307

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BMC Everett
2000 W Marine View Dr
Everett, WA 98207

UIC: 35962

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	N/A	N/A	2,642	68	50,348	
FAMILY OF AD	N/A	N/A	12,124	106	94,072	
SUBTOTAL	0	0	20,243	174	144,420	
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	0	148,613	
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A	N/A	16,810	0	44,280	
OTHER	N/A	N/A	1,184	1,184	13,377	
TOTAL	0	0	38,237	1,358	350,690	

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 NAVHOSP Bremerton [3] (UIC 68095) package.

BUMED-822
MDS, 7 Jun 99

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

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

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

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	867	1,300	N/A	2,167
ADMISSIONS	0	0	N/A	0
LABORATORY TESTS (WEIGHTED)[1]	X19.573 16,969	25,445	N/A	42,414
RADIOLOGY PROCEDURES (WEIGHTED)[1]	X21 18,207	27,300	N/A	45,507
PHARMACY UNITS (WEIGHTED)[1]	X30 26,010	39,000	51,546	116,556
OTHER (SPECIFY)	X1 87	130	N/A	217

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	8,119	12,124	N/A	20,243
ADMISSIONS	0	0	N/A	0
LABORATORY TESTS (WEIGHTED)[1]	x19.573 158,913	237,303	N/A	396,216
RADIOLOGY PROCEDURES (WEIGHTED)[1]	x21 170,499	254,604	N/A	425,103
PHARMACY UNITS (WEIGHTED)[1]	x30 243,570	363,720	51,546	658,836
OTHER (SPECIFY) *NOTE	811	1,212	N/A	2,023

[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: FAMILY ADVOCACY/SOCIAL WORKER -- SEE ON AN AVERAGE OF 1% OF TOTAL POSSIBLE POPULATION IN THE AREA (AD & FAMILY OF AD).

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]	5	5	5	5	5	5	5	5
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	8	8	8	8	8	8	8	8

[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]	**UNAAILABLE**	
SPECIALTY CARE[2]	**UNAVAILABLE**	
PHYSICIAN EXTENDER[3]	**UNAVAILABLE**	
TOTAL	**UNAVAILABLE**	

INFORMATION IS UNAVAILABLE DUE TO FEE BY AMA AND WASHINGTON STATE MEDICAL ASSOC CHARGES TO SUPPLY BUSINESSES AND ANY REQUESTING BUSINESS OR AGENCEY!

[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: _38,237_ **

** THIS NUMBER INCLUDES RETIRED AND FAMILY OF RETIRED, BUT AT THIS DATE IT HAS BEEN DETERMINED THAT NO RETIREES WILL BE SEEN AT BRANCH MEDICAL CLINIC EVERETT. ALL RETIREES WILL BE PROVIDED FOR THRU THE TRI SERVICE CARE IN THE REGION.

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]
Naval Hospital Bremerton (VIA Ferry Crossing)	DOD(BUMED)	40	2 hours	Headquarters Command
Care Unit Hospital Kirkland	Private	30	1 hour	Supp Care
Children's Hosp & <edoca; Ctr Seattle	Private	40	1.25 hours	Supp Care
Fifth Ave Hosp Kirkland	Private	32	1 hour	Supp Care
Gen Hosp Med Ctr Everett	Private	5	.25 hour	Supp Care

Group Health Cooperative Hospital Seattle	Private	40	1.25 hours	Private Insurance
Group Health Eastside Hosp Redmond	Private	35	1.25 hours	Private Insurance
Harrison Memorial hospital Bremerton	Private	40	3 hours or 2 hours via ferry crossing	Supp Care
Northwest Hospital Seattle	Private	33	1.30 hours	Supp Care
Overlake Hospital & Med Ctr Bellevue	Private	35	1.30 hours	Supp Care
Providence Medical Ctr Everett	Private	2	.15 hours	Supp Care
Providence Med Ctr Seattle	Private	35	1.30 hours	Supp Care
Swedish Med Ctr Seattle (Ballard)	Private	35	1.30 hours	Supp Care
Swedish Med Ctr Seattle	Private	35	1.30 hours	Supp Care
Virginia Mason Med Ctr Seattle	Private	35	1.30 hours	Supp Care

Evergreen Hospital Kirkland	Public	25	.75 hour	Supp Care
Harborview Med CTR Seattle	Public	35	1.30 hours	Supp Care
Stevens Memorial Hosp Edmonds	Public	15	.20 hour	Supp Care
Univ Of Wash Med Ctr Seattle	Public	35	1.15 hours	Supp Care
Valley Gen Hosp Monore	Public	20	.30 hour	Supp Care
Veterans Affairs Med Ctr Seattle	Veterans Affairs	40	1.30 hours	Supp Care

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]
Naval Hospital Bremerton	107	Y	5,253	All Services Provided
Careunit Hospital	83	Y	833	Alcohol/Chem Depend
Children's Hosp & Med CTR	205	Y	9,867	All Services Provided
Fifth Ave Hospital	60	Y	818	Unknown
Gen Hosp Med Ctr	179	Y	9,829	All Services Provided
Group Health Coop Hosp	229	Y	11,855	All Services Provided
Group Health Coop Hosp Redmond	142	Y	8,677	All Services Provided
Harrison Memorial Hosp	224	Y	13,444	Alcohol/Chem Depend
Northwest Hosp Seattle	238	Y	11,484	All Services Provided
Overlake Hosp & Med Ctr	235	Y	13,370	All Services Provided

Providence Medical Ctr Everett	188	Y	9,617	All Services Provided
Providence Med Seattle	375	Y	15,995	All Services Provided
Swedish Med Ctr Seattle(Ballard)	149	Y	Not Reported	All Services Provided
Swedish Med Ctr Seattle	764	Y	30,844	All Services Provided
Virginia Mason Med Ctr Seattle	228	Y	12,796	All Services Provided
Evergreen Hosp Kirkland	149	Y	9,777	All Services Provided
Haborview Med Ctr	326	Y	11,451	All Services Provided

Stevens Mem Hosp Edmonds	188	Y	9,438	All Services Provided
Univ of Wash Med Ctr Seattle	386	Y	14,729	All Services Provided (PSYCH sent to Harborview)
Veterans Affairs Med Ctr Seattle	446	Y	8,388	All Services Provided
		Y		

[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

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 ot 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

M. L. MC DONALD, MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 May 1994
Date

NAVAL MEDICAL CLINIC SEATTLE
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. 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

47430

Title

Date

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BMCL EVERETT
ACTIVITY UIC: 47430

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 primary outpatient medical care, industrial hygiene and occupational medicine services to active duty military and civilian staff assigned, and active duty members of other Federal Uniformed Services. Provide primary medical care to fleet units as they are assigned. Coordinate specialty care requirements for active duty population. Subject to the availability of space, facilities and the capabilities of the medical staff, to provide general clinic services for other authorized beneficiaries as prescribed by Title 10, U.S. Code, and other current directives. Ensure that the clinic is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed health care services in support of the operation of the Navy and Marine Corps shore activities, Units of the operating forces, and Naval Reserve units to ensure the highest possible degree of operational readiness of the forces and activities.

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
NRRC SEATTLE	62134	EVERETT	1307
NMCB 18	08917	EVERETT	406
NAVRESCTR	62138 *	BILLINGS,MT	358
NAVRESCTR	62091 *	FARGO,ND	357
NAVRESCTR	62068 *	SIOUX FALLS,SD	332
NAVRESCTR	87229 *	SEATTLE,WA	327
NAVSTA PUGET SOUND	00255	SEA/EVERETT	317
SIMA	68856	SEATTLE	300
NAVRESCTR	62144	SEATTLE	298
USS INGRAHM	21430	EVERETT	240
USS FORD	21235	EVERETT	240
SUPSHIP SEA	62799	SEA / EVERETT	229
NAVRESCTR	63538 *	RICHLAND,WA	205
CRUDIST SEA	62449	EVERETT	158

* SUPPORTED BY OCC HLTH AND INDUSTRIAL HYGIENE DEPARTMENTS

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MIUWU	81997	SEA / EVERETT	153
MARCORESCEN	14703 *	BILLINGS,MT	134
NRRCREG 22	68328	SEATTLE	106
NAVSTA EVERETT	68967	EVERETT, WA	101
NAVRECCTR	63545 *	MISSOULA,MT	100
NAVMEDCLN SEA	65575	SEA / EVERETT	77
MSO 488 CONQUEST	08146	EVERETT	64
NS PUGET SOUND	32180	SEA / EVERETT	56
TRANS TM PUGET	49347	SEATTLE	53
NCS PUG RS TJ CK	70273 *	SILVERDALE,WA	50
NS PUGET GRIG		SEATTLE	44
CNAVBASE SEA	68742	SEATTLE	39
NAVSTS P S TP	44390	SEATTLE	38
EFANWCONS EVER	64372	SEA / EVERETT	34

* SUPPORTED BY OCC HLTH AND INDUSTRIAL HYGIENE DEPARTMENTS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
I&I STF ANCHORAGE	55540 *	ANCHORAGE, AK	33
NS PUGET SEC DET	68372	SEA / EVERETT	30
PSD EVERETT	43136	EVERETT,WA	24
S ECP U WASHEA	44437	SEATTLE	21
MDTU 15	55232	SEA / EVERETT	20
NRRC SEA	62143	SEATTLE,WA	19
MRPTC I WASH	63232	SEATTLE	17
NNS PUGET SEC DET	46263	SEA/EVERETT,WA	16
S MD OST SEA	44145	SEATTLE	13
NCS NTCC SEA	33293	SEATTLE,WA	13
COMUSNAVAK	48398	SEA / EVERETT	11
NDCLBR NS SEA	39077	SEA/EVERETT,WA	11
NAVSTA EV SEC	41237	EVERETT,WA	10
MEPS SPOKANE	66567 *	SPOKANE,WA	8

* SUPPORTED BY OCC HLTH AND INDUSTRIAL HYGIENE DEPARTMENTS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NRC RICHLAND	63548 *	RICHLAND,WA	8
S PG U WASH	31432	SEATTLE,WA	8
MIUWU 102	0052A *	SPOKANE, WA	8
MEPS SEATTLE	66564	SEATTLE, WA	7
MSCO SEATTLE	62384	SEATTLE, WA	6
MRPTC I WASH	63232	SEATTLE, WA	6
COOPMINERON 11	55221	SEATTLE, WA	5
DECA SEATTLE	49035	SEATTLE,WA	5
EFANWCONS EVER	45865	EVERETT,WA	5
NRPS SPOKANE	43525 *	SPOKANE, WA	5
NRRCREG 22/PRN	41889	SEA/EVERETT,WA	5
NCS PUG RS TJ CK	70273 *	SILVERDALE,WA	4
S MECP U SEA SC	47941	SEATTLE,WA	4
S CPD#2 CITY U	45794	SEATTLE,WA	4

* SUPPORTED BY OCC HLTH AND INDUSTRIAL HYGIENE DEPARTMENTS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
S AEPR U WASH	44434	SEATTLE, WA	4
NRPS BUTTE	43511 *	BUTTE,MT	4
FLT IMAGCTR NSPS	45002	SEA/EVERETT,WA	3
COOPMINUEN 1101	55224	SEA/EVERETT,WA	3
NS PUGET SOUND SD FSC	48645	SEA / EVERETT	3
S EEAP#2 U WASH	48448	SEATTLE,WA	2
BRMDCL EVERETT	47430	EVERETT,WA	2
DMEDS NMCL SEA	46857	SEATTLE,WA	2
NJROTC AREA 13	35111	SEATTLE, WA	2
USCG 1313TH MEDIUM	31069	SEATTLE,WA	2
MARSTA REG #7	42313	UNKNOWN	1
USCG COM 13TH HD SE	82600	SEATTLE,WA	1
MARDEZSEC PAC NW	82235	SEATTLE,WA	1
MSCO SEA DET	48864	SEATTLE,WA	1

