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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC
DAM NECK, VA BCH, VA
ACTIVITY UIC: 46106

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	83,401	4,400		74,989	3,958	
FAMILY OF AD	110,466	4,824		99,302	4,335	NA
SUBTOTAL	193,867	9,224		174,291	8,293	
RETIRED AND FAMILY MEMBERS UNDER 65	53,630	1,231		52,320	1,198	NA
RETIRED AND FAMILY MEMBERS OVER 65[4]	14,232	778		18,555	1,021	NA
OTHER	6,108	236		5,805	228	NA
TOTAL ****	267,837 187	11,469 2		250,971 170	10,740 2	

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.
******AD DEPS OVER 65**

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

Operating Beds[1]:	____0__
Set Up Beds[1]:	____0__
Expanded Bed Capacity[2]:	____0__

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	25,167	6	1	48	25,222
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]*					203,498
RADIOLOGY PROCEDURES (WEIGHTED)[1]*					4,349
PHARMACY UNITS (WEIGHTED)[1]*					27,614
OTHER (SPECIFY)					

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

*Ancillary workload is not reported by patient category. Total figure is reported.

SOURCE: MICRO-WORS FY93

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	5,226/m	NA	NA	5,226
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)1	23,233	NA	NA	23,223
RADIOLOGY PROCEDURES (WEIGHTED)[1]	454	NA	NA	454
PHARMACY UNITS (WEIGHTED)[1]	2,576	NA	NA	2,576
OTHER (SPECIFY)				

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

Assumption -- Used highest monthly workload experienced in FY 94 and added an estimated 6% for no shows to that monthly total.

Calculation example:

Highest monthly average OPV	**-- 4931**	**(October 93)**
	x.06	
Average monthly no-shows	**295**	
	+ 4931	
Estimated maximum capacity	**5226**	

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Note: Dam Neck Clinic has experienced about a 50% increase in workload comparing the first eight months of FY 93 to FY 94. The 6% increase used to determine maximum capacity is an educated guess.

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R

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	5,226/m	NA	NA	5,226
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	20,699	NA	NA	20,699
RADIOLOGY PROCEDURES (WEIGHTED)[1]	454	NA	NA	454
PHARMACY UNITS (WEIGHTED)[1]	2,876	NA	NA	2,876
OTHER (SPECIFY)				

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

Data is based on all patients keeping appointments, no cancellations or no shows.
Used 2% increase based on no show and cancellation rates.
Staffing: 2 GMOs, 1 NP, 2 IDCs.
Other: Is for Occupational Health civilian visits, foreign military and NOAA.

For all totals utilized highest monthly total during FY 94 and added in no show percentage for that month.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	25,167	6	1	48	25,222
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]					203,498
RADIOLOGY PROCEDURES (WEIGHTED)[1]					4,349
PHARMACY UNITS (WEIGHTED)[1]					27,614
OTHER (SPECIFY)					

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

Unable to break out CHAMPUS and supplemental care for clinics. Information included in NAVMEDCEN Portsmouth submission.

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

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

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	749
SPECIALTY CARE[2]	1,169
PHYSICIAN EXTENDER[3]	*
TOTAL	1,918**

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

Note: Source for a and b: Blue Cross/Blue Shield from State of Va
*** Physician Extenders total not broken down for the Tidewater Area, State of Virginia**
**** Total does not include Physician Extenders**

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LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	237
SPECIALTY CARE[2]	1,246
PHYSICIAN EXTENDER[3]	*
TOTAL	1,483**

Note: Source for a and b: Blue Cross/Blue Shield from State of Va
* Physician Extenders total not broken down for the Tidewater Area, State of Virginia
** Total does not include Physician Extenders

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: (1990) 1,417,907
Source: Hampton Roads Planning District Commission (9/92)

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME***	RELATIONSHIP[2]	
CHESAPEAKE GENERAL HOSP	DISTRICT	19	30	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES	R
MCDONALD ARMY COMMUNITY HOSP	ARMY	50	69		R
PPH HOSP	CORPORATION	34	49		R
SENTARA HAMPTON GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	32	46		R
VETERANS AFFAIRS MEDICAL CENTER	VA	27	39	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL	R
US AIR FORCE HOSPITAL	AIR FORCE	34	50	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS	R
MARY IMMACULATE HOSPITAL	CHURCH OPER	45	63		R
NEWPORT NEWS GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	36	52		R
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNMENT NOT-FOR-PROFIT	41	53	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES	R
CHILDREN'S HOSP OF THE KING'S DAUGHTERS	NON-GOVERNMENT NOT-FOR-PROFIT	21	30	INEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS	R

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME***	RELATIONSHIP[2]
CHESAPEAKE HOSP GENERAL HOSP	DISTRICT	8	16	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES
MCDONALD ARMY COMMUNITY HOSP	ARMY	26	52	
HCA PENINSULA HOSP	CORPORATION	17	34	
SENTARA HAMPTON GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	15	30	
VETERANS AFFAIRS MEDICAL CENTER	VA	13	26	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPITAL	AIR FORCE	22	44	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	24	48	
NEWPORT NEWS GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	15	30	
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNT NOT-FOR-PROFIT	18	36	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES
CHILDREN'S HOSP OF THE KING'S DAU	NON-GOVERNT NOT-FOR-PROFIT	3	6	INEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS

DEPAUL MEDICAL CENTER	CHURCH OPER	21	33	NON FEDERAL; NURSE ANESTHETISTS	R
LAKE TAYLOR HOSP	HOSP DISTRICT	16	25		R
NORFOLK COMM HOSP	CHURCH OPER	19	27		R
SENTARA LEIGH HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	14	21		R
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	21	30	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING	R
MARYVIEW MEDICAL CENTER	CHURCH OPER	24	46	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY	R
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	22	42	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES	R
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	40	64		R
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	13	21		R
VIRGINIA BEACH HOSP	VA	6	11		R

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

Note:

These distances and times were computed using the Hampton Roads Transportation Network and provided by the Hampton Roads Planning District Commission. Some treatment facilities are most easily reached by using tunnels, often adding significant time to a commute.

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DEPAUL MEDICAL CENTER	CHURCH OPER	6	12	NON FEDERAL; NURSE ANESTHETISTS
LAKE TAYLOR HOSP	HOSP DISTRICT	6	12	
NORFOLK COMM HOSP	CHURCH OPER	3	6	
SENTARA LEIGH HOSP	NON-GOVERNT NOT-FOR-PROFIT	6	12	
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	3	6	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING
MARYVIEW MEDICAL CENTER	CHURCH OPER	2	4	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	1	2	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	18	36	
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	10	20	
VIRGINIA BEACH HOSP	VA	16	32	

Note:
***Source: 1993 AHA Guide**
****Source: AHA 1991 - Strategic Mapping, Inc (in nautical miles)**
*****Calculations based on a 30 mph average speed which may not be accurate in city driving, all hospitals except Portsmouth General and Maryview require driving through a tunnel often adding significant time to a commute**

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
CHESAPEAKE GENERAL HOSP	260	YES	75.3%	
MCDONALD ARMY COMM HOSP	58	YES	58.6%	
HCA PENINSULA HOSP	125	YES	50.4%	
SENTARA HAMPTON GENERAL HOSP	211	YES	74.9%	
VETERANS AFFAIRS MEDICAL CENTER	312	YES	71.1%	
US AIR FORCE HOSP	53	YES	61.4%	
MARY IMMACULATE HOSP	110	YES	69.1%	
NEWPORT NEWS GENERAL HOSP	35	YES	N/R	
RIVERSIDE REGION MEDICAL CENTER	576	YES	N/R	
CHILDREN'S HOSP OF THE KING'S DAUGHTER	156	YES	84.8%	
DEPAUL MEDICAL CENTER	274	YES	68%	
LAKE TAYLOR HOSPITAL	104	YES	41.3%	

NORFOLK COMM HOSPITAL	96	YES	28.1%	
SENTARA LEIGH HOSP	224	YES	63.2%	
SENTARA NORFOLK GENERAL HOSP	641	YES	76.3%	TRAUMA CENTER/GME
MARYVIEW MEDICAL CENTER	321	YES	59.8%	
PORTSMOUTH GENERAL HOSP	184	YES	55.4%	
LOUISE OBICI MEMORIAL HOSP	191	YES	63.4%	
SENTARA BAYSIDE HOSP	150	YES	N/R	
VIRGINIA BEACH GENERAL HOSP	280	YES	63.2%	

N/R = Not reporting
Source: 1993 AHA Guide

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

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

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c. Training Facilities:

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

BRAC DATA CALL #26

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

RUPERT F. LINDO LCDR MSC USN
NAME (Please type or print)

R F Lindo
Signature

OFFICER IN CHARGE
Title

18 MAY 1994
Date

BRANCH MEDICAL CLINIC DAM NECK
Activity

BRANCH MEDICAL CLINIC, FCTC, ATLANTIC, DAM NECK
UIC 46106
DATA CALL 26

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

NEXT ECHELON LEVEL (if applicable)

B. B. POTTER
NAME (Please type or print)

Signature

ACTING
Title

25 MAY 1994
Date

NAVAL MEDICAL CENTER, PORTSMOUTH
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-2-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

BRAC-95 CERTIFICATION

BRAC DATA CALL #26

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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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

LCDR B. SCOTT, NC, USN
NAME (Please type or print)

Bonnie A Scott
Signature

OFFICER IN CHARGE (ACTING)
Title

Sept 21, 94
Date

BRANCH MEDICA CLINIC DAM NECK
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)

RADM W. J. MCDANIEL
NAME (Please type or print)

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

NAVMEDCEN PORTSMOUTH, VA
Activity

Signature

26 Sep 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

9-29-94
Date

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

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

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

ACTING
Title

Signature

13 OCT 1994
Date

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Dam Neck Branch Medical Clinic
UIC:	46106
Host Activity Name (if response is for a tenant activity):	Fleet Combat Training Center, Atlantic
Host Activity UIC:	00281

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: Dam Neck Branch Medical Clinic		UIC: 46106	
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	22	0	22
2b. Transportation	7	0	7
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) SAG FN=8 SAG FD=3	11	0	11
2k. Sub-total 2a. through 2j:	40	0	40
3. Grand Total (sum of 1c. and 2k.):	40	0	40

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Dam Neck Branch Medical Clinic		UIC: 46106	
TABLE IS "N/A" Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Dam Neck Branch Medical Clinic	**UIC: 46106**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel: E	8
Material and Supplies (including equipment): T&W	191
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	7
Other Purchases (Contract support, etc.):	1068
Total:	1274

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: Dam Neck Branch Medical Clinic	**UIC: 46106**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	**N/A**

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

BRAC-95 CERTIFICATION

Data Call 66

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

W. J. MCDANIEL

NAME (Please type or print)

Signature

COMMANDER

Title

7/14/96

Date

NAVAL MEDICAL CENTER, PORTSMOUTH, 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) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 7-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 04 AUG 1994 Date

Document Separator

ACTIVITY: 46106

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic Dam Neck, Virginia Beach, VA*
Acronym(s) used in correspondence	*BRMEDCLINIC Dam Neck* *BRMEDCLINIC FCTC Dam Neck*
Commonly accepted short title(s)	*BRMED Dam Neck* *BRMED FCTC Dam Neck*

- Complete Mailing Address: Officer in Charge
  Branch Medical Clinic Dam Neck
  1885 Terrier Ave. STE 100
  Virginia Beach, VA 23461-2298

- PLAD: BRMEDCLINIC Dam Neck VA

- PRIMARY UIC: 46106 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

Enclosure (7)

ACTIVITY: 46106

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: 00281

• Primary Host (as of 01 Oct 1995) UIC: 00281

• Primary Host (as of 01 Oct 2001) UIC: 00281

• 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		

ACTIVITY: 46106

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.

Not affected

ACTIVITY: 46106

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 ambulatory health care services to approximately 5,000 active duty members of Federal Uniformed Services assigned to commands in the Southeast Tidewater Region

- Maintain quality health care standards to ensure successful accreditation and recognition by the appropriate governmental and civilian agencies and commissions

- Provide Basic Life Support ambulance services to the Fleet Combat Training Center, Atlantic, and emergency medical response support for base operations

- Ensure military personnel trained to provide manpower support to BUMED operational platforms (e.g., Fleet Marine Forces, Fleet Hospitals, and Primary Casualty Receiving Ships)

- Participated as an integral element of the Navy and Tri-Service Regional Health Care System

- Cooperate with military and civilian authorities of the State of Virginia and the City of Virginia Beach in matters pertaining to public health, local disasters, and other emergencies

Projected Missions for FY 2001

- Provide selected Health Maintenance Organization (HMO) services to active duty beneficiaries in support of the DoD TRICARE program for the Tidewater region

- Provide ambulatory Health Care Services for approximately 10,000 active duty beneficiaries assigned to Fleet Combat Training Center, Atlantic and its tenant commands

ACTIVITY: 46106

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

Commander, Naval Medical Center — 00183
Portsmouth, VA 23708-5100

- Funding Source — UIC

Same as above — _____

ACTIVITY: 46106

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	5	24	6
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	5	24	~~6~~ 8
• 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			
LCDR R.F. Lindo	(804)677-7243	(804)677-7206	(804)427-5744
• Duty Officer	Digital Pager (804)626-9584		[N/A]
• Admin Officer			
HMC K.S. Robbins	(804)677-7204	(804)677-7206	(804)479-1937

ACTIVITY: 46106

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					

ACTIVITY: 46106

13. REGIONAL SUPPORT:

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

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.)

