE - MILITARY NOT STAFFED

   COST IN PRIVATE COMMUNITY

   SIGNIFICANT LOSS IN MANPOWER, HOURS AND COST.

**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.**

1. REFERRAL TO THE NEAREST MILITARY CLINIC: PORT HUENEME AND VANDENBERG AFBASE
2. REFERRAL TO CIVILIAN COMMUNITY : WILL RESULT IN LOSS OF STANDARDIZED CARE AND HIGH COST OF TREATMENT
3. IGNORE IT.
4. BRING IN MOBILE DENTAL TEAM.

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 |
|---|---|---|
| NAVDENCEN PEARL HARBOR | 62313 | 2 |
| FLEET HOSP #2-250BED CBZ | 68682 | 1 |
| FLEET HOSP #6-500BED CBZ | 68686 | 1 |
| USNAVDENCEN OKINAWA | 68582 | 2 |
| | | |
| | | |
| | | |

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

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

TRAINING- MINIMUM IMPACT ON MISSION

- CURRENT EMERGENCY TRAINING REQUIREMENTS NEARLY FULFILL ADDITIONAL TRAINING REQUIRED i.e. BLS

- DUE TO OPERATIONAL POTENTIAL ALL HANDS NEED TO HAVE FIRST AID AND ASSOCIATED MEDICAL TRAINING

| | |
|---|---|
| - | - ONCE PER WEEK |
| - C-4 | - EVERY 5 YEARS |

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+ | 44 | 44 | | |
| Officer | 3 | 47 | 47 | | |
| Officer | 1 or 2 | 0 | 0 | | |
| Enlisted | 4+ | 169 | 169 | | |
| Enlisted | 3 | 619 | 619 | | |
| Enlisted | 1 or 2 | 104 | 104 | | |
| Mobile Homes | | 0 | 0 | | |
| Mobile Home lots | | 0 | 0 | | |

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

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

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

| Pay Grade | Number of Bedrooms | Number on List[1] | Average Wait |
|---|---|---|---|
| O-6/7/8/9 | 1 | N/A | N/A |
| | 2 | N/A | N/A |
| | 3 | N/A | N/A |
| | 4+ | 0 | |
| O-4/5 | 1 | N/A | N/A |
| | 2 | N/A | N/A |
| | 3 | 14 | 12-18 MONTHS |
| | 4+ | 0 | 1-6 MONTHS |
| O-1/2/3/CWO | 1 | 0 | 0 |
| | 2 | 20 | 1-6 MONTHS |
| | 3 | 3 | 1-6 MONTHS |
| | 4+ | 0 | 18-24 MONTHS |
| E7-E9 | 1 | 0 | |
| | 2 | 200 | 1-3 MONTHS |
| | 3 | 20 | 1-3 MONTHS |
| | 4+ | 33 | 1-3 MONTHS |
| E1-E6 | 1 | 0 | |
| | 2 | 210 | 12-18 months |
| | 3 | 23 | 1-6 months |
| | 4+ | 11 | 0-6 months |

[1]As of 31 March 1994.

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

NO CHANGE



| | | |
|---|---|---|
| TOTAL | | 100 |

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

NONE - THEY ALL LIVE ON BASE.

(3) BOQ:

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | 100% |
| Substandard | |
| Inadequate | 100% |

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

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

$$AOB = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365} = 19$$

(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.) | 15 | 75 | |
| Spouse Employment (non-military) | 3 | 15 | |
| Other | 2 | 10 | |
| TOTAL | 20 | 100 | |

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

NONE

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

**LOCATION** NAWS, POINT MUGU **DISTANCE** _____

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Auto Hobby | Indoor Bays | 8 | Y |
| | Outdoor Bays | 25 | Y |
| Arts/Crafts | SF | 0 | N/A |
| Wood Hobby | SF | 0 | N/A |
| Bowling | Lanes | 8 | Y |
| Enlisted Club | SF | 0 | N/A |
| Officer's Club | SF | 0 | N/A |
| Library | SF | 4,680 | Y |
| Library | Books | 41,300 | Y |
| Theater | Seats | 500 | N |
| ITT | SF | 100 | Y |
| Museum/Memorial | SF | 0 | N/A |
| Pool (indoor) | Lanes | 0 | N/A |
| Pool (outdoor) | Lanes | 8 | N |
| Beach | LF | 1,400 | Y |
| Swimming Ponds | Each | 0 | N/A |
| Tennis CT | Each | 4 | Y |

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

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Volleyball CT (outdoor) | Each | 2 | Y |
| Basketball CT (outdoor) | Each | 1 | Y |
| Racquetball CT | Each | 4 | Y |
| Golf Course | Holes | 9 | N |
| Driving Range | Tee Boxes | 18 | Y |
| Gymnasium | SF | 12,000 | Y |
| Fitness Center | SF | 1,800 | Y |
| Marina | Berths | 0 | N/A |
| Stables | Stalls | 0 | N/A |
| Softball Fld | Each | 2 | Y |
| Football Fld | Each | 1 | Y |
| Soccer Fld | Each | 1 | Y |
| Youth Center Main Base | SF | 2,900 | Y |
| Youth Center, Camarillo | SF | 3,100 | Y |
| BEACH MOTEL | Rooms | 24 | Y |

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

NO

d. Base Family Support Facilities and Programs

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

| Age Category | Capacity (Children) | SF | | | Number on Wait List | Average Wait (Days) |
|---|---|---|---|---|---|---|
| | | Adequate | Substandard | Inadequate | | |
| 0-6 Mos | 4 | 1,275 | | | 14 | 365 |
| 6-12 Mos | 4 | 1,275 | | | 14 | 365 |
| 12-24 Mos | 20 | 2,551 | | | 7 | 0 |
| 24-36 Mos | 28 | | | 1,752 | 8 | 365 |
| 3-5 Yrs | 34 | | | 3,504 | 37 | 365 |

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

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

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

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

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

ANSWER ON QUESTIONS d. (2), (3), (4), and (5) on attached sheet.

d. Base Family Support Facilities and Programs

(2). Inadequate space in building 2-43, Quonset Hut.
Inadequate due to deteriorated building condition, high maintenance costs size and configuration.
Facility is currently used as Child Care Facility.
The facility cannot be renovated to meet minimum Child Care standards at any cost short of total reconstruction. The facility could be used for limited storage, but maintenance costs would remain high, and renovation would be required to meet earthquake standards. The facility is not planned for reuse. It has been approved for demolition.
MILCON project P-014 has been program for FY 1996. Interim provision of alternative relocatable facilities is planned for FY 1994 pending construction of P-014.
The facility has not been listed on the BASEREP because the condition of the facility does not adversely affect the base mission.

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

State Licensed Family Home Care providers off base 9 miles away. Centers are over 9 to 12 miles away.

(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, 0-5yrs)

YES, Construction Battalion Center, Port Hueneme; 212 Capacity, 0-5 years

(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 | 29,000 |
| Gas Station | SF | 2,967 |
| Auto Repair | SF | 1,241 |
| Auto Parts Store | SF | Incl above |
| Commissary | SF | 23,824 |
| Mini-Mart | SF | Incl in Exch |
| Package Store | SF | Incl in Exch |
| Fast Food Restaurants | Each | 3 |
| Bank/Credit Union | Each | 1 |
| Family Service Center | SF | 1,342 |
| Laundromat | SF | 2,200 |
| Dry Cleaners | Each | N/A |
| ARC | PN | N/A |
| Chapel | PN | 600 |
| FSC Classrm/Auditorium | PN | N/A |
| | | |

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

| City | Distance (Miles) |
|---|---|
| LOS ANGELES, CALIF | 60, Southeast |
| SANTA BARBARA, CALIF | 50, Northeast |
| OXNARD, CALIFORNIA | 8, Northeast |

f. **Standard Rate VHA Data for Cost of Living:**

| Paygrade | With Dependents | Without Dependents |
|---|---|---|
| E1 | 326.94 | 182.93 |
| E2 | 326.94 | 205.60 |
| E3 | 311.34 | 229.41 |
| E4 | 348.06 | 242.92 |
| E5 | 380.91 | 265.95 |
| E6 | 394.77 | 268.73 |
| E7 | 447.34 | 310.75 |
| E8 | 481.69 | 364.16 |
| E9 | 479.65 | 364.11 |
| W1 | 450.32 | 342.00 |
| W2 | 435.19 | 341.34 |
| W3 | 468.51 | 380.86 |
| W4 | 497.23 | 440.86 |
| O1E | 415.46 | 308.17 |
| O2E | 406.45 | 324.05 |
| O3E | 439.39 | 371.73 |
| O1 | 391.55 | 288.53 |
| O2 | 411.56 | 321.68 |
| O3 | 432.74 | 364.34 |
| O4 | 454.36 | 395.11 |
| O5 | 489.85 | 405.10 |
| O6 | 460.45 | 381.12 |
| O7 | 394.87 | 320.82 |

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 | 595 | 350 | 50 |
| Apartment (1-2 Bedroom) | 675<br>925 | 495<br>625 | 60<br>60 |
| Apartment (3+ Bedroom) | 975 | 850 | 60 |
| Single Family Home (3 Bedroom) | 1,200 | 850 | 110 |
| Single Family Home (4+ Bedroom) | 1,400 | 950 | 110 |
| Town House (2 Bedroom) | 1,100 | 875 | 60 |
| Town House (3+ Bedroom) | 1,200 | 900 | 80 |
| Condominium (2 Bedroom) | 925 | 875 | 60 |
| Condominium (3+ Bedroom) | 1,200 | 900 | 80 |

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

| Type Rental | Percent Occupancy Rate |
|---|---|
| Efficiency | 90 |
| Apartment (1-2 Bedroom) | 90 |
| Apartment (3+ Bedroom) | 98 |
| Single Family Home (3 Bedroom) | 95 |
| Single Family Home (4+ Bedroom) | 95 |
| Town House (2 Bedroom) | 90 |
| Town House (3+ Bedroom) | 95 |
| Condominium (2 Bedroom) | 90 |
| Condominium (3+ Bedroom) | 95 |

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

| Type of Home | Median Cost |
|---|---|
| Single Family Home (3 Bedroom) | 158,811 |
| Single Family Home (4+ Bedroom) | 176,393 |
| Town House (2 Bedroom) | 140,000 |
| Town House (3+ Bedroom) | 165,000 |
| Condominium (2 Bedroom) | 104,630 |
| Condominium (3+ Bedroom) | 131,075 |

MEDIAN HOUSING PRICES IN VENTURA COUNTY ARE CURRENTLY AMONG THE HIGHEST IN THE NATION, AND HOUSING PRICES IN THE HOUSING MARKET AREA HAVE INCREASED MORE THAN TWICE AS FAST AS THE MEDIAN FAMILY INCOME SINCE 1970.

**(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 | 0 | 0 | 0 |
| February | 0 | 0 | 0 |
| March | 0 | 0 | 0 |
| April | 0 | 0 | 0 |
| May | 0 | 1 | 0 |
| June | 0 | 0 | 0 |
| July | 1 | 0 | 0 |
| August | 0 | 0 | 0 |
| September | 0 | 1 | 0 |
| October | 1 | 0 | 0 |
| November | 0 | 1 | 0 |
| December | 1 | 0 | 0 |

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

CONTRIBUTING TO THE INCREASE OF HOUSING PRICES ARE THE FOLLOWING FACTORS:

1. Growth Management restrictions in most cities, which keeps demand and prices high.
2. A high cost of living area creating high land and development costs.
3. Large development fees in most cities contribute excessively to large home costs.
4. Typically, home prices are elevated in California coastal communities like Ventura County due to recreational benefits and mild weather conditions.
5. Proximity to the large metropolitan Los Angeles area creates additional demand on Ventura County assets from people desiring to "escape" the large city environment.
6. Ventura County has a high cost of labor for construction trades.