* SUPPORTED BY OCC HLTH AND INDUSTRIAL HYGIENE DEPARTMENTS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SEEAP#2 NSE CC	48468	SEATTLE,WA	1
DLEA SEATTLE	48312	SEA/EVERETT,WA	1
SEEAP#1 EDM CC	47286	SEA/EVERETT,WA	1
I&I STF4TH SEA	45309	SEATTLE,WA	1
DIR 12MCD OSO	44757	SEATTLE, WA	1
SSHIPSEATRESPO	44367	SEATTLE,WA	1
NAVSTA EV FSC	41236	EVERETT,WA	1
NECH SEA/EVER	39234	SEA/EVERETT,WA	1

* SUPPORTED BY OCC HLTH AND INDUSTRIAL HYGIENE DEPARTMENTS

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	9,696	N/A	27.0
ACTIVE DUTY NON N/MC	0	1,700	N/A	4.6
TOTAL ACTIVE DUTY	0	11,396		31.6
FAMILY OF AD	0	2,578	N/A	4.9
RETIRED AND FAMILY MEMBERS UNDER 65	0	0	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	0	3,449	N/A	9.5
OTHER	0	39	N/A	.1
TOTAL	0	~~5,276~~ 17,462		14.5

NOTE: SHIPS SCHEDUALED TO ARRIVE SEPT 1994, SEE PARA 2, PAGE 1

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	13,877	18,647	40,053	40,053	40,053	40,053	40,053
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

PROJECTED EVERETT HOMEPORT POPULATION CHANGE:

FY	ACTIVE DUTY	DEPENDENTS	OTHER	TOTAL
94	867	1,300	300	5215
95	1,966	2,949	400	7040
96	2,656	3,984	500	11640
97	5,886	8,829	600	15315

PERCENTAGE USED: AD 2.5 DEPEND 2.7 OTHER 2.5

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 (HRS)	STAFF NEEDED/ EVENT
EEO Support	36	1
Command Admin Staff	1008	2
Quality Assurance	36	1
Computer Operations	1008	2
Housekeeping Functions	480	3
Medical Standby	10	2
Physical Fitness Test	231	77
Rifle Range	8	1
MWR Support	24	1

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Preventive Medicine Inspections	1008	2
Industrial Hygiene Support	1008	2
CPR Training to Other Commands	24	3
Locally Sponsored Medical Fairs	24	3
SeaFair Parade Standby	10	3
SeaFair Hydro Races Standby	36	9
Material Management (supply)	1008	2
Travel & Training Courses	400	10

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

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

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

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

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

FACILITIES

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

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

NOTE: CLASS III FACILITIES, LEASED UNTIL PERMANATE BUILDING IS COMPLETED FY97.

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: BRANCH MEDICAL CLINIC EVERETT				
2. UIC: 47430	3. CATEGORY CODE: CLASS III	4. NO. OF BUILDINGS: 6		
5. SIZE: 15,000 SF	A. GSF:	B. NORMAL BEDS: N/A		C.DTRS
6. LOCATION: 2000 WEST MARINE VIEW DR	A. CITY: EVERETT		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.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	N/A	N/A	N/A	N/A	
(6) FOOD SERVICES	N/A	N/A	N/A	N/A	
(7)LABORATORIES	100				

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

(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	50%		50%	B	
(13) RADIOLOGY	75%	25%		A	
(14) SURGICAL SUITE	0			E	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	100%				
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION			100%	E	
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies

which cannot be economically corrected to meet the requirements of the designated function.

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

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

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

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

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

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?

Ships homeported in Everett require ready access to care. Travel to distant facilities will reduce manpower readiness of affected ships.

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

Air - 68 miles
Rail - 2 miles
Ground - 1.5 miles
Sea (Ferries) - 13 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): 10
McCord AFB: 80

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

Not a factor, commercial travel is readily available.

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

30 Mins.

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?

None.

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.

None except for providing care to active duty personnel. Services available in the area could absorb our population though it may not be cost effective.

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.

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.

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
USNS MERCY (T-AH-10)	46245	4
USS TARAWA (LHA-1)	20550	1
DET3 MCAW	31055	2
3RD MAW	31053	4
HQ FMF PAC	67025	3
3rd FSSG	67436	1
1st FSSG	67446	2
1st MARDIV	67448	6
NH GUAM	68096	7
NH YOKOSUKA	68292	3
NH OKINAWA	68470	3
FLEET HOSPITAL #6	68686	8
3rd FSSG ADVANCED	67436	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 68095 (NAVHOSP Bremerton) BUMED822 MAJ, 14Jun91

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]: _N/A_

[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	0	0	0
OUTPATIENT	N/A ***	N/A ***	N/A ***

*** FACILITY NOT ESTABLISHED!

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD ***	N/A	N/A	N/A	N/A	1	25.00
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	N/A	~~N/A~~	25.00

*** FACILITY NOT ESTABLISHED!

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

BUMED 822 mss, 14 Jun 94

[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	N/A	N/A	693,872
TOTAL OUTPATIENT	N/A	N/A	16,672
AVERAGE COST PER VISIT	N/A	N/A	41.61

NOTE: Ships due to arrive in area Sept 94 increasing the number of Outpatients by 25% or greater. (This increase is not reflected in the numbers reported.

47430

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 (MEPERS).

Category	FY 1992	FY 1993	FY 1994
Total Costs	N/A	N/A	1,293,872
Total Outpatient	N/A	N/A	
Average Cost Per Visit	N/A	N/A	

(See Table 14 on p. 30)

BUMED-822 mss, 14 Jun 94

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

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.

a. Military Housing

(1) Family Housing:

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

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

SUBMITTED VIA NAVAL STATION EVERETT UIC: 68967

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	INCREASE IN PERSONNELL
2	BOQ/VHA NOT ENOUGH TO COVER RENT AND UTILITIES
3	COST OF LIVING IN TH LOCAL COMMUNITY
4	TRAFFIC/COMMUTE
5	VALUE FOR THE AMOUNT ALLOTED TO THE MEMBER

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

100%

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

Type of Quarters	Utilization Rate
Adequate	99%
Substandard	0
Inadequate	0

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? NO

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	83 **
Substandard	0
Inadequate	0

** As per NAVPERS 67 waiver

(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?

a. Yes Large influx of poersonnel assigned for NAVSTA Everett

.

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

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

a. 32

(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.)	10	30	
Spouse Employment (non-military)	4	12	
Other	18	58	
TOTAL	32	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	71
Substandard	0
Inadequate	0

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

a. Yes, with the addition of the GB Officers. These figures are for permanent party only. Influx of Transient Personnel.

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

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

a. There are 4 Officer GN's in residence

(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.)	4	100	
Spouse Employment (non-military)	0	0	
Other	0	0	
TOTAL	4	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 FAMILY SUPPORT COMPLEX MARYSVILLE, WA DISTANCE 12 MILES

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	7	N/A
	Outdoor Bays	6	N/A
Arts/Crafts	SF	2781	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	1	COMBINED
Officer's Club	SF	1	COMBINED
Library	SF	2174	N/A
Library	Books	**NOTE:**	N/A
Theater	Seats	0	N/A
ITT	SF	0	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	0	N/A
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	5	N/A

NOTE: **Library Interior development is under design and will include childerns, reference, fiction, and non-fiction departments**

[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	0	N/A
Basketball CT (outdoor)	Each	5	N/A
Racquetball CT	Each	9	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	9,263	N/A
Fitness Center	SF	24,487	N/A
Marina	Berths	90	Y
Stables	Stalls	0	N/A
Softball Fld	Each	6	N/A
Football Fld	Each	3	N/A
Soccer Fld	Each	1	N/A
Youth Center	SF	0	N/A
OUTDOOR GEAR RENTAL	SF	7,051	

c. Is your library part of a regional interlibrary loan program?
NO

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	8	1060			0	0
6-12 Mos	8	1060			0	0
12-24 Mos	30	1725			0	0
24-36 Mos	28	4050			0	0
3-5 Yrs	72	3150			0	0

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

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

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.
NONE

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

(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).

a. FY95 MILCON Project will complete a 146 Child Development Center. Project is currently at the Planning and Estamating Stage.

(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	67200
Gas Station	SF	0
Auto Repair	SF	3334
Auto Parts Store	SF	1190
Commissary	SF	60000
Mini-Mart	SF	0
Package Store	SF	2280
Fast Food Restaurants	Each	3
Bank/Credit Union	Each	1
Family Service Center	SF	10,634
Laundromat	SF	325
Dry Cleaners	Each	2
ARC	PN	0
Chapel	PN	100
FSC Classrm/Auditorium	PN	200

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

City	Distance (Miles)
Everett, Wa	1
Seattle, Wa	26
Tacoma, Wa	45

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	$ 210.23	$ 117.62
E2	210.23	132.20
E3	204.67	150.81
E4	215.55	150.44
E5	249.00	174.51
E6	289.44	197.03
E7	334.95	232.98
E8	322.77	244.01
E9	323.29	245.42
W1	302.59	229.80
W2	338.13	265.20
W3	308.38	250.69
W4	315.28	279.54
O1E	309.36	229.47
O2E	283.36	225.92
O3E	306.74	259.51
O1	261.37	192.60
O2	274.77	214.76
O3	287.52	242.07
O4	302.39	262.96
O5	311.64	257.73
O6	285.74	236.51
O7	216.88	176.21

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	$ 425.00	$ 285.00	$ 70.00
Apartment (1-2 Bedroom)	600.00	400.00	85.00
Apartment (3+ Bedroom)	820.00	675.00	125.00
Single Family Home (3 Bedroom)	1,050.00	850.00	150.00
Single Family Home (4+ Bedroom)	1,200.00	950.00	160.00
Town House (2 Bedroom)	685.00	470.00	85.00
Town House (3+ Bedroom)	850.00	785.00	150.00
Condominium (2 Bedroom)	695.00	550.00	85.00
Condominium (3+ Bedroom)	750.00	800.00	150.00

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

Type Rental	Percent Occupancy Rate
Efficiency	97%
Apartment (1-2 Bedroom)	93%
Apartment (3+ Bedroom)	99%
Single Family Home (3 Bedroom)	99%
Single Family Home (4+ Bedroom)	99%
Town House (2 Bedroom)	93%
Town House (3+ Bedroom)	97%
Condominium (2 Bedroom)	95%
Condominium (3+ Bedroom)	99%

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	$ 168,000.00
Single Family Home (4+ Bedroom)	188,000.00
Town House (2 Bedroom)	112,000.00
Town House (3+ Bedroom)	126,000.00
Condominium (2 Bedroom)	103,000.00
Condominium (3+ Bedroom)	115,000.00

(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	263	96	10
February	278	68	8
March	281	64	8
April	286	73	5
May	293	74	5
June	301	76	5
July	309	71	7
August	292	78	7
September	269	68	7
October	256	65	4
November	284	71	3
December	241	61	5

(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
BM		5
PC		5
QM		10
OS		3
BM		3

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)
SEATLE, WA	35	30	40
EVERETT, WA	32	10	15
LYNNWOOD, WA	11	12	18
BOTHELL, WA	3	15	20
BREMERTON/KITSAP *** COUNTY	10	40	70

*** NOTE: ALL LOCATIONS COUNTED AS 1 POPULATION CENTER, TIME ESTIMATES INCLUDES 30 MIN FERRY CROSSING FROM KINGSTON TO EDMONDS. (FERRY CROSSING TO SEATTLE WILL INCREASE TIME +1 HOUR)

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
EVERETT SCHOOL DISTRICT #2	PUBL	K-12	Y	N/A	908	58%	DIST OFFICE
MARYSVILLE SCHOOL DISTRICT	PUBL	K-12	Y	N/A	910	62%	DIST OFFICE
MUKILTEO SHOOOL DISTRICT #6	PUBL	K-12	Y	N/A	N/A	N/A	DIST OFFICE
LAKE STEVENS SCHOOL DISTRICT	PUBL	K-12	Y	N/A	930	47%	DIST OFFICE

NOTE: PRIVATE AND PAROCHIOL SCHOOLS WERE REPORTED BY NAVAL STATION EVERETT UIC: 68967

(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.

NOTE: DATA REPORTED BY NAVAL STATION EVERETT UIC: 68967

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.