NOT APPLICABLE

ACTIVITY: 46106

BRAC 95 Data Call

Item #13.

Branch Medical Clinic, NTC Dam Neck, Virginia Beach VA

This Clinic provides primary and occupational health services to the attached activities.

UIC ASSIGNMENT BY CINCLANTFLT
BASED ON LTR DTD 22 MARCH 1993
INDEX=CINPCMS.NDX,SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES
REPORT FORMAT=PCMSCINC

ACTIVITY: 46106

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
43843	FLCBTRC LNTGST	DAM NECK (VA BCH)	23451-3489	D	0
43844	FLCBRRC UNTGST	DAM NECK (VA BCH)	23451-3489	D	0
43861	NGMSCDNECKGSTS	DAM NECK (VA BCH)	23461-5550	D	0
43862	NGMSCDNECKGSTS	DAM NECK (WASHINGTON DC) PER MLS	20374-0922 (PSD)	D	0
43863	INSTRGMSDNECKS	DAM NECK	23461-5250	D	0
43864	INSTRGMSDNEKSU	DAM NECK	23461-5250	D	0
43916	G M S DAM NECK	DAM NECK	23461-5550	D	0
43917	G M S DAM NECK	DAM NECK	23461-5550	D	0
43943	FCTCLANT OP	DAM NECK	23461-5200	D	0
43944	FCTCLANT OP	DAM NECK	23461-5200	D	0
44941	NAVINTACT PDU	DAM NECK	23461-5200	D	0
45996	NMITC NEUTDU C	DAM NECK	23461-5575	D	7
47167	NAVINTACT NMIT	DAM NECK	23461-5400 (PSD)	D	0
03044G60	2ACS-24 MACG-48	DAM NECK	23461	D	0
535302C4	MCSF CADRE FCTC	DAM NECK	23461	D	76
54079JAL	NAVAL & M.C. INTEL TRAINING CENTER	DAM NECK	23461	D	2
54079TF7	NAVAL & M.C. INTEL TRAINING CENTER	DAM NECK	23461	D	75
** Subtotal **					5
** CINCLANTFLT D					4463
00281	FCTCLANT VIRGINIA BEACH VA	DAM NECK	23461-5200	D	251
30197	VC 6 DET DAM NECK	DAM NECK	23461-5588	D	35
30532	COMBATRCEN L	DAM NECK	23461-5200	D	762
31057	GMSL DAM NECK	DAM NECK	23461-1996	D	332
35046	NDCLBR DAM NEC	DAM NECK (PSD)	23461-5550	D	29
41473	FLCBTRC LNTEMS	DAM NECK	23461-5400	D	6
41632	SUR TASS OPS D	DAM NECK	23461-5400	D	142
42087	FLCBTRC LNT GS	DAM NECK (2025 TARTAR AVE)	23461-5200	D	813
43148	MGMS DNECK BOS	DAM NECK	23461-1996	D	37
43395	REDTRAFAC DN	DAM NECK	23461-5400	D	50
43494	NMITC D NECK	DAM NECK	23461-5400 (PSD)	D	208
45662	REDTRAFAC DAM NECK VA	DAM NECK	23461-5576	D	78
46904	ASW TRAINING GROUP LANT	DAM NECK	23461-5400 (PSD)	D	5
47898	COMNAVSPECWARDEVGRU	DAM NECK	23461-5200	D	448
53989	TACTRAGRULANT	DAM NECK	23461-5596	D	66
63273	FLTCOMBATDIRSSACT DAM NECK VA	DAM NECK	23461-5300	D	117
64619	NAVGMSCOLDMNKG VIRGINIA BEACH VA	DAM NECK	23461-5250	D	422
68548	PERSUPP DET DAM NECK VA	DAM NECK	23461-5400	D	57
68593	NAVOCEANPROFAC DAM NECK VA	DAM NECK	23461-5450	D	224
0387A	NMITC	DAM NECK	23461-5575	D	127
08854	MACS 24 DAM NECK	DAM NECK	23461-5579	D	0
32183	FLCBRRC LNT OT	DAM NECK	23461-5400	D	0
42981	FMSTRGPNGMSDNE	DAM NECK	23433-6132 (PSD)	D	0
43450	FLCBRRC LNTFLT	DAM NECK			

ACTIVITY: 46106

Branch Medical Clinic Dam Neck, Virginia Beach, VA 23461-2298

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. F. LINDO, LCDR MSC, USN R F Lindo

NAME (Please type or print) Signature

OFFICER IN CHARGE 31 JANUARY 1994

Title Date

BRANCH MEDICAL CLINIC DAM NECK

Activity

ACTIVITY: 46106

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

NEXT ECHELON LEVEL (if applicable)

RADM W.J. MCDANIEL, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

3 FEB 94
Date

NAVAL MEDICAL CENTER, PORTSMOUTH 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.

MAJOR CLAIMANT LEVEL

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

X
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

303

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Clinic Dam Neck
ACTIVITY UIC: 46106

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

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

Encl (7)

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MISSION REQUIREMENTS

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

To provide a comprehensive range of ambulatory health care services to the active duty members of the Federal Uniformed Services assigned to Fleet Combat Training Center, Atlantic, Dam Neck and it's tenant commands and to other active duty members as designated by TriCare and Naval Medical Center Portsmouth. To ensure that all Branch Medical Clinic Dam Neck military personnel are both aware of and properly trained for the performance of their assigned, contingency, and wartime duties. To ensure that the Branch Medical Clinic Dam Neck is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. To provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces. To conduct the appropriate education programs for the assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained. To participate as an integral element of the Navy and Tri-Service Regional Health Care System. To cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies. To maintain the requisite quality health care standards so as to ensure the successful accreditation and recognition by the appropriate governmental and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations.

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)
FLTCMBTRACENLA NT GS	42087	VA BCH, VA	746
COMBATTRACEN L	30532	VA BCH, VA	701
NAVOCEANPROFAC DAM NECK	68593	VA BCH, VA	322
NMITC DAM NECK	43494	VA BCH, VA	312
FCTCL	00281	VA BCH, VA	277
NAVGMSCOLDMNKG	64619	VA BCH, VA	216
GMSL DAM NECKD	31057	VA BCH, VA	213
SUR TASS OPS D LANT GS	41632	VA BCH, VA	156
NMITCDMECK BOS	0378A	VA BCH, VA	119
FLTCOMBARDIRSS ACTR DAM NECK	63273	VA BCH, VA	103
TACTRAGRULAN	43577	VA BCH, VA	97
REDTRAFAC DAM NECK	45662	VA BCH, VA	79
TACTRAGRULANT	53989	VA BCH, VA	71
PERSUPP DET DAM NECK DEVGRU	68548	VA BCH, VA	43

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
REDTRAFAC DN	43395	VA BCH, VA	41
NGMS DAM NECK BOS	43148	VA BCH, VA	36
BRDENCLINIC	35046	VA BCH, VA	35
VC-6 DET	30197	VA BCH, VA	32
ASW TRAINING GROUP ATLANTIC	46904	VA BCH, VA	25
FLCBTRC LNTEMS	41473	VA BCH, VA	5
NAVINTACT NMITCK	47167	VA BCH, VA	2
COMNAVSPECWARD EVGRU	47898	VA BCH, VA	1
MACS-24 DAM NECK	08854	VA BCH, VA	1
FLCBRRC LANT OC	32183	VA BCH, VA	0
FLCBTRC LNTGST	43843	VA BCH, VA	0
FLCBRRC UNTSGT	43844	VA BCH, VA	0
NGMSCDNECKGSTS	43861	VA BCH, VA	0
NGMSCDNECKGSTS	43862	VA BCH, VA	0

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
INSTRGMSDNECKS	43863	VA BCH, VA	0
INSTRGMSDNECKS	43864	VA BCH, VA	0
GMS DAM NECK	43916	VA BCH, VA	0
GMS DAM NECK	43917	VA BCH, VA	0
FCTCLANT OP	43943	VA BCH, VA	0
FCTCLANT OP	43944	VA BCH, VA	0
NAVINTACT PDU	44841	VA BCH, VA	0
NMITC NEUTDU C	45996	VA BCH, VA	0
FMSTRGPNGMSDNE	42981	VA BCH, VA	0
1ST SPECOPS WING	OVFF13	VA BCH, VA	
2ACS-24 MACG-48	03044G60	VA BCH, VA	
MCSF CADRE FCTC	535302C4	VA BCH, VA	
NMITC	54079JAL	VA BCH, VA	
NMITC	54079TF7	VA BCH, VA	

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

BENEFICIARY TYPE	[redacted]SIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC		23,310		
ACTIVE DUTY NON N/MC		3		
TOTAL ACTIVE DUTY		23,313		
FAMILY OF AD		237		
RETIRED AND FAMILY MEMBERS UNDER 65 *		28		
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		4,228		
TOTAL		27,806		

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

*** Outpatient visits cannot be broken down by "under 65" and "over 65".** R

7/R (9/21/94) VR BUMED 824 9/29/94

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC		23,310		
ACTIVE DUTY NON N/MC		3		
TOTAL ACTIVE DUTY		23,313		
FAMILY OF AD		237		
RETIRED AND FAMILY MEMBERS UNDER 65		28		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		4,228		
TOTAL		27,806		

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

BUMED
MED-825
GSA
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4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	40590	41770	42000	42000	42000	42000	42000
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

Assumptions:

*** Due to the closure of Combat Systems Technical Schools Command, Mare Island, CA the base population will grow approximately 2% during FY 95 and FY 96.**

*** NAS Oceana will be closed during FY 95 and this facility will be tasked with the responsibility for Occupational Health, causing a 10% growth in outpatient visits.**

STR (9/21/94) VR Burnett 8/24 9/25/94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	40590	41770	42000	42000	42000	42000	42000
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

Due to the closure of Combat Systems Technical Schools Command, Mare Island, CA the base population will grow approximately 2% during FY 95 and FY 96.

NAS Oceana will be closed during FY 95 and this facility will be tasked with the responsibility for Occupational Health, causing a 10% growth in outpatient visits.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Ceremonial Support	8 hours	1
PRT Support	3 hours	1
Range Support	12 hours	1
Field Exercise Support	16 hours	1
MWR	8 hours	2
Sanitation Support	240 hours	1

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

This facility is an outpatient ambulatory care facility and is not able to provide facilities for Graduate Medical Education.

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

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

This facility is an outpatient ambulatory care facility and is not able to provide facilities for Graduate Medical Education.

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
55010	Branch Medical	14,000	1	Adequate
	Clinic Dam Neck			

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-848	Medical/Dental Clinic	FY-91	2.3M*

* Medical Portion of Clinic

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

N/A

BUMED MED 825 GSA 6/1/94

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

N/A

BUMED MED-825 GSA 6/1/94

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Branch Medical Clinic Dam Neck				
2. UIC 46106	3. CATEGORY CODE	4. NO. OF BUILDINGS		1
5. SIZE	A. GSF	B. NORMAL BEDS 0		C.DTRS
6. LOCATION	A. CITY Virginia Beach		B.STATE VA	

7. FACILITY ASSESSMENT

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

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

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

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

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

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

DATE OF SURVEY: OCT 91
FULL ACCREDITATION: YES
LIFE SAFETY MANAGEMENT SCORE: 5 (Record as 1,2,3,4,or 5)
SCORED UNDER NAVMEDCEN PORTSMOUTH

Revised pg

LOCATION:

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

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

We are within 1/4 mile walking distance of 75% of our patients.

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

Air - Norfolk International Airport R

Rail - Amtrak Terminal, Newport News R

Sea - Naval Base, Norfolk R

Ground - Greyhound Bus Line, Norfolk R

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

Naval Air Station Oceana

Distance (in miles): 10

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

There is no importance.

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

No more than 10 minutes of driving from the most distant command on base.

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

If there is anything that could possibly be called a hinderance, it would be the distance from the HRM office and the Parent Command which support this facility.

IT 19R (9/21/94) VK Burned 824 9/29/94

LOCATION:

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

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

We are within 1/4 mile walking distance of 75% of our patients.

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

Air - Commercial - Norfolk International approximately 30 miles

Rail - Cargo - Norfolk International Terminal approximately 26 miles

Personnel - Amtrak Terminal Newport News approximately 50 miles

Bus - Personnel - Greyhound Terminal Norfolk approximately 25 miles

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

Naval Air Station Oceana

Distance (in miles): 10

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

There is no importance.

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

No more than 10 minutes of driving from the most distant command on base.

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

If there is anything that could possibly be called a hinderance, it would be the distance from the HRM office and the Parent Command which support this facility.

FEATURES AND CAPABILITIES

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

This facility serves only the Active Duty personnel assigned to the Fleet Combat Training Center, Atlantic, Dam Neck and it's tenant commands.

Impact on the Navy and Marine Corps would be as follows:

1. Lost manhours while members drive to another location to seek care.
2. Members not seeking appropriate medical care due to inaccessibility.
3. Increased OMA payments due to active duty personnel seeking convenient civilian care.
4. Placement of another burden on already overburdened healthcare facilities.

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

Our active duty personnel would have to seek care at Branch Medical Clinic, NAS Oceana (a base already under consideration for closure) located approximately 5 miles from here, Branch Medical Clinic, Naval Amphibious Base, Little Creek located approximately 20 miles from here, Branch Medical Clinic, Naval Station, Norfolk approximately 25 miles from here, or Naval Medical Center Portsmouth approximately 30 miles.

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

No, without additional funds being granted to the Office of Medical and Dental Affairs.