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 |
|---|---|---|
| AO | NONE | 34 |
| OS | NONE | 22 |
| AME | NONE | 11 |
| AB | 1 | 01 |
| GSM | NONE | 01 |

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) |
|---|---|---|---|
| CAMARILLO, CA | 35 | 12 | 20 |
| OXNARD, CA | 35 | 08 | 15 |
| VENTURA, CA | 15 | 20 | 30 |
| PORT HUENEME, CA | 10 | 08 | 15 |
| NEWBERRY PARK, CA | 5 | 21 | 30 |

*** PERCENT OF EMPLOYEE ESTIMATED

**j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the installation (to include any outlying sites) 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 |
|---|---|---|---|---|---|---|---|
| Oxnard High | Public | 9-12 | YES | 0 | N/A | 46%* | School Admin. |
| Oxnard Elemen. | Public | K-8 | YES | 0 | N/A | N/A | School Admin. |
| Hueneme Elemen. | Public | K-8 | YES | 0 | N/A | N/A | School Admin. |
| Pleasant Valley Elem. | Public | K-8 | YES | 0 | N/A | N/A | School Admin |
| Somis Elemen. | Public | K-8 | No military dependent | 0 | N/A | N/A | School Admin. |
| Ocean View Elem. | Public | K-8 | YES | 0 | N/A | N/A | School Admin. |
| St. Anthony's | Catholic | K-8 | NO | $1,665 | N/A | N/A | School Admin. |
| Santa Clara High | Catholic | 9-12 | NO | $1,350 | N/A | N/A | School Admin. |

*1992 data; no 1993 data available.

NOTES:

1. Researched only those schools within 10 miles and only those major private schools. Total number of schools within this area would include pre-school and day care, and would number approximately 50.
2. All schools identified have military dependents, with the exception of Somis Elem. School.

*(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 | |
| USC at C.A.T.E. Newbury Park | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | YES | NO | NO | YES |
| CSUN at C.A.T.E. | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | YES | YES | NO | YES |
| West Coast Univ. Ventura | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | YES | YES | YES | YES |
| UCSB Ventura Center | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | YES | YES | YES | YES |
| CSUN Ventura Campus | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | NO | YES | YES | YES |
| CAL Lutheran Thousand Oaks | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | YES | YES | YES | YES |
| Cal Lutheran Oxnard | Day NO | NO | NO | NO | NO | NO |
| | Night YES | NO | NO | NO | NO | YES |
| Univ. of LaVerne Ventura Center | Day NO | NO | NO | NO | NO | NO |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Night YES | NO | NO | YES | YES | YES |
| Pepperdine Univ. | Day YES | NO | NO | YES | YES | YES |
| | Night YES | NO | NO | YES | YES | YES |
| Oxnard Union High School | Day NO | NO | NO | NO | NO | NO |
| | Night YES | YES | YES | NO | NO | NO |
| Ventura College | Day YES | NO | NO | YES | NO | NO |
| | Night YES | NO | YES | YES | YES | N0 |
| Ventura College | Day YES | NO | NO | YES | YES | NO |
| | Night YES | NO | YES | YES | YES | NO |
| Oxnard College | Day YES | NO | NO | YES | YES | NO |
| | Night YES | NO | YES | YES | YES | NO |

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

| Institution | Type Classes | Program Type(s) | | | | |
|---|---|---|---|---|---|---|
| | | Adult High School | Vocational/ Technical | Undergraduate | | Graduate |
| | | | | Courses only | Degree Program | |
| UNIVERSITY OF LA VERNE | Day NO | NO | NO | NO | NO | NO |
| | Night | NO | NO | YES | YES | NO |
| | Corres-pondence | NO | NO | NO | NO | NO |
| UNIVERSITY OF SOUTHERN CALIFORNIA | Day NO | NO | NO | NO | NO | NO |
| | Night | NO | NO | NO | NO | YES |
| | Corres-pondence | NO | NO | NO | NO | NO |
| SOUTHERN ILLINOIS UNIVERSITY | Day YES | NO | YES | YES | YES | YES |
| | Night | NO | NO | NO | NO | NO |
| | Corres-pondence | NO | NO | NO | NO | NO |
| | Day | | | | | |
| | Night | | | | | |
| | Corres-pondence | | | | | |

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

| Skill Level | Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance | | | Local Community Unemployment Rate |
|---|---|---|---|---|
| | 1991 | 1992 | 1993 | |
| Professional | 3 | 4 | 3 | |
| Manufacturing | 0 | 0 | 0 | |
| Clerical | 17 | 44 | 67 | |
| Service | 23 | 37 | 49 | |
| Other | 11 | 10 | 15 | |

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. NO

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. NO,

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case 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) | 3 | 3 | 1 |
| Base Personnel - military | 0 | 1 | 0 |
| Base Personnel - civilian | 3 | 2 | 1 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 2. Blackmarket (6C) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 3. Counterfeiting (6G) | 2 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 2 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 4. Postal (6L) | 9 | 5 | 4 |
| Base Personnel - military | 7 | 2 | 3 |
| Base Personnel - civilian | 2 | 3 | 1 |
| Off Base Personnel - military | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| Off Base Personnel - civilian | | | |

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 5. Customs (6M) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 6. Burglary (6N) | 10 | 9 | 8 |
| Base Personnel - military | 6 | 6 | 6 |
| Base Personnel - civilian | 4 | 3 | 2 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 7. Larceny - Ordnance (6R) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 8. Larceny - Government (6S) | 48 | 30 | 28 |
| Base Personnel - military | 42 | 27 | 25 |
| Base Personnel - civilian | 6 | 3 | 3 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 9. Larceny - Personal (6T) | 95 | 104 | 87 |
| Base Personnel - military | 63 | 74 | 57 |
| Base Personnel - civilian | 32 | 30 | 30 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 10. Wrongful Destruction (6U) | 62 | 54 | 31 |
| Base Personnel - military | 39 | 32 | 21 |
| Base Personnel - civilian | 23 | 22 | 10 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 11. Larceny - Vehicle (6V) | 0 | 3 | 0 |
| Base Personnel - military | 0 | 1 | 0 |
| Base Personnel - civilian | 0 | 2 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 12. Bomb Threat (7B) | 4 | 6 | 2 |
| Base Personnel - military | 2 | 2 | 0 |
| Base Personnel - civilian | 2 | 4 | 2 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 13. Extortion (7E) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 14. Assault (7G) | 40 | 29 | 23 |
| Base Personnel - military | 19 | 15 | 12 |
| Base Personnel - civilian | 21 | 14 | 11 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 15. Death (7H) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 16. Kidnapping (7K) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 18. Narcotics (7N) | 2 | 6 | 11 |
| Base Personnel - military | 2 | 3 | 2 |
| Base Personnel - civilian | 0 | 3 | 9 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 19. Perjury (7P) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 20. Robbery (7R) | 0 | 0 | 1 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 1 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 21. Traffic Accident (7T) | 118 | 134 | 113 |
| Base Personnel - military | 67 | 83 | 75 |
| Base Personnel - civilian | 51 | 51 | 38 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 22. Sex Abuse - Child (8B) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 23. Indecent Assault (8D) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 24. Rape (8F) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 25. Sodomy (8G) | 0 | 0 | 0 |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |

BRAC95 DATA CALL #29 ACTIVITY UIC: 35744

NOTES:

1. For questions 19, 22-25. local NCIS are not allowed to maintain case files or statistical data. Iformation may be available at NCIS Headquarters.

2. Information in the above table is provided for on base crime statistics. Local law enforcement did not maintain the requested type of data or were not able to provide the data.

Because local data were not available in the format requested, the following additional data are provided on the general crime statistics for Ventura County. The source of the infromation is the FBI.

Crime Rate comparison in Numbers of Crimes/100,000 population:

| | |
|---|---|
| United States | 5,660 |
| Western States | 6,387 |
| Pacific States | 6,520 |
| California | 6,679 |
| Santa Barbara County | 4,903 |
| Ventura County | 4,301 |

For 1992, Ventura County had the lowest crime rate in California for Metropolitan Statistical Areas(areas with a core population of 50,000 or more). For 1992, Ventura County had the second lowest crime rate for Metropolitan Statistical Areas in the Western United States (Second only to Provo, Utah). Since 1986, Ventura County has been one of the five lowest crime areas in California. 1991 saw a crime reduction of 1.4%. 1992 saw a crime drop another 2.85%

# 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. L. MURPHY, CDR,DC,USN
NAME (Please type or print)

S. L. Murphy
Signature

DIRECTOR
Title

27 MAY 94
Date

BRANCH DENTAL CLINIC
Activity

NAVAL AIR WEAPONS STATION
POINT MUGU, CA 93042

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

NEXT ECHELON LEVEL (if applicable)

K. J. DAVIS, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date JUNE 1, 1994

NAVAL DENTAL CENTER, LONG BEACH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

R. R. SAREERAM

NAME (Please type or print)

Signature

ACNO6
Title

27 JUN 1994
Date

469

**Activity Information:**

| | |
|---|---|
| Activity Name: | BDC, PMTC, POINT MUGU, CA |
| UIC: | 35744 |
| Host Activity Name (if response is for a tenant activity): | PACIFIC MISSILE TEST CENTER, POINT MUGU, CA |
| Host Activity UIC: | 63126 |

**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, PMTC, POINT MUGU, CA | | **UIC: 35744** |

| **Category** | **FY 1996 BOS Costs ($000)** | | |
|---|---|---|---|
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 680 | 1,320 | 2,000 |
| 1b. Minor Construction | 0 | 0 | 0 |
| **1c. Sub-total 1a. and 1b.** | 680 | 1,320 | 2,000 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 17,000 | 0 | 17,000 |
| 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<br>Custodial | 3,500<br>11,000 | 0<br>0 | 3,500<br>11,000 |
| **2k. Sub-total 2a. through 2j:** | 31,500 | 0 | 31,500 |
| **3. Grand Total (sum of 1c. and 2k.):** | 32,180 | 1,320 | 33,500 |

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CD
7/25/94

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

| Appropriation | Amount ($000) |
|---|---|
| O&M, 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.) :** | | | |

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, PMTC, POINT MUGU, CA | UIC: 35744 |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 7280 |
| **Material and Supplies (including equipment):** | 53500 |
| **Industrial Fund Purchases (other DBOF purchases):** | 0 |
| **Transportation:** | 0 |
| **Other Purchases (Contract support, etc.):** | 15000 |
| **Total:** | 75780 |

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7/25/94

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, PMTC, POINT MUGU, CA | UIC: 35744 |
| **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

**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

**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)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support
Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-19-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

7/27/94

Date

# Document Separator

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# DATA CALL 66
# INSTALLATION RESOURCES

| | |
|---|---|
| **Activity Name:** | **Branch Dental Clinic, Panama City, Florida** |
| **UIC:** | **43619** |
| **Host Activity Name:** | **Naval Surface Warfare Center, Coastal Systems Station Dahlgren Division, Panama City, Florida** |
| **Host Activity UIC:** | **61331** |