NOTE: DATA REPORTED BY NAVAL STATION EVERETT UIC:68967

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional		1	1	SEE NOTE
Manufacturing		2	1	
Clerical		1	1	
Service			1	
Other				

NOTE: UNTIL 1 OCT 92, THE FSC DID NOT HAVE A SPOUSE EMPLOYMENT ASSISTANCE PROGRAM; THEREFORE, STATISICS BEFORE THEN ARE NOT AVAILABLE. A FULL TIME SPOUSE EMPLOYMENT COORDINATOR WILL BE HIRED NLT 1 JUNE 94 AND WITH THE ARRIVAL OF HOMEPORTED SHIPS AT EVERETT THE SERVICE LEVELS WILL INCREASE.

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.

a. Active duty personnel have no difficulty with access to medical or dental care. The addition to this command Naval Hospital Bremerton, Naval Air Station Whidbey Island as well as Madigan Army Medical Center, Tacoma are accessible when necessary for complete medical services. There are 5 full service civilian hospitals in Snohomish County and all provide 24 hour emergency services for active duty members.

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.

Dependents will have access to the clinic on space available basis. Numerous doctors in the area accept CHAMPUS payments for services. For dental care there are numerous dentists in the area that accept the Delta Dental Plan .

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

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

Base Personnel - civilian			
Off Base Personnel - military		1	
Off Base Personnel - civilian	1		2

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)	8	13	14
Base Personnel - military	7	5	7
Base Personnel - civilian		1	3
Off Base Personnel - military		2	
Off Base Personnel - civilian	1	6	4
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)	5	31	53
Base Personnel - military	2	14	31
Base Personnel - civilian	3	15	22

Off Base Personnel - military		2	
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	10	18	
Base Personnel - military	7	11	
Base Personnel - civilian		3	
Off Base Personnel - military			
Off Base Personnel - civilian	9	20	
10. Wrongful Destruction (6U)	6	11	
Base Personnel - military		6	
Base Personnel - civilian	3	2	
Off Base Personnel - military		1	
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)		1	3
Base Personnel - military			1
Base Personnel - civilian		1	
Off Base Personnel - military			1
Off Base Personnel - civilian			1

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)	4	11	16
Base Personnel - military		2	6
Base Personnel - civilian	1	2	3
Off Base Personnel - military	1	3	5
Off Base Personnel - civilian	2	4	2
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)	3		
Base Personnel - military	3		
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)	1		
Base Personnel - military	1		
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)	24	33	37
Base Personnel - military	17	18	21
Base Personnel - civilian	4	10	10
Off Base Personnel - military	2	4	2
Off Base Personnel - civilian	1	1	4

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	1		
Base Personnel - military	1		
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)	1		
Base Personnel - military	1		1
Base Personnel - civilian			1
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. L. Mc Donald
NAME (Please type or print)

Signature

Commanding Officer
Title

20 May 1994
Date

Branch Medical Clinic Everett
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. 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

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

ACTING CHIEF BUMED
Title

BUREAU OF MEDICINE AND SURGERY
Activity

Signature

15 JUN 1994
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

06 JUL 1994

47430

Title _____

Date _____

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Everett NAVSTA
Unit Identification Code (UIC):	~~00000~~ 25962
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997	25831	Medical/Dental Clinic	MCON	7,500
		Sub - Total 1997		**7,500**
		Grand Total		**7,500**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

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

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Everett, WA
UIC:	47430
Host Activity Name (if response is for a tenant activity):	Naval Station Everett
Host Activity UIC:	68967

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, Everett, WA | **UIC:** 47430

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	19		19
2b. Transportation	7		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) *	26		26
2k. Sub-total 2a. through 2j:	52		52
3. Grand Total (sum of 1c. and 2k.):	54		54

DATA CALL 66
INSTALLATION RESOURCES

*

	Non-Lab	Lab
FN	23	
FD	3	—
	26	

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	54
MPN	
Total	54

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, Everett, WA		UIC: 47430	
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, Everett, WA	**UIC:** 47430
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	
Material and Supplies (including equipment):	468
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	174
Total:	642

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, Everett, WA	**UIC:** 47430
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):

1

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	

DATA CALL 66
INSTALLATION RESOURCES

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

7/14/95
Date

Naval Hospital [illegible]erton
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-19-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

04 AUG 1994

Date

ENCLOSURE(8)

Document Separator

308

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMED CL FRNCHCRK
CAMP LEJEUNE NC
ACTIVITY UIC: 46102

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The mission of the Naval Hospital, Camp Lejeune, NC, is as follows:

- Provide a comprehensive range of emergency, outpatient, and inpatient healthcare services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Ensure that all assigned military personnel are both aware of and properly trained for performance of their assigned contingency and wartime duties.

- Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provide as directed, healthcare services in support of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive healthcare services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicable directives.

- Conduct appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained.

- Participate as an integral element of the Navy and Tri-Service Regional Healthcare System.

- Cooperative with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

- The Total Quality "Lejeune" Mission Statement states: Beneficiaries are our focus; Our staff is our most important asset; and Healthcare is our business. We will use our clinical, educational, and management skills to provide appropriate and cost effective healthcare services.

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)
2d MARDIV		Camp Lejeune	17,591
2d FSSG		Camp Lejeune	7,541
Students		Camp Johnson	5,680
MCAS NR		MCAS	4,525
MCB		Camp Lejeune	3,629
II MEF		Camp Lejeune	3,303
Base Unit (Reservists)		Camp Lejeune	640
Veterinary USA		Camp Lejeune	18
PERSSUPACTDET		Camp Lejeune	14
2 MEB		Camp Lejeune	10

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	21,648	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	0	N/A	N/A
TOTAL ACTIVE DUTY	N/A	21,648		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	0	N/A	N/A
OTHER	N/A	0	N/A	N/A
TOTAL	N/A	21,648		N/A

What is your occupancy rate for FY 1994 to date? **NOT APPLICABLE.**

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	435,000	435,000	435,000	435,000	435,000	435,000	435,000
ADMISS.	8,500	8,500	8,500	8,500	8,500	8,500	8,500

Please show all assumptions and calculations in the space below:
Projected outpatient visits are based upon gaining an additional Marine Corps unit due to Base Realignment during FY95.

Disregard pg 6 - see pg 6R
SFCD BRMED-823
3 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	25,000	25,000	25,000	25,000	25,000	25,000	25,000
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:
Projected outpatient visits are based upon gaining an additional Marine Corps unit due to Base Realignment during FY95.

Replace Data Call 27 UIC 46102

6 R

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Services (EIA) (EIB) (EIC)	24,735	49
Patient Admin (EJA)	21,439	43
Patient Admin (EKA)	31,746	63
MID (EBC)	4,536	9
Directors (EBD)	18,750	37
Training & Education (EBF)	6,305	13
Material Management (EEA)	19,928	40
Custodial (EFB)		
Medical Repair (EGA)	5,306	11
Special (EBB)	16,055	32
Laundry (In house) (EGA)	2,173	4
Housekeeping (Contract) (EFB)	18,285	36
CHCS (EBC)	5,040	10

NOTE: (1) Time Spent/Qtr reflected in hours.
(2) Staff needed reflects on board.

Total for NH Camp Lejeune
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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
Not Applicable								

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

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Not Applicable			

[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.

Disregard pg 10 - see pg 10R
STW BCMED-823
3 Jun 94

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-10	Hospital	441,902	12	Adequate
710-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Adequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Treatment Plant	432	12	Adequate

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

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

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

DATA CALL 27

Page 10 for the following UIC's should be blank since Marine Corps Base, Camp Lejeune, NC maintains inventory records:

32580
32581
46097
46098
46099
46100
46101
[redacted]
46104
46105

10R

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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
P-721	Bachelor Enlisted Quarters	FY 87	2.1 MIL
C3-84	Indoor Playing Court	FY 88	190 K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

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

capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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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: NAVAL HOSPITAL, CAMP LEJEUNE, NC					
2. UIC N60893	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS: 11		
5. SIZE 238 Bed	A. GSF 494,828		B. NORMAL BEDS 166 Beds		C.DTRS 5
6. LOCATION U. S.	A. CITY 0735			B.STATE 37	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
(2) ADMINISTRATION	27	13		B12	
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B09	
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	80	20		C01 B01 B09	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				

(13) RADIOLOGY	100			
(14) SURGICAL SUITE	100			
(15) BUILDING				
(A) STRUCTURAL/SEISMIC	90	10		B12
(B) HVAC	80	20		C01
(C) PLUMBING	100			
(D) ELECTRICAL SVCS.	100			
(E) ELECTRICAL DISTRIBUTION	100			
(F) EMERGENCY POWER	100			

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

DATE OF SURVEY: June 1991

FULL ACCREDITATION: Yes

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

SCORE OF 93 AS OF JUNE 1991

NOTE: Most recent survey was 13, 16 & 17 May 1994; score not yet received.

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?

Excellent location for Active Duty and civilian beneficiaries because we are within close proximity to our clients served.

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

Included in the Marine Corps Base Data Call Package.

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.

Included in the Marine Corps Base Data Call Package.
Distance (in miles): _____

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

CRITICAL. We are the major supplier of manpower to the Marine Expeditionary Force.

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

Average time is within 25 minutes.

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

Our facility's location hinders the hiring of qualified professional personnel. We are isolated, we have low-salaries and substandard career progression.

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 impact would be as follows:

a) The Branch Clinics support the Active Duty population;
this includes operational support of unique military functions and elements of the Operational Forces.

b) The inpatient care requirements would exceed local capabilities.

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. Due to the rural location of our facility the primary and tertiary care available is extremely limited.

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

The local community would not be in a position to absorb the residual population; however, the regional community could handle the residual population.

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

Yes, assuming that the local community consists of distribution to local hospital including: Cherry Point, Onslow Memorial, Craven Regional Medical Center, Carteret General, New Hanover Memorial and Cape Fear 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
Fleet Hospital 20		33
USS Guam		1
USS Guadalcanal		3
2d MAR DIV		25
USS Inchon		5
USS Belleauwood		1
USS Wasp		1
Fleet Hospital 15		2
USNS Comfort		43
MAG 29		3
2d MAW		1
NAVHOSP GTMO		4
ASWBPL (MacGuire)		2
NAVHOSP NAPLES		22
HQ FMLANT		1
2d FSSG		17
Fleet Hospital #1		1
Fleet Hospital #2		3
Fleet Hospital #3		46
Fleet Hospital #4		14
Fleet Hospital #5		38
ASWBPL (Lackland)		1
7th MEB (CMD)		1
1st MARDIV (ADV)		1
1st FSSG (ADV)		11

Total for NH Camp Lejeune
STU BUMED-823
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NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

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

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

Number of "stubbed" expanded beds[1]: 238.

[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	2,806	2,405	1,472
OUTPATIENT	1,334	1,235	563

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	794	794,868	557	266,698	236	163,324
AD FAMILY	189	144,715	226	134,651	162	293,892
OTHER	299	391,579	218	298,432	145	293,772
TOTAL	1,282	1,331,162	1,001	699,781	543	750,988

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

[2] The total cost in thousands of dollars.

Tables represent total #'s for NH Camp Lejeune
GCU BUMED-823
6 Jun 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	$21,658,388	$23,361,200	$31,384,904
TOTAL OUTPATIENT VISITS	324,574	330,661	419,136
AVERAGE COST PER VISIT	$66.32	$70.65	$74.88

FY93 outpatient visits include, 323,795 clinical, 5,460 Occupational Health visits, and 1,404 other visits. (Obtained from Worldwide Outpatient Reporting System(WORS). FY94 outpatient visits are based on current capability.

Disregard pg 24 - see pg 24R
SPW BUMED-823
3 Jan 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	$ 1,606,005	$ 1,699,556	$ 1,834,560
TOTAL OUTPATIENT VISITS	24,216	24,056	24,500
AVERAGE COST PER VISIT	$66.32	$70.65	$74.88

Replace Data Call 27 UIC 46102

24R See BUMED-823
3 Jun 94

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

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	21,800,559	23,652,704	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	880,115	683,911	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	880,115	683,911	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	21,844,483	22,981,391	
F. % SELECTED E EXPENSES (D/E)[1]			

[1] Record as a decimal to 6 digits.

NOTE: FY 94 1ST Quarter Data is not available.