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

Not Applicable.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
2ND MAR DIV	08321	2
2ND MAW	57080	1
FLEET HOSPITAL 20	46977	2
FLEET HOSPITAL 5	68685	1
FLEET HOSPITAL 3	68683	2
1ST MAR DIV	MPS2D	1
USS INCHON	20009	1
1ST FSSG	**67446**	**1**
USNS COMFORT	**46246**	**2**
USNH NAPLES	**66096**	**1**
USS GUADALCANAL	**07352**	**2**

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

None.

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

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

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

Revised pg

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994 *	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	23	26,000	15	13,000	7	7,000
AD FAMILY						
OTHER	1	5,000				
TOTAL	24	31,000	15	13,000	7	7,000

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

[2] The total cost in thousands of dollars.

*** Timeframe for data for FY94 October 93 - April 94.** R

20 22R (9/21/94) VR Burnes 824 9/29/94

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	23	26,000	15	13,000	7	7,000
AD FAMILY						
OTHER	1	5,000				
TOTAL	24	31,000	15	13,000	7	7,000

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$1,286,755	$1,678,456	$648,011
TOTAL OUTPATIENT VISITS	18,053	25,222	16,243
AVERAGE COST PER VISIT	$71.28	$66.55	$39.89

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~~22~~ 23R (9/21/94) VR filmed 824 9/29/94

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$1,286,755	$1,678,446	$648,011
TOTAL OUTPATIENT VISITS	18,053	25,222	16,243
AVERAGE COST PER VISIT	$71.28	$66.55	$39.89

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

Table A: N/A

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

Table B: N/A

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

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

Table C: N/A

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

Table D: N/A

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

15. Quality of Life. **Being prepared by Host Command - Fleet Combat Training Center, Atlantic, Dam Neck (UIC 00281) for CNET BRAC Call #23**

Copy attached.

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15. Quality of Life. Being prepared by Host Command - Fleet Combat Training Center, Atlantic, Dam Neck (UIC 00281) for CNET BRAC Call #23

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?

Features and Capabilities

D. Quality of Life

1. Military Housing

(a) Family Housing:

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

(2) 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-	6	6	0	0
Officer	3	13	13	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4-	0	0	0	0
Enlisted	3	0	0	0	0
Enlisted	1 or 2	0	0	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

(3) 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.

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D. Quality of Life (cont.)

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

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	0	
	2	0	
	3	0	
	4+	1	21 months
O-4/5	1	0	
	2	0	
	3	11	15 months
	4+	10	21 months
O-1/2/3/CWO	1	0	
	2	0	
	3	11	15 months
	4+	11	21 months
E7-E9	1	0	
	2	0	
	3	0	
	4+	0	
E1-E6	1	0	
	2	0	
	3	0	
	4+	0	

[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?

Features and Capabilities

D. Quality of Life (cont.)

(5) 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	HIGH RENT COSTS IN AREA
2	HIGH UTILITY COSTS IN AREA
3	TIGHT LEASES FOR RENTAL PROPERTY
4	SHORT COMMUTE TIME WHEN LIVING ON BASE
5	SECURITY OF FAMILY LIVING ON BASE

(6) What percent of your family housing units have all the amenities required
by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)? 100%

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

Type of Quarters	Utilization Rate *
Adequate	100%
Substandard	
Inadequate	

* OF AVAILABLE QUARTERS

(8) 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?

HOUSING QUARTERS HAVE BEEN UNDERGOING REPAIRS. SOME QUARTERS HAVE NO RESIDENTS BECAUSE THE CONTRACTOR IS REPAIRING THOSE UNITS.

(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?

(b) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	90
Substandard	0
Inadequate	59

(2) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?
UTILIZATION HAS INCREASED 3.5% OVER FY-93.

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

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

(4) 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.)	62	84.	
Spouse Employment (non-military)	12	16	
Other			
TOTAL	74	100	

(5) How many geographic bachelors do not live on base?
THIS INFORMATION IS NOT READILY AVAILABLE. WE DO NOT COMPILE THIS DATA.

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

R

Features and Capabilities

D. Quality of Life (cont.)

(b) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	96
Substandard	0
Inadequate	0

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

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

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

(4) 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.)	4	80	
Spouse Employment (non-military)	1	20	
Other			
TOTAL	5	100	

(5) How many geographic bachelors do not live on base?
THIS INFORMATION IS NOT READILY AVAILABLE. WE DO NOT COMPILE THIS DATA.

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 C[illegible]	Each		

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

D. Quality of Life (cont.)

2. 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 MAIN BASE DISTANCE 0

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	12	N
	Outdoor Bays	5	N
Arts/Crafts	SF	0	
Wood Hobby	SF	0	
Bowling	Lanes	16	Y
Enlisted Club	SF	9529	Y
Officer's Club	SF	15115	Y
Library	SF	3300	N/A
Library	Books	8000	N/A
Theater	Seats	0	0
ITT	SF	800	Y
Museum/Memorial	SF	0	
Pool (indoor)	Lanes	7	N
Pool (outdoor)	Lanes	0	
Beach (REC ONLY)	LF	5280	N
Swimming Ponds	Each	0	
Tennis CT	Each	8	N/A

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
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?

Features and Capabilities

D. Quality of Life (cont.)

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	6	N/A
Basketball CT (outdoor)	Each	2	N/A
Racquetball CT	Each	6	N/A
Golf Course	Holes	0	
Driving Range	Tee Boxes	0	
Gymnasium	SF	16804	N/A
Fitness Center	SF	1450	N/A
Marina	Berths	0	
Stables	Stalls	0	
Softball Fld	Each	3	N/A
Football Fld	Each	1	N/A
Soccer Fld	Each	1	N/A
Youth Center	SF	0	
Young Adult Center	SF	379	N/A
Amusement Center	SF	3837	Y
Weight Room	SF	1680	N/A
Rec. Pavillion	SF	7256	Y
Bath House	SF	4839	N/A
Rec. Pier	EA	1	N/A
Maint Bldg.	SF	5110	N/A
Outdoor Rec. Issue	SF	7000	Y
Picnic Shelters	EA	20	N/A
Recycling	AC	2	Y
Conference Center	SF	29,000	Y

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).

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

ALTHOUGH LIBRARY IS NOT A FORMAL PART OF A REGIONAL INTERLIBRARY LOAN PROGRAM, LIBRARY DOES USE INTERLIBRARY LOAN WITH LOCAL LIBRARIES AND OUT-OF-STATE LIBRARIES AS NEEDED. LIBRARY HAS OBTAINED BOOKS AND/OR NEEDED INFORMATION FROM THE VIRGINIA BEACH CENTRAL LIBRARY, LOCAL AREA BRANCH LIBRARIES, AND THE OCEANA BASE LIBRARY, ETC. ALSO, LIBRARY HAS OBTAINED BOOKS VIA INTERLIBRARY LOAN FROM VARIOUS OUT-OF-STATE LIBRARIES. FOR EXAMPLE, LIBRARY IS CURRENTLY WAITING FOR A BOOK FROM THE U. S. ARMY MILITARY INSTITUTE LIBRARY IN PENN.

(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)

Features and Capabilities
D. Quality of Life (cont.)

4. Base Family Support Facilities and Programs

a. Complete the following table on the availability of child care in a child care center on your base. NONE. FY-95 MCON P-977 CHILD DEVELOPMENT CENTER WILL PROVIDE THE FOLLOWING

Age Category	Capacity (Children)	SF			# of PN on Wait List	Avg Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	12	9998				
6-12 Mos	12	TOTAL				
12-24 Mos	20	FOR				
24-36 Mos	28	ALL				
3-5 Yrs	48	AGES				

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

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?

c. 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.
THERE ARE FAMILY CHILD CARE PROVIDERS AND REFERRAL TO OTHER MILITARY AND CIVILIAN CHILD CARE PROVIDERS.

d. How many "certified home care providers" are registered at your base?
ONE AT FCTCLANT DAM NECK, 35 AT NAS OCEANA (4 MILES AWAY)

e. Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).
YES. NAS OCEANA, CAPACITY 100 CHILDREN 0-5 YEARS, 259 CHILDREN ON WAITING LIST DTD 4/14/94.

f. Standard Rate VHA Data for Cost of Living:

Pay Grade	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		

f. 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	13,653
Gas Station	SF	1,970
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	0
Package Store	SF	1,820
Fast Food Restaurants	Each	1
Bank/Credit Union	Each	1
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	1
ARC	PN	0
Chapel	PN	450
FSC Classrm/Auditorium	PN	0

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

City	Distance (Miles)
NOROFLK - VIRGINIA BEACH - NEWPORT NEWS MSA	0
RICHMOND VA	110
CHARLOTTESVILLE VA	179
WASHINGTON DC	206

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)			

D. Quality of Life (cont.)

6. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	127.43	71.30
E2	116.47	73.25
E3	111.42	82.10
E4	139.18	97.14
E5	155.24	108.39
E6	175.73	119.62
E7	191.50	133.03
E8	176.39	133.35
E9	165.28	125.47
W1	281.03	213.43
W2	247.26	193.94
W3	240.16	195.22
W4	176.30	156.31
O1E	306.00	226.98
O2E	251.41	200.45
O3E	238.87	202.08
O1	181.59	133.81
O2	186.47	145.75
O3	228.14	192.08
O4	205.30	178.53
O5	222.77	184.23
O6	228.47	189.11
O7		

(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)	

D. Quality of Life (cont.)

7. Off-base housing rental and purchase

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

DATA FOR THE HAMPTON ROADS REAL ESTATE MARKET IS NOT DISAGGREGATED BY EFFICIENCIES, TOWNHOMES, AND CONDOMINIUMS. SOURCE: METRO MARKET TRENDS, INC.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
MULTIFAMILY (1 BEDROOM)	$ 550.00	$250.00	$ 87.00
MULTIFAMILY (2 BEDROOMS)	$ 650.00	$260.00	$102.00
MULTIFAMILY (3 BEDROOMS)	$ 775.00	$360.00	$123.00
MULTIFAMILY (4+ BEDROOMS)	$1,100.00	$446.00	$150.00
SINGLE FAMILY (1 BEDROOM)	$ 550.00	$325.00	$ 91.00
SINGLE FAMILY (2 BEDROOM)	$ 575.00	$350.00	$106.00
SINGLE FAMILY (3 BEDROOM)	$ 800.00	$550.00	$141.00
SINGLE FAMILY (4+ BEDROOM)	$1,100.00	$575.00	$181.00

(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.

K

Features and Capabilities
D. Quality of Life (cont.)

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

HAMPTON ROADS REAL ESTATE MARKET DATA IS NOT DISAGGREGATED TO THE TYPE OF HOUSING LEVEL. DATA IS AVAILABLE BY NUMBER OF BEDROOMS.
SOURCE: METRO MARKET TRENDS, INC.

Type Rental	Percent Occupancy Rate
1 BEDROOM	90.6
2 BEDROOM	88.6
3 BEDROOM	93.8
4+ BEDROOM	99.1

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

THERE IS NO DATA AVAILABLE FOR THE MEDIAN COST OF HOMES BY HOUSING CATEGORY IN HAMPTON ROADS. THE DATA SHOWN IS THE NUMBER OF HOMES SOLD IN 1992, DISAGGREGATED BY NUMBER OF HOUSING UNITS SOLD AND PRICE RANGE.

PRICE RANGE	NUMBER OF UNITS SOLD
LESS THAN $25,000	40
$25,000 - $39,999	85
$40,000 - $54,999	367
$55,000 - $69,999	1,277
$70,000 - $84,999	1,916
$85,000 - $99,999	1,915
$100,000 - $124,999	1,922
$125,000 - $149,999	1,114
$150,000 - $199,999	740
$200,000 - $249,999	209
$250,000 AND HIGHER	240
TOTAL	9,825

SOURCE: METRO MARKET TRENDS, INC.

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)

R

D. Quality of Life (cont.)

(d) 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.

THE MLS ORGANIZATION SERVING HAMPTON ROADS DOES NOT COLLECT HOUSING DATA BASED ON MONTHLY PAYMENTS, NOR DOES IT MAINTAIN A DATABASE ON VACANT UNITS (PRIMARILY BECAUSE OF SECURITY CONCERNS). ADDITIONALLY, THE ORGANIZATION DOES NOT TRACK MONTHLY HOMES FOR SALE BY NUMBER OF BEDROOMS IN THE HOUSING UNIT. WITH THESE DATA LIMITATIONS IN MIND, THE DATA LISTS, FOR EACH MONTH IN 1993, HOMES AVAILABLE FOR SALE, THE NUMBER OF HOMES SOLD, AND THE AVERAGE SELLING PRICE. THE DATA ALSO LISTS THE NUMBER OF HOMES FOR SALE, THE NUMBER OF HOMES SOLD, AND THE AVERAGE SELLING PRICE FOR HOMES DISAGGREGATED BY NUMBER OF BEDROOMS DURING 1993.
SOURCE: METRO MLS, INC.