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, Panama City, Florida | | UIC: | 43619 |
| | FY-96 BOS COSTS ($000) | | |
| Category | 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 | 5 | | 5 |
| 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. | 7 | | 7 |
| **3. Grand Total (sum of 1c. and 2k).:** | 7 | | 7 |

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

2. VR Bumen 824 8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

| Table 2 - Services/Supply Cost Data | |
|---|---|
| Activity Name: Branch Dental Clinic, Panama City, Florida | UIC: 43619 |
| Cost Category | FY-1996 Projected Costs ($000) |
| Travel: | 2 |
| Material and Supplies (including equipment): | 34 |
| Industrial Fund Purchases (other DBOF purchases): | |
| Transportation: | |
| Other Purchases (Contract support, etc.): | 4 |
| Total: | 40 |

| Table 3 - Contract Workyears | |
|---|---|
| Activity Name: Branch Dental Clinic, Panama City, Florida | UIC: 43619 |
| 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

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)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 8-2-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/30/94

470

CAPACITY ANALYSIS: #28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC PANAMA CITY, FL
ACTIVITY UIC: 43619

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

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



ENCLOSURE ( 4 )

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28

**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** | **15,496** | **12,049** | **14,796** | **14,796** | **14,796** | **14,796** | **14,796** | **14,796** | **14,796** |
| **UNMET** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** |
| **TOTAL** | **18,347** | **14,900** | **17,647** | **17,647** | **17,647** | **17,647** | **17,647** | **17,647** | **17,647** |

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 Panama City Data Call #29

## Projected Workload

| | FY-1994 | FY-1995 | FY-1996 | FY-1997 | FY-1998 | FY-1999 | FY-2000 | FY-2001 |
|---|---|---|---|---|---|---|---|---|
| Population | 791 | 791 | 791 | 791 | 791 | 791 | 791 | 791 |
| A: Total MET CTVs | 12,049 | 14,796 | 14,796 | 14,796 | 14,796 | 14,796 | 14,796 | 14,796 |
| B: Total UNMET CTVs | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 |
| C: Total Workload requirements (A+B) | 14,900 | 17,647 | 17,647 | 17,647 | 17,647 | 17,647 | 17,647 | 17,647 |
| 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.
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 | | 693 | 12 | 8,316 |
| HYG | 0 | | 0 | 12 | 0 |
| Prophy | 1 | | 421 | 12 | 5,052 |
| X-Ray | 0 | | 119 | 12 | 1,428 |
| Total CTVs | | | | | 14,796 |

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** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** |
| **UNMET** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** | **21,516** |

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 CSS Panama City 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 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 |
| UNMET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 | 21,516 |

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

This clinic has 2 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. **2 DTRs could be ideally staffed with 1 Dental Officers (DOs) and 1Hygienist (HYG).**
2. **Above workload figures are based on staffing increase from 1 to 1 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 | 1 | | 693 | 12 | 8,316 |
| HYG | 1 | | 981 | 12 | 11,772 |
| Prophy | 0 | | 0 | 12 | 0 |
| X-Ray | 0 | | 119 | 12 | 1,428 |
| Total CTVs | | | | | 21,516 |

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** | **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.**

# BRAC-95 CERTIFICATION

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

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

ACTIVITY COMMANDER

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

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

# 28 BDC Panama City, FL

ENCLOSURE ( 4 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

~~D.F. HAGEN, VADM, MC, USN~~
R. I. RIDENOUR, RADM,MC,USN
NAME (Please type or print)

x R I Ridenour
Signature

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

15 JUN 1994
Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

J B Greene Jr.
Signature

ACTING
Title

6/20/94
Date

ACTIVITY: 43619

## DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

| | |
|---|---|
| Official name | *Branch Dental Clinic, Panama City, FL* |
| Acronym(s) used in correspondence | BDC - Branch Dental Clinic<br>DEN - Dental<br>BR - Branch CL - Clinic |
| Commonly accepted short title(s) | BRDENCLINIC<br>BRDENCL |

- Complete Mailing Address

6703 W. Highway 98 Suite 148B
Panama City, FL 32407-7001

- PLAD

BRMEDCLINIC PANAMA CITY FL

- PRIMARY UIC: 43619 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)



ENCLOSURE (5)

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: 61331

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

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

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

· Yes ____ No X (check one)

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

| Name | Location | UIC |
|---|---|---|
| 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 comprehensive dental treatment to 16 commands and tenants.
- Provide treatment to approx. 1000 Naval Diving and Salvage Training students annually.
- Provide emergency and standby definitive care to dependents and retirees.
- Facilitate utilization of Delta Dental Plan.
- Conduct training to ensure operational dental readiness.
-

Projected Missions for FY 2001

- Increased need for dental services due to planned consolidation of USN diving and establishment of all DOD dive training at Panama City. Student number increase approx. 300.
-
-
-
-

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

- Required to maintain all divers (approx. 1000 annually) in dental class 1 or 2.
- Provide treatment for Navy and Marine Corps Reserve personnel from Tallahassee, FL as closest facility (100 miles).
-

Projected Unique Missions for FY 2001

- No mission change, but anticipate annual increase in diving students by approx. 300.
-
-

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

| • Operational name | UIC |
|---|---|
| Naval Dental Center, Pensacola, FL | 68441 |

| • Funding Source | UIC |
|---|---|
| | |

ACTIVITY: 43619

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 | 1 | 3 | 1 |
| • Tenants (total) | | | |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 1 | 3 | N/A |
| • Tenants (total) | | | |

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

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

ACTIVITY: 43619

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

| | |
|---|---|
| CAPT G. B. Grantham, DC, USN | G B Grantham |
| NAME (Please type or print) | Signature |
| Commanding Officer | 4 Feb 94 |
| Title | Date |
| Naval Dental Center, Pensacola, FL | |
| Activity | |

ACTIVITY: 43619

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

ACTING CHIEF BUMED

Title 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. GREEN, JR

NAME (Please type or print) Signature

ACTING

Title Date 16 FEB 94

# Document Separator

470

# MILITARY VALUE ANALYSIS: #29
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRANCH DENTAL CLINIC PANAMA CITY
# ACTIVITY UIC: N43619

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

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



ENCLOSURE ( 4 )

**MILITARY VALUE ANALYSIS:**
**DATA CALL WORK SHEET FOR**
**DENTAL FACILITY:** BRANCH DENTAL CLINIC PANAMA CITY
**ACTIVITY UIC: N43619**

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

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

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29

**MISSION REQUIREMENTS**

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

**- To provide comprehensive dental treatment to 16 commands and tenants. Provide treatment to approximately 1000 Naval Diving and Salvage Training students annually. Provide emergency and standby definitive care to dependents and retirees. Facilitate utilization of Delta Dental Plan. Conduct training to ensure operational dental readiness.**

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

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| NAVDIVESALVTRACEN STUDENT PERSONNEL | 30631 | COASTAL SYS STA PANAMA CITY | 185 |
| NAVDIVESALVTRACEN STAFF PERSONNEL | 42113 | COASTAL SYS STA PANAMA CITY | 137 |
| USCGC COURAGEOUS | 2012108 | COASTAL SYS STA PANAMA CITY | 82 |
| COASTAL SYS STA OPERATIONS UNITS | 61331 | COASTAL SYS STA PANAMA CITY | 81 |
| NAVDIVESALVTRACEN STAFF PERSONNEL | 0610A | COASTAL SYS STA PANAMA CITY | 79 |
| NAVXDIVINGU | 0463A | COASTAL SYS STA PANAMA CITY | 75 |
| USCG STA | 0830314 | CSS PANAMA CITY | 30 |
| CSS SUPPORT UNITS | 47628 | CSS PANAMA CITY | 25 |
| USCGC KODIAK ISLE | 0813441 | USCGS PAN CITY | 17 |
| AIDES TO NAVIGATION TEAM | 084194 | USCG STA PANAMA CITY | 14 |
| 8TH TANK BN REINFORCED | 88314 | NAV & MAR CEN TALLAHASSEE | 14 |
| NAVY DETACHMENT | 63482 | NAV & MAR CEN TALLAHASSEE | 10 |
| PSD PANAMA CITY | 43085 | CSS PANAMA CITY | 9 |
| USA RECRUITING STA | 5H200 | PANAMA CITY | 7 |

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



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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) |
|---|---|---|---|
| **BR MEDICAL CLINIC** | **41430** | **COASTAL SYS STA PANAMA CITY** | **7** |
| **EODMU 6 DET** | **30712** | **COASTAL SYS STA PANAMA CITY** | **5** |
| **BR DENTAL CLINIC** | **43619** | **COASTAL SYS STA PANAMA CITY** | **4** |
| **MARINE SAFETY DETACH OFFICE** | **0833214** | **COAST GUARD STA PANAMA CITY** | **3** |
| **SOUTHERN DIV CONTR ROICC** | **44223** | **COASTAL SYS STA PANAMA CITY** | **2** |
| **NAVY RECRUITING OFF** | **62412** | **PANAMA CITY** | **2** |
| **USMC RECRUITING OFF** | **83001** | **PANAMA CITY** | **2** |
| **RESALEACT** | **30363** | **CSS PANAMA CITY** | **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 | **780** |
| B. FY1993 MET WORKLOAD (CTVs) | **15,496** |
| C. FY1993 UNMET WORKLOAD (CTVs) | **2,851** |
| D. TOTAL WORKLOAD (B+C) | **18,347** |
| E. MET WORKLOAD PER CAPITA (B÷A) | **19.87** |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | **3.65** |
| G. WORKLOAD PER CAPITA (D÷A) | **23.52** |

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 Panama City Data Call #29

| | | |
|---|---|---|
| Actual Population | 780 | |
| RAPS | 0 | Not Available |
| FY-1993-Total MET CTVs | 15,496 | |

## EFFICIENCY REVIEW METHODOLOGY

| Class Requirements | | | ER Multiple | | | |
|---|---|---|---|---|---|---|
| Class | # of Patients | # of Patients | Class | # of Patients | CTV Multi | Result |
| I | 187 | 24% | II | 523 | 4.55 | 2,380 |
| II | 523 | 67% | III | 31 | 9.20 | 285 |
| III | 31 | 4% | IV | 39 | 4.77 | 186 |
| IV | 39 | 5% | Total | 593 | UNMET | 2,851 |
| Total | 780 | 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 | 780 |
| B. | FY1993 MET WORKLOAD (CTVs) | 15,496 |
| C. | FY1993 UNMET WORKLOAD (CTVs) | 2,851 |
| D | TOTAL WORKLOAD (B+C) | 18,347 |
| E. | MET WORKLOAD PER CAPITA (B/A) | 19.87 |
| F. | UNMET WORKLOAD PER CAPITA (C/A) | 3.65 |
| G. | WORKLOAD PER CAPITA (D/A) | 23.52 |

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** | **791** | **791** | **791** | **791** | **791** | **791** | **791** | **791** |
| **A: TOTAL MET CTVs** | **12,049** | **14,796** | **14,796** | **14,796** | **14,796** | **14,796** | **14,796** | **14,796** |
| **B: TOTAL UNMET CTVs** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,851** | **2,897** |
| **C: TOTAL WORKLOAD REQUIREMENT (A+B)** | **14,900** | **17,647** | **17,647** | **17,647** | **17,647** | **17,647** | **17,647** | **17,693** |
| **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 calculation.**



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# BDC Panama City Data Call #29

## Projected Workload

| | FY-1994 | FY-1995 | FY-1996 | FY-1997 | FY-1998 | FY-1999 | FY-2000 | FY-2001 |
|---|---|---|---|---|---|---|---|---|
| Population | 791 | 791 | 791 | 791 | 791 | 791 | 791 | 791 |
| A: Total MET CTVs | 12,049 | 14,796 | 14,796 | 14,796 | 14,796 | 14,796 | 14,796 | 14,796 |
| B: Total UNMET CTVs | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 | 2,851 |
| C: Total Workload requirements (A+B) | 14,900 | 17,647 | 17,647 | 17,647 | 17,647 | 17,647 | 17,647 | 17,647 |
| 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.
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 | | 693 | 12 | 8,316 |
| HYG | 0 | | 0 | 12 | 0 |
| Prophy | 1 | | 421 | 12 | 5,052 |
| X-Ray | 0 | | 119 | 12 | 1,428 |
| Total CTVs | | | | | 14,796 |

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 Coastal Systems Station, Panama City, Florida**

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 substandard[2]. 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 Coastal Systems Station, Panama City, Florida**



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- **Not applicable, building is owned by Coastal Systems Station, Panama City, Florida**

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 Coastal Systems Station Panama City, Florida**

**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?

- **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?