N/A

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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)			

NA

SECN BUMED-823
6 Jun 94

MCB Camp Lejeune will respond
EFW BCMGD-823
6 Jun 94

15. Quality of Life. **NOT APPLICABLE**

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. **NOT APPLICABLE**

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. **NOT APPLICABLE**

	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)?

NOT APPLICABLE

(g) Provide the utilization rate for family housing for FY 1993. **NOT APPLICABLE**

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? **NOT APPLICABLE**

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	
Inadequate	

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

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

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

$$.54 = 2(GB) \times 100 = \frac{200}{365}$$

(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.)	2		Separated from spouse.
Spouse Employment (non-military)			
Other			
TOTAL	2	100	

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

(3) **BOQ: NOT APPLICABLE**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION NAVAL HOSPITAL, CL Bldg NH 100 **DISTANCE** Five miles from main base (HADNOT POINT AREA)

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		N/A
	Outdoor Bays		N/A
Arts/Crafts	SF		N/A
Wood Hobby	SF		N/A
Bowling	Lanes		N/A
Enlisted Club	SF		N/A
Officer's Club	SF		N/A
Library	SF	2,296	N/A
Library	Books	7,300	N/A
Theater	Seats		N/A
ITT	SF		N/A
Museum/Memorial	SF		N/A
Pool (indoor)	Lanes		N/A
Pool (outdoor)	Lanes		N/A
Beach	LF		N/A
Swimming Ponds	Each		N/A
Tennis CT	Each		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	N/A	N/A
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	N/A	N/A
Fitness Center	SF		N
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	N/A	N/A
Football Fld	Each	N/A	N/A
Soccer Fld	Each	N/A	N/A
Youth Center	SF	N/A	N/A

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

d. <u>Base Family Support Facilities and Programs</u> NOT APPLICABLE

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

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

City	Distance (Miles)
Raliegh, NC	100 miles
Charlotte, NC	200 miles

f. Standard Rate VHA Data for Cost of Living:

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

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

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

(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? **INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL.**

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? **NOT APPLICABLE.**

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.

INFORMATION PROVIDED BY MARINE CORPS BASE DATA CALL

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.

NOT APPLICABLE.

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

NAME F. G. BARINA, JR., CAPT, MSC, USN

Signature

27 MAY 1994

Title Commanding Officer (Acting)

Date

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-6-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

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

Acting
Title _____ Date 10 Jun 1994

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, French Creek*
Acronym(s) used in correspondence	*BRMEDCL French Creek*
Commonly accepted short title(s)	*French Creek*

- Complete Mailing Address
  Naval Hospital
  Branch Medical Clinic
  Building 15
  P. O. Box 10100
  Marine Corps Base
  Camp Lejeune, NC 28547-0100

- PLAD - NAVHOSP CAMP LEJEUNE NC

- PRIMARY UIC: 46102 (Plant Account UIC for Plant Account Holders) Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No __X__ (check one)

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

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

- Yes ____ No __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: M67001
- Primary Host (as of 01 Oct 1995) UIC: M67001
- Primary Host (as of 01 Oct 2001) UIC: M67001

• 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
NA		

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

Name	UIC	Location	Host name	Host UIC
NA				

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.

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

- Same as UIC 68093
-

Projected Missions for FY 2001

- Same as UIC 68093
-

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

- Same as UIC 68093
-

Projected Unique Missions for FY 2001

- Same as UIC 68093
-

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

Operational name	UIC
NAVAL HOSPITAL, CAMP LEJEUNE, NC	68093

Funding Source	UIC

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

On Board Count as of 01 January 1994

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

Authorized Positions as of 30 September 1994

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

* This clinic is manned through a MOU with 2d Medical Battalion, Camp Lejeune

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			
• Duty Officer	Same as UIC 68093		

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
NA				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

- 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
NA					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

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.)
NA		

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.)

NA - Host command is responding to this item via their line of command (Headquarters Marine Corps, Washington, DC)

ACTIVITY ID 46102

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

Michael L. Cowan, CAPT, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

2 Feb 96
Date

Naval Hospital Camp Lejeune, NC
Activity

ACTIVITY ID 46102

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

Surgeon General/Chief BUMED
Title

Date 2/8/94

~~Bureau of Medicine and Surgery~~
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

8

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NH CAMP LEJEUNE 46102 BRMEDCL FRNCHCRK CLEJN NC

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	39904	39904	N/A	39904	39904	N/A
FAMILY OF AD	39818	39818	N/A	39818	39818	N/A
SUBTOTAL	79722	79722	N/A	79722	79722	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	11916	11916	N/A	17579	17579	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1617	1617	N/A	2297	2297	N/A
OTHER	1336	1336	N/A	1336	1336	N/A
TOTAL	94591	94591	N/A	100934	100934	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

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

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

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.
NOTE: IN PROCESS OF REVISING BED COUNT USING "ZERO" BASE REVIEW REQUIREMENT. RESPONSE DUE TO BUMED BY MID-JULY.

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	24056	N/A	N/A	24056
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]				213289
RADIOLOGY PROCEDURES (WEIGHTED)[1]				12671
PHARMACY UNITS (WEIGHTED)[1]				25959
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, MSI
3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	24056	N/A	N/A	24056
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]				213289
RADIOLOGY PROCEDURES (WEIGHTED)[1]				12671
PHARMACY UNITS (WEIGHTED)[1]				25959
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
3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	24056	N/A	N/A	24056
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]				213289
RADIOLOGY PROCEDURES (WEIGHTED)[1]				12671
PHARMACY UNITS (WEIGHTED)[1]				25959
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 MAS
3 Jun 94

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

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

[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.

BUMED-822, MSS
3 Jun 94

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]	522
SPECIALTY CARE[2]	537
PHYSICIAN EXTENDER[3]	697
TOTAL	1756

[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: 640,000

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

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Cherry Point	DHP	48 miles	1 hour	MOU MCAS MED SUPPORT
Onslow Memor	Hospital Auth	7 miles	15 minutes	OB(MOU), INTERHOSP TRAN
Craven	Hospital Auth	44 miles	1 hour	
Carteret Gen	County	38 miles	45 minutes	
New Hanover	Other	56 miles	75 minutes	

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

Cape Fear	Other	56 miles	75 minutes	
Pender	County	45 miles	1 hour	
Pitt Memorial		75 miles	90 minutes	MOU Family Practice, Interhospital Transfers, Social Work Residency, Graduate Nursing Baccalaureat Nursing Pgm, Physical Therapy Students

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]
Cherry Point	43	Yes	30.2	Unknown
Onslow Memorial	133	Yes	61.7	Unknown
Craven Regional	276	Yes	72.5	Unknown
Carteret General	117	Yes	71.8	Unknown
New Hanover	473	Yes	77.8	Unknown
Cape Fear	81	Yes	64.2	Unknown
Pender	66	No	N/A	Unknown
Pitt Memorial	609	Yes	84.2	Trauma Center, Graduate Medical School, Cardiology, Neonatal, Genetic Counseling

[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 (i.e.: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

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

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

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

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

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

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

NEGATIVE RESPONSE

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or position 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

NAME F. G. BARINA, JR., CAPT, MSC, USN

Signature

27 MAY 1994

Title Commanding Officer (Acting)

Date

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 8 JUNE 1994

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRMEDCL, French Creek, CamLej, NC
UIC:	46102
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE CAMP LEJEUNE NC HSO 8/18/94 B.N.
Host Activity UIC:	M67001

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: BRMEDCL, French Creek, MCB		UIC: 46102	
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: Included in UIC 46097	2		2
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)			
2k. Sub-total 2a. through 2j:	2		2
3. Grand Total (sum of 1c. and 2k.):	4		4

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)
NA	

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRMEDCL, French Creek, MCB		UIC: 46102	
Category NA	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: BRMEDCL, French Creek	**UIC:** 46102
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	
Material and Supplies (including equipment):	282
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	3
Total:	285

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: BRMEDCL, French Creek, MCB	**UIC:** 46102
Contract Type NA	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated:

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

F. G. BARINA, JR., CAPT MSC USN
NAME

Signature

COMMANDING OFFICER, ACTING
Title

7/13/94
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC 28547-0100
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

7-27-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

06 AUG 1991

Date

Document Separator

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DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**GREAT LAKES RTC**
Unit Identification Code (UIC):	**N0763A**
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	586T	MEDICAL CLINIC ADDITION	BRAC	4,047
1996	590T	MEDICAL CLINIC ADD'N	BRAC	3,218
1996	604T	DENTAL CLINIC	BRAC	9,595
		Sub-Total - 1996		**16,860**
		Grand Total		**16,860**

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

CDR, CEC, USN
Title

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

MD Thornton
Signature

9 Dec 94
Date

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

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

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

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

Signature

Title

12/7/94
Date

Document Separator

309

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRCL 1017 (UIC 45009)

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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6. Regional Population.....10
7. Regional Community Hospitals 11,12

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	~~38000~~	NOT	N/A	~~69000~~	NOT AVAILABLE	N/A
FAMILY OF AD	NOT AVAILABLE	AVAILABLE		NOT AVAILABLE		
SUBTOTAL						
RETIRED AND FAMILY MEMBERS UNDER 65						
RETIRED AND FAMILY MEMBERS OVER 65[4]						
OTHER						
TOTAL						

BUMED
MED-825
GSA
6/14/94

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

Branch Clinic 1017 supports recruits only. This population is not included in the RAPS system. The above numbers reflect programmed recruits which will be supported based on BRAC.

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	74,347	0	0	74,347
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	173,396	0	0	173,396
RADIOLOGY PROCEDURES (WEIGHTED)[1]	7,012	0	0	7,012
PHARMACY UNITS (WEIGHTED)[1]	83,641	0	0	83,641
OTHER (SPECIFY)	0	0	0	0

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	74,347			74,347
ADMISSIONS	0			0
LABORATORY TESTS (WEIGHTED)[1]	173,396			173,396
RADIOLOGY PROCEDURES (WEIGHTED)[1]	7,012			7,012
PHARMACY UNITS (WEIGHTED)[1]	83,641			83,641
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.

Branch Clinic 1017 is at maximum recruit processing given the square footage and layout of the current facility. A renovation project has been submitted, approved and funded which will accommodate a larger number of recruit personnel.

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	74,347	0	0	74,347
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	173,396	0	0	173,396
RADIOLOGY PROCEDURES (WEIGHTED)[1]	7,012	0	0	7,012
PHARMACY UNITS (WEIGHTED)[1]	83,641	0	0	83,641
OTHER (SPECIFY)	0	0	0	0

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

The mission of Branch Clinic 1017 is to provide medical support for recruits assigned to the Recruit Training Command, Great Lakes. The CHAMPUS catchment area workload has no impact on this Branch Clinic.

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

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

[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.

WHILE BRANCH CLINIC 1017 REPORTS THEIR WORKLOAD UNDER A UIC UNIQUE TO THAT FACILITY, THIS UIC IS NOT AUTHORIZED FOR PERSONNEL. ALL PERSONNEL SUPPORTING BRANCH CLINIC 1017 ARE ORDERED INTO BILLETS ASSIGNED TO NAVAL HOSPITAL 00211.

LOCATION

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

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

[1] 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.

THE MISSION OF BRANCH CLINIC 1017 IS TO PROVIDE MEDICAL SUPPORT FOR RECRUITS ASSIGNED TO THE RECRUIT TRAINING COMMAND, GREAT LAKES. THE CHAMPUS CATCHMENT AREA PROVIDERS HAVE NO IMPACT ON THIS CLINIC.

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: _____

REFER TO INFORMATION PROVIDED UNDER NAVAL HOSPITAL GREAT LAKES 00211

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]

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

REFER TO INFORMATION PROVIDED UNDER NAVAL HOSPITAL GREAT LAKES 00211

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]

[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.

REFER TO INFORMATION PROVIDED UNDER NAVAL HOSPITAL GREAT LAKES 00211

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	N/A	N/A						

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

REPORTED THROUGH NTC DATA CALL

(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	N/A	N/A	N/A

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

REPORTED THROUGH NTC DATA CALL

[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

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature 15 JUN 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRCL 1017
ACTIVITY UIC:45009

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

April 4, 1994

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

MISSION REQUIREMENTS

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

Branch Medical Clinics 1017 provides primary sick call services for recruits and the staff of Recruit Training Command, Naval Brig, PSD 1405, CBU-401, and Branch Medical and Dental Clinics 1017 and 1523. Services include podiatry, GYN services, oveseas screening, mental health evaluations, brig physicals, and regular and special (nuclear/aviation/diving/submarine) physical examinations.