Month	VIRGINIA BEACH			
	TOTAL ON MARKET	NEW ON MARKET	NUMBER SOLD	AVG SALES PRICE
January	2493	800	112	$121,629
February	2630	848	215	$125,307
March	2719	886	313	$122,961
April	2695	786	337	$123,617
May	2661	764	311	$122,293
June	2647	761	382	$122,680
July	2738	1066	766	$125,537
August	2386	754	506	$125,448
September	2334	673	446	$131,575
October	2258	670	513	$127,082
November	2172	600	413	$126,834
December		580	558	$126,705

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

R

MONTH	NORFOLK, VIRGINIA			
	TOTAL ON MARKET	NEW ON MARKET	NUMBER SOLD	AVG SALES PRICE
January	1321	359	30	$118,548
February	1409	348	80	$ 96,262
March	1402	294	66	$ 94,217
April	1390	291	89	$ 91,816
May	1391	273	63	$ 93,847
June	1432	317	104	$ 93,526
July	1500	440	189	$ 95,513
August	1449	341	98	$ 95,764
September	1458	303	90	$ 95,016
October	1397	263	129	$ 95,064
November	1396	264	88	$ 94,815
December		244	139	$ 94,427

MONTH	PORTSMOUTH, VIRGINIA			
	TOTAL ON MARKET	NEW ON MARKET	NUMBER SOLD	AVG SALES PRICE
January	517	119	8	$64,863
February	549	159	22	$72,699
March	572	137	25	$77,412
April	591	146	46	$76,091
May	607	134	25	$76,517
June	622	132	57	$76,454
July	616	202	69	$79,621
August	601	119	47	$79,297
September	591	118	43	$79,570
October	558	124	53	$79,115
November	544	128	47	$79,360
December		111	65	$79,759

(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					

MONTH	CHESAPEAKE, VIRGINIA			
	TOTAL ON MARKET	NEW ON MARKET	NUMBER SOLD	AVG SALES PRICE
January	1095	368	63	$109,169
February	1182	402	152	$110,842
March	1262	455	134	$114,973
April	1228	370	147	$115,762
May	1177	363	145	$115,187
June	1182	383	240	$115,852
July	1198	492	386	$118,230
August	1089	361	228	$119,419
September	1068	325	226	$120,730
October	1047	301	256	$120,835
November	1035	326	180	$121,202
December		373	308	$121,657

TYPE	VIRGINIA BEACH		
	UNITS ON MARKET	UNITS SOLD	AVG PRICE
2 BEDROOM	282	91	$ 91,500
3 BEDROOM	4,943	2,298	$102,949
4 BEDROOM	4,066	1,905	$136,533
4+ BEDROOM	1,033	429	$220,718

TYPE	NORFOLK, VIRGINIA		
	UNITS ON MARKET	UNITS SOLD	AVG PRICE
2 BEDROOM	766	177	$ 59,598
3 BEDROOM	2,136	632	$ 87,184
4 BEDROOM	871	289	$112,671
4+ BEDROOM	206	69	$174,094

(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					

R

TYPE	PORTSMOUTH, VIRGINIA		
	UNITS ON MARKET	UNITS SOLD	AVG PRICE
2 BEDROOM	352	82	$ 53,670
3 BEDROOM	972	308	$ 77,874
4 BEDROOM	353	100	$100,085
4+ BEDROOM	64	19	$115,923

TYPE	CHEASPEAKE, VIRGINIA		
	UNITS ON MARKET	UNITS SOLD	AVG PRICE
2 BEDROOM	220	62	$ 56,552
3 BEDROOM	2,222	1,061	$100,466
4 BEDROOM	2,297	1,225	$136,080
4+ BEDROOM	313	132	$188,931

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

1. NATIONAL LONG-TERM INTEREST RATES. THE COST OF BORROWING MONEY IS A PRIMARY DRIVER FOR THE REGIONAL HOUSING MARKET. LOW INTEREST RATES DECREASE THE COST OF BORROWING MONEY TO PURCHASE A HOME. CONSEQUENTLY, THE DEMAND FOR HOUSING INCREASES WHICH CAUSES THE AVAILABLE SUPPLY OF HOMES TO DECREASE RELATIVE TO THE INCREASE IN THE SUPPLY OF HOMES. THE RESULT IS THE HOUSING MARKET IS OUT OF EQUILIBRIUM. IN ORDER TO RETURN TO A STATE OF EQUILIBRIUM. DEMAND FOR HOMES IS DECREASED BY RAISING HOME PRICES.

2. ECONOMIC GROWTH IN THE REGIONAL ECONOMY. ECONOMIC GROWTH CAN OCCUR THROUGH THE EXPANSION OF EXISTING BUSINESSES, CREATION OF NEW BUSINESSES, INCREASED PRODUCTIVITY, OR A COMBINATION OF ANY OR ALL THREE OF THESE FACTORS. WHEN ECONOMIC GROWTH OCCURS AS A RESULT OF EXPANSION OF EXISTING BUSINESSES OR THE CREATION OF NEW BUSINESSES, NEW JOBS ARE CREATED IN THE REGIONAL ECONOMY. THIS HAS THE EFFECT OF ULTIMATELY INCREASING MIGRATION INTO THE AREA, AS BUSINESSES ADD JOBS. AS POPULATION INCREASES, THE DEMAND FOR HOUSING IN THE REGIONAL ECONOMY ALSO INCREASES. THIS HAS THE EFFECT OF DECREASING THE AVAILABLE SUPPLY OF HOMES IN THE REGION AND CONSEQUENTLY INCREASING AVERAGE HOME PRICES.

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.

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3. LOCAL REGULATIONS OR ORDINANCES WHICH CURTAIL OR SLOW THE GROWTH IN THE SUPPLY OF HOUSING IN THE REGIONAL ECONOMY. ANY REGULATION OR MORATORIUM WHICH LIMITS THE AMOUNT OF NEW HOME CONSTRUCITON OR INCREASES THE COST OF BUILDING NEW HOMES WILL CAUSE A SUBSEQUENT INCREASE IN HOUSING PRICES.

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			

K

D. Quality of Life (cont.)

8. 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
OS	*	*
GM	*	*
FC	*	*
DS	*	*
ET	*	*

LOCAL AREA INCLUDES SEWELLS POINT NAVAL COMPLEX AND THE U. S. ATLANTIC FLEET. THIS DATA IS NOT READILY AVAILABLE. IT WILL BE AVAILABLE 10 JUN 94.

9. 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)
COURT HOUSE/ SANDBRIDGE		2	2.4
OCEAN FRONT		6	8.8
LITTLE NECK		10	18.8
GREATNECK		12	20.3
KEMPSVILLE/ HOLLAND		12	20.0

% EMPLOYEES DATA NOT READILY AVAILABLE.

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			

K

D. Quality of Life (cont.)

10. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the installation and their dependents:

(a) 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.

DATA FOR PUBLIC SCHOOLS IS PROVIDED BY SCHOOL DISTRICT

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
VIRGINIA BEACH	PUBLIC						VIRGINIA
52-ELEMENTARY	SCHOOL	K-5	YES				BEACH
14 MIDDLE	SCHOOL	6-8	YES				SCHOOL
10 HIGH	SCHOOL	9-12	YES		889	77.0	SYSTEM
NORFOLK	PUBLIC						NORFOLK
36 ELEMENTARY	SCHOOL	K-5	YES				SCHOOL
8 MIDDLE	SCHOOL	6-8	YES				SYSTEM
5 HIGH	SCHOOL	9-12	YES		769	66.0	
PORTSMOUTH	PUBLIC						PORTS-MOUTH
16 ELEMENTARY	SCHOOL	K-5	YES				SCHOOL
4 MIDDLE	SCHOOL		YES				SYSTEM
4 HIGH	SCHOOL		YES		744	70.7	

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			

CHESAPEAKE	PUBLIC						CHESAPEAKE
26 ELEMENTARY	SCHOOL	K-5	YES				SCHOOL
7 MIDDLE	SCHOOL		YES				SYSTEM
5 HIGH	SCHOOL		YES		831	71.0	
ACADEMY OF EARLY LEARNING	PRIVATE	PRE K K	NO	3536	N/A	N/A	*
ALLIANCE CHRISTIAN SCHOOL, INC.	PRIVATE	****					*
ATLANTIC SHORES CHRISTIAN SCHOOL	PRIVATE	****					*
AZALEA GARDEN CHRISTIAN SCHOOL	PRIVATE	K-12	NO	$925-$1570	1000	31	*
BAYLAKE PINES PRIVATE SCHOOL	PRIVATE	****					*
BAYVIEW CHRISTIAN SCHOOL	PRIVATE	****					*
CAPE HENRY COLLEGIATE SCHOOL	PRIVATE	PRE K-12	NO	$6500-$7500	1000	100	*
CENTRAL BAPTIST CHURCH SCHOOLS	PRIVATE	****					*
CENTRAL BAPTIST SCHOOL	PRIVATE	K-6	NO	$700-$1300	N/A		*
CHESAPEAKE BAY ACADEMY	PRIVATE	NONE	HANDICAPPED	$6,900			*

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

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CHRIST THE KING SCHOOL	PRIVATE	PRE K-8	NO	$1550-$1925			*
COURT STREET ACADEMY	PRIVATE	****					*
GATEWAY CHRISTIAN SCHOOL	PRIVATE	****					*
GLORIA DEI LUTHERAN SCHOOL	PRIVATE	K-5	NO	N/A	N/A		*
GREENBRIAR CHRISTIAN ACADEMY	PRIVATE	K-12	WHEEL CHAIR	$2400-$3500	1000	89.1	*
HAMPTON ROADS SEVENTH DAY ADVENTIST SCHOOL	PRIVATE	K-8	NO	$1,780	N/A		*
HEBREW ACADEMY OF TIDEWATER	PRIVATE	****					*
HOLY TRINITY ELEMENTARY & JR. HIGH SCHOOL	PRIVATE	3YR-8	NO	$1300-$2310	N/A		*
INDIAN CREEK-WELCOME BAPTIST CHURCH SCHOOL	PRIVATE	K-12	NO	$1075-$1300	N/A		*
MCLEA SCHOOL	PRIVATE	2.5 YR-3	NO	$3300-$4800	N/A		*
MONTESSORI LABORATORY SCHOOL	PRIVATE	1-3	DEPEND ON CHILD	$1900-$4000	N/A		*
MT PLEASANT CHRISTIAN SCHOOL	PRIVATE	K-8	LEARNING DISABLED	$1,950	N/A		*
NORFOLK ACADEMY	PRIVATE	1-12	NO	$6450-$7440	1160	100	*

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			

NORFOLK CATHOLIC HIGH SCHOOL	PRIVATE	9-12	WHEEL CHAIR ACCESS	$3700-$4700	947	95	*
NORFOLK CHRISTIAN SCHOOLS	PRIVATE	8-12	LEARNING & PHYSICAL DIS.	$4,855	1030	91.5	*
NORFOLK CHRISTIAN SCHOOLS	PRIVATE	4YR-7	LEARNING & PHYSICAL DIS.	$999-$4195	N/A		*
NORFOLK COLLEGIATE SCHOOL	PRIVATE	7-12	LEARNING DISABLED	$5,600	1104	100	*
OPEN DOOR CHRISTIAN ACADEMY	PRIVATE	K-12	NO	$1,765	N/A	50	*
PORTSMOUTH CATHOLIC ELEMENTARY SCHOOL	PRIVATE	K-8	ATTENTION DEFICIENCY	$2000-$2385	N/A		*
PORTSMOUTH CHRISTIAN SCHOOLS	PRIVATE	K-12	LEARNING DISABLED	$1386-$4150	900	94.1	*
PROVIDENCE CHRISTIAN SCHOOL	PRIVATE	K-12	NO	$1120-$1440	N/A		*
RYAN ACADEMY OF NORFOLK	PRIVATE	K-12	ATTENTION DEFICIT	N/A	N/A	N/A	*
ST. MATTHEW'S SCHOOL	PRIVATE	PRE K-8	EMOTIONALLY DISTURBED	$1,530	N/A		*
ST. PLUS X SCHOOL	PRIVATE	PRE K-8	NO	$850-$2050	N/A		*
STAR OF THE SEA CATHOLIC SCHOOL	PRIVATE	PRE K-8	NO	$1300-$2500	N/A		*

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			

Document Separator

STONEBRIDGE SCHOOL	PRIVATE	****					*
SWEETHAVEN CHRISTIAN SCHOOL	PRIVATE	PRE K-6	NO	$170-$1750	N/A		*
TABERNADE BAPTIST SCHOOL OF VA BEACH	PRIVATE	PRE K-12	NO	$1795-$2380	1100	75	*
TIDEWATER JR. ACADEMY	PRIVATE	K-10	NO	N/A	N/A		*
TOWN AND COUNTRY DAY SCHOOL	PRIVATE	K-5	NO	$50/ WK	N/A		*
TRINITY LUTHERAN SCHOOL	PRIVATE	K-8	HANDIC APPED	$1380-$2680	N/A		*
TWIN OAKS SCHOOL	PRIVATE	K-3	NO	$2700	N/A		*
VIRGINIA BEACH COUNTRY DAY SCHOOL	PRIVATE	K-5	NO	$4360	N/A		*
WILLIAMS SCHOOL	PRIVATE	K-12	NO	$5200	1115		*

NOTE:
* EACH SCHOOL WAS CONTACTED BY HAMPTON ROADS PLANNING DISTRICT COMMISSION
**** INDICATES THE SCHOOL REFUSED TO ANSWER THE QUESTIONS.
N/A INDICATES THE INFORMATION IS EITHER NOT AVAILABLE OR NOT APPLICABLE.