- **10 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?

**Branch Dental Clinic, Panama City is billeted for one Advanced Clinical Program General Dentist (1725V). Due to this level of advanced training, very few specialty consultations are needed at Eglin Air Force Base (65 miles - 1 1/2 hour drive) and Naval Air Station Pensacola (110 miles - 2 1/2 hour drive).**

**If the Branch Dental Clinic's capabilities were lost, all general dentistry would be referred to Tyndall Air Force Base (19 miles - 45 minute drive). Specialty referrals would continue to be sent to Eglin AFB and NAS Pensacola.**

**Coastal Systems Station has two unique diving community tenant commands. The Naval Diving and Salvage Training Center (NDSTC) has 216 staff and approximately 900 students annually. Their primary mission entails nearly all DOD and International student dive training. The Naval Experimental Diving Unit (NEDU) has 75 staff. Their primary mission involves diving equipment research and testing. The Manual of the Medical Department requires all divers and diving students to be dental class 1 or 2. Even with area dental support, the loss of local dental capabilities would negatively impact on the diving community from completing their mission.**

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.

**Dental care is presently available at Tyndall Air Force Base (19 miles - 45 minute drive), Eglin Air Force Base (65 miles - 1 1/2 hour drive), and Naval Air Station Pensacola (110 miles - 2 1/2 hour drive).**



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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 MARINE BRIGADE** | 67339 | **OFFICER - 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 = 693 CTV's/Month**

**2. No deploying enlisted = 0 CTV's lost**

**Calculation:**

**1 Dental Officer X 693 = <u>693</u> CTV's lost/month**



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13. Quality of Life.

**- The segment answered by Host Activity, Coastal Systems Station, Panama City, Florida (UIC 61331) in BRAC Data Call # 9.**



2c

# 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 Panama City, FL

ENCLOSURE ( 4 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

~~D. F. HAGEN, VADM, MC, USN~~
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

Acting

27 JUN 1994

Title | Date

**Activity Information:**

| | |
|---|---|
| Activity Name: | BRANCH DENTAL CLINIC, PATUXENT RIVER |
| UIC: | 35751 |
| Host Activity Name (if response is for a tenant activity): | NAWC A DIV, PATUXENT RIVER |
| Host Activity UIC: | 00421 |

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

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

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

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

| **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)** | | | |
|---|---|---|---|
| **Activity Name:** BRANCH DENTAL CLINIC, PATUXENT RIVER | | **UIC:** 35751 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | | | |
| 1b. Minor Construction | | | |
| **1c. Sub-total 1a. and 1b.** | | | |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 30 | | 30 |
| 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) * | 3 | | 3 |
| **2k. Sub-total 2a. through 2j:** | 33 | | 33 |
| **3. Grand Total (sum of 1c. and 2k.):** | 33 | | 33 |

* ( CUSTODIAN 2, TELECOMMUNICATION 1 )

## DATA CALL 66
## INSTALLATION RESOURCES

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

| Appropriation | Amount ($000) |
|---|---|
| N/A | |

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

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

## DATA CALL 66
## INSTALLATION RESOURCES

N/A

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

| **Activity Name:** BRANCH DENTAL ICLINIC, PATUXENT RIVER | **UIC: 35751** |
|---|---|

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

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

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

**Table 2 - Services/Supplies Cost Data**

| **Activity Name:** BRANCH DENTAL CLINIC, PATUXENT RIVER | **UIC:** 35751 |
|---|---|

| **Cost Category** | **FY 1996 Projected Costs ($000)** |
|---|---|
| **Travel:** | 2 |
| **Material and Supplies (including equipment):** | 35 |
| **Industrial Fund Purchases (other DBOF purchases):** | |
| **Transportation:** | |
| **Other Purchases (Contract support, etc.):** | 115 |
| **Total:** | 152 |

## 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:** BRANH DENTAL CLINIC, PATUXENT RIVER | **UIC:** 35751 |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | |
| Mission Support: | 1.5 |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | 1.5 |

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

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

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

1.5 CONTRACT WORK YEARS

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

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

1.5 CONTRACT WORK YEARS

See pg 7R

VR Bumep824
7/29/94

# DATA CALL 66
## INSTALLATION RESOURCES

Branch Dental Clinic, Patuxent River
35751

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

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

1.5 CONTRACT WORK YEARS

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

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

NONE WILL REMAIN IN PLACE

7 R VR Burnett 824 7/29/94

## 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)**:

N/A

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

N/A

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/25/94

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D.D. WOOFTER, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER ACTING
Title

Date 7/14/94

NATIONAL NAVAL DENTAL CENTER
Activity

~~06082~~ CSA
35751

# DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

| | |
|---|---|
| Official name | Branch Dental Clinic<br>Patuxent River, MD |
| Acronym(s) used in correspondence | BDC, Patuxent River |
| Commonly accepted short title(s) | BDC, Pax River |

- Complete Mailing Address

Branch Dental Clinic
Naval Air Station
Patuxent River, MD 20670-5370

- PLAD BRDENCLINIC NAS PATUXENT RIVER MD

- PRIMARY UIC: 35751 CSA ~~06082~~A (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: N/A

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)



Encl (4)

~~06CFA~~ CSD
35751

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: 00421

• Primary Host (as of 01 Oct 1995) UIC: 00421

• Primary Host (as of 01 Oct 2001) UIC: 00421

• 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 | N/A | N/A |



Encl (14)

~~060BA~~ 6>A
35751

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

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

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

N/A



Encl (4)

~~060BA~~ CSA
35751

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bullotized 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
- provide dental care
-
-
-
-

Projected Missions for FY 2001

- (same as above)
-
-
-
-



Encl (14)

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35751

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 |
|---|---|
| Commanding Officer, NAS Patuxent River, MD | 00421 |

| • Funding Source | UIC |
|---|---|
| Commanding Officer, NNDC Bethesda, MD | 0608A |



Encl (4)

~~08084~~ GSA

35751

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 | 3 | 8 | 2 |
| Contracted | N/A | N/A | 1.5* |
| • Tenants (total) | N/A | N/A | N/A |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 4 | 8 | ~~3~~ 2 GSA |
| Contracted | N/A | N/A | 1.5* |
| • Tenants (total) | N/A | N/A | N/A |

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

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO/OIC Director | (301) 826-1402 | (301) 826-1409 | (301) 737-2548 |
| • Duty Officer | (301) 826-1408 | (301) 826-1409 | [ N/A ] |
| • | | | |
| • | | | |



Encl 14

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35751 GSA

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

• Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

• Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A | N/A |

• Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A | N/A |



Enc 14

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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.) |
|---|---|---|
| All Commands | NAS, Patuxent River, MD | Dental treatment to authorized beneficiaries |

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, BSQD area, 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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35751

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

NAME (Please type or print)
A. B. DEATON, CDR, DC, USN
DIRECTOR

Signature
A B Deaton

Title
Branch Dental Clinic
Naval Air Station
Patuxent River, MD

Date
28 Jan 94

Activity

Enc (4)

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

NEXT ECHELON LEVEL (if applicable)

SHANLEY, J.J. CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

07 Feb 94
Date

Activity Branch Dental Clinic
Naval Training Center
Patuxent River, MD

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

Surgeon General/Chief BUMED
Title

2-8-94
Date

Bureau of Medicine and Surgery
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

# Document Separator

1711

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY:BRDENCLINIC NATC PAX RIVER
# ACTIVITY UIC:35751

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

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

MISSION REQUIREMENTS BDC PATUXENT RIVER

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 | 69013 | 51760 | 69013 | 69013 | 69013 | 69013 | 69013 | 69013 | 69013 |
| UNMET | 15927 | 15085 | 14751 | 15644 | 16754 | 16895 | 16873 | 16873 | 16873 |
| TOTAL | 84940 | 66845 | 83764 | 84657 | 85767 | 85908 | 85886 | 85886 | 85886 |

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:

BDC PATUXENT RIVER

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 | 51760 | 69013 | 69013 | 69013 | 69013 | 69013 | 69013 | 69013 |
| UNMET | 15085 | 14751 | 15644 | 16754 | 16895 | 16873 | 16873 | 16873 |
| TOTAL | 66845 | 83764 | 84657 | 85767 | 85908 | 85886 | 85886 | 85886 |

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:

R Hilsenday
MKD-63
940721

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 | 66548 | 83764 | 83801 | 83801 | 83801 | 83801 | 83801 | 83801 |
| UNMET | 297 | 0 | 856 | 1966 | 2085 | 2085 | 2085 | 2085 |
| TOTAL | 66845 | 83764 | 84657 | 85767 | 85908 | 85886 | 85886 | 85886 |

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:

*** ASSUMPTIONS**

-THE TOTAL REMAINS THE SAME AS IN QUESTION #1 ON PREVIOUS PAGE BECAUSE THE PATIENT POPULATION IS THE SAME.
-THE MET CTV'S WILL GO UP FOR EVERY OPERATORY AVAILABLE FOR A PROVIDER THAT WAS NOT FULLY STAFFED.
-THE UNMET WILL GO DOWN AS MET GOES UP.

*** MATH MODEL**

-DETERMINE # OF ROOMS.
-DETERMINE CURRENT # OF PROVIDERS (DENTISTS & HYGIENISTS).
-DETERMINE MAX POSSIBLE # OF PROVIDERS (1 PER ROOM).
-DETERMINE AVERAGE # CTV'S PER CURRENT PROVIDER.
-MULTIPLY CURRENT CTV'S PER PROVIDER X ADDITIONAL POSSIBLE PROVIDERS.
-ADD ABOVE # TO MET CTV'S = NEW MET CTV'S.
-SUBTRACT INCREASED MET CTV'S FROM TOTAL CTV'S = NEW UNMET CTV'S.
-TOTAL REMAINS THE SAME.

*** 2 ADDITIONAL DENTISTS = 14788 ADDITIONAL MET CTV'S.**

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940721

MG0163



PAX

BRANCH DENTAL CLINIC PATUXENT RIVER

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) | 4 | ~~3~~4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 2 | 2 | 2 | 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."