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)

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

Branch Clinic 1017 services the recruits assigned to Recruit Training Command, Great Lakes.

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	118,655	NA	NA
ACTIVE DUTY NON N/MC	NA	0	NA	NA
TOTAL ACTIVE DUTY	NA	118,655		NA
FAMILY OF AD	NA	0	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	0	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	0	NA	NA
OTHER	NA	0	NA	NA
TOTAL	NA	118,655		NA

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	174,190	174,190	174,190	174,190	174,190	174,190	174,190
ADMISS.	NA	NA	NA	NA	NA	NA	NA

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
NA		

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								

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DEPARTMENT OF THE NAVY
9949
COPIER

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

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

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

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):

INFORMATION REPORTED UNDER UIC:00211 -NAVAL HOSPITAL

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

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

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

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

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

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

INFORMATION REPORTED UNDER UIC: 00211

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

INFORMATION REPORTED UNDER UIC: 00211

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.

INFORMATION REPORTED UNDER UIC: 00211

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 56
1. FACILITY NAME BRANCH CLINIC, RTC Building 1017				
2. UIC N00211	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 52,489	B. NORMAL BEDS N/A		C.DTRS 45
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	90	10		A12	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01,C01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

LOCATION:

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

a. What is the importance of your location relative to the clients supported? **Branch Clinic 1017 is located within walking distance of all Recruit Training Command components.**

b. What are the nearest air, rail, sea and ground transportation nodes? **N/A**

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

Distance (in miles): **N/A**

d. What is the importance of your location given your mobilization requirements? **N/A**

e. On the average, how long does it take your current clients/customers to reach your facility? **5-10 minutes.**

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? **NO.**

FEATURES AND CAPABILITIES - 1017

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.

Response: The Naval Hospital supports Branch Clinics located at the Recruit Training Center and Naval Training Center. These Branch Clinics provide primary health care for all recruits, Service School Command students, and staff. If the facility were closed, the local community could readily absorb the additional patient load in the form of dependents, retirees and dependents of retirees. However, health care issues specific to the active duty personnel would be difficult to manage, especially in terms of returning the service members to duty, medical boards, etc.

1017

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.

Response: Yes. However, if no change to the beneficiary population includes the active duty personnel. Problems identified in the preceding response would exist. Bottom line - there are enough civilian providers and hospitals in the area to handle any additional patient load. There are no provisions to manage active duty patients from an administrative aspect.

1017

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.

Response: Yes. Naval Hospital Great Lakes and Branch Clinics are located in a corridor between Chicago and Milwaukee. This area has an extraordinary abundance of providers and treatments facilities. As other documentation demonstrates, there are over 25,000 providers of all medical specialties located within the catchment area. Additionally there are over 100 hospitals (5 teaching) in the catchment area.

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

Response: Branch Clinic 1017 has no inpatient capabilities.

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:

REPORTED UNDER UIC: 00211

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

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. (See 00211) BUMED-822 MSS, 14 Jun 94

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

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

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

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

NOT APPLICABLE

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

ALL SUPPLEMENTAL COSTS REPORTED UNDER UIC: 00211

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).

All workload from Branch Clinic 1017 is rolled-up to the Naval Hospital Great Lakes (UIC 00211) and is reported within that monthly MEPRS. Please see the cost documentation submitted within that package.

(14a. N/A for BRCLINIC)

BUMED-822, MSJ
14 Jun 94

15. Quality of Life. ALL QUALITY OF LIFE ISSUES REPORTED THROUGH NAVAL TRAINING CENTER, GREAT LAKES DATA CALL.

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

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

29 JUN 1994
Date

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

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

Document Separator

45009

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Branch Clinic 1017*
Acronym(s) used in correspondence	*Naval Branch Clinic 1017*
Commonly accepted short title(s)	*Branch Clinic 1017*

- Complete Mailing Address
Naval Branch Clinic 1017
Great Lakes, IL 60088

- PLAD N/A

- PRIMARY UIC: 45009 (Plant Account UIC for Plant Account Holders)
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

45009

- Yes _____ No X_____ (check one)

45009

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: 00128

• Primary Host (as of 01 Oct 1995) UIC: 00128

• Primary Host (as of 01 Oct 2001) UIC: 00128

• 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.

The BRAC-93 decision consolidated all recruit training at Great Lakes. Additionally, many "A" and "C" Service Schools were also consolidated at Great Lakes. The migration of staff, dependents, students and recruits continues to increase medical workload as forcasted. Projected workloads through FY97 were used in determing medical manpower requirements.
These requirements are currently being addrssed through BUMED and BUPERS by Special Navy Manning Plans as an interim measure to final billet redistribution. Projected workloads were alsoused in determining requirements for three MILCONS: Branch Clinics 1017 and 1523 (RTC), and Branch Clinic 237 (NTC).

45009

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 Staff and Recruit Sickcall
- Conduct Staff Periodic Physical Exams
- Conduct Special Physical Exams for personnel selected for aviation, diving and nuclear programs
- Gyn Medical Care for female staff and recruits
- Provide Male and Female Wellness Training
- Conduct medical review of PRT questionaires

Projected Missions for FY 2001

- Provide medical support for Navy's sole Recruit Training Command
-
-
-
-

45009

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

- Establishing Musculoskeletal and Gyn Clinics
-
-

Projected Unique Missions for FY 2001

- Provide medical support for sole Navy Recruit Training Command
-
-

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

- Operational name — UIC

Naval Hospital, Great Lakes, IL — 00211

- Funding Source — UIC

Naval Hospital, Great Lakes, IL — 00211

45009

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	10	51	10
• Tenants (total)	00	00	00

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~35~~ MSD. 0	~~131~~ MSD. 0	~~19~~ MSD. 0
• Tenants (total)	00	00	00

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

Title/Name	Office	Fax	Home
• CO/OIC			
CDR Patricia Steining	DSN: 792-4982	DSN: 792-2751	
• Duty Officer			[N/A]
• CDR Jon D. Bayer	DSN: 792-2616	DSN: 792-2402	
• CDR Lawrence J. Giron	DSN: 792-3578	DSN: 792-2402	

45009

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					

45009

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

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

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

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

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

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

45009

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

- Installation maps and aerial photos for Branch Medical Clinics submitted with the main Naval Hospital data call package.

45009

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

C. R. DE KREY

Signature

Commanding Officer

Date 2/17/94

Naval Hospital, Great Lakes, IL

45009

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print)

X R I Ridenour

Signature

ACTING CHIEF BUMED

Title

23 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)

S. F. Loftus
Vice Admiral, U.S. Navy
Deputy Chief of Naval
Operations (Logistics)

NAME (Please type or print)

Signature

Title

3-11-94

Date

Document Separator

311

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRCL 237 (UIC 32579)

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

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

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MISSION REQUIREMENTS

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

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

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

Catchment area population is reported under UIC 00211. However, the primary mission of the Branch Clinic 237 is to support the Service Schools Command. These student numbers are not included in RAPS.

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	54,650	980	1,000	56,630
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]				196,623
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,263
PHARMACY UNITS (WEIGHTED)[1]				39,453
OTHER (SPECIFY)	NA	NA	NA	NA

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

The source of the above data is the Worldwide Outpatient Reporting System (WORS) and Statistical Assignment Sets 002 and 003 of the DOD Medical Expense and Performance Reporting System (MEPRS), neither of which collects ancillary data by beneficiary status.

BUMED-822
MSS, 14 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	54,650	980	1,000	56,630
ADMISSIONS	N/A	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]				196,623
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,263
PHARMACY UNITS (WEIGHTED)[1]				39,453
OTHER (SPECIFY)				NA

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

Branch Clinic 237 is at maximum student processing given the square footage and layout of the physical facility.

BUMED-822
MSS, 14 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	54,650	980	1,000	56,630
ADMISSIONS	N/A	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]				196,623
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,263
PHARMACY UNITS (WEIGHTED)[1]				39,453
OTHER (SPECIFY)				NA

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

The mission of Branch Clinic 237 is to provide medical support for students assigned to the Service Schools Command, Great Lakes. The CHAMPUS catchment area workload has no impact on this Branch Clinic.

BUMED 822
MSL, 14 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]								
SPECIALTY CARE[2]								
PHYSICIAN EXTENDERS[3]								
INDEPENDENT DUTY CORPSMEN								
TOTAL								

[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.

While Branch Clinic 237 reports their workload under a UIC unique to that facility, the UIC is not authorized for personnel assignments. All personnel supporting Branch Clinic 237 are ordered into billets assigned to Naval Hospital 00211.

LOCATION

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

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

[1] 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.

The mission of Branch Clinic 237 is to provide medical support for students assigned to the Service School Command, Great Lakes. The CHAMPUS catchment area providers have no impact on this Branch Clinic.

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: _____

See information reported under Naval Hospital Great Lakes 00211

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]

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

See information reported under Naval Hospital Great Lakes 00211

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]

[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.

See information reported under Naval Hospital Great Lakes 00211

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	N/A	N/A						

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

REPORTED THROUGH NTC DATA CALL

(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	N/A	N/A	N/A

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

REPORTED THROUGH NTC DATA CALL

[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

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

32579

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Branch Clinic 237*
Acronym(s) used in correspondence	*Naval Branch Clinic 237*
Commonly accepted short title(s)	*Branch Clinic 237*

- Complete Mailing Address
Naval Branch Clinic 237
Great Lakes, IL 60088

- PLAD N/A

- PRIMARY UIC: 32579 (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: _____

325 17

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X_____ (check one)

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

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

  - Yes ____ No X (check one)

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

  - Yes X No ____ (check one)
  - Primary Host (current) UIC: 00128
  - Primary Host (as of 01 Oct 1995) UIC: 00128
  - Primary Host (as of 01 Oct 2001) UIC: 00128

- 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.

The BRAC-93 decision consolidated all recruit training at Great Lakes. Additionally, many "A" and "C" Service Schools were also consolidated at Great Lakes. The migration of staff, dependents, students and recruits continues to increase medical workload as forcasted. Projected workloads through FY97 were used in determing medical manpower requirements.
These requirements are currently being addrssed through BUMED and BUPERS by Special Navy Manning Plans as an interim measure to final billet redistribution. Projected workloads were alsoused in determining requirements for three MILCONS: Branch Clinics 1017 and 1523 (RTC), and Branch Clinic 237 (NTC).

32579

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 NTC and SSC Ambulatory Health Care
- Conduct Staff Periodic Physical Exams
- Conduct Special Physical Exams for personnel selected for aviation, diving and nuclear programs
- Provide Occupational Health and Preventive Medicine Support for all line commands at this base and all remote clinic and government facilities covering a 9 state area
- Provide Male and Female Wellness Training
- Conduct medical review of PRT questionaires

Projected Missions for FY 2001

- Provide medical support for Navy's sole Naval Training Center
-
-
-
-

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

-
-
-

Projected Unique Missions for FY 2001

- Provide medical support for sole Naval Training Center
-
-

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

Operational name	UIC
Naval Hospital, Great Lakes, IL	00211

Funding Source	UIC
Naval Hospital, Great Lakes, IL	00211

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	54	25
• Tenants (total)	00	00	00

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~20~~ mss 0	~~67~~ mss. 0	~~29~~ mss. 0
• Tenants (total)	00	00	00

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

Title/Name	Office	Fax	Home
• CO/OIC			
CDR Larry Linderman	DSN: 792-2469	DSN: 792-2512	
• Duty Officer			[N/A]
• CDR Jon D. Bayer	DSN: 792-2616	DSN: 792-2402	
• CDR Lawrence J. Giron	DSN: 792-3578	DSN: 792-2402	

32579

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					

32579

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

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

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

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

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

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

32579

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

- Installation maps and aerial photos for Branch Medical Clinics submitted with the main Naval Hospital data call package.