R

D. Quality of Life (cont.)

(b) 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	
COLLEGE OF WILLIAM AND MARY	Day	NO	NO	NO	YES	YES
	Night					
CHRISTOPHER NEWPORT UNIVERSITY	Day	NO	NO	NO	YES	YES
	Night					
OLD DOMINION UNIVERSITY	Day	NO	NO	NO	YES	YES
	Night					

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
NORFOLK STATE UNIVERSITY	Day	NO	NO	NO	YES	YES
	Night					
THOMAS NELSON COMMUNITY COLLEGE	Day	YES	YES	YES	YES	NO
	Night					
TIDEWATER COMMUNITY COLLEGE	Day	YES	YES	YES	YES	NO
	Night					

K

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
COMMONWEALTH COLLEGE	Day	NO	NO	YES	YES	NO
	Night					
EASTERN VIRGINIA MEDICAL SCHOOL	Day	NO	NO	NO	NO	YES
	Night					
HAMPTON UNIVERSITY	Day	NO	NO	NO	YES	YES
	Night					

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
VIRGINIA WESLEYAN COLLEGE	Day	NO	NO	YES	YES	NO
	Night					

D. Quality of Life (cont.)

(c) 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	
OLD DOMINION UNIVERSITY	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	YES
	Corres-pondence	NO	NO	NO	NO	NO
TROY STATE UNIVERSITY	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	YES
	Corres-pondence	NO	NO	NO	NO	YES
ST. LEO COLLEGE	Day	NO	NO	YES	YES	NO
	Night	NO	NO	YES	YES	NO
	Corres-pondence	NO	NO	NO	NO	NO
SOUTHERN ILLINOIS UNIVERSITY	Day	NO	NO	YES	YES	NO
	Night	NO	NO	YES	YES	NO
	Corres-pondence	NO	NO	YES	YES	NO

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
AMERICAN PREPARATORY INSTITUTE	Day	NO	YES	NO	NO	NO
	Night	NO	NO	NO	NO	NO
	Corres-pondence	NO	NO	NO	NO	NO

D. Quality of Life (cont.)

11. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

* THIS DATA NOT READILY AVAILABLE FROM NORFOLK NAVAL BASE FAMILY SERVICE CENTER.

12. 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. FCTCLANT DAM NECK OPENED A NEW 29,000 MEDICAL/DENTAL CLINIC IN MARCH 1993. THIS FACILITY PROVIDES STATE-OF-THE-ART MEDICAL AND DENTAL CARE FOR ALL ACTIVE DUTY MILITARY ON BASE. OTHER NAVY MEDICAL FACILITIES WITHIN 30 MILES OF FCTCLANT INCLUDE:

NAS OCEANA MEDICAL/DENTAL CLINIC, VIRGINIA BEACH, VA
SEWELS POINT CLINIC, NAVAL BASE NORFOLK, VA
BOONE CLINIC, NAB LITTLE CREEK, VIRGINIA BEACH, VA
NAVAL MEDICAL CENTER, PORTSMOUTH, PORTSMOUTH, VA
MEDICAL CLINIC, NNSY, PORTSMOUTH, VA
NAVCARE FACILITIES THROUGHOUT THE AREA

13. 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. THERE ARE HUNDREDS OF CIVILIAN PHYSICANS AND DENTISTS IN THE HAMPTON ROADS AREA. MAJOR FACILITIES INCLUDE:

SENTARA NORFOLK GENERAL HOSPITAL, NORFOLK, VA
SENTARA BAYSIDE HOSPITAL, VIRGINIA BEACH, VA
VIRGINIA BEACH GENERAL HOSPITAL, VIRGINIA BEACH, VA
DEPAUL HOSPITAL, NORFOLK, VA
SENTARA LEIGH HOSPITAL, NORFOLK, VA

NORFOLK COMMUNITY HOSPITAL, NORFOLK, VA
MARYVIEW HOSPITAL, PORTSMOUTH, VA
PORTSMOUTH GENERAL HOSPITAL, PORTSMOUTH, VA
CHESAPEAKE GENERAL HOSPITAL, CHESAPEAKE
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, NORFOLK, VA
LAKE TAYLOR HOSPITAL, NORFOLK VA
EASTERN VIRGINIA MEDICAL CENTER/INVITRO CLINIC NORFOLK, VA
TIDEWATER PSYCHIATRIC INSTITUTE, VIRGINIA BEACH, VA

R

THERE ALSO MORE THAN 30 MEDICAL CARE CENTERS THAT PROVIDE OUTPATIENT MEDICAL SERVICES.

14. Complete the table below to indicate the crime rate for your installation 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.

THE STATISTICS CURRENTLY MAINTAINED DO NOT SUPPORT SUFFICIENT DETAIL TO ANSWER THE BLANKS.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

R

D. Quality of Life (cont.)

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)	4	3	4
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)	38	21	22
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

D. Quality of Life (cont.)

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	109	112	82
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)	81	77	91
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)	6	2	3
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)	12	7	3
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

D. Quality of Life (cont.)

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)	15	12	13
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)	0	1	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

D. Quality of Life (cont.)

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)	11	13	29
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)	0	2	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)	37	89	65
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

D. Quality of Life (cont.)

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)	0	0	2
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

E. Ability for Expansion

1. Does the operational infrastructure (e.g., classrooms, administrative facilities, fuel and munitions storage, warehouse space, hangar space) provide capabilities for future expansion or change in mission? If yes, explain why. YES. THE OPERATIONAL INFRASTRACTURE WOULD SUPPORT SOME FUTURE EXPANSION, BUT COULD BE CONVERTED TO SUPPORT A CHANGE IN MISSION THROUGH BUILDING MODIFICATIONS AND ALTERATIONS.

2. What is the availability of off-station acreage for possible future installation development? EXCELLENT. MCON P-979, LAND ACQUISITION HAS BEEN IN THE MILCON PROGRAM FOR EIGHT YEARS. THIS PROJECT WILL PURCHASE 180.81 ACRES OF LAND (120+ACRES DEVELOPABLE), THAT IS CONTIGUOUS TO THE MAIN BASE.

3. Provide the following information for installation infrastructure related facilities and functions. If these or other base infrastructure attributes may be a determining factor for base loading and expansion, provide additional comments and capacity measures as appropriate.

Type of Facility or Capability	On Base Capacity	Off Base Long Term Contract	Normal Steady State Load	Peak Demand
Electricity (KWH)	19,080,000	SAME	10,500,000	13,584,000
Water (GPD)	2,000,000	SAME	500,000	1,000,000
Sewage (GPD)	575,000	SAME	460,000	500,000
Natural Gas (CFH)	238,000	SAME	75,000	150,000
Short Term Parking (SY)	157,372	0	*	157,372
Long Term Parking (SY)	0	0		

* DATA NOT READILY AVAILABLE

E. Ability for Expansion (cont.)

4. Identify in the table below the real estate resources which have the potential to facilitate future development and for which you are the plant account holder or into which, though a tenant, your activity could reasonable expect to expand. Complete a separate table for each individual site, i.e., main base, outlying airfields, special off-site areas, off base housing, etc. Unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities that prevent it from being further developed without demolition of existing infrastructure. Include in"Restricted" areas that are restricted for future development due to environmental constraints (e.g. wet lands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources. Identify the reason for the restriction when providing the acreage in the table below. Specify any other entry in "Other" (e.g. submerged lands).

Site Location: MAIN BASE

Land Use	Total Acres	Developed	Available for Development	
			Restricted	Unrestricted
Operational	20	20	0	0
Training	126	126	0	0
Maintenance	25	20	0	5
Research & Development	0	0	0	0
Supply and Storage	30	25	0	5
Admin	15	15	0	0
Housing	40	34	0	6
Recreational	235	110	0	125
Navy Forestry Program	0	0	0	0
Navy Agricultural Outlease Program	0	0	0	0
Hunting/fishing Programs	200	0	0	0
Other	480		0	50
TOTAL	1171	350	0	191

d. Of the total Unrestricted Acres reported above, how much of it has existing roads and/or utilities that could support expansion efforts? 31 Acres. Explain. DAM NECK IS SEVERELY CONSTRAINED BY WETALNDS. THERE ARE SEVERAL PROJECTS PROGRAMED OR IDENTIFIED IN UNRESTRICTED AREAS, ADJACENT TO DEVELOPED ACREAGE THAT REPRESENT COMPATABLE OR SIMILAR USAGES. 50 ACRES HAVE BEEN IDENTIFIED

FOR RECREATIONAL OR SIMILAR DEVELOPMENT ON THE NORTH PARCEL, ADJACENT TO/AND OUTSIDE THE MAIN GATE.

R

BRAC-95 CERTIFICATION

BRAC DATA CALL #27

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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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

RUPERT F. LINDO LCDR MSC USN
NAME (Please type or print)

R F Lindo
Signature

OFFICER IN CHARGE
Title

18 MAY 1994
Date

BRANCH MEDICAL CLINIC DAM NECK
Activity

BRANCH MEDICAL CLINIC, FCTC, ATLANTIC, DAM NECK
UIC 46106
DATA CALL 27

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

NEXT ECHELON LEVEL (if applicable)

B. B. POTTER
NAME (Please type or print)

ACTING
Title

NAVAL MEDICAL CENTER, PORTSMOUTH
Activity

Signature

25 MAY 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

x
Signature

6-2-94
Date

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

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

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

ACTING
Title

Signature

6/9/94
Date

BRAC-95 CERTIFICATION

BRAC DATA CALL #27

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

LCDR B. SCOTT, MC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE (ACTING)
Title

Sept 21, 94
Date

BRANCH MEDICAL CLINIC DAM NECK
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)

RADM W. J. MCDANIEL
NAME (Please type or print)

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

NAVMEDCEN PORTSMOUTH, VA
Activity

Signature

26 Sep 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

9-29-94
Date

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

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

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

ACTING
Title

Signature

13 OCT 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Keyport, WA
UIC:	32586
Host Activity Name (if response is for a tenant activity):	Naval Undersea Warfare Center, Division Keyport, Keyport, WA
Host Activity UIC:	00253

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 line of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional

cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)+			
Activity Name: Branch Medical Clinic, Keyport, WA		**UIC:** 32586	
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	4		4
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) *	6		6
2k. Sub-total 2a. through 2j:	10		10
3. Grand Total (sum of 1c. and 2k.):	12		12

*	Non-Lab	Lab
FN	6	
	6	

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

Appropriation	Amount ($000)+
DHP	12
MPN	
Total	12

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

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

Table 1B - Base Operating Support Costs (DBOF Overhead)+			
Activity Name: Branch Medical Clinic, Keyport, WA		**UIC:** 32586	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			N/A
1b. Real Property Maintenance (<$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A
2j. Supply and Storage Operations			N/A
2k. Major Range Test Facility Base Costs			N/A
2l. Other (Specify)			N/A
2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			N/A
4. Grand Total (sum of 1c., 2m., and 3.) :			N/A

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

Table 2 - Services/Supplies Cost Data+

Activity Name: Branch Medical Clinic, Keyport, WA	**UIC:** 32586
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	
Material and Supplies (including equipment):	27
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	25
Total:	52

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears+	
Activity Name: Branch Medical Clinic, Keyport, WA	**UIC:** 32586
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.**

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

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

None+

2) Estimated number of workyears which would be eliminated:

None+

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

~~None+~~ 1 BUMED
MED-825
GSA
7/19/94

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

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

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

+ Above includes Branch Medical Clinic Annex Port Hadlock (46144)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

B. A. MENCIK
NAME (Please type or print)

B. A. Mencik
Signature

Commanding Officer
Title

7/14/94
Date

Naval Hosp[redacted]
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-19-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

16 AUG 1994

Date

16 AUG 1994

304

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCLINIC KEYPORT WA (32586)

SENIOR MEDICAL OFFICER
NAVAL UNDERSEA WARFARE CENTER,
DIVISION KEYPORT
CODE 00H, SECOND STREET, BUILDING 74
KEYPORT, WA 98345-5001

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

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

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32586

MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	not avail	388	N/A	not avail		
FAMILY OF AD		0				
SUBTOTAL		388				
RETIRED AND FAMILY MEMBERS UNDER 65		0				
RETIRED AND FAMILY MEMBERS OVER 65[4]		0				
OTHER (CIVIL SERVICE)		3,130				
TOTAL		3,518				

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

BUMED 822
MSI
7 Jun 94

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

Operating Beds[1]:	0
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	0

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1496	N/A	N/A	1496
ADMISSIONS	0			N/A
LABORATORY TESTS (WEIGHTED)[1]	57,841			57,841
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1,710			1,710
PHARMACY UNITS (WEIGHTED)[1]	938			938
OTHER(CIVIL SERVICE)	N/A			3,033

NOTES: UNABLE TO OBTAIN MILITARY VS CIVILIAN NUMBERS IN THESE AREAS.

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

BUMED-822
MAS, 7 Jun 94

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

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

NOTE: CURRENTLY AT MAX CAPACITY FOR ALL ABOVE.

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

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

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

NOTE: MEETING CURRENT NEEDS IN THE ABOVE CATAGORIES.

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

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

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

BUMED 822
MA, 7 Jun 4

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

LOCATION

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

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

NOTE: See Naval Hospital Bremerton (68095)

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: _____
NOTE: See Naval Hospital Bremerton (68095)

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

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

NOTE: See Naval Hospital Bremerton (68095)

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

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

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

NOTE: See Naval Hospital Bremerton (68095)

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

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

c. Training Facilities:

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

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

N. A. DAVENPORT, CAPT, MC, USN
NAME (Please type or print)

DIRECTOR, OPERATIONAL MEDICINE
Title

CODE 06
Division

BRMEDCLINIC KEYPORT (32586)
Department

NAVAL HOSPITAL BREMERTON WA
Activity

Signature

Date 5/25/94

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

Commanding Officer
Title

26 May 94
Date

Naval Hospital Bremerton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-8-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Acting

10 JUN 1994

32586

Title

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- **Name**

Official name	*Branch Medical Clinic, Detachment Keyport, WA*
Acronym(s) used in correspondence	
Commonly accepted short title(s)	*Branch Clinic Keyport, Keyport Clinic*

- **Complete Mailing Address**

Senior Medical Officer
Naval Undersea Warfare Center, Division Keyport
Code 00H, Second Street, Building 74
Keyport, WA 98345-5001

- **PLAD**

BRMEDCLINIC KEYPORT WA

- **PRIMARY UIC:** 32586 (Plant Account UIC for Plant Account Holders)
- **ALTERNATE UIC(s):** _____ PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

- Yes ____ No __X__ (check one)

Plant Account Holder is Naval Hospital Bremerton (68095)

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: __00253__
  - Primary Host (as of 01 Oct 1995) UIC: __00253__
  - Primary Host (as of 01 Oct 2001) UIC: __00253__

- **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.