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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. J. SHANLEY, CAPT, DC, USN
NAME (Please type or print)

J. J. Shanley
Signature

COMMANDING OFFICER
Title

940602
Date

NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-24-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/4/94

471

11
MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL NATC PAX RIVER
ACTIVITY UIC: 35751

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 dental services to maintain the oral health and dental readiness of active duty service members attached to NAWC/AD Patuxent River, MD and its tenants. On a space available basis provide oral health care to authorized dependents and retirees in the vicinity of the NAWC/AD.

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) |
|---|---|---|---|
| NAS | N00421 | PAX RIVER | 1265 |
| VX-1 | N55600 | PAX RIVER | 470 |
| VQ-4 SEADUDET | N42065 | PAX RIVER | 377 |
| NAVAL HOSPITAL | N66098 | PAX RIVER | 152 |
| VXN-8 SHOREDUDET | N09004 | PAX RIVER | 117 |
| VQ-4 SHOREDUDET | N09962 | PAX RIVER | 100 |
| NAMO | N68626 | PAX RIVER | 94 |
| MAD | N06040 | PAX RIVER | 91 |
| VXN-8 SEADUDET | N30654 | PAX RIVER | 80 |
| NAVY RES LAB | N31686 | PAX RIVER | 52 |
| FCS-6 RPV DET 1 | N55243 | PAX RIVER | 48 |
| MARINE CORPS SECURITY FORCE | M52560 | PAX RIVER | 41 |
| TPS (STUDENTS) | N42846 | PAX RIVER | 39 |
| VQ-4 FRAMP | N39394 | PAX RIVER | 34 |

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| TPS | N44689 | PAX RIVER | 33 |
| HOSP/DEPMEDS | N47136 | PAX RIVER | 33 |
| PSD | N42325 | PAX RIVER | 29 |
| NADOC | N68520 | PAX RIVER | 26 |
| NAMO AVMP & T | N45663 | PAX RIVER | 24 |
| STU SEADUTCOM | N46007 | PAX RIVER | 21 |
| NAS NAVTELCOMCTR | N48906 | PAX RIVER | 19 |
| STU SHORE | N45705 | PAX RIVER | 15 |
| VQ4 EGA TACAMO SAT | N47989 | PAX RIVER | 13 |
| NRC SOLOMONS | N66843 | PAX RIVER | 12 |
| BRDENCLN | N35751 | PAX RIVER | 12 |
| VX1ES3-3A | N48101 | PAX RIVER | 11 |
| NOCD | N66124 | PAX RIVER | 10 |
| NAMTRA/RTD | N46136 | PAX RIVER | 9 |

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| EEAP STU | N44880 | PAX RIVER | N/A |
| NESEA AEGIS CSSG | N45539 | PAX RIVER | N/A |
| PW | N44198 | PAX RIVER | N/A |
| NATC NON-NIF | N47608 | PAX RIVER | N/A |
| NASEA NIAC/SPC | N47896 | PAX RIVER | N/A |
| COMMISSARY | N39229 | PAX RIVER | N/A |
| INSUR | N30904 | PAX RIVER | N/A |
| CAAC | N66122 | PAX RIVER | N/A |
| NAVAVMAINTOFF | N68757 | PAX RIVER | N/A |
| VX1 ATES | N52819 | PAX RIVER | N/A |
| NESEA NEUTRAL DUTY | N47863 | PAX RIVER | N/A |
| RESASWTRACEN | N47650 | PAX RIVER | N/A |
| NAVAIRTESTCEN | N47396 | PAX RIVER | N/A |
| FCS6 RPV SEADUDET | N46550 | PAX RIVER | N/A |
| NAVAVDEPOPSCEN | N68698 | PAX RIVER | N/A |

**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 | 3352 |
| B. FY1993 MET WORKLOAD (CTVs) | 69013 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 15927 |
| D. TOTAL WORKLOAD (B+C) | 84940 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 20.5 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 4.7 |
| G. WORKLOAD PER CAPITA (D÷A) | 25.3 |

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 | 3175 | 3104 | 3292 | 3525 | 3545 | 3551 | 3551 | 3551 |
| A: TOTAL MET CTVs | 51760 | 69013 | 69013 | 69013 | 69013 | 69013 | 69013 | 69013 |
| B: TOTAL UNMET CTVs | 15085 | 14751 | 15644 | 16754 | 16895 | 16873 | 16873 | 16873 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 66845 | 83764 | 84657 | 85767 | 85908 | 85886 | 85886 | 85886 |
| DENTISTS (MIL AND CIV) | ~~3~~ 4 | ~~3~~ 4 | ~~3~~ 4 | ~~3~~ 4 | ~~3~~ 4 | ~~3~~ 4 | ~~3~~ 4 | ~~3~~ 4 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

MAJ USA
21 July 94

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 |
| SPECIALTY UPDATES (PERIO, ENDO, PROS, ETC) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| SPECIALTY ASSISTING (PERIO, ENDO, PROS, ETC) | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| TQL | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| INFECTION CONTROL | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| SAFETY | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| MEPRS/DIRS/DENTAL RECORDS | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| CPR/BLS | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| DENTAL MATERIAL UPDATES | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| SEXUAL HARRASSMENT | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |

**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 substandard[2]. 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): See attach data.

| 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?

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 10 January 1994 | UIC | 35751 |
|---|---|---|---|
| FACILITY | BRANCH DENTAL CLINIC<br>NAS PATUXENT RIVER 20670 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 1 | 6,925 SQ FT<br>BLDG. 1370 | LAB INCLUDED |
| 2. DENTAL TREATMENT ROOM | 2<br>1<br>8 | 11'X12'<br>13'X15'<br>10'X12' | |
| 3. STERILIZATION ROOM | 1 | 9'X11' | |
| 4. X-RAY EXPOSURE ROOM | 1 | 9'X12' | |
| 5. DARKROOM | 1 | 6'X12' | |
| 6. PROSTHETIC LAB | 1 | 16'X24' | |
| 7. STOREROOM/ SUPPLY ROOM | 2 | 8'X25'<br>7'X8' | TOO SMALL |
| 8. CONFERENCE ROOM | NONE | | |
| 9. ADMINISTRATIVE OFFICE | 1 | 10'X11' | |
| 10. DENTAL OFFICER'S OFFICE | 1 | 10'11' | |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | NONE | | |
| 12. PATIENT WAITING AREA | 1 | 13'X30' | |
| 13. RECORDS CONTROL OFFICE | 1 | 12'X12' | |
| 14. LOCKER ROOM (MALE) | 1<br>NONE | 13'X11' | MALE OFFICER<br>MALE ENLISTED<br>LOCKERS IN LAB |
| 15. LOCKER ROOM (FEMALE) | NONE<br>1 | 8'X10' | FEMALE OFFICERS<br>FEMALE ENLISTED |
| 16. TOILET FACILITY (MALE) | 1<br>1<br>1 | 5'X5'<br>5'X5'<br>5'X10' | PATIENTS<br>DIRECTORS<br>STAFF |
| 17. TOILET FACILITY (FEMALE) | 1<br>1 | 5'X5'<br>4'X5' | PATIENTS<br>RECOVERY ROOM |
| 18. OTHER MAJOR ROOMS | 2 | 4'X4' | GEAR LOCKER |
| "STAFF LOUNGE" | 1 | 12'X16' | TO SMALL |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | ADEC 2040<br>ADEC MINI-TROL | 9<br>2 | A-4<br>A-6 |
| 2. DENTAL OPERATING CHAIR | ELEGAN (DENTAL-EZ)<br>RELIANCE (X-RAY)<br>ADEC 1005 | 2<br>1<br>9 | A-5<br>A-4<br>A-4 |

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC<br>PELTON CRANE (LF-II DUAL TRAC) | 9<br>1 | A-4<br>A-5 |
| 4. CENTRAL VACUUM SYSTEM | DENTAL-EZ MC 202 | 2 | A-5 |
| 5. AIR COMPRESSOR DEHYDRATOR | GEJK182BL218D | 1 | A-5 |
| 6. STERILIZER | CASTLE M/C 3500 | 1 | A-4 |
| 7. LIFE SUPPORT EQUIPMENT | O-2 SUPPORT SYSTEM (LIF-O-GEN)<br>PORTABLE RESUSCITATOR FRASER | 2<br>1 | A-5<br>A-4 |
| 8. OTHER MAJOR EQUIPMENT | | | |

**SECTION B - PROSTHETIC LAB EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. AUTOMATIC CASTING MACHINE | NONE | | |
| 2. VACUUM PORCELAIN FURNACE | GARDSMAN BY WET MODEL H<br>JELENKO GLAZING FURNANCE | 1<br>1 | A-5<br>A-5 |
| 3. BURNOUT OVEN | JELENKO ACCU-THERM II 1000<br>JELRUS MODEL 440 | 1<br>1 | A-4<br>A-5 |
| 4. OTHER PROSTHETIC EQUIPMENT | HANDLER BERYILLIUM DUST COLLECTOR<br>HANDLER MODEL TRIMMER<br>OMNI-VAC VACUUM ADAPTER<br>TICONIUM SANDBLASTER | 1<br>1<br>1<br>1 | A-4<br>A-5<br>A-4<br>A-5 |

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 | GENEX GX -1000 | 1 | A-5 | 10 OCT 92 |
| 2. MOBILE INTRA-ORAL | NONE | | | |
| 3. PANORAMIC | GENDEX GX-PAN | 1 | A-4 | 10 OCT 92 |
| 4. CEPHALOMETRIC | NONE | | | |
| 5. FILM PROCESSOR | AT2000 | 1 | A-5 | |

**PART III - UTILITIES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | x | DC | | a. VOLTAGE: 120/220 | | | b. CYCLE: 60 | |
| 2. GAS: | X | NATURAL | | COMMERCIAL | x | BOTTLE | | ACETYLENE | |

**PART IV - REMARKS AND RECOMMENDATIONS**

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 10 January 1994 | A. B. DEATON, CDR, DC, USN | |

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.

NNDC does not own any land or buildings, no impact on the mission by condition of the land, the buildings and other facilities are adequate for performance of our mission. The optimum state of repair maintained. Enhances our ability to perform our mission.