32579

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

C. R. DE KREY

Signature

Commanding Officer

Date 2/17/94

Naval Hospital, Great Lakes, IL

32579

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

23 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)

S. F. Loftus
Vice Admiral, U.S. Navy
NAME (Please type or print)

Signature

Deputy Chief of Naval Operations (Logistics)
Title

3-11-94
Date

Document Separator

311

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRCL 237
ACTIVITY UIC:32579

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

April 4, 1994

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

MISSION REQUIREMENTS

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

Branch Medical Clinics 237 provides primary sick call services for Naval Training Center staff and Service School Command staff and students. Services include gynecology, eye examinations, sight conservation support, mental health evaluations, physical examinations, audiology testing.

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)

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

BRANCH CLINIC 237 SUPPORTS THE SAME CUSTOMERS AS REPORTED BY THE NAVAL HOSPITAL GREAT LAKES (00211)

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	47,055	NA	NA
ACTIVE DUTY NON N/MC	NA	9,378	NA	NA
TOTAL ACTIVE DUTY	NA	56,433		NA
FAMILY OF AD	NA	788	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	638	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	0	NA	NA
OTHER	NA	0	NA	NA
TOTAL	NA	57,859		NA

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	57,177	77,192	85,218	85,743	85,945	85,945	85,945
ADMISS.	NA	NA	NA	NA	NA	NA	NA

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
NA		

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								

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DEPARTMENT OF THE NAVY
9949
COPIER

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

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

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

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):

INFORMATION REPORTED UNDER UIC:00211 -NAVAL HOSPITAL

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

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

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

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

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

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

INFORMATION REPORTED UNDER UIC: 00211

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

INFORMATION REPORTED UNDER UIC: 00211

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.

INFORMATION REPORTED UNDER UIC: 00211

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 56
1. FACILITY NAME BRANCH CLINIC Building 237					
2. UIC N00211	3. CATEGORY CODE 55010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 52,489		B. NORMAL BEDS N/A		C.DTRS 35
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(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 DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

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

DATE OF SURVEY: **8/91**

FULL ACCREDITATION: **Yes**

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

LOCATION:

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

a. What is the importance of your location relative to the clients supported? **Branch Clinic 237 is located within walking distance of Service School Command. Additionally it is strategicly located to serve the Naval Training Center personnel**

b. What are the nearest air, rail, sea and ground transportation nodes? **N/A**

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

Distance (in miles): **N/A**

d. What is the importance of your location given your mobilization requirements? **N/A**

e. On the average, how long does it take your current clients/customers to reach your facility? **5-10 minutes.**

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? **NO.**

FEATURES AND CAPABILITIES - 237

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.

Response: The Naval Hospital supports Branch Clinics located at the Recruit Training Center and Naval Training Center. These Branch Clinics provide primary health care for all recruits, Service School Command students, and staff. If the facility were closed, the local community could readily absorb the additional patient load in the form of dependents, retirees and dependents of retirees. However, health care issues specific to the active duty personnel would be difficult to manage, especially in terms of returning the service members to duty, medical boards, etc.

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.

Response: Yes. However, if no change to the beneficiary population includes the active duty personnel. Problems identified in the preceding response would exist. Bottom line - there are enough civilian providers and hospitals in the area to handle any additional patient load. There are no provisions to manage active duty patients from an administrative aspect.

237

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.

Response: Yes. Naval Hospital Great Lakes and Branch Clinics are located in a corridor between Chicago and Milwaukee. This area has an extraordinary abundance of providers and treatments facilities. As other documentation demonstrates, there are over 25,000 providers of all medical specialties located within the catchment area. Additionally there are over 100 hospitals (5 teaching) in the catchment area.

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

Response: Branch Clinic 237 has no inpatient capabilities.

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:

REPORTED UNDER UIC: 00211

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

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

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

(see 00211) BUMED-822 mrs, 14 Jun 94

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

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

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

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

NOT APPLICABLE

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

ALL SUPPLEMENTAL COSTS REPORTED UNDER UIC: 00211

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).

All workload from Branch Clinic 237 is rolled-up to the Naval Hospital Great Lakes (UIC 00211) and is reported within that monthly MEPRS. Please see the cost documentation submitted within that package.

(14a. N/A for BRCLINIC)

BUMED-822, MJS
14 Jun 99

15. Quality of Life. ALL QUALITY OF LIFE ISSUES REPORTED THROUGH NAVAL TRAINING CENTER, GREAT LAKES DATA CALL.

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

C. R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

29 JUN 1994
Date

Document Separator

45943

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Branch Clinic 1523*
Acronym(s) used in correspondence	*Naval Branch Clinic 1523*
Commonly accepted short title(s)	*Branch Clinic 1523*

- Complete Mailing Address
Naval Branch Clinic 1523
Great Lakes, IL 60088

- PLAD N/A

- PRIMARY UIC: 45943 (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: _____

45943

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X_____ (check one)

45943

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: 00128
- Primary Host (as of 01 Oct 1995) UIC: 00128
- Primary Host (as of 01 Oct 2001) UIC: 00128

• 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		

45943

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.

The BRAC-93 decision consolidated all recruit training at Great Lakes. Additionally, many "A" and "C" Service Schools were also consolidated at Great Lakes. The migration of staff, dependents, students and recruits continues to increase medical workload as forcasted. Projected workloads through FY97 were used in determing medical manpower requirements.
These requirements are currently being addrssed through BUMED and BUPERS by Special Navy Manning Plans as an interim measure to final billet redistribution. Projected workloads were alsoused in determining requirements for three MILCONS: Branch Clinics 1017 and 1523 (RTC), and Branch Clinic 237 (NTC).

415943

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

- Male Recruit Inprocessing
- Female Recruit Inprocessing (7/94)
- DNA testing of all personnel during medical inprocessing
- Provide Male and Female Wellness Training
- Conduct medical review of PRT questionaires
- Administrative review of MEPS physicals for potential disqualifying defects

Projected Missions for FY 2001

- Provide medical inprocessing for Navy's sole Recruit Training Command
-
-
-
-

45143

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

- Establishing Female Recruit Wellness Clinic
- Administration of 7 immunizations during medical inprocessing
- DNA testing on all recruits during medical inprocessing

Projected Unique Missions for FY 2001

- Provide medical support for sole Naval Training Center
-
-

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

Operational name	UIC
Naval Hospital, Great Lakes, IL	00211

Funding Source	UIC
Naval Hospital, Great Lakes, IL	00211

45943

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 subsequentlyin this Data Call (see Tenant Activitylist). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	2	30	01
• Tenants (total)	00	00	00

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~8~~ 0 mDD	~~58~~ 0 mDD	~~02~~ 0 mDD
• Tenants (total)	00	00	00

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

Title/Name	Office	Fax	Home
• CO/OIC			
LT Dale Barrette	DSN: 792-4909	DSN: 792-3729	
• Duty Officer			[N/A]
• CDR Jon D. Bayer	DSN: 792-2616	DSN: 792-2402	
• CDR Lawrence J. Giron	DSN: 792-3578	DSN: 792-2402	

45943

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					

45943

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

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

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

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

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

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

45943

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

- Installation maps and aerial photos for Branch Medical Clinics submitted with the main Naval Hospital data call package.

45943

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

C. R. DE KREY

Commanding Officer

Naval Hospital, Great Lakes, IL

Signature

2/17/95

Date

459413

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

28 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)

S. F. Loftus
Vice Admiral, U.S. Navy
NAME (Please type or print)

Signature

Deputy Chief of Naval
Operations (Logistics)
Title

3-11-94
Date

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRCL 1523
ACTIVITY UIC:45943

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

April 4, 1994

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

MISSION REQUIREMENTS

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

Branch Medical Clinics 1523 (including 1400W Annex) provides initial screening examinations of newly arriving recruits to ensure they are physically qualified to begin recruit training. Recruit medical inprocessing includes verification of the MEPS physical examination, medical screening, immunizations, blood drawing, which includes a specimen for the DNA program, audiology testing and vision screening. Additionally it provides initial GYN screening, PAP smear, and wellness training for all new male and female recruits.

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)

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

BRANCH CLINIC 1523 SERVICES ALL RECRUITS ASSIGNED TO THE RECRUIT TRAINING COMMAND.

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	90,571	NA	NA
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	NA	90,571		NA
FAMILY OF AD	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	NA	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	NA	NA	NA	NA
TOTAL	NA	90,571		NA

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	132,962	132,962	132,962	132,962	132,962	132,962	132,962
ADMISS.	NA	NA	NA	NA	NA	NA	NA

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
NA		

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								

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DEPARTMENT OF THE NAVY
9949
COPIER

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

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

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

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):

INFORMATION REPORTED UNDER UIC:00211 -NAVAL HOSPITAL

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

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

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

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

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

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

INFORMATION REPORTED UNDER UIC: 00211

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

INFORMATION REPORTED UNDER UIC: 00211

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.

INFORMATION REPORTED UNDER UIC: 00211

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 56
1. FACILITY NAME MEDICAL/DENTAL INPROCESSING CLINICS Building 1523				
2. UIC N00210	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 31,460	B. NORMAL BEDS N/A		C.DTRS 16
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

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	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

LOCATION:

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

a. What is the importance of your location relative to the clients supported? **Branch Clinic 1523 is located within walking distance of all Recruit Training Command components. This location is important to the timely in-processing of all recruits.**

b. What are the nearest air, rail, sea and ground transportation nodes? **N/A**

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

Distance (in miles): **N/A**

d. What is the importance of your location given your mobilization requirements? **N/A**

e. On the average, how long does it take your current clients/customers to reach your facility? **5-10 minutes.**

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? **NO.**

FEATURES AND CAPABILITIES - 1523

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.

Response: The Naval Hospital supports Branch Clinics located at the Recruit Training Center and Naval Training Center. These Branch Clinics provide primary health care for all recruits, Service School Command students, and staff. If the facility were closed, the local community could readily absorb the additional patient load in the form of dependents, retirees and dependents of retirees. However, health care issues specific to the active duty personnel would be difficult to manage, especially in terms of returning the service members to duty, medical boards, etc.

1523

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.

Response: Yes. However, if no change to the beneficiary population includes the active duty personnel. Problems identified in the preceding response would exist. Bottom line - there are enough civilian providers and hospitals in the area to handle any additional patient load. There are no provisions to manage active duty patients from an administrative aspect.

1523

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.

Response: Yes. Naval Hospital Great Lakes and Branch Clinics are located in a corridor between Chicago and Milwaukee. This area has an extraordinary abundance of providers and treatments facilities. As other documentation demonstrates, there are over 25,000 providers of all medical specialties located within the catchment area. Additionally there are over 100 hospitals (5 teaching) in the catchment area.

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

Response: Branch Clinic 1523 has no inpatient capabilities.

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:

REPORTED UNDER UIC: 00211

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

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. (see 00211) BUMED-822 mvd, 14 Jun 94

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

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

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

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

NOT APPLICABLE

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

ALL SUPPLEMENTAL COSTS REPORTED UNDER UIC: 00211

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).

All workload from Branch Clinic 1523 is rolled-up to the Naval Hospital Great Lakes (UIC 00211) and is reported within that monthly MEPRS. Please see the cost documentation submitted within that package.

(14a. N/A for BRCLINIC)

BUMED-822
MSS, 14 Jun 99

15. Quality of Life. ALL QUALITY OF LIFE ISSUES REPORTED THROUGH NAVAL TRAINING CENTER, GREAT LAKES DATA CALL.

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

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

29 JUN 1994
Date

310

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRCL 1523 (UIC 45943)

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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not avail.

BUMED-822
mss, 14 Jun '99

not avail.

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	38000	not avail.	N/A	69000	not avail.	N/A
FAMILY OF AD	0			0		
SUBTOTAL	38000			69000		
RETIRED AND FAMILY MEMBERS UNDER 65	0			0		
RETIRED AND FAMILY MEMBERS OVER 65[4]	0			0		
OTHER	0			0		
TOTAL	38,000			69,000		

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.

BUMED-822
mss, 14 Jun 99

[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.

Branch Clinic 1523 supports recruits only. This population is not included in the RAPS system. The above numbers reflect programmed recruits which will be supported based on BRAC.