N/A

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

Current Missions

- Occupational Health/Preventive Medicine support to civilian and military workers assigned to NUWC.
- Acute Care/Injury treatment.
- Pharmacy, Radiology and Laboratory support.
- Military sick call.

Projected Missions for FY 2001

- Same as above.

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

Current Unique Missions

- Hyperbaric Chamber/Diving Medical support.
- Medical support to Nanaimo, Canada.
- Medical support to NUWC, Detachment Port Hadlock.

Projected Unique Missions for FY 2001

- Same as above.

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

• **Operational name**	UIC
Commanding Officer, Naval Hospital, Bremerton	68095

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	7	6
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	~~4~~ 0 GMO 2/9/94	~~6~~ 0 GMO 2/9/94
• Tenants (total)	N/A	N/A	N/A

* Based on current Manpower Authorization (AMD) for 1994

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

Title/Name	Office	Fax	Home
• CO/OIC			
Larry Smick, DO	**396-2561**	**396-5649**	**779-5255**

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

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

Activity name	**Location**	**Support function (include mechanism such as ISSA, MOU, etc.)**
Naval Undersea Warfare Center (NUWC)	*Keyport, WA*	*Occupational Health Services, Industrial Hygiene Services, Environmental Health Services*

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

- **Local Area Map**: Map enclosed in host command's (00253) submission.

- **Installation Map / Activity Map / Base Map / General Development Map / Site Map**. Map enclosed in host command's (00253) submission.

- **Aerial photo(s)**. Map enclosed in host command's (00253) submission.

- **Air Installations Compatible Use Zones (AICUZ) Map**. Map enclosed in host command's (00253) submission.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. MAYO, CAPT, MC, USN
NAME (Please type or print)

RAMayo
Signature

Commanding Officer
Title

7 Feb 96
Date

Naval Hospital [redacted]ington, WA
Activity

~~35~~
32586

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCLINIC KEYPORT WA
ACTIVITY UIC: 32586

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

To provide and coordinate outpatient and urgent medical services related to the examination, diagnosis, and treatment of active duty and civil service personnel, and other eligible beneficiaries as space, facilities, and staff are available. Provide occupational health examinations and services to the Naval Undersea Warfare Center Keyport and tenant commands as directed by the Commander, Naval Undersea Warfare Center, and Commanding Officer, Naval Hospital, Bremerton.

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)
NUWC	00253	KEYPORT	350
NDCPDDET	32013	PORT HADLOCK	32
BRMEDCLINIC	32586	KEYPORT	6

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	1,672	N/A ~~2 HOURS~~	~~8~~ N/A
ACTIVE DUTY NON N/MC	N/A	0	↓	↓
TOTAL ACTIVE DUTY	N/A	1,672		~~8~~ N/A
FAMILY OF AD	N/A	0	N/A	↓
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	0	↓	↓
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0	↓	↓
OTHER	N/A	4,103	N/A ~~2 HOURS~~	~~17~~ N/A
TOTAL	N/A	5,775		~~25~~ N/A

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

BUMED-822
MSS, 14 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	5,800	5,800	5,800	5,800	5,800	5,800	5,800
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NOTE: SHOULD BE NO CHANGES.

Please show all assumptions and calculations in the space below:

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
RIFLE RANGE	16 HOURS	2
EXPLOSIVE TESTING	24 HOURS	1
RANGE OPS	48 HOURS	2
MWR	60 HOURS	2
MEDICAL TRAINING (INDOC)	8 HOURS	3
FIRE/EMERGENCY STANDBY	40 HOURS	3

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NONE								

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NONE			

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	BUILDING 74 BRMEDCLINIC KEYPORT	2,750	60	

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME					
2. UIC 32586	3. CATEGORY CODE		4. NO. OF BUILDINGS		1
5. SIZE 2,750	A. GSF		B. NORMAL BEDS 0		C.DTRS
6. LOCATION	A. CITY KEYPORT			B.STATE WA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	50%	25%	25%	B17, D18, E17	
(2) ADMINISTRATION	100%			20	
(3)CENTRAL STERILE SVCS.	75%	25%		D18	
(4)DENTAL	100%				
(5) EMERGENCY SVCS.	100%				
(6) FOOD SERVICES	100%				
(7)LABORATORIES	75%	25%		F17	
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	80%	20%		C17	
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A)STRUCTURAL/SEISMIC	80%	20%		C12, A11	
(B) HVAC	50%		50%	F01, E01	
(C) PLUMBING	70%	30%		F02	
(D) ELECTRICAL SVCS.	100%				

(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER			100%	E07	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: 9-93

FULL ACCREDITATION: Yes/No

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

LOCATION:

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

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

Current location appropriate for personnel assigned.

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

Tacoma (Rail, bus) - 40 miles
Seattle (Rail, bus, air) - 60 miles

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

Distance (in miles): 55 McCord AFB

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

N/A

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

Minutes from work shops.

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

See Naval Hospital Bremerton (68095) Submission

FEATURES AND CAPABILITIES

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

The tenant military units supported at Keyport would have to be cared for at either BRMEDCLINIC Bangor or Naval Hospital Bremerton. Core facility is 18 miles away.

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

No, BRMEDCLINIC Bangor is at maximum capacity with current providers vs beneficiaries, and the local hospital (Harrison) is not capable of handling the addition of our population and is currently under going extensive expansion plans.

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

No, Harrision Memorial Hospital primary care services are at capacity for the local population. Availability of inpatient services would be limited. They are currently expanding their operations to handle local population growth.

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

Unknown.

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

N/A

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSPITAL		6

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. Same as 6809S (NAVHOSP Bremerton)

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

Number of "stubbed" expanded beds[1]: ~~0~~ N/A

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

BUMED-822
MSL, 14 Jun 94

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

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

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	520,671	516,988	435,000
TOTAL OUTPATIENT VISITS	7,407	5,755	7,800
AVERAGE COST PER VISIT	$70.29	$89.83	$55.56

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

Table A: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
A. TOTAL MEPRS-A EXPENSE (All Accounts)			

Table B: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)			
D. TOTAL EXPENSES IN EBE AND EBF (B+C)			
E. TOTAL E EXPENSE (ALL ACCOUNTS)			
F. % SELECTED E EXPENSES (D/E)[1]			

* 1st Quarter

[1] Record as a decimal

Table C: Not Applicable

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

Table D: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*

T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU)[2]			
V. PERCENT INPATIENT (IWU/AWU)			
W. FINAL OTHER F EXPENSES (SxV)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPERS DISPOSITIONS			
BB. ADJUSTED DISPOSITIONS (Z/AA)			
CC. ADJUSTED MEPERS EXPENSES (YxBB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC/DD)			

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

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

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

Table E: BURDENING FOR ADD-ONS AND INFLATION Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK/LL)			
NN. AVERAGE DAYS/RWP (MM/II)			
OO. ADD ON PER RWP (NNx77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PPx15)			
RR. MILITARY PAY COST (PPx.56)			
SS. OTHER COSTS (PPx.29)			
TT. CIVILAIN PAY RAISES (RRx1.037x1.0297)			
UU. MILITARY PAY RAISES (RRx1.037x1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)			
WW. CIVILIAN ASSET USE CHARGE (UUx1.04)			
XX. MILITARY ASSET USE CHARGE (UUx1.04)			
YY. OTHER ASSET USE CHARGE (SSx1.04)			
ZZ. OTHER COST DEFLATOR FACTOR (YYx1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

15. Quality of Life. **See submission for Naval Hospital Bremerton (68095)**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

NOTE: SEE NAVAL UNDERSEA WARFARE CENTER (00253) SUBMISSION.

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			

Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

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

N. A. DAVENPORT, CAPT, MC, USN
NAME (Please type or print)

DIRECTOR, OPERATIONAL MEDICINE
Title

CODE 06
Division

BRMEDCLINIC KEYPORT (32586)
Department

NAVAL HOSPITAL BREMERTON WA
Activity

Signature

5/25/94
Date

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

Commanding Officer
Title

26 May 94
Date

Naval Hospital Bremerton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

32586

ACTING
Title

29 JUN 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- **Name**

Official name	*Branch Medical Clinic, Detachment Port Hadlock, WA*
Acronym(s) used in correspondence	
Commonly accepted short title(s)	*Branch Clinic Port Hadlock, Port Hadlock Clinic*

- **Complete Mailing Address**

Senior Medical Department Representative
Branch Medical Clinic
Naval Weapons Station, Seal Beach Detachment
100 Indian Island Road
Port Hadlock, WA 98339-9723

- **PLAD**

BRMEDCLINIC PORT HADLOCK WA

- **PRIMARY UIC:** 46144 (Plant Account UIC for Plant Account Holders)
- **ALL OTHER UIC(s):** _____ PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

- Yes ____ No __X__ (check one)

Plant Account Holder is Naval Hospital Bremerton (68095)

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: __32013__
  - Primary Host (as of 01 Oct 1995) UIC: __32013__
  - Primary Host (as of 01 Oct 2001) UIC: __32013__

- **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.

N/A

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

Current Missions

- Provides Occupational Health/Preventive Medicine programs to civilian and military assigned to complex.
- Primary and acute care to all military personnel and dependents assigned to complex.
- Dispenses pharmaceuticals to eligible beneficiaries.
- Emergency support to Navy and Coast Guard ships and commercial ships/barges as required.

Projected Missions for FY 2001

- Same as above.

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

Current Unique Missions

- None.

Projected Unique Missions for FY 2001

- None.

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

• **Operational name**	UIC
Commanding Officer, Naval Hospital, Bremerton	68095

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	1	0
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994*

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	1	0
• Tenants (total)	N/A	N/A	N/A

* Based on current Manpower Authorization (AMD) for 1994

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

Title/Name	Office	Fax	Home
• CO/OIC			
HMC Paul Flewelling	**396-5221**	**396-5221**	**Not available**

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Not Applicable		

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

- **Local Area Map**: Map enclosed in host command's (32013) submission.

- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Map enclosed in host command's (32013) submission.

- **Aerial photo(s).** Map enclosed in host command's (32013) submission.

- **Air Installations Compatible Use Zones (AICUZ) Map.** Map enclosed in host command's (32013) submission.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. MAYO, CAPT, MC, USN
NAME (Please type or print)

R A Mayo
Signature

Commanding Officer
Title

7 Feb 94
Date

Naval Hospital, Bremerton, WA
Activity

46144

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCLINIC PORT HADLOCK WA (46144)

305

BRANCH MEDICAL CLINIC
DETACHMENT PORT HADLOCK
PORT HADLOCK WA 98339-5000

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	33	33		33	33	
FAMILY OF AD	N/A →			N/A →		
SUBTOTAL	33	33		33	33	
RETIRED AND FAMILY MEMBERS UNDER 65	22	N/A	N/A	29	29	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	97	N/A		126	126	
OTHER (CIVIL SERVICE)	89	N/A		116	116	
TOTAL	360	33		304	304	

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

BUMED-822
MSJ
7 Jun 94

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

Operating Beds[1]:	0
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	0

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	603	39	62	704
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	3206	206	333	3745
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A			
PHARMACY UNITS (WEIGHTED)[1]	575	37	60	672
OTHER (SPECIFY)	N/A			

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

BUMED 822
MSS, 7 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	30	0	0	30
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	236.7	0	0	236.7
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A			
PHARMACY UNITS (WEIGHTED)[1]	27.6	0	0	27.6
OTHER (SPECIFY)	N/A			

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

INFO NOT READILY AVAILABLE -- ABOVE #'S DON'T MAKE SENSE COMPARED TO 3.