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR PROJECTS

BRANCH: BDC, NAS, PATUXENT RIVER MD PRIORITY: 1 of 1
POC: DT1 GUY

1. Description of project/repair/alteration:
Replace work beanch in Pros Lab. (This item may be listed under command equipment
Work request enclosed

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

Infection control - work area chipped and marked. Impossible to clean properly

3. Impact if not funded.

Continued detrition of surface area and possible contamination.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED QUALITY OF LIFE MISSION DRIVEN

5. Cost estimate: AS per Mr Crecelius at NAS Public Works x DSM 326-3265 add and increase of 15% to 16,338.81 New estimate: $18,789.63
a. Source of estimate: MR CRECELIUS AT PUBLIC WORKS NAS, PATUXENT RIVER

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate:

(1) Estimated date of estimate completion:

A.B. Deaton
Branch Director Signature

Date 10 Jun 93

Enclosure (4)

ENCLOSURE(7)

PRod

I-09

COST ESTIMATE ONLY

X COST 1271

**WORK REQUEST (MAINTENANCE MANAGEMENT)**
NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510
Supersedes NAVDOCKS 2351

*Requestor see Instructions on Reverse Side*

*(PW Department see Instructions in NAVFAC MO-321)*

**PART I—REQUEST (Filled out by Requestor)**

CIC CADE

| | |
|---|---|
| 1. FROM: BRANCH DENTALCCLINIC, NAS, PAX RIVER, MD | 2. REQUEST NO.: 010012 DE |
| 3. TO: PUBLIC WORKS DEPARTMENT — RECD 5/9/90 TW | 4. DATE OF REQUEST: 7MAY90 |
| 5. REQUEST FOR: ☑ COST ESTIMATE ☐ PERFORMANCE OF WORK | 5a. REQUEST WORK START: 14MAY90 |
| 6. FOR FURTHER INFORMATION CALL: DT1 GUY OR DT2 WATSON 863-1401 or 1407 | 7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO |

8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)*

PLEASE PROVIDE US WITH ANCOST ESTIMATE OF REPLACING THE WORK BENCH AREA IN THE LAB,

C/E only

| | |
|---|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE *(Requesting Official)* [signature] CAPT, CEC, USNR |

**PART II—COST ESTIMATE**
(Filled out by Maintenance Control Division if estimate requested)

| | |
|---|---|
| 11. TO: Dental Clinic | 12. ESTIMATE NO. |

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | $ 2552.82 |
| b. Material | $ 9550.00 |
| c. Overhead and/or Surcharge | $ 4235.99 |
| d. Equipment Rental/Usage | $ |
| e. Contingency | $ |
| f. TOTAL | $ 16,338.81 |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

15.
☐ APPROVED. PROGRAMMING TO START IN _____
☐ APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
☐ DISAPPROVED. *(See Reverse Side)*

| | |
|---|---|
| 16. SIGNATURE: Paul V. Bean | 17. DATE: 6-7-90 |

**PART III—ACTION (Filled out by Requestor)**

18. TO:

| | |
|---|---|
| 19. AUTHORIZATION TO PROCEED IS ATTACHED *(Check one if other than PW funds are involved)* ☐ NAVCOMPT 140 ☐ OTHER | 20. WORK REQUESTED ☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE |

*(See Part IV on Reverse Side)*

NAVFAC 11013/7 (1-78)
Supersedes NAVDOCKS 2417 and 2417A

# COST ESTIMATE

DATE PREPARED 6-1-90

SHEET 3 OF 3

ACTIVITY AND LOCATION: Dental Clinic Bldg 1370

PROJECT TITLE: Replace work benches

CONSTRUCTION CONTRACT NO.:

ESTIMATED BY: BoothE

STATUS OF DESIGN: ☐ PED ☐ 30% ☐ 100% ☐ FINAL ☐ Other (Specify)

IDENTIFICATION NUMBER: 01002DE

CATEGORY CODE NUMBER:

JOB ORDER NUMBER:

| ITEM DESCRIPTION | QUANTITY NUMBER | QUANTITY UNIT | MATERIAL COST UNIT COST | MATERIAL COST TOTAL | LABOR COST UNIT COST | LABOR COST TOTAL | ENGINEERING ESTIMATE UNIT COST | ENGINEERING ESTIMATE TOTAL |
|---|---|---|---|---|---|---|---|---|
| Remove old work benches | | 6 | | | 24.83 | 148.98 | | 148.98 |
| Disconnect 5 sinks | | 8 | | | 25.90 | 207.20 | | 207.20 |
| 10 gas lines | | | | | | | | |
| & air lines | | | | | | | | |
| Re-Connect to new | | 12 | | | 25.90 | 310.80 | | 310.80 |
| benches | | | | | | | | |
| Remove exhaust duct and | | 8 | | | 27.30 | 218.40 | | 218.40 |
| re connect to 8 new | | | | | | | | |
| benches | | | | | | | | |
| Remove electric outlets | | | | | | | | |
| and install new benches | | 8 | | | 26.68 | 213.44 | | 213.44 |
| approx 12 EA | | | | | | | | |

0105-LF-010-1335

U.S. GOVERNMENT PRINTING OFFICE 1985-505-012/26114

NAVFAC 11013/7 (1-78)
Supersedes NAVDOCKS 2417 and 2417A

# COST ESTIMATE

DATE PREPARED 6-1-90

SHEET 1 OF 3

ACTIVITY AND LOCATION
NAVAL AIR TEST CENTER
PATUXENT RIVER, MD. 20670

CONSTRUCTION CONTRACT NO.

IDENTIFICATION NUMBER 01002DG

ESTIMATED BY Boothe

CATEGORY CODE NUMBER

PROJECT TITLE
Dental Clinic Bldg 1370 replace Rancher

STATUS OF DESIGN ☐ PED ☐ 30% ☐ 100% ☐ FINAL ☐ Other (Specify)

JOB ORDER NUMBER

| ITEM DESCRIPTION | QUANTITY | | MATERIAL COST | | LABOR COST | | ENGINEERING ESTIMATE | |
|---|---|---|---|---|---|---|---|---|
| | NUMBER | UNIT | UNIT COST | TOTAL | UNIT COST | TOTAL | UNIT COST | TOTAL |
| SUMMARY | | | | | | | | |
| PROJECT LABOR AND MATERIALS | | | | | | | | $12102.82 |
| OVERHEAD AND PROFIT 35 % | | | | | | | | 4235.99 |
| SUB-TOTAL | | | | | | | | $16338.81 |

S/N 0105-LF-010-1335

★ U.S. Government Printing Office: 1984—783-612/17884 3-1

Currently all aspects of Safety and Habitability (ie, parking, lighting, space requirements, and utilities) are well above standards.

**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?

Located within 1-5 minutes of clients served, this allows clients to receive timely treatment with a minimum lost work time due to travel to and from treatment facility.

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

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

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

3 minutes including parking time.

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

**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 this facility were lost, Navy and Marine Corps personnel would have to travel 1 1/2 - 2 hrs (one way) to obtain the same treatment available at this clinic with an enormous increase in lost man hours and therefore a decrease in unit productivity. Additionally, for emergencies this extended travel time might compromise treatment out comes.

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 lost, Navy and Marine Corps personnel would have to travel 1 1/2 - 2 hrs (one way) to obtain the same treatment available at this clinic with an enormous increase in lost man hours and therefore a decrease in unit productivity. Additionally, for emergencies this extended travel time might compromise treatment out comes.

12. Mobilization. What are your facility's mobilization requirements? None

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

| UNIT NAME | UNIT NUMBER (IF APPLICABLE) | NUMBER OF STAFF ASSIGNED |
|---|---|---|
| FLTHOSP #20 | | 1 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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: N/A. Data maintain and tracked by Host command.

| 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: N/A. Data maintained and tracked by host command.

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

(d) Complete the following table for the military housing waiting list. N/A Data maintained and tracked by host command.

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

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details. N/A. Data maintained and tracked by host command.

| | 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)? Data maintained and tracked by host command.

(g) Provide the utilization rate for family housing for FY 1993. Data maintained and tracked by host command.

| 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? N/A

(2) BEQ:

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

| 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? N/A

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

**AOB = (# Geographic Bachelors x average number of days in barracks)**
**365**

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

| 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? N/A

(3) BOQ:

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

| 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? N/A

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

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

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

| 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? N/A

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

**LOCATION**_____ **DISTANCE**_____

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

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

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

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

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. N/A Data maintained and tracked by host command.

| 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: N/A

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

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

(4). How many "certified home care providers" are registered at your base? N/A. Data maintained and tracked by host command.

(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). N/A

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

| 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) |
|---|---|
| Annapolis MD | 68 |
| Washington DC | 66 |
| Baltimore MD | 88 |

f. Standard Rate VHA Data for Cost of Living: N/A

| 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. N/A

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

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

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

(3) What are the median costs for homes in the area? N/A Data maintained and tracked by host command.

| 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. N/A

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

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

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: N/A Data maintained and tracked host command.

| 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. N/A

| 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: N/A

(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. N/A

| 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. N/A

| 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. N/A

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. N/A

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

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

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

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. N/A

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

| | | | |
|---|---|---|---|
| Off Base Personnel - civilian | | | |

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

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

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

| | | | |
|---|---|---|---|
| Off Base Personnel<br>- 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

J. J. SHANLEY, CAPT, DC, USN
NAME (Please type or print)

J. J. Shanley
Signature

COMMANDING OFFICER
Title

940602
Date

NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

Activity

BDC Patuxent River

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-24-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/11/94

Document Separator

H70

# CAPACITY ANALYSIS: #28
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BDC, PENSACOLA
# ACTIVITY UIC: 68441

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

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



ENCLOSURE ( 1 )

# TABLE OF CONTENTS

**MISSION REQUIREMENTS**
1. Workload ..... 3,4
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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 | 122,120 | 129,626 | 126,276 | 126,276 | 209,280 | 209,280 | 209,280 | 209,280 | 199,176 |
| UNMET | 12,646 | 12,646 | 15,946 | 15,946 | 37,407 | 37,407 | 37,407 | 37,407 | 37,407 |
| TOTAL | 134,766 | 142,272 | 142,222 | 142,222 | 246,687 | 246,687 | 246,687 | 246,687 | 246,687 |

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 Pensacola Data Call #29

## Projected Workload

| | FY-1994 | FY-1995 | FY-1996 | FY-1997 | FY-1998 | FY-1999 | FY-2000 | FY-2001 |
|---|---|---|---|---|---|---|---|---|
| Population | 3,064 | 3,064 | 3,064 | 9,064 | 9,064 | 9,064 | 9,064 | 9,064 |
| A: Total MET CTVs | 129,626 | 126,276 | 126,276 | 209,280 | 209,280 | 209,280 | 209,280 | 209,280 |
| B: Total UNMET CTVs | 12,646 | 15,946 | 15,946 | 37,407 | 37,407 | 37,407 | 37,407 | 37,407 |
| C: Total Workload requirements (A+B) | 142,272 | 142,222 | 142,222 | 246,687 | 246,687 | 246,687 | 246,687 | 246,687 |
| Dentists (military and Civilian) | 11 | 12 | 12 | 21 | 21 | 21 | 21 | 21 |
| Prophy Techs (military and Civilian) | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 |
| Dental Hygienists (MIL and CIV) | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

***BRAC decision of 1993 will relocate in FY-1997 approximately 4500 students and 1500 staff personnel to NAS Pensacola from NAS Memphis. Estimated population FY-1997-2001 is***

**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-1995 thru FY-1996 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-1995-1996

| | Numbers | | AVG CTVs | Months | CTVs Year | Provider CTVs |
|---|---|---|---|---|---|---|
| DO | 12 | | 675 | 12 | 97,200 | 8,100 |
| HYG | 2 | | 950 | 12 | 22,800 | 11,400 |
| Prophy | 0 | | 0 | 0 | 0 | 0 |
| X-Ray | 0 | | 523 | 12 | 6,276 | |
| Total CTVs | | | | | 126,276 | |

**Two Civilian Hygienist Contract will not be renewed for FY-1995 on. However, one GS Hygienist position will be relocated to BDC Pensacola from BDC Annex Corry Station.**
**Total number of Hygienists at BDC Pensacola equals 2.**
**One Dental Officer gained for FY-1995-1997.**

### FY-1997-2001

| | Numbers | | AVG CTVs | Months | CTVs Year | Provider CTVs |
|---|---|---|---|---|---|---|
| DO | 21 | | 675 | 12 | 170,100 | 8,100 |
| HYG | 2 | | 950 | 12 | 22,800 | 11,400 |
| Prophy | 2 | | 421 | 12 | 10,104 | 5,052 |
| X-Ray | 0 | | 523 | 12 | 6,276 | |
| Total CTVs | | | | | 209,280 | |

**Nine Dental Officers gained FY-1997 on as a result of BRAC 1993 relocation decision.**
**Total number of Dental Officers (21) exceeds facility capabilities of BDC Pensacola.**
**Anticipate construction of an additional Dental Facility to accommodate relocation decision of BRAC 1993 to begin FY-1996.**

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 | 145,776 | 145,776 | 145,776 | 285,276 | 285,276 | 285,276 | 285,276 | 285,276 |
| UNMET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 145,776 | 145,776 | 145,776 | 285,276 | 285,276 | 285,276 | 285,276 | 285,276 |

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**



28

# BDC NAS Pensacola 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 | 145,776 | 145,776 | 145,776 | 285,276 | 285,276 | 285,276 | 285,276 | 285,276 |
| UNMET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 145,776 | 145,776 | 145,776 | 285,276 | 285,276 | 285,276 | 285,276 | 285,276 |

Above mission requirements includes UNMET workload necessary to support arriving Staff and Students from NAS Memphis.
Note that Total workload does not meet mission requirements as depicted in previous (Workload 1) Chart.
Given physical plant is the only constraint.
RAPS population data unavailable for this clinic.