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	32,703	176	113	32,992
ADMISSIONS	N/A	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]				351,096
RADIOLOGY PROCEDURES (WEIGHTED)[1]				NA
PHARMACY UNITS (WEIGHTED)[1]				NA
OTHER (SPECIFY)				NA

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

The source for the above data is the Worldwide Outpatient Reporting System (WORS) and Statistical Assignment Sets 002 and 003 of the DOD Medical Expense and Performance Reporting System, neither of which collects ancillary data by beneficiary status.

BUMED822
MSI, 14 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	32,703	176	113	32,992
ADMISSIONS	N/A	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]				351,096
RADIOLOGY PROCEDURES (WEIGHTED)[1]				NA
PHARMACY UNITS (WEIGHTED)[1]				NA
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.

Branch Clinic 1523 is at maximum recruit processing given the square footage and layout of the current facility.

BUMED-822
MSS, 14 Jan 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	32,703	176	113	32,992
ADMISSIONS	N/A	N/A	N/A	NA
LABORATORY TESTS (WEIGHTED)[1]				351,096
RADIOLOGY PROCEDURES (WEIGHTED)[1]				NA
PHARMACY UNITS (WEIGHTED)[1]				NA
OTHER (SPECIFY)				NA
				NA

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

The mission of Branch Clinic 1523 is to provide medical support for recruits assigned to the Recruit Training Command, Great Lakes. The CHAMPUS catchment area workload has no impact on this Branch Clinic.

BUMED-822
MSL, 19 Jun 99

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

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

[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.

While Branch Clinic 1523 reports their workload under a UIC unique to that facility, the UIC is not authorized for personnel assignments. All personnel supporting Branch Clinic 1523 are ordered into billets assigned to Naval Hospital 00211.

LOCATION

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

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

[1] 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.

The mission of Branch Clinic 1523 is to provide medical support for recruits assigned to the Recruit Training Command, Great Lakes. The CHAMPUS catchment area providers have no impact on this clinic.

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: _____

Refer to Naval Hospital Great Lakes 00211

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]

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

Refer to information submitted for Naval Hospital Great Lakes 00211

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]

[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.

Refer to Naval Hospital Great Lakes 00211

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	N/A	N/A						

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

REPORTED THROUGH NTC DATA CALL

(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	N/A	N/A	N/A

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

REPORTED THROUGH NTC DATA CALL

[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

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature 15 JUN 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow the example 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, Gulfport, MS*
Acronym(s) used in Correspondence	*Branch Medical Clinic*
Commonly accepted short title(s)	*BRMEDCL, CBC, GULFPORT, MS*

- Complete Mailing Address:

Officer in Charge
Branch Medical Clinic
5501 Marvin Shields Blvd
Gulfport, MS 39501-5007

- PLAD:

BRMEDCLINIC CBC GULFPORT MS

- PRIMARY UIC: *39375* (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): Refer to questions # 3 and 9. PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No ___✓___ (check one)

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

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

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

- Yes____No __✓__(check one)

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

- Yes__✓__No ____(check one)
- Primary Host (current) UIC: 62604
- Primary Host (as of 01 Oct 1995) UIC: 62604
- Primary Host (as of 01 Oct 2001) UIC: 62604

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

- Yes____No __✓__(check one)

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

Name	Location	UIC
N/A		

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

NO

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

Current Missions

- *Provide ambulatory and emergency care to active duty and reserves as well as any other beneficiaries on a space available basis.*
- *Provide medical training for Naval Construction Battalion Center, assigned battalions and civilian community as required.*
- *Perform physical exams on active duty and reserve personnel.*
- *Provide medical liaison for Keesler Air Force Base Medical Center and Navy Technical Training Unit Detachment.*
- *Provide medical support to Stennis Space Center.*

Projected Missions for FY 2001

- *Same as current mission.*

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

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

- *Provide Navy Liaison for Keesler Air Force Base Medical Center.*
- *Provide Medical Intelligence to Second Naval Construction Brigade.*
- *Provide Preventive Medicine Support to Stennis Space Center and Naval Station Pascagoula*

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
Naval Hospital Pensacola	*00203*

• Funding Source	UIC
Naval Hospital Pensacola	*00203*

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.)

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	*4*	*19*	*12*
• Contract			*0**
• Tenants (total)	*N/A*	*N/A*	*N/A*

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~4~~ 5 SKW	*20*	~~12~~ 4 SKW
• Contract			*0**
• Tenants (total)	*N/A*	*N/A*	*N/A*

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

Title/Name	Office	Fax	Home
• *Officer in Charge*	*DSN: 868-2811*	*868-2135*	
CDR D. R. SCARBOROUGH, MSC, USN	*COMM: (601)871-2811*	*(601)871-2811*	*(601)832-5834*

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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.

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Keesler Air Force Base	*Biloxi, MS*	*Navy Liaison*
Stennis Space Center	*Bay St Louis, MS*	*Medical Support per mission.*
20th Naval Construction Regiment	*Gulfport, MS*	*Medical Support for training evolutions.*

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.

* The above information will be provided by the host activity, CB CEN GULFPORT UIC 62604.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

D. R. SCARBOROUGH
NAME (Please type or print)

D. R. Scarborough
Signature

Officer in Charge
Title

2 FEB 94
Date

Branch Medical CLinic, Gulfport, MS
activity

BRAC-95 DC 1/BRMEDCLINIC, CBC GULFPORT, MS/39375

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. LOCKHART
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

940208
Date

NAVAL HOSPITAL, PENSACOLA, FL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

11 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

ACTING
Title

Signature

16 FEB 1994
Date

Document Separator

312

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, Naval Construction Battalion Center, Gulfport, Mississippi (UIC: 39375)

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 1999 (RAPS doesn't project beyond this year.)		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	9648	3705	N/A	8654	3334	N/A
FAMILY OF AD	15724	5299	N/A	14095	4761	N/A
SUBTOTAL	25372	9004	N/A	22749	8095	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	13818	4546	N/A	13475	4428	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	3686	1479	N/A	4659	1882	N/A
OTHER (includes Survivors,med elg NG, RES and their dependents	2872	1117	N/A	3164	1179	N/A
TOTAL	45748	16146	N/A	44047	15584	N/A

Source: RAPS POPULATION PROJECTION REPORT FY93 AND FY 99 BASED UPON FY92 BASELINE

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. (additive: PROJECTION DOES NOT INCLUDE BRAC CHANGES)
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

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

Operating Beds[1]:	__N/A_____
Set Up Beds[1]:	__N/A_____
Expanded Bed Capacity[2]:	__N/A_____

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	15,193	6,707	4481/771	27,152
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] (See note)				140,543
RADIOLOGY PROCEDURES (WEIGHTED)[1] (see note)				4,924
PHARMACY UNITS (WEIGHTED)[1] (See note)				41,427
OTHER (SPECIFY) (See note				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: Laboratory, Radiology and Pharmacy do not report work by beneficiary group.

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.**

Projected outpatient visits distributed among beneficiary groups in same proportion as reported in FY'93 workload. Distribution of workload for Laboratory, Radiology and Pharmacy not retrievable.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	15199	6709	5253	27161
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]				241,503
RADIOLOGY PROCEDURES (WEIGHTED)[1]				23,064
PHARMACY UNITS (WEIGHTED)[1]				58,073
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

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

Assumptions: Equipment, space and supplies are adequate to support full capacity.

Methodology: **OUTPATIENT VISITS AND PHARMACY UNITS** - Full capacity workload projection developed through regressive analysis of Joint Healthcare Manpower Standards (JHMS) using upper breakpoint limit of .49 for staffing.

LABORATORY TESTS - No known standard exists to determine maximum capacity for Laboratory Test. To project annual weighted laboratory tests, locally developed formula took the assigned billets/positions plus upper limit of .49 multiplied by the MAF (145.136) less 7% allowance for Personal, Fatigue and Delay time (per College of American Pathology) converted to minutes and then multiplied by 12.

Laboratory weighted unit = minute

.0167 is factor to convert hours to minutes

BILLETS/POSITIONS ONBOARD: **2**

Y = BILLETS/POSITIONS ONBOARD + .49 X 145.136 = AVAILABLE MONTHLY HOURS

[Y - (Y X .07)] / .0167 = MONTHLY WEIGHTED LABORATORY UNITS x 12= ANNUAL WEIGHTED LABORATORY UNITS

RADIOLOGY PROCEDURES - Monthly procedures equal onboard staff times Joint Healthcare Manpower Standard upper breakpoint range of Weighted Work Units(WWU)/Relative Value Scale (RVS).

Upper range WWU/RVS for 1 staff equals 961

BILLETS/POSITIONS ONBOARD: **2**

2.00 billet/position X 961 X 12 months = 23,064 procedures annually

LEGEND: Upper break point limit = .49 billets/positions

Y = manhours=(number of personnel + upper break point limit) x Manpower Allowance Factor (MAF=145.136)

X = monthly workload

SERVICE	ONBOARD PERSONNEL (PROVIDER/ SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PRIMARY CARE	4/9	13.49	1957.8846	Y = 311.9 + .8783X	1874.0573	22489
PHYSICAL EXAM	0/5	5.49	796.79664	Y = 418.6 + .9714X	389.33152	4672
TOTAL						27161

SERVICE	ONBOARD PERSONNEL (PROVIDER/ SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PHARMACY	0/3	3.49	506.52464	Y = 92.90 + .08547X	4839.4131	58073

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	16,260	7,821	4,216	28,297
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)				

BUMED-822
MS, 18 Jul 94

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

ABOVE IS FY'94 PROJECTED WORKLOAD DEMAND FOR CLINIC AS REPORTED IN MY DATA CALL 27. THE NEEDS OF THE SUPPORTED POPULATION ARE MEET THROUGH COMBINATION OF DIRECT CARE SERVICES AND CHAMPUS. DIRECT CARE INCLUDES LOCAL TREATMENT AND REFERRAL TO OTHER DOD MEDICAL TREATMENT FACILITIES AS APPROPRIATE. MORE DETAILED INFORMATION IS NOT AVAILABLE.

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]	∅	∅	∅	∅	∅	∅	∅	∅
PHYSICIAN EXTENDERS[3]	2	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	4	4	4	4	4	4	4	4
TOTAL	7	7	7	7	7	7	7	7

BUMED-822
MMS, 18 Jul 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]	130
SPECIALTY CARE[2]	135
PHYSICIAN EXTENDER[3]	0
TOTAL	265

[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: 197,125. Information obtained from 1990 U.S. Census at City of Gulfport Library

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]
KESSLER MEDICAL CENTER	AIR FORCE	10	25 MINUTES	LINKED THRU CHCS
MEMORIAL HOSPITAL AT GULFPORT	CITY OF GULFPORT AND HARRISON COUNTY	1	5 MINUTES	NONE
GARDEN PARK COMMUNITY HOSPITAL	HEALTHTRUST INC. OF NASHVILLE	1	5 MINUTES	NONE
VA HOSP	VETERANS ADMINISTRATION	5	15 MINUTES	NONE
BILOXI REGIONAL MEDICAL CENTER	HMA IN FLORIDA	25	40 MINUTES	NONE
SINGING RIVER HOSPITAL	JACKSON COUNTY	55	1.5 HOURS	NONE
HANCOCK MEDICAL CENTER	HANCOCK COUNTY	45	1 HOUR	NONE
GULF COAST MEDICAL CENTER	OR NDA HEALTHCARE OF NASHVILLE	20	30 MINUTES	NONE
OCEAN SPRINGS HOSPITAL	JACKSON COUNTY	30	45 MINUTES	NONE

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

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
KESSLER AFB	240	Y	70%	TEACHING HOSPITAL
MEMORIAL HOSPITAL AT GULFPORT	302	Y	72%	TRAUMA CENTER
GARDEN PARK COMMUNITY HOSPITAL	120	Y	69%	
VA HOSP	448	Y	81.5%	
BILOXI REGIONAL MEDICAL CENTER	150	Y	70%	TRAUMA CENTER
SINGING RIVER HOSPITAL	422	Y	60%	TRAUMA CENTER
HANCOCK MEDICAL CENTER	66	Y	79%	
GULF COAST MEDICAL CENTER	189	Y	60%	
OCEAN SPRINGS HOSPITAL	124	Y	60%	

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

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

(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	N/A	N/A	N/A

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. R. SCARBOROUGH
NAME (Please type or print)

D.R. Scarborough
Signature

OFFICER IN CHARGE
Title

11 JUL 94
Date

BRANCH MEDICAL CLINIC, GULFPORT, MS
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. A. LOCKHART
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

940715
Date

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)
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

July 19, 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)

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

Signature

Title

8/3/94
Date

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:GULFPORT MS_____
ACTIVITY UIC:39375___

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

April 4, 1994

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

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.
- Provide ambulatory and emergency care to active duty and reserves as well as any other beneficiaries on a space available basis.
- provide medical training for Naval Construction Battalion Center, assigned battalions and civilian community as required.
- Perform physical exams on active duty and reserve personnel.
- Provide medical liaison for Keesler Air Force Base Medical Center and Navy Technical Training Unit Detachment.
- Provide medical support to Stennis Space Center.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NMCB 1	55101	GULFPORT	650
NMCB 7	55117	GULFPORT	650
NMCB 74	55488	GULFPORT	650
NMCB 133	55451	GULFPORT	650
NCTC	31168	GULFPORT	318
S KEES AFB	32861	KEESLER AFB	274
20TH NCR	55460	GULFPORT	196
CB CEN	62604	GULFPORT	140
NCONTRACEN	65971	GULFPORT	140
NTTU KEESLER	35970	KEESLER AFB	80
NOCEANO	62306	STENNIS SPACE	70
S MOB CB	39378	GULFPORT	39
NMCC	61935	GULFPORT	39

NRF FAC SUP	32781	GULFPORT	32
CB CEN	35017	GULFPORT	29
RNCF	47880	GULFPORT	28
COMNAVOCENCOM	00065	STENNIS	24
PSD	43084	GULFPORT	20
NCTC BOS	43262	GULFPORT	18
I & I STAFF	45365	GULFPORT	18
CBCSD	49368	GULFPORT	15
NAVDENCLIN	41784	GULFPORT	11
BASIC OCE ACCE	48883	GULFPORT	11
2ND NCB DET	35554	GULFPORT	10
MIUW 212	31767	GULFPORT	8
DECA	49223	GULFPORT	8
NRLDSTSPCAECTR	68426	STENNIS SPACE	8
NTCC	48783	GULFPORT	7
NAVLEGAL	45710	GULFPORT	6
SNFEDCO	44220	GULFPORT	5
NAVAIDS	42896	GULFPORT	3
SUPSHIP	48885	GULFPORT	3
PSD KEESLER	49677	KEESLER AFB	3
COOP MINE UNIT 2122	47119	GULFPORT	2
EEAP S. MISS	48505	GULFPORT	2
NEX	66413	GULFPORT	1
CNOOCEANCOM	47452	GULFPORT	1
PSD BAY ST LOUIS	45018	BAY ST LOUIS	1

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	15,909	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	351	N/A	N/A
TOTAL ACTIVE DUTY	N/A	16,260		N/A
FAMILY OF AD	N/A	7,821	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	3,817	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0	N/A	N/A
OTHER	N/A	399	N/A	N/A
TOTAL	N/A	28,297		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	27,162	27,162	27,162	27,162	27,162	27,162	27,162
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:

Above figures based on the projected FY94 workload data. No changes which will effect workload for this clinic are know at this time

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/PISTOL RANGE	180 H/QTR	2
CCCT	45 H/QTR	2
MED PLANS	30 H/QTR	1
PREVENTIVE MEDICINE	90 H/QTR	2
FAR	90 H/QTR	1
MEDICAL STANDBY FOR PRT/SPORTS EVENTS	30 H/QTR	2
CPR TRAINING	60 H/QTR	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
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
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			
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

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

FACILITIES

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

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

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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			

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 GULFPORT			
2. UIC:39375	3. CATEGORY CODE	4. NO. OF BUILDINGS:1	
5. SIZE	A. GSF	B. NORMAL BEDS:N/A	C.DTRS
6. LOCATION: CBC	A. CITY:GULFPORT	B.STATE:MS	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100 (shared with Branch Dental Clinic)				
(4)DENTAL	NA				
(5) EMERGENCY SVCS.	NA				
(6) FOOD SERVICES	NA				
(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 DISTRIBUTION	100				

D. R. Scarborough

D. R. SCARBOROUGH, CDR,MSC,USN
Officer in Charge

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: 1991 AS PART OF NAVAL HOSP, PENSACOLA

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? CENTRALLY LOCATED

b. What are the nearest air, rail, sea and ground transportation nodes? GULFPORT REGIONAL AIRPORT,GULFPORT AMTRAK, GULFPORT ATA BUS LINES

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

Distance (in miles): 5

d. What is the importance of your location given your mobilization requirements? NOT A FACTOR

e. On the average, how long does it take your current clients/customers to reach your facility? 45 MINUTES
This is an average time based on individual who have to travel from the west and north as much as 50 plus miles. The west gates of the base are only opened in the morning and afternoon for approx one hour Although for some patients,the actual travel time to Keesler would be less, they still choose to come to this clinic. (see below)

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? NONE

8e (Continued) With the building of the casinos on the Gulf coast, traffic on route 49,which is the main highway leading to the base,is very congested thus extending the time required to reach this clinic.

FEATURES AND CAPABILITIES

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

BRANCH MEDICAL CLINIC GULFPORT PROVIDES THE FOLLOWING SERVICES:

- SERVES AN AVERAGE OF 2000 PRIMARY CARE VISITS, 2000-3000 LABORATORY VISITS, 3000 PHARMACY SCRIPTS, 200 PHYSICAL EXAMS, AND 1000 IMMUNIZATIONS PER MONTH. THESE FIGURES DO NOT INCLUDE THE OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE DEPARTMENTS WHICH SERVES A LARGE BASE CIVILIAN POPULATION AS WELL AS ACTIVE DUTY.

- PROVIDES SICK-CALL SERVICES TO 3705 ACTIVE DUTY PERSONNEL ASSIGNED TO CBC GULFPORT AND 12441 DEPENDENTS AND RETIREES.

- PROVIDES TRAINING SITE FOR 14 ACTIVE DUTY AND 280 RESERVE MEDICAL PERSONNEL ASSIGNED TO NRC GULFPORT.

IN THE EVENT THIS COMMAND WERE TO CLOSE, ALL OF THESE SERVICES WOULD BE DEFERRED TO KEESLER MEDICAL CENTER. HOWEVER, IT IS UNLIKELY THAT KEESLER COULD ABSORB GULFPORT'S PATIENT LOAD WITHOUT ASSISTANCE. THIS ASSUMPTION IS BASED ON THE ABILITY AND WAITING TIME TO BE SEEN AT THEIR FACILITY AT PRESENT.

BUMED-822 mss, 27 Jul 94 Revised page → BRAC #27 Gulfport, 39375

Revised pg

FEATURES AND CAPABILITIES

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

Branch Medical Clinic, Gulfport provides the following services:

- Serves an average of 2000 primary care visits, 2000-3000 laboratory visits, 3000 pharmacy scripts, 200 physical exams, and 1000 immunizations per month. These figures do not include the Occupational Health and Preventive Medicine departments which serves a large base civilian population as well as active duty.

- Provides sick-call services to 3705 (includes four Mobile Construction Battalions) active duty personnel assigned to CBC Gulfport and 12441 dependents and retirees.

- Provides medical support for 14 TARS and 280 reserve personnel assigned to NRC Gulfport.

In the event this command were to close, all services would be deferred to Keesler Medical Center. All patients would be required to travel the 13 miles (approximately 20-30 minutes travel time depending on traffic) to Keesler AFB. This could have a negative impact on training programs. In addition Keesler AFB Medical Center would require additional staffing to support the influx of additional patients.

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. SEE QUESTION 5 & 7 OF BRAC 26.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer. YES. SEE QUESTION 5 & 7 OF BRAC 26.

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
USS PELELIU	20748	1
FLEET HOSP #8	45392	2
FLEET HOSP #15	45399	2
1ST MAW	57079	1
NAVHOSP ROOSEVELT ROADS	65428	1
1ST MARINE BRIGADE KANE	67339	4
3RD FSSG	67436	4

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

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

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. NONE

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

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3. NONE.

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

THIS CLINIC DOES NOT ISSUE NAS. KEESLER AFB RESPONSIBILITY.

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	5	4.9	9	25.2	1	2.0
AD FAMILY	N/A					
OTHER	N/A					
TOTAL	5	4.9	9	25.2	1	2.0

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

[2] The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1667655	2083295	43139
TOTAL OUTPATIENT VISITS	29116	27152	6406
AVERAGE COST PER VISIT	57.28	76.73	67.34

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

Table A:

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

Table B:

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

[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)	N/A	N/A	N/A
H. CLINIC INVESTIGATION PROGRAM (FAH)	N/A	N/A	N/A
I. CONTINUING HEALTH PROGRAM (FAL)	N/A	N/A	N/A
J. DECEDENT AFFAIRS (FDD)	N/A	N/A	N/A
K. INITIAL OUTFITTING (FDE)	N/A	N/A	N/A
L. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	N/A
M. TOTAL (G+H+I+J+K+L)	N/A	N/A	N/A

Table D:

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

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer					
Officer					
Officer					
Enlisted					
Enlisted					
Enlisted					
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?

FOR QUESTIONS 15A THROUGH 15N PLEASE REFER TO BRAC-93, DATA CALL #41, MILITARY VALUE, SUBMITTED BY CBC, GULFPORT, MS. UIC - N62604

(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			
O-4/5			
O-1/2/3/CWO			
E7-E9			
E1-E6			

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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." Fo all the categories above where inadequate facilities are identified provide the following information:

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

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

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

(5). Are there other military child care facilities within 30 minutes of th 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 o 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthl 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 t 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 colleg 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 w of your response.

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

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case catego 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 activit was assigned to or worked at the base; and 2) all reported criminal activity off base.

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. R. SCARBOROUGH
NAME (Please type or print)

D R Scarborough
Signature

OFFICER IN CHARGE
Title

11 JUL 94
Date

BRANCH MEDICAL CLINIC, GULFPORT, MS
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)

M. BALSAM
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

21 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)
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

7-24-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

04 AUG 1994
Date

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. LOCKHART
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

940725
Date

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)
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

7-28-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

17 AUG 1994
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. R. SCARBOROUGH
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

22 JUL 94
Date

BRANCH MEDICAL CLINIC, GULFPORT, MS
Activity

Resubmission: Question 10 on BRAC 27

Justification:
- Change paragraph two to include clarification of number of active duty personnel.
- Paragraph three clarifies number of reserve personnel supported.
- Paragraph four clarifies impact if this clinic closes.

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC GULFPORT
UIC:	39375
Host Activity Name (if response is for a tenant activity):	CB GULFPORT
Host Activity UIC:	62604

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: BRMEDCL GULFPORT **UIC:** 39375

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

DATA CALL 66
INSTALLATION RESOURCES

1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	27	0	27
2b. Transportation	2	0	2
2c. Environmental	3	0	3
2d. Facility Leases	N/A	N/A	
2e. Morale, Welfare & Recreation	N/A	N/A	
2f. Bachelor Quarters	N/A	N/A	
2g. Child Care Centers	N/A	N/A	
2h. Family Service Centers	N/A	N/A	
2i. Administration	0	0	0
2j. Other (Specify) TELEPHONE,PEST CONTROL	7	0	7
2k. Sub-total 2a. through 2j:	39	0	39
3. Grand Total (sum of 1c. and 2k.):	39	0	39

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

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: BRMEDCL GULFPORT **UIC:** 39375

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

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: BRMEDCL GULFPORT **UIC:** 39375

Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	5
Material and Supplies (including equipment):	309
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	6
Other Purchases (Contract support, etc.):	14
Total:	334

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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: BRMEDCL GULFPORT **UIC:** 39375

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

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

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INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

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INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 8-1-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)

M Balsam
Signature

COMMANDING OFFICER
Title

14 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #66 FOR BRMEDCLINIC GULFPORT (UIC: 39375) - INSTALLATION RESOURCES