BUMED-822
MSS, 7 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	not avail			
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	not avail.			
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

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

BUMED-822
MSS, 7 Jun 94

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

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

BUMED-522
MSS, 7 Jun 94

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

LOCATION

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

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

NOTE: See Naval Hospital Bremerton WA (68095)

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: _____
NOTE: See Naval Hospital Bremerton WA (68095)

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

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

NOTE: See Naval Hospital Bremerton WA (68095)

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

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

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

NOTE: See Naval Hospital Bremerton WA (68095)

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

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

c. Training Facilities:

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

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

N. A. DAVENPORT, CAPT, MC, USN
NAME (Please type or print)

DIRECTOR, OPERATIONAL MEDICINE
Title

CODE 06
Division

BRMEDCLINIC PORT HADLOCK (46144)
Department

NAVAL HOSPITAL BREMERTON WA
Activity

Signature

5/25/95
Date

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

NEXT ECHELON LEVEL (if applicable)

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

Commanding Officer
Title

Naval Hospital Bremerton
Activity

Signature

26 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

6-8-94
Date

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

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

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

Acting

Signature

10 JUN 1994

46144

Title

Date

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCLINIC PORT HADLOCK WA
ACTIVITY UIC: 46144

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

To provide acute medical care and primary medical care to active duty military personnel. Acute care/stabilization/ transportation is provided to civil service and contract personnel working on Port Hadlock, and to visitors on the island for official business. Occupational health medical surveillance is conducted for the military and civil service 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)
NAVWEAPSTA PORT HADLOCK	32013	PORT HADLOCK, WA	24

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	400	N/A	N/A
ACTIVE DUTY NON N/MC		0		
TOTAL ACTIVE DUTY		400		
FAMILY OF AD		1	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		1		
RETIRED AND FAMILY MEMBERS OVER 65		0		
OTHER		0		
TOTAL		402		

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

BUMED-822
MSS, 14 Jun 94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	412	424	436	449	462	475	489
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

3% growth rate utilized.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
PREVENTIVE MEDICINE INSPECTIONS	WEEKLY	1
GMT	ANNUAL	1
BLS	ANNUAL	1
WATER/ICE SAMPLING	MONTHLY	1

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NONE								

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NONE			

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

FACILITIES

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

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

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME BRMEDCLINIC PORT HADLOCK WA				
2. UIC 46144	3. CATEGORY CODE	4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF	B. NORMAL BEDS 0		C.DTRS
6. LOCATION	A. CITY PORT HADLOCK		B.STATE WA	

7. FACILITY ASSESSMENT

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

(D) ELECTRICAL SVCS.	80%		20%	B	[redacted]
(E) ELECTRICAL DISTRIBUTION	80%		20%	B	
(F) EMERGENCY POWER	80%		20%	B	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated

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

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

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

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

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

DATE OF SURVEY: _____

FULL ACCREDITATION: Yes/No

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

N/A

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(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

LOCATION:

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

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

CRUCIAL LOCATION TO SUPPORT ISOLATED POPULATION

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

SEATTLE (AIR,RAIL,GROUND) - 120 MILES
TACOMA (RAIL,GROUND) - 100 MILES

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

Distance (in miles): 110 McCORD AFB

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

N/A

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

ON BASE 5 - 10 MINS
OFF BASE 15 - 30+ (DEPENDS ON BENEFICIARIES LOCATION)

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

SEE NAVAL HOSPITAL BREMERTON'S (68095) SUBMISSION)

FEATURES AND CAPABILITIES

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

The facility is in an isolated location. The nearest facility (civilian) is 35 miles away, and the nearest military facilities are BRMEDCLINIC Keyport and BRMEDCLINIC Bangor, both are approximately 35 miles distant. If the base were to close, most beneficiaries would utilize the CHAMPUS system.

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

See Naval Hospital Bremerton's (68095) submission.

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

See Naval Hospital Bremerton's (68095) submission.

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

N/A

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

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

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

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

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

N/A

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

Number of "stubbed" expanded beds[1]: ~~0~~ N/A

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

BUMED-822
MSS, 14 Jun 94

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

NOT APPLICABLE

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

NOT APPLICABLE

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

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

[2] The total cost in thousands of dollars.

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

NOTE: COSTS FOR PORT HADLOCK ARE INCLUDED IN BANGOR (45237) FOR FY92/93 AND TO KEYPORT (32586) IN FY94.

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

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

Table A: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
A. TOTAL MEPRS-A EXPENSE (All Accounts)			

Table B: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)			
D. TOTAL EXPENSES IN EBE AND EBF (B+C)			
E. TOTAL E EXPENSE (ALL ACCOUNTS)			
F. % SELECTED E EXPENSES (D/E)[1]			

* 1st Quarter

[1] Record as a decimal

Table C: Not Applicable

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

Table D: Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*

T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU)[2]			
V. PERCENT INPATIENT (IWU/AWU)			
W. FINAL OTHER F EXPENSES (SxV)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPERS DISPOSITIONS			
BB. ADJUSTED DISPOSITIONS (Z/AA)			
CC. ADJUSTED MEPERS EXPENSES (YxBB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC/DD)			

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

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

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

Table E: BURDENING FOR ADD-ONS AND INFLATION Not Applicable

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK/LL)			
NN. AVERAGE DAYS/RWP (MM/II)			
OO. ADD ON PER RWP (NNx77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PPx15)			
RR. MILITARY PAY COST (PPx.56)			
SS. OTHER COSTS (PPx.29)			
TT. CIVILAIN PAY RAISES (RRx1.037x1.0297)			
UU. MILITARY PAY RAISES (RRx1.037x1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)			
WW. CIVILIAN ASSET USE CHARGE (UUx1.04)			
XX. MILITARY ASSET USE CHARGE (UUx1.04)			
YY. OTHER ASSET USE CHARGE (SSx1.04)			
ZZ. OTHER COST DEFLATOR FACTOR (YYx1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

15. Quality of Life. **See Naval Hospital Bremerton (68095) Submission**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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.

NOTE: SEE NAVAL WEAPONS STATION, DETACHMENT, PORT HADLOCK (32013) SUBMISSION

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			

Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

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

N. A. DAVENPORT, CAPT, MC, USN
NAME (Please type or print)

DIRECTOR, OPERATIONAL MEDICINE
Title

CODE 06
Division

BRMEDCLINIC PORT HADLOCK (46144)
Department

NAVAL HOSPITAL BREMERTON WA
Activity

Signature

5/25/94
Date

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

Commanding Officer
Title

Date 26 May 94

Naval Hospital Bremerton
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

46144

ACTING
Title

20 JUN 1994
Date

Document Separator

42276

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	*East Bank Branch* *Naval Medical Clinic* *New Orleans, La.*
Acronym(s) used in correspondence	*NSA BRANCH CLINIC* *New Orleans, La.*
Commonly accepted short title(s)	*BRMEDCL NSA NEW ORLEANS*

- Complete Mailing Address

NSA Branch Medical Clinic
4400 Dauphine St. Bldg 601
New Orleans, La. 70146

- PLAD: NAVMEDCLINIC NEW ORLEANS LA

- PRIMARY UIC: 42276 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): NONE

PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

• Yes ____ No XXXXX (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 XXXXX (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 XXXXX No ____ (check one)

• Primary Host (current) UIC: 00205

• Primary Host (as of 01 Oct 1995) UIC: 00205

• Primary Host (as of 01 Oct 2001) UIC: 00205

NOTE: THIS BRANCH CLINIC IS COUNTED AS A TENANT COMMAND BY NAVAL SUPPORT ACTIVITY, NEW ORLEANS (UIC 00205). IN ADDITION, IT HAS BEEN COUNTED AS A DETACHMENT OF OUR MAIN CLINIC (UIC 66898). (UIC 00206).

• 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 XXXXX (check one)

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

Name	Location	UIC
NONE		

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

Name	UIC	Location	Host name	Host UIC
NONE				

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

No.

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

Current Missions

. Provide outpatient services primarily to active duty Navy and Marine Corps personnel in the New Orleans Metropolitan area.

• Ensure all military personnel are properly trained for the performance of assigned contingency and wartime duties.

• Provide Occupational Health, Industrial Hygiene and Preventive Medicine Services.

• Provide healthcare services in support of the operation of the Navy and Marine Corps Shore activities and units of the operating forces to ensure the highest degree of operational readiness.

Projected Missions for FY 2001

• We do not anticipate any significant changes in our current mission through 2001.

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

Current Unique Missions

• Our mission is somewhat unique in that we have no inpatient capability and no in-house specialty care providers. This is significant as we are geographically separated from military inpatient facilities - 90 miles away from Keesler Air Force Base Medical Center, Biloxi MS, and 200 hundred miles from Naval Hospital, Pensacola, Fl. As a result, a major focus of mission accomplishment is to reduce lost manhours/TAD costs to area commands by increasing access to local specialty care and inpatient services.

• The goal of our recently established managed care department is to specifically address this issue. We are currently developing a managed care network of local inpatient as well as outpatient specialty healthcare providers and negotiating to obtain reduced rates for these services.

• We are currently involved in the planning phase of the DOD TRICARE/Lead Agent Concept. We will fall within Region 4. Keesler Medical Center is our assigned lead agent.

NOTE: THE MANAGED CARE ASPECT OF OUR MISSION IS PRIMARILY ACCOMPLISHED VIA OUR MAIN CLINIC.

* This Command has no National Command Authority or classified mission responsibilities.

Projected Unique Missions for FY 2001

• With the exception of the ongoing TRICARE/Lead Agent initiative, we anticipate no additional unique missions through FY 2001.

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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
COMNAVRESFOR	00072

• Funding Source	UIC
BUMED	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	02	04	NONE
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	NONE	NONE	NONE
• Tenants (total)	N/A	N/A	N/A

NOTE: NO BILLETS ARE DIRECTLY DETAILED TO THE EAST BANK CLINIC. AUTHORIZED POSITIONS ARE ASSIGNED TO THE MAIN CLINIC.

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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 L. S. WATTS	(504) 361-2401 H.P.: (504) 641-1593	(504) 361-2402	
• Duty Officer	(504) 361-2401	(504) 361-2402	{N/A}
• Director For Administration LT C. Lucas	(504) 361-2401	(504) 361-2402	

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
NONE				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NONE				

• 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).

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Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NONE					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NONE					

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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.) See "Healthcare Services Provided" below
Naval Reserve Force	*UNLESS OTHERWISE NOTED, ALL ACTIVITIES ARE LOCATED IN NEW ORLEANS,LA*	*A-X*
Naval Surface Reserve Force		*A-X*
Naval Air Reserve Force		*A-X*
Marine Reserve Force		*A-X*
Naval Support Activity		*A-X*
Enlisted Personnel Management Center		*A-X*
Naval Reserve Personnel Center		*A-X*
Naval Computer and Telecommunication Station		*A-X*
Supervisor of Shipbuilding, Conversion and Repair		*A-X*

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Personnel Support Activity		*A-X*
Naval Reserve Recruiting Command		*A-X*
1191st and 1192nd U.S. Army Terminal Unit		*A-X*
Prior Service Recruiting Site		*A-W*
Marine Corps Recruiting Station		*A-X*
Army Recruiting Battalion		*A-X*
Naval Reserve Readiness Command Region Ten		*A-X*
Military Traffic Management Command Gulf Outport		*A-X*
Navy Recruiting District		*A-X*
Naval Air Logistics Office		*A-X*
Eighth Marine Corps District		*A-X*
Personnel Support Detachment		*A-X*
Military Entrance Processing Station		*A-X*
Navy Publications and Printing Service		*R-U, X*
Branch Dental Clinic		*A-X*
Fleet Introduction Team		*A-W*
Naval Legal Service Office Detachment		*A-X, EE*

Bureau of Naval Personnel Component (PERS 10N)		*A-X*
NJROTC Area Manager		*A-W*
U.S. Customs Office of Enforcement, Technical Operations Group		*R-U, X*
Schedule Airline Traffic Office		*R-U, X*
Post Office Embarkation Office		*R-U, X*
4th Marine Air Wing		*A-X*
4th Marine Division		*A-X*
Naval Medical Clinic Staff		*A-X*

Healthcare Services Provided

NOTE: MANY OF THESE SERVICES ARE PROVIDED VIA REFERRAL TO THE MAIN CLINIC

a. Screening, examination, diagnosis, primary care treatment, and referral of patients for a wide range of general medical conditions on an outpatient basis.

b. Optometry Services

c. Management of military patients requiring specialty care.

d. Pharmacy and Laboratory outpatient services (includes pharmacy over-the-counter program).

e. Medical Evacuation services.

f. Decedent affairs services.

g. Overseas/remote assignment screenings and examinations.

h. Exceptional Family Member Program

i. Physical Readiness Training Screens.

j. Identification and management of fitness for duty cases.

k. HIV testing.

l. Competency and fitness for duty examinations.

m. Confinement physicals.

n. Substance abuse interviews.

o. Health record maintenance.

p. Ambulance/Corpsmen support to area military functions e.g., Change of Command Ceremonies and FMF forced-march exercises.

q. Public Health Services (Pest control, food service sanitation inspections, immunization programs, disease awareness training etc.)

r. Occupational Health Services

s. Industrial Hygiene Services

t. CPR instructor training.

u. Patient education and public relations programs to promote customer awareness and satisfaction.

v. Health Promotion services.

Healthcare Services Provided (cont.)

w. Family Advocacy Services (Child and Spouse Abuse)

x. First aid and stabilization of civilians injured on-the-job.

y. Emergent medical logistic support to ships and operational units.

z. Independent Duty Corpsmen support to new construction and overhauled ships conducting shakedown cruises.

42276

aa. Fleet Liaison to visiting/shipyard vessels.

bb. Preventive Medicine Technician (PMT) aid to operational units with mass immunization requirements.

cc. Radiology and laboratory technician technical support to ships undergoing radiology and/or laboratory equipment refit.

dd. Provide information regarding Third Party Liability Program.

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

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

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

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

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

NOTE: MAPS AND AERIAL PHOTOGRAPHS ARE BEING PROVIDED BY THE HOST COMMANDS.

4227b

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

Signature

COMMANDING OFFICER
Title

DATE 4 Feb 1994

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
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

42276

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or 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)

X
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

306

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: East Bank Branch
Naval Medical Clinic, New Orleans, LA.

ACTIVITY UIC: 42276

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001 *1		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	3,397	3,397*2	N/A	3,112	3,112	N/A
FAMILY OF AD	4,907	4,907	N/A	4,449	4,449	N/A
SUBTOTAL	8,304	8,304	N/A	7,561	7,561	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	7,194	7,194	N/A	7,017	7,017	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,733	2,733	N/A	3,478	3,478	N/A
OTHER	6,163	6,163	N/A	6,152	6,152	N/A
TOTAL	24,394	24,394	N/A	24,208	24,208	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

See Notes on following page.