From FY-1994-96 current Dental Facility has 19 usable Dental Treatment Rooms (DTRs). From FY-1997-2001 new Dental Clinic will have 19 additional DTRs.
UNMET CTVs are zero in FY-1994-2001 because total workload exceeds projected mission requirements.

## Assumptions:

1. **Additional Dental Facility necessary to accommodate 9 DO's arriving as a result of BRAC FY-1993 for the 6000 Staff & Students arriving from NAS Memphis will be built with 19 DTRs.**
2. **19 DTRs in current facility could be ideally staffed with 13 Dental Officers (DOs) and 3 Hygienist (HYG).**
3. **19 DTRs in new dental facility could be ideally staffed with 13 Dental Officers (DOs) and 3 Hygienist (HYG).**
4. **Above workload figures are based on staffing increase from 11 to 26 DO's and 3 HYG to 6 HYG.**
5. **Required enlisted personnel will be available.**
6. **Sufficient supplies will be available.**
7. **Sufficient funding will be available.**

**MET CTVs FY-1994 thru 1996**

| | Numbers | | AVG CTVs | Months | CTVs Year |
|---|---|---|---|---|---|
| DO | 13 | | 675 | 12 | 105,300 |
| HYG | 3 | | 950 | 12 | 34,200 |
| Prophy | 0 | | 0 | 12 | 0 |
| X-Ray | 0 | | 523 | 12 | 6,276 |
| Total CTVs | | | | | 145,776 |

**MET CTVs FY-1997 thru 2001**

| | Numbers | | AVG CTVs | Months | CTVs Year |
|---|---|---|---|---|---|
| DO | 26 | | 675 | 12 | 210,600 |
| HYG | 6 | | 950 | 12 | 68,400 |
| Prophy | 0 | | 0 | 12 | 0 |
| X-Ray | 0 | | 523 | 12 | 6,276 |
| Total CTVs | | | | | 285,276 |

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 same as reported in Data Call #29.

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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) | 11 | 11 | 12 | 12 | 21 | 21 | 21 | 21 | 21 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 |
| DENTAL HYGIENISTS (MIL AND CIV) | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

- SAME AS PROJECTED STAFFING DATA CALL #29



28

# 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

# 28 BDC Pensacola, FL

ENCLOSURE ( 1 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

~~DEPUTY CHIEF BUMED, RADM, 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: 6/20/94

472

#28

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: BRANCH DENTAL CLINIC (ANNEX) NAVAL AEROSPACE MEDICAL INSTITUTE, PENSACOLA
# ACTIVITY UIC: 68441

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

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



ENCLOSURE (13)

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1. Workload ..... 3,4
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- **NOTE: DOWNGRADED FROM A CLINIC TO AN EXAM ROOM ONLY..ALL CTVS ARE REPORTED THROUGH BRANCH DENTAL CLINIC PENSACOLA**



28

# 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

# 28 NAMI Annex, FL

ENCLOSURE ( 13 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

~~DXXHAGEN, XVADM, MC, USNXX~~
R.I. RIDENOUR, RADM, MC,USN
NAME (Please type or print)

x RIRidenour
Signature

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

15 JUN 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

JB Greene Jr.
Signature

ACTING
Title

6/20/94
Date

Document Separator

Activity: 68441

## DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

| | |
|---|---|
| Official name | *BRANCH DENTAL CLINIC, PENSACOLA FL* |
| Acronym(s) used in correspondence | BDC - Branch Dental Clinic<br>DEN - Dental<br>BR - Branch CL - Clinic |
| Commonly accepted short title(s) | BRDENCLINIC<br>BRDENCL |

- Complete Mailing Address
450 TURNER ST. SUITE A
Pensacola, FL 32508-5214

- PLAD NAVDENCEN PENSACOLA FL

- PRIMARY UIC: 68441 (Plant Account UIC for Plant Account Holders)
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

ENCLOSURE ( 2 )

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: 00204

· 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 __X__ No ____ (check one)

CONTRACTORS: DENTAL POWERS, INC., NEWPORT NEWS, VA - 2 HYGIENISTS
MED-NATIONAL, INC., SAN ANTONIO, TX - 1 DENTIST

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 |
|---|---|---|---|---|
| NAMI BRANCH DENTAL CLINIC DETACHMENT | 68441* | NAVAL AEROSPACE MEDICAL INSTITUTE PENSACOLA, FL | NAS PENSACOLA THROUGH BRANCH DENTAL CLINIC PENSACOLA | 00204 |

* UIC 68441 is for both NDC Pensacola and BDC Pensacola. The NAMI Dental Clinic (detachment) is a one Dental Officer, one Dental Technician facility for dental exams only and is staffed one half day four days per week. DIRS data is reported through BDC Pensacola and host command remains NAS Pensacola through BDC Pensacola.

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

BRAC 93 - INBOUND POPULATION

New Branch Dental Clinic to be constructed aboard NASP in support of students relocated from other Naval Activities to NASP as a result of BRAC-93.

Activity: 68441

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 care to active duty military personnel.
- Provide specialty support and consultation for Prosthodontics, Endodontics, Oral Surgery and Periodontics to all Navy clinics within a 200 mile radius.
- Provide dental support to CNET, NAS Pensacola, and Schools Command.
- Provide after-hour emergency dental services and augment medical mass casualty support.
-
-

Projected Missions for FY 2001

- Same as above with projected student growth of 6000 from Naval Aviation Training Command Millington, TN, Defense Photo School, and Officer Candidate School.
-
-
-
-

Activity: 68441

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 clinic is the first contact in the Navy for aviation and OCS students. Most of the patient population will go to operational tours soon after leaving here.
-
-

Projected Unique Missions for FY 2001

-
-
-

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

| • Operational name | UIC |
|---|---|
| Naval Dental Center, Pensacola, FL | 68441 |

| • Funding Source | UIC |
|---|---|
| | |

Activity: 68441

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

| * Reporting Command | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| 11 | 20<br>2 #<br>#DEPMED<br>UIC 46894 | 7<br>3 *<br>* CONTRACT | |
| * Tenants (total) | | | |

Authorized Positions as of 30 September 1994

| * Reporting Command | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| ~~9~~ | ~~22~~<br>2 # | ~~7~~ all figures included under UIC: 68441, Naval Dental Center Jax<br>3 * | |
| * Tenants (total) | | | |

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

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO/OIC<br>Commanding Officer<br>CAPT G. B. Grantham, DC, USN | (904)452-5650 | (904)452-5285 | (904)432-1203 |
| • Duty Officer | (904)452-5600 | Same | [N/A] |
| • Administrative Officer<br>CDR R. L. Burdess, MSC, USN | (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 | 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.) |
|---|---|---|
| *Pensacola Junior College* | *Pensacola, FL* | *MOU - for Dental Assisting School and Dental Hygiene School to facilitate practical training.* |

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.)

Activity : 68441

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT 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: 68441

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

ACTING CHIEF BUMED

Title 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. GREENE, JR

NAME (Please type or print) Signature

ACTING

Title Date 16 FEB 94

Document Separator

472

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC PENSACOLA
ACTIVITY UIC: 68441

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

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



ENCLOSURE ( 1 )

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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, Pensacola, Florida.**

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) |
|---|---|---|---|
| STU NAV SCHS COMMAND | 30500 | PENSACOLA | 600 |
| NAS PNCLA UNT | 42093 | PENSACOLA | 396 |
| NAS PENSACOLA | 00204 | PENSACOLA | 309 |
| NAVAVSCOLSCOM | 6229 | PENSACOLA | 237 |
| STU NAVCRUITCOM NORU | 41466 | PENSACOLA | 181 |
| STU NAVAVSCOLSCOM OP-05 | 42129 | PENSACOLA | 163 |
| NAVAEROPMEDINST | 0751A | PENSACOLA | 126 |
| TRARON 10 | 0614A | PENSACOLA | 115 |
| NAVY FLIGHT DEMON | 30929 | PENSACOLA | 100 |
| CNET | 00062 | PENSACOLA | 76 |
| STU PHOTO TRNG | 35686 | PENSACOLA | 70 |
| NAMI | 30642 | PENSACOLA | 69 |
| OTH | 33319 | PENSACOLA | 68 |
| TRARON 86 | 52902 | PENSACOLA | 64 |
| NAVCRUITCOM ORC | 39088 | PENSACOLA | 62 |
| MATSG (USMC) | 06050 | PENSACOLA | 56 |
| ENLAIRCREWSCOL | 44338 | PENSACOLA | 55 |
| NAVDENCEN | 68441 | PENSACOLA | 54 |
| CONTRUCTION BATT | 66610 | PENSACOLA | 53 |
| NAS BRIG | 31463 | PENSACOLA | 53 |
| DEFENSE PHOT SCOL | 43548 | PENSACOLA | 44 |
| NAVAEROMEDRSCHLAB | 66452 | PENSACOLA | 43 |
| TRAWING 6 | 52814 | PENSACOLA | 42 |
| NAVAVNDEPOT | 65889 | PENSACOLA | 36 |

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



29

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| TRARON 4 | 0395A | PENSACOLA | 33 |
| PERSUPPDET | 43081 | PENSACOLA | 31 |
| HLT DET | 47847 | PENSACOLA | 30 |
| NAVLEGSVCOFF CENTRAL | 68366 | PENSACOLA | 20 |
| PERSUPPACT | 68609 | PENSACOLA | 20 |
| FISC | 68860 | PENSACOLA | 20 |
| NAVTRAMETOCFAC | 65779 | PENSACOLA | 19 |
| NTTC | 33281 | PENSACOLA | 18 |
| STU EEAP PNCLA JR COL | 43994 | PENSACOLA | 17 |
| NAVAVSCOLSCOM NEUTDUTCOMP | 45467 | PENSACOLA | 17 |
| MOBILE INSPECTION AND TRNG TEAM | 44424 | PENSACOLA | 14 |
| NAVAVSCOLSCOM OTH PRGS | 42099 | PENSACOLA | 13 |
| NAVCRUITEXH TRANS UNIT | 42590 | PENSACOLA | 12 |
| NAVCRUITEXHIBCEN | 63011 | PENSACOLA | 12 |
| PUB WKS CEN | 65114 | PENSACOLA | 10 |
| NAVCOMTELSTA | 68142 | PENSACOLA | 10 |
| PNCL CAA CTR | 68119 | PENSACOLA | 6 |
| CORRCUST UNIT | 43699 | PENSACOLA | 6 |
| OFFINDOCPRG | 44339 | PENSACOLA | 6 |
| NETSAFA | 68870 | PENSACOLA | 5 |
| STU DCP UNIV WEST FL | 35508 | PENSACOLA | 4 |
| COOPMINEUNIT 211 | 46473 | PENSACOLA | 4 |
| DEPMEDS NAVDENCEN | 46894 | PENSACOLA | 4 |
| NETSAFA DET | 47565 | PENSACOLA | 4 |

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| STU EEAP 2 UNIV OF WEST FL | 48435 | PENSACOLA | 4 |
| SONAVFACENGOIV CO PENSACOLA | 44224 | PENSACOLA | 3 |
| NCTS NON-NIF | 47634 | PENSACOLA | 3 |
| INT MIL TNG NAVAVSCOLSCOM | 45608 | PENSACOLA | 2 |
| DDRC PNCLA SITE | 49360 | PENSACOLA | 2 |
| NAVMARTRIJUD WASH SECBO | 32106 | PENSACOLA | 1 |
| STU AEPR UNIV WEST FL | 42480 | PENSACOLA | 1 |
| DEPMED FH15 | 47538 | PENSACOLA | 1 |
| NAVSTA INGLESIDE DET | 47958 | PENSACOLA | 1 |
| STU EEAP TROY ST UNIV | 49034 | PENSACOLA | 1 |
| HC 16 | 53826 | PENSACOLA | 1 |
| | | | |
| | | | |
| | | | |
| | | | |

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

| CATEGORY | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | **3,064** |
| B. FY1993 MET WORKLOAD (CTVs) | **122,120** |
| C. FY1993 UNMET WORKLOAD (CTVs) | **12,646** |
| D. TOTAL WORKLOAD (B+C) | **134,766** |
| E. MET WORKLOAD PER CAPITA (B÷A) | **39.86** |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | **4.13** |
| G. WORKLOAD PER CAPITA (D÷A) | **43.98** |

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 Pensacola Data Call #29

| | | |
|---|---|---|
| Actual Population | 3,064 | |
| RAPS | 0 | Not Available |
| FY-1993-Total MET CTVs | 122,120 | |

## EFFICIENCY REVIEW METHODOLOGY

### Class Requirements

| Class | # of Patients | % of Patients |
|---|---|---|
| I | 674 | 22% |
| II | 1,746 | 57% |
| III | 368 | 12% |
| IV | 276 | 9% |
| Total | 3,064 | 100% |

### ER Multiple

| Class | # of Patients | CTV Multi | Result |
|---|---|---|---|
| II | 1,746 | 4.55 | 7,944 |
| III | 368 | 9.20 | 3,386 |
| IV | 276 | 4.77 | 1,317 |
| Total | 2,390 | UNMET | 12,646 |

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 | 3,064 |
| B. | FY1993 MET WORKLOAD (CTVs) | 122,120 |
| C. | FY1993 UNMET WORKLOAD (CTVs) | 12,646 |
| D | TOTAL WORKLOAD (B+C) | 134,766 |
| E. | MET WORKLOAD PER CAPITA (B/A) | 39.86 |
| F. | UNMET WORKLOAD PER CAPITA (C/A) | 4.13 |
| G. | WORKLOAD PER CAPITA (D/A) | 43.98 |

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

8

7a.

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** | **3,064** | **3,064** | **3,064** | **9,064** | **9,064** | **9,064** | **9,064** | **9,064** |
| **A: TOTAL MET CTVs** | 129,626 | 126,276 | 126,276 | 209,280 | 209,280 | 209,280 | 209,280 | 209,280 |
| **B: TOTAL UNMET CTVs** | 12,646 | 15,946 | 15,946 | 37,407 | 37,407 | 37,407 | 37,407 | 37,407 |
| **C: TOTAL WORKLOAD REQUIREMENT (A+B)** | 142,272 | 142,222 | 142,222 | 246,687 | 246,687 | 246,687 | 246,687 | 246,687 |
| **DENTISTS (MIL AND CIV)** | 11 | 12 | 12 | 21 | 21 | 21 | 21 | 21 |
| **PROPHY TECHNICIANS (MIL AND CIV)** | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 |
| **DENTAL HYGIENISTS (MIL AND CIV)** | 3 | 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: **SEE ATTACHED SHEET (NEXT PAGE)**

Explanation:

**- See attached sheet for notes and calculations.**



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# BDC Pensacola Data Call #29

## Projected Workload

| | FY-1994 | FY-1995 | FY-1996 | FY-1997 | FY-1998 | FY-1999 | FY-2000 | FY-2001 |
|---|---|---|---|---|---|---|---|---|
| Population | 3,064 | 3,064 | 3,064 | 9,064 | 9,064 | 9,064 | 9,064 | 9,064 |
| A: Total MET CTVs | 129,626 | 126,276 | 126,276 | 209,280 | 209,280 | 209,280 | 209,280 | 209,280 |
| B: Total UNMET CTVs | 12,646 | 15,946 | 15,946 | 37,407 | 37,407 | 37,407 | 37,407 | 37,407 |
| C: Total Workload requirements (A+B) | 142,272 | 142,222 | 142,222 | 246,687 | 246,687 | 246,687 | 246,687 | 246,687 |
| Dentists (military and Civilian) | 11 | 12 | 12 | 21 | 21 | 21 | 21 | 21 |
| Prophy Techs (military and Civilian) | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 |
| Dental Hygienists (MIL and CIV) | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

*BRAC decision of 1993 will relocate in FY-1997 approximately 4500 students and 1500 staff personnel to NAS Pensacola from NAS Memphis. Estimated population FY-1997-2001 is*

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-1995 thru FY-1996 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-1995-1996

| | Numbers | | AVG CTVs | Months | CTVs Year | Provider CTVs |
|---|---|---|---|---|---|---|
| DO | 12 | | 675 | 12 | 97,200 | 8,100 |
| HYG | 2 | | 950 | 12 | 22,800 | 11,400 |
| Prophy | 0 | | 0 | 0 | 0 | 0 |
| X-Ray | 0 | | 523 | 12 | 6,276 | |
| Total CTVs | | | | | 126,276 | |

Two Civilian Hygienist Contract will not be renewed for FY-1995 on. However, one GS Hygienist position will be relocated to BDC Pensacola from BDC Annex Corry Station.
Total number of Hygienists at BDC Pensacola equals 2.
One Dental Officer gained for FY-1995-1997.

### FY-1997-2001

| | Numbers | | AVG CTVs | Months | CTVs Year | Provider CTVs |
|---|---|---|---|---|---|---|
| DO | 21 | | 675 | 12 | 170,100 | 8,100 |
| HYG | 2 | | 950 | 12 | 22,800 | 11,400 |
| Prophy | 2 | | 421 | 12 | 10,104 | 5,052 |
| X-Ray | 0 | | 523 | 12 | 6,276 | |
| Total CTVs | | | | | 209,280 | |

Nine Dental Officers gained FY-1997 on as a result of BRAC 1993 relocation decision.
Total number of Dental Officers (21) exceeds facility capabilities of BDC Pensacola.
Anticipate construction of an additional Dental Facility to accommodate relocation decision of BRAC 1993 to begin FY-1996.

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.** | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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**FACILITIES**

**- Not applicable, building is owned by NAS, Pensacola, FL.**

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 substandard[2]. 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, Pensacola, FL.**

**- Not applicable, building is owned by NAS, Pensacola, FL.**

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 NAS, Pensacola, FL.**

**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?

**- 5 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?

**- There are 10 major universities, 7 with dental schools, within a 200 mile radius of BDC, NAS, Pensacola, Florida. University of Florida, College of Dentistry is within 400 miles. The local Pensacola Junior College is within 10 miles and has a Registered Dental Hygienist and Certified Dental Assistant Program.**

**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?

**- Naval Air Station, Branch Dental Clinic, Pensacola provides specialty dental care to a large training population. All specialty care would have to be referred to other facilities with specialty services (such as Eglin AFB or Keesler AFB).**

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.

**- Patients would have to travel at least two hours for all dental treatment. The closest military facilities with specialty care are Eglin AFB and Keesler AFB.**

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 |
|---|---|---|
| **NDC ROOSEVELT ROADS** | | **OFFICER = 1**<br>**ENLISTED = 1** |
| **FLT HOSPITAL #5** | | **OFFICER = 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 averages 675 CTV's/month at NAS Pensacola. 2 DO x 675 = 1350 CTV's lost/month.**

**2. Deploying Enlisted are not Prophy Techs. No CTV's lost**

13. Quality of Life.

**- The segment answered by Host Activity, NAS Pensacola (UIC 00204) 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 BDC Pensacola, FL

ENCLOSURE ( 1 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

~~D. P. HAGEN, VADM, 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

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

472

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BR DEN CLINIC (ANNEX) NAVAL AEROSPACE MEDICAL INSTITUTE, PENSACOLA
ACTIVITY UIC: 68441

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

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



ENCLOSURE ( 13 )

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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: <u>DOWNGRADED FROM A CLINIC TO AN EXAM ROOM ONLY.. ALL CTVS ARE REPORTED THROUGH BRANCH DENTAL CLINIC PENSACOLA</u>**

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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)

G B Grantham
Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

# 29 NAMI Annex, FL

ENCLOSURE ( 13 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

~~D. F. HAGEN, VADM, MC, USN~~
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

ACTING

Title | Date 27 JUN 1994

4/12

# DATA CALL 66
# INSTALLATION RESOURCES

| | |
|---|---|
| **Activity Name:** | **Branch Dental Clinic, Pensacola, Florida** |
| **UIC:** | **68441** |
| **Host Activity Name:** | **Naval Air Station, Pensacola, Florida** |
| **Host Activity UIC:** | **00204** |

1. VR Bumen 824 8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

| TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead) | | | |
|---|---|---|---|
| Activity Name: Branch Dental Clinic, Pensacola, Florida | | UIC: | 68441 |
| | FY-96 BOS COSTS ($000) | | |
| Category | 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 | 66 | | 66 |
| 2b. Transportation | 3 | | 3 |
| 2c. Environmental | | | |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare, & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Services Centers | | | |
| 2i. Administration | 2 | | 2 |
| 2j. Other (specify) Communication | 9 | | 9 |
| Janitorial | 3 | | 3 |
| 2k. Sub-total 2a. through 2j. | 83 | | 83 |
| **3. Grand Total (sum of 1c. and 2k).:** | 83 | | 83 |

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

2. VR Bumen 824 8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

| Table 2 - Services/Supply Cost Data | |
|---|---|
| Activity Name: Branch Dental Clinic, Pensacola, Florida | UIC: 68441 |
| Cost Category | FY-1996 Projected Costs ($000) |
| Travel: | 15 |
| Material and Supplies (including equipment): | 134 |
| Industrial Fund Purchases (other DBOF purchases): | |
| Transportation: | |
| Other Purchases (Contract support, etc.): | 151 |
| Total: | 300 |

| Table 3 - Contract Workyears | |
|---|---|
| Activity Name: Branch Dental Clinic, Pensacola, Florida | UIC: 68441 |
| 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

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

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

ACTIVITY COMMANDER

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)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 8-2-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/30/94