313

BRAC DATA CALL #26
CAPACITY ANALYSIS

BRANCH MEDICAL CLINIC INDIAN HEAD
UIC 33329

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS (BRMED CL ORDST INDN HD) DMIS 301 UIC 33329

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	23,696	555	NA	20,987	502	NA
FAMILY OF AD	66,409	6,013	NA	59,379	5,379	NA
SUBTOTAL	90,105	6,568	NA	80,366	5,881	NA
RETIRED AND FAMILY MEMBERS UNDER 65	64,727	5,236	NA	63,047	5,881	NA
RETIRED AND FAMILY MEMBERS OVER 654	14,132	424	NA	17,937	540	NA
OTHER	12,050	671	NA	12,822	689	NA
TOTAL	181,014	12,899	NA	174,172	12,219	NA

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

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

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

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY (INCLUDES CIVILIANS ALSO)	TOTAL OF EACH ROW
OUTPATIENT VISITS	1691	3619	4011	9321
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	77873.4
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	2091
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	17088
OTHER (AUDIOLOGY)	62	NA	747	809

[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: UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.

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	1435	3377	3781	8593
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	83662
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	2220
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	17516
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.

NOTES:

1. UNABLE TO BREAK DOWN LAB, RADIOLOGY, AND PHARMACY BY BENEFICIARY CATEGORY.

2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMC'S DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.

3. FY 94 WORKLOAD THROUGH APRIL/7 (MONTHS)*12 (MONTHS)=PROJ FY 94 WORKLOAD

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 (INCLUDES CIVILIANS)	TOTAL OF EACH ROW
OUTPATIENT VISITS	1435	3377	3781	8593
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)[1]	NA	NA	NA	83662
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA	NA	NA	2220
PHARMACY UNITS (WEIGHTED)[1]	NA	NA	NA	17516
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.

NOTE: SEE NOTES FOR TABLE 3A

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	2	2	2	2	2	2	2	2
SPECIALTY CARE[2]	NA	NA	NA	NA	NA	NA	NA	NA
PHYSICIAN EXTENDERS[3]	2	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	2	2	2
TOTAL	6	5	5	5	5	5	5	5

[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.

ASSUMPTION: STAFFING WILL REMAIN CONSTANT PAST FY 95 THROUGH FY 2001

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]	7
SPECIALTY CARE[2]	62
PHYSICIAN EXTENDER[3]	UNKNOWN
TOTAL	69

[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.

ASSUMPTIONS:

1. GEOGRAPHIC BOUNDARY IS CHARLES COUNTY, MD. ALEXANDRIA AND PRINCE WILLIAM COUNTIES IN VIRGINIA ARE NOT INCLUDED DUE TO THEIR ISOLATION BY THE POTAMIC RIVER WITH NO CLOSE BRIDGE ACCESS. BASED ON 20 MILE RADIUS.

2. PRIMARY CARE ONLY INCLUDES FAMILY AND GENERAL PRACTICE PHYSICIANS AND ALL OTHER PROVIDERS ARE INCLUDED UNDER SPECIALTY CARE.

3. ONLY NONFEDERAL PHYSICIANS INVOLVED IN PATIENT CARE HAVE BEEN COUNTED.

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: 106,068

1. SOURCE: US BUREAU OF CENSUS, 1992 POPULATION BASED ON 1990 CENSUS DATA

2. GEOGRAPHIC BOUNDARY IS CHARLES COUNTY, MD. ALEXANDRIA AND PRINCE WILLIAM COUNTIES IN VIRGINIA ARE NOT INCLUDED DUE TO THEIR ISOLATION BY THE POTAMIC RIVER WITH NO CLOSE BRIDGE ACCESS. BASED ON 20 MILE RADIUS.

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]
PHYSICIANS MEMORIAL HOSPITAL	NFP	15 MILES (APPROX.)	20 MINUTES (APPROX.)	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]
PHYSICIANS MEMORIAL HOSPITAL	104	YES	74%	NONE

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

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

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
NA	NA	NA	NA	NA	NA	NA	NA	NA

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)
NA	NA	NA	NA

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

THOMAS A SNEAD
NAME (Please type or print)

Signature

HEAD, BRMEDCLINIC
Title

Date 17 MAY 94

NSWC INDIAN HEAD
Activity

ENCL(1)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J.B. GREENE JR

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 3 JUNE 1994

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

NEXT ECHELON LEVEL (if applicable)

D. M. LICHTMAN
NAME (Please type or print)

Signature

16 JUN 94

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

BRMEDCL INDIAN HEAD (UIC 33329)
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

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)

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, Indian Head, NSWC MD*
Acronym(s) used in correspondence	*BRMEDCLINIC* *Indian Head, MD*
Commonly accepted short title(s)	*BMC Indian Head MD*

- Complete Mailing Address

  Branch Medical Clinic
  Naval Surface Warfare Center
  Indian Head Division
  Indian Head, MD 20640-5000

- PLAD

  BRMEDCLINIC Indian Head MD

- PRIMARY UIC: 33329 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

ENCLOSURE (10)

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: 00168

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

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

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC

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

Name	UIC	Location	Host name	Host UIC

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

N/A

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

Current Missions

- Outpatient health care for 500 active duty personnel including approximately 200 transient Navy, Air Force, Marine Corps, and foreign service students.

- Outpatient care for approximately 2500 dependence and retirees.

- Comprehensive occupational health services for approximately 3000 civilian employees.

- Provide preventive medicine and industrial hygiene support.

- Ensure active duty personnel readiness via maintenance programs, physical exams, immunizations and screening exams.

- Provide occupational health surveillance and certification for civil service personnel.

- Provide basic health promotion programs and patient education.

- Enhance medical department readiness via on going education and training and maintaining appropriate certification for staff personnel.

- Maintenance of health surveillance and administration records.

Projected Missions for FY 2001

• Projected mission anticipated to be same as current mission.

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

Current Unique Missions

• N/A

Projected Unique Missions for FY 2001

• N/A

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

• Operational name	UIC
NNMC BETHESDA	00168

• Funding Source	UIC
NNMC BETHESDA	00168

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	3	21	3
• Tenants (total)	0	0	5

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	3	21	3
• Tenants (total)	0	0	5

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
• Department Head			
LCDR Thomas A. Snead, MC, USN	(301) 743-4601	(301) 354-4601	(301) 645-3095
• Duty Officer			
HMCS James J. Thelen, USN	(301) 743-4601	(301) 354-4601	

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

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian

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.)

NAVSCOLEOD	*IH, MD*	*MEDICAL*
STUDENTS	"	"
NAVSCOLEOD\52540	"	"
NAVSCOLEOD\42136	"	"
EODTECMCNTR		
NAVDENCLINIC	"	"
NAVSURFWARCENTR, INDIAN HEAD DIV	"	"
NAVSCOLEOD ARMY STUDENTS	"	"
NAVSCOLEOD ARMY STAFF	"	"
ALTMAR TRAINDET	"	"
NAVSCOLEODAIRFOR CEPERS	"	"
INDIANHEADSPERSU PDET	"	"
EODFLTLAISON	"	"
FLTMARSTRAINDET	"	"
SECRTYCORDTEAM	"	"
CHESAPKE NAVFAC ED	"	"
BRANCHDENTALCLI NIC	"	"
IHNAVEXCE	"	"

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.

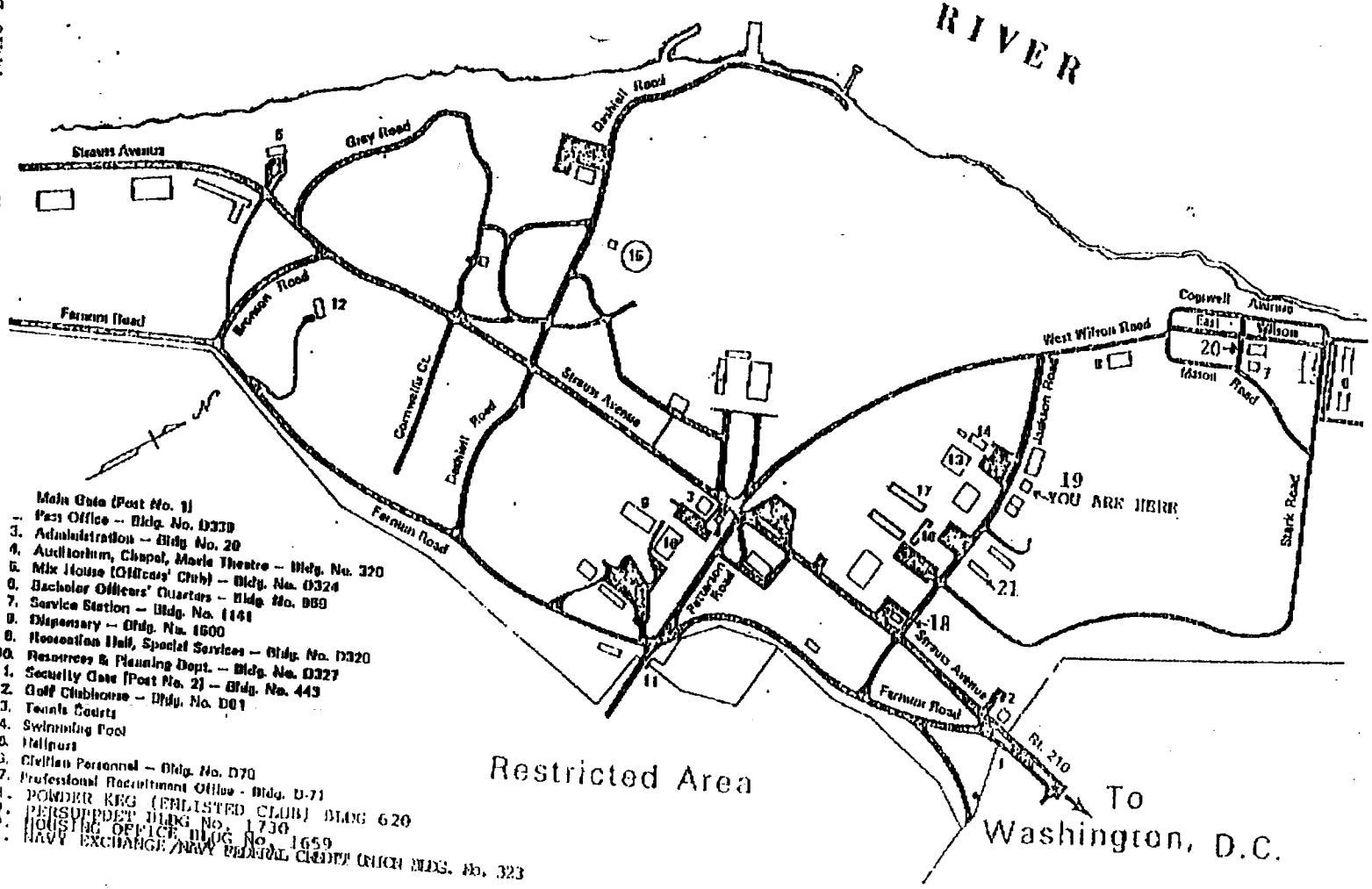
- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within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

Naval Ordnance Station • Indian Head, Maryland



1. Main Gate (Post No. 1)
2. Post Office – Bldg. No. D339
3. Administration – Bldg. No. 20
4. Auditorium, Chapel, Marie Theatre – Bldg. No. 320
5. Mix House (Officers' Club) – Bldg. No. 0324
6. Bachelor Officers' Quarters – Bldg. No. 869
7. Service Station – Bldg. No. 1141
8. Dispensary – Bldg. No. 1600
9. Recreation Hall, Special Services – Bldg. No. D320
10. Resources & Planning Dept. – Bldg. No. D327
11. Security Case (Post No. 2) – Bldg. No. 443
12. Golf Clubhouse – Bldg. No. D01
13. Tennis Courts
14. Swimming Pool
15. Heliport
16. Civilian Personnel – Bldg. No. D70
17. Professional Recruitment Office - Bldg. D-71
18. POWDER KEG (ENLISTED CLUB) BLDG 620
19. PERSUPPDET BLDG No. 1730
20. HOUSING OFFICE BLDG No. 1659
21. NAVY EXCHANGE/NAVY FEDERAL CREDIT UNION BLDG. No. 323

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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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

Don D. Wilson
NAME (Please type or print)

Don D. Wilson
Signature

Acting
Title

940207
Date

National Naval Medical Center
Activity

BRMEDCL ORDST

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

313

BRAC DATA CALL #27
MILITARY VALUE ANALYSIS

BRANCH MEDICAL CLINIC INDIAN HEAD
UIC 33329

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 17
9. Manpower and Recruiting Issues 18

Features and Capabilities
10. Capabilities 19,20,21,22
11. Mobilization 23
12. Non Availability Statements 24
13. Supplemental Care 24
14. Costs 25,26,27
15. Quality of Life 28

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 Branch Medical Clinic, Naval Surface Warfare Center, Indian Head, MD (NOS), is located 55 miles (1 hour 15 minutes) from the National Naval Medical Center, 29 miles to the nearest military medical treatment facility (Malcolm-Grow Medical Center Andrews AFB) and 15 miles from the nearest civilian hospital. The base consists of the host activity and 14 tenant activities, including the Explosive Ordnance Disposal School. The Naval Ordnance Station manufactures explosives and other ordnance. The clinic provides primary care services, pharmacy, basic laboratory, routine x-ray, physical examinations, occupational health and industrial hygiene services. The clinic serves 475 active duty personnel, 2,500 dependents and retirees and 3,200 civilian employees. There are 296 housing units on the base.

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)
EODS	W1EADM	INDIAN HEAD	274
EODS	N30446	"	83
EODS	BPOJFCK7	"	80
EODS	N42136	"	75
EODTD	N0464A	STUMPNECK	55
NSWC	N000174	INDIAN HEAD	33
BRANCH MEDICAL CLINIC	N33329	"	22
EODS	E-54008	"	20
COMNAVORDCEN	N68963	"	19
EODS	N62640	"	15
EODS	N45226	"	6
BRANCH DENTAL CLINIC	N35753	"	4
EODS	0-54026	"	4
ROICC	N44200	STUMPNECK	2
NAVY EXCHANGE	N30354	INDIAN HEAD	1

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	1435	NA	NA
ACTIVE DUTY NON N/MC	NA	0	NA	NA
TOTAL ACTIVE DUTY	NA	1435		NA
FAMILY OF AD	NA	3377	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	1894	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	0	NA	NA
OTHER	NA	1887	NA	NA
TOTAL	NA	8593		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	8593	8593	8593	8593	8593	8593	8593
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

NOTE:

1. PROJECED OUTPATIENT VISITS ARE BASED ON FY 94 DATA.

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

NON-PATIENT CARE SUPPORT	% OF TIME SPENT/ QTR	STAFF NEEDED/ EVENT
MEDICAL STANDBY	4%	2
EOD TESTING	20%	2
SANITATION/WATER INSPECTIONS	17%	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
NA								

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

NOTE: FOR ADDITIONAL FACILITIES INFORMATION PLEASE REFERENCE NAVAL ORDNANCE CENTER, INDIAN HEAD DIVISION (UIC 00174) BRAC DATA CALL #4.

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
55010	MEDICAL CLINIC	8,436	16	ADEQUATE
54010	DENTAL CLINIC	2,159	16	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: **NA**

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
83-B-7029	CONSTRUCT ADDITION TO MED CLINIC	1989	119K
WR12-8-89	CONSTRUCT WATER LINE	UNKNOWN	UNK.

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
NA			

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
NA			

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 BRMEDCL NSWC, INDIAN HEAD

2. UIC 33329	3. CATEGORY CODE	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 10,593	B. NORMAL BEDS NA	C.DTRS
6. LOCATION INDIAN HEAD DIV NSWC	A. CITY	B.STATE	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	NA				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	NA				
(6) FOOD SERVICES	NA				
(7)LABORATORIES	90	10		G30	
(8) LOGISTICS	NA				
(9) INPATIENT NURSING UNITS	NA				
(10) LABOR-DEL-NURSERY	NA				
(11) OUTPATIENT CLINICS	75	25		G30	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	NA				
(15) BUILDING	NA				
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	90	10		A62	
(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: **17 JULY 92**

FULL ACCREDITATION: **YES WITH COMMENDATION**

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

LOCATION:

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

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

The Branch Medical Clinic's location permits quick and easy access for care by personnel assigned and their eligible beneficiaries. It is within 30 minutes of off-base housing (e.g. Waldorf, MD is about 30 miles away). The clinic refers patients regarding specialty care to military treatment facilities 29-55 miles away when indicated. Urgent/emergent cases are referred to a civilian hospital approximately 15 miles away. The Occupational Health Division provides surveillance programs and care for occupational injuries for civil service personnel. As an outpatient primary care facility the Branch Medical Clinic's location makes first line care and entry into specialty care readily available. In addition, civilian prescriptions are filled for local beneficiaries.

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

Air: Washington National Airport (45 minutes)
Ground: MD State Route 210
Sea: Baltimore Harbor

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): **28**

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

Location is within reasonably close driving distance to contingency center and platforms.

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

It takes the majority of clients approximately 5-10 minutes; 30 minutes for Waldorf residents.

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

There are no unique aspects of the clinic that helps or hinders the hiring of civilians.

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 Branch Medical Clinic is a primary care medical treatment facility (MTF) which provides a vital service to Indian Head Division (IHDIV) NSWC, the host facility. One of IHDIV's primary operations is Energetics, which requires strict compliance with certification and surveillance programs mandated by the Navy Occupational Safety and Health (NAVOSH) Program. The Branch Medical Clinic provides an essential service. Closure of the Clinic would require utilization of civilian health care facilities, thus causing significant delay in IHDIV's Energetics Operations and the cost to support these programs would be prohibitive. The proximity of the Clinic is also an advantage in the case of an occupational accident.

As a primary care MTF the Branch Medical Clinic supports some 500 active duty military personnel and 3,500 beneficiaries. Services that are provided include sick call/primary care quick entry into the military health care system for specialty care, periodic and radiation health physical exams, screenings, surveillance and certification requirements, preventive medicine, and immunizations. Closure of the Clinic would cause military personnel and their beneficiaries to receive similar services at outlying MTFs (29-55 miles away). The result would be significant manhours loss to the Navy for active duty members and major delays in IHDIV NSWC operations. Furthermore, the cost for the Navy would be prohibitive if civilian facilities were utilized for industrial certification and medical surveillance programs under NAVOSH.

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.

Assumption: Base and clinic close

Yes. Active duty would have to be directed to other MTFs (29-55 miles away). Active duty family, retired and retired family members could be directed to local civilian healthcare organizations. Howerver, it will a hardship on the local health care infrastructure to absorb the 3,500 beneficiaries of the Clinic. The biggest impact would be in the areas of primary care and specialty care.

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.

Assumption: Base and clinic close

Yes, however the nearest local community treatment facility is approximately 15 miles away from the majority of the remaining residual eligible population. This may result in added burden on eligible persons due to competitive access to care with the general community. Additionally, CHAMPUS eligible persons would suffer greater financial expense as a result of deductibles and co-payments.

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:

NA

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 COMFORT	T-AH 20	5
2ND F556		3
US NAVY HOSP NAPLES		1
2ND MARDIV (ADV. ELEMENT)		3
US NAVY HOSP GUANTANOMO BAY		2
FLT HOSPITAL	#20	1

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

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

NONE, THE EFFECT ON WORKLOAD IS MINIMAL.

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

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

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	NA	NA	NA
OUTPATIENT	NA	NA	NA

NOTE: REFER TO NNMC, UNABLE TO BREAK DOWN BY CLINIC.

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	NA	NA	NA	NA	NA	NA
AD FAMILY	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA
TOTAL	NA	NA	NA	NA	NA	NA

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

[2] The total cost in thousands of dollars.

NOTE: REFER TO NNMC, UNABLE TO BREAK DOWN BY CLINIC.

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	1,976,254	2,028,243	310,154
TOTAL OUTPATIENT VISITS	10,940	9,873	2,212
AVERAGE COST PER VISIT	181	205	140

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: **NA**

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

Table B: **NA**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A1	NA	NA	NA
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)1	NA	NA	NA
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	NA	NA	NA
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)1	NA	NA	NA
F. TOTAL (B+C+D+E)	NA	NA	NA

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

Table C: **NA**

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

Table D: **NA**

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

15. Quality of Life.

NOTE: FOR QUALITY OF LIFE SECTION, REFERENCE NSWC, INDIAN HEAD DIVISION (UIC 00174) BRAC DATA CALL #5.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

THOMAS A. SNEAD
NAME (Please type or print)

Signature

HEAD BRMEDCLINIC
Title

17 MAY 94
Date

NSWC INDIAN HEAD
Activity

ENCL(1)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 6/9/94

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. M. LICHTMAN
NAME (Please type or print)

Signature

16 JUN 94

COMMANDER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA
Title

BRMEDCL INDIAN HEAD (UIC 33329)
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print) Signature

Title Date

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)

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312

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Indian Head
UIC:	33329
Host Activity Name (if response is for a tenant activity):	Commander Indian Head Division Naval Surface Warfare Center Indian Head, MD
Host Activity UIC:	00174

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.

DATA CALL 66
INSTALLATION RESOURCES

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,Indian Head		**UIC:** 33329	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	15		15
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	15	0	15
2. Other Base Operating Support Costs:			
2a. Utilities	24		24
2b. Transportation	6		6
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			

DATA CALL 66
INSTALLATION RESOURCES

2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) Engineering Hazardous Waste	1		1
2k. Sub-total 2a. through 2j:	31	0	31
3. Grand Total (sum of 1c. and 2k.):	46	0	46

1363b. 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 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)	
Activity Name: Branch Medical Clinic, Indian Head	**UIC:** 33329

Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			NA
1b. Real Property Maintenance (<$15K)			NA
1c. Minor Construction (Expensed)			NA
1d. Minor Construction (Capital Budget)			NA
1c. Sub-total 1a. through 1d.			NA
2. Other Base Operating Support Costs:			
2a. Command Office			NA
2b. ADP Support			NA
2c. Equipment Maintenance			NA
2d. Civilian Personnel Services			NA

2e. Accounting/Finance			NA
2f. Utilities			NA
2g. Environmental Compliance			NA
2h. Police and Fire			NA
2i. Safety			NA
2j. Supply and Storage Operations			NA
2k. Major Range Test Facility Base Costs			NA
2l. Other (Specify)			NA
2m. Sub-total 2a. through 2l:			NA
3. Depreciation			NA
4. Grand Total (sum of 1c., 2m., and 3.) :			NA

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, Indian Head	**UIC:** 33329
Cost Category	**FY 1996 Projected Costs ($000)**
Travel: (399)	3
Material and Supplies (including equipment): (499 & 599)	40
Industrial Fund Purchases (other DBOF purchases): (699)	74
Transportation: (799)	0
Other Purchases (Contract support, etc.): (999)* See Below	113
Total:	230

*OP32 Line 999 Includes purchase of medical supplies and equipment.

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, Indian Head	**UIC:** 33329
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

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)):

UNKNOWN

2) Estimated number of workyears which would be eliminated:

UNKNOWN

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

0

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. T. Ridenour
NAME (Please type or print)

RTRidenour
Signature

Commander
Title

19 JUL 94
Date

National Naval Medical Center
Bethesda
Activity

Above certification is for NNMC Bethesda & all subordinate branches.

BUMED-822
MJS, 19 Jul 94

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 9-19-94

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 16 AUG 1994

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314

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Clinic, MCB, Kaneohe Bay, HI
ACTIVITY UIC: 32612

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

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

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 Branch Medical Clinic, Marine Corps Base Hawaii provides access to a military medical facility to the "Windward" side of Oahu. Major beneficiaries include Headquarter and Headquarter Service, SOMS, First Marine Expeditionary Brigade (MEB), 1st Radio Battalion and the Marine Pacific Forces Band. All of these units are located on the Marine Corps Base Hawaii. The Branch Medical Clinic also provides services to the Coast Guard Omega Station and Bellows AFS as well as host to a large number of dependents and retirees.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1st MEB	**67339**	**MCBH Kaneohe**	**7,581**
H&HS	**02301**	**MCBH Kaneohe**	**583**
1st Radio BN	**21580**	**MCBH Kaneohe**	**588**
SOMS	**02303**	**MCBH Kaneohe**	**244**
MFPAC Band	**02301**	**MCBH Kaneohe**	**46**
Bellows AFS	**N/A**	**Waimanalo HI**	**27**
Omega CG Station	**40301**	**Kaneohe Bay HI**	**20**
Marine Corps Base	**00318**	**MCBH Kaneohe**	**706**

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

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	**55,916**	**57,593**	**59,321**	**59,321**	**59,321**	**59,321**	**59,321**
ADMISS.	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**

Please show all assumptions and calculations in the space below:

- Barbers Pt airwing moving to MCBH.

- Increase in Psychological Services.

- Increase in Dermatology Services.

- Establishment of Physical Therapy Services.

- Scale back of forces to Hawaii from other Pacific region.

- Increase in Family Practice and OB/GYN Services.

- Increase in Wellness Programs.

CALCULATIONS WERE BASED ON A 3% INCREASE FROM FY94 OUTPATIENT VISITS, CONTINUING AT 3% INCREASE TILL FY98 WHERE THE LEVEL OF OPV'S SHOULD STABILZE.

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	14,739	NA	NA
ACTIVE DUTY NON N/MC	NA	153	NA	NA
TOTAL ACTIVE DUTY	NA	14,892		NA
FAMILY OF AD	NA	15,501	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65*	NA	1,865 *	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65*	NA	---	NA	NA
OTHER	NA	22,029	NA	NA
TOTAL	NA	54,287		NA

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

* Visits cannot be separated by age.

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 Keiki Mission Drug Awareness - Community Support Mission	**217 hrs**	**1**
SGT's Course	**781 hrs**	**1**
Obstacle Course (H&HS)	**2 hrs**	**1**
H&HS Squad Runs	**3 hrs**	**1**
Blood Drive	**9 hrs**	**2**
CPL's Course	**296 hrs**	**1**
EOD Coverage	**8 hrs**	**1**
Gas Chamber	**3 hrs**	**1**
Weapons Range Work Project	**14 hrs**	**1**
PMO Rifle Range Coverage	**21 hrs**	**1**
PMO PFT	**5 hrs**	**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								

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]
550-10	KANEOHE BAY MEDICAL CLINIC/PATIENT CARE	32,052	7	ADEQUATE

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

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

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

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

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
CR2-89	ALT/RPR HVAC SYSTEM	90	122K

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
R?-94	CORROSION REPAIR	96	84K
R?-94	REPAIR ROOF	96	31K

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, MCB, KANEOHE BAY, HI				
2. UIC 32612	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS 1		
5. SIZE 32,052	A. GSF 42,485	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION HI	A. CITY KANEOHE BAY		B.STATE HI	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100	0	0		
(2) ADMINISTRATION	100	0	0		
(3)CENTRAL STERILE SVCS.	100	0	0		
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	100	0	0		
(8) LOGISTICS	100	0	0		
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	90	0	10	B17	
(12) PHARMACY	80	0	20	B17	
(13) RADIOLOGY	100	0	0		
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100	0	0		
(B) HVAC	100	0	0		
(C) PLUMBING	100	0	0		
(D) ELECTRICAL SVCS.	100	0	0		
(E) ELECTRICAL DISTRIBUTION