*1 Projected FY data is valid to FY 1999. RAPS projections do not go beyond this time frame.
*2 There is only 1 small area of overlap (consists of only a few square miles) with Keesler AFB in our catchment area. Therefore catchment and assigned population figures are the same.

This data represents the population within a 20 mile vs 40 mile radius. 40 mile radius figures are not available for medical clinics.

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER*	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,011	N/A	N/A	12	6,023
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] **	18,269	N/A	N/A	37	18,306
RADIOLOGY PROCEDURES (WEIGHTED)[1] **	N/A	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1] **	15,652	N/A	N/A	31	15,683
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

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

* "OTHER" category consists of civilians and foreign service members.
** Ancillary data is not kept by patient categories. The total figures are correct but the category breakdown is an estimate based upon percentage of outpatient visits.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	10,140	N/A	N/A	N/A	10,140
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]		N/A	N/A	N/A	20,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	39,600	N/A	N/A	N/A	39,600
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

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

Outpatient visit calculations:
1 physician x 3 patients per hour x 7 hours x 4.5 days x 46 weeks= 4,347 annual visits
1 IDC x 28 patients per day x 4.5 days x 46 weeks= 5,796 annual visits

Laboratory calculations:
Based on current staffing and budgetary considerations, only an estimated 8% increase in services could be anticipated.

Pharmacy calculations:
Based on an estimate of 60 Rx's/day

Radiology services are not currently available at this facility.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER*	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,011	N/A	N/A	12	6,023
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] **	18,269	N/A	N/A	37	18,306
RADIOLOGY PROCEDURES (WEIGHTED)[1] **	N/A	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1] **	15,652	N/A	N/A	31	15,683
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

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

NOTE: These figures are the same as those noted on question 3. Family of active duty and retired/family would be reflected on main clinic figures.

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

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

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	1,462
SPECIALTY CARE[2]	3,023
PHYSICIAN EXTENDER[3]	106
TOTAL	4,591

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

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

[3] This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 1,370,979

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Mercy & Baptist Medical Ctr	Christian Health Ministries	10	20 minutes	MOU for mammography is pending signature
Charity Hosp Medical Ctr of LA	LA Health Care Authority	10	20 minutes	
Touro Infirmary	Touro Infimary	18	20 minutes	
E.Jefferson General	Jefferson Parish	16	30 minutes	
Ochsner Foundation	Alton Ochsner Medical Foundation	16	20 minutes	
W. Jefferson Medical Ctr	Jefferson Parish	10	25 minutes	
VA Medical Ctr	U.S. Department of Veterans Affairs	6	20 minutes	VA/Department of Defense sharing agreement
University Hosp	State of La	6	20 minutes	
Pendleton Memorial Methodist	Methodist Health System Foundation Inc.	16	30 minutes	
St. Jude Medical Ctr.	Life Mark Hospitals of LA	16	35 minutes	

Tulane University Medical Ctr.	Tulane University	10	20 minutes	
Chalmette Medical Ctr.	Universal Health Service Inc.	15	45 minutes	
Meadowcrest	National Medical Enterprises Inc.	10	15 minutes	
St. Tammany Parish	*	44	90 minutes	
Slidell Memorial	St. Tammany Parish	34	45 minutes	
Children's Hospital	Children's Hospital Inc.	10	20 minutes	
NorthShore Regional	National Medical Enterprises Inc.	34	50 minutes	MOU pending
St. Charles General	National Medical Enterprises Inc.	10	15 minutes	MOU pending
JoEllen Smith Medical Ctr.	National Medical Enterprises Inc.	4	6 minutes	MOU with JoEllen Smith Psychiatric Hospital
Lakeland Medical Ctr.	Columbia Healthcare Corp.	12	30 minutes	
Doctors Hospital of Jefferson	Medical Enterprises	12	30 minutes	MOU pending
United Medical Ctr.	United Medical Corp.	10	20 minutes	
Elmwood Medical Ctr.	Paracelsus Healthcare Corp.	18	45 minutes	
Lakeside Hospital	HealthcareTrust Inc.	15	30 minutes	
Highland Park Medical Ctr.	EPIC Healthcare Group	44	90 minutes	

St. Charles Parish	St. Charles Parish Hospital Service District #1	50	60 minutes	
River Parishes	Universal Health Services Inc.	50	60 minutes	
Tulane Hospital for Children	Tulane University	10	20 minutes	
St. James Parish	*	50	60 minutes	

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

* Information not available.

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Mercy & Baptist Medical Ctr	631	Yes	383	
Charity Hosp Medical Ctr of LA	597	Yes	478	GME
Touro Infirmary	350	Yes	232	
E.Jefferson General	484	Yes	340	
Ochsner Foundation	409	Yes	305	
W. Jefferson Medical Ctr	382	Yes	209	
VA Medical Ctr	333	Yes	263	GME
University Hosp	272	Yes	142	GME
Pendleton Memorial Methodist	212	Yes	154	
St. Jude Medical Ctr.	149	Yes	*	

Tulane University Medical Ctr.	269	Yes	185	GME
Chalmette Medical Ctr.	145	Yes	*	
Meadowcrest	169	Yes	104	
St. Tammany Parish	110	Yes	62	
Slidell Memorial	182	Yes	108	
Children's Hospital	160	Yes	113	
NorthShore Regional	139	Yes	85	
St. Charles General	92	Yes	56	
JoEllen Smith Medical Ctr.	110	Yes	*	
Lakeland Medical Ctr.	150	Yes	*	
Doctors Hospital of Jefferson	74	Yes	50	
United Medical Ctr.	136	Yes	*	
Elmwood Medical Ctr.	108	Yes	*	

Lakeside Hospital	105	Yes	40	
Highland Park Medical Ctr.	104	Yes	53	
St. Charles Parish	50	Yes	*	
River Parishes	102	Yes	37	
Tulane Hospital for Children	85	Yes	*	
St. James Parish	15	Yes	*	

* Hospital does not report occupancy statistics.

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

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

c. Training Facilities:

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

42276

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

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

(2) By Catagory Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 173-xx CCN's.

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

42276

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT L. S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/24/94
Date

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. GREENE JR

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

ACTING

Title _____ Date 8 JUNE 1994

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL
FACILITY: East Bank Branch
Naval Medical Clinic, New Orleans, LA
ACTIVITY UIC: 42276

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

* Our mission is somehwat unique in that we have no inpatient capability and no in-house specialty care providers. This is significant as we are geographicallly separate from military inpatient facilities - 90 miles away from Keesler Air Force Base Medical Center, Biloxi MS, and 200 hundred miles from Naval Hospital, Pensacola, FL. As a result, a major focus of mission accomplishment is to reduce lost hanhours/TAD costs to area commands by increasing access to local specialty care and inpatient services.

* Provide outpatient services to active duty Navy and Marine Corps personnel in the New Orleans Metropolitan area.

* Ensure all military personnel are properly trained for the performance of assigned contingency and wartime duties.

* Provide Occupational Health, Industrial Hygiene and Preventive Medicine Services.

* Provide healthcare services in support of the operation of the Navy and Marine Corps Shore activities and units of the operating forces to ensure the highest degree of operational 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)
Marine Reserve Force	20016	Unless otherwise noted, all activities are located in New Orleans, LA.	595
Naval Reserve Personnel Center	00072		214
Navy Recruiting District	62444		165
Naval Support Activity	00205		132
Enlisted Personnel Management Center	68412		122
Naval Air Reserve Force	00071		91
Naval Reserve Recruiting Command	68902		66
Naval Air Logistics Office	68814		64
Supervisor of Shipbuilding, Conversion and Repair	63124		55
Eight Marine Corps District	84001		51

Marine Corps Recruiting Station	84001		51
Naval Reserve Readiness Command Region Ten	68307		35
Personnel Support Detachment	43105		31
Military Entrance Processing Station	66587		27
Naval Computer and Telecommunication Station	68608		26
Army Recruiting Battalion	W184AA		25
Fleet Introduction Team	48569		12
Personnel Support Activity	68594		10
Naval Surface Reserve Force	43580		8
1192nd U.S. Army Terminal Unit	68902		2
NJROTC Area Manager	W8J57		2
Prior Service Recruiting Site	36005		2
Bureau of Naval Personnel Component (PERS 10N)	49268		1

Schedule Airline Traffic Office	N/A		*
U.S. Customs Office of Enforcement, Technical Operations Group	20745		*

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

*** Civilians only.**

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	5,040	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	528	N/A	N/A
TOTAL ACTIVE DUTY	N/A	5,568		N/A
FAMILY OF AD	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	6	N/A	N/A
TOTAL	N/A	5,574		N/A

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	6,000	6,000	6,000	6,000	6,000	6,000	6,000
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

To the best of our knowledge, we anticipate FY 1995-2001 projected workload will be consistent with FY 1994 projections. No significant BRAC activity or force reductions are currently scheduled for our catchment area and RAPS data reveals no significant population changes during this time frame.

We have an ongoing Champus Reform Initiative operating in our catchment area and as a result the transition to TRICARE should have minimal impact on our projected workload.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
CPR Classes	96 Hrs	2
PRT Standby's	50 Hrs	2
Air Show Planning	6 Hrs	1
Air Show (Only 1 Quarter)	50 Hrs	45
Crash Calls (Ambulance standby)*	40 Hrs	2
Food Service Inspections	200 Hrs	1
Food Service Training	30 Hrs	1
Mosquito Counts/Identification	50 Hrs	1
Heat Stress Assessment May/Sep	30 Hrs	1
Facility Inspection (BEQ,CDC,GYM,Barber)	100 Hrs	1
Portable Water/Ice Testing	8 Hrs	1
Food Acceptance Inspections	60 Hrs	1
Health Promotion	30 Hrs	1
NAVOSH Promotion	100 Hrs	4
Boy Scout Camp Support (6 week period)	1700 Hrs	2
Fleet Support (IDC's,EMT's)	200 Hrs	1

NOTE 1: Actual ambulance calls are not listed as they are considered to be patient care support.

NOTE 2: We also have 1 full time industrial hygienist and 1 full time industrial hygienist technician who provides support to all Navy and Marine Corps commands in the state of Louisiana. This includes shipyard workers as well as fleet support for incoming vessels.

NOTE 3: This data represents the combined support rendered by our main clinic and 2 branch clinics. It would be impossible to categorize this data by individual clinics.

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

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C1-88	Expansion and Modernization	FY94	523,759

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME East Bank Branch Medical Clinic				
2. UIC 42276	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 2,000	B. NORMAL BEDS N/A		C.DTRS 1
6. LOCATION	A. CITY New Orleans		B. STATE LA	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES		100		B-12	
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC		100		A,B-12	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER			100	E-20	

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

designated function.

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

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

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

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

DATE OF SURVEY: _____

FULL ACCREDITATION: Yes/No

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

JCAHO surveys are not conducted at this facility.

LOCATION:

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

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

The Clinic is conveniently located to Eastbank customers. Eastbank customers must contend with bridge traffic and/or the Navy's shuttleboat schedule to travel to the Main Clinic, either of which can result in a 45 minute commute.

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

All transportation nodes are within the New Orleans metropolitan area.

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

Distance (in miles): 15

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

Given our easy access to all forms of transportation, our location facilitates deploying staff members assigned.

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

Eastbank customers can reach the facility within 10 minutes on average.

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

There are no Physician Assistant training programs in the state of Louisiana. This has hindered Physician Assistant recruiting in the past.

FEATURES AND CAPABILITIES

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

The healthcare services this clinic prvides in support of the Navy, Marine Corps, and other service shore activities significantly contributes to their operational readiness. Direct patient care could be provided by civilian providers via contract or fee for service. However, as noted in question 5, a large part of our mission consists of providing non-patient care support. In addition, we identify and manage fitness for duty cases, perform overseas/remote assignment screenings and administer the exceptional family member program.

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

Yes. As noted in questions 5 and 7 of Data Call 26, we have a large compliment of health care providers and hospitals in the area. Excess capacity exists and they could easily absorb the additional workload.

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

Yes. Refer to question 10a.

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

We have no inpatient care capability. Inpatient services are provided at Keesler AFB, Pensacola Naval Hospital, or civilian hospitals.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-27	09167	01
FLT HOSP#8	45392	05
#15	45399	05
#4	68684	06
#5	68685	05
NH,ROOS. ROADS	65428	01
NH, ROTA	66101	02
1STMAR BRIG,KANEOCHE	67339	10
3RD FSSG	67436	01

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

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

NONE. These moblization requirements have had minimal impact on our Command mission.

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

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

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

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

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

No inpatient services are provided at this facility.

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	1497	$663.40	1622	$509.50	1224	$495.10
AD FAMILY	3	.20	0	0	0	0
OTHER	25	7.20	22	9.90	0	0
TOTAL	1525	$670.80	1644	$519.40	1224	$495.10

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

[2] The total cost in thousands of dollars.

This data represents the combined total for our main clinic and 2 branch clinics.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$361,019	$407,551	$417,012
TOTAL OUTPATIENT VISITS	6,942	6,023	5,574
AVERAGE COST PER VISIT	$52	$68	$75

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

This information is not applicable. This Command is an outpatient clinic and does not incur inpatient costs.

Table A:

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

Table B:

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

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

Table C:

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

Table D:

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

15. Quality of Life.

These questions will be answered by our host Command, Naval Support Activity, New Orleans, LA., (UIC 00205) in Data Call 31.

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

Signature

COMMANDING OFFICER
Title

5/24/94
Date

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 6/9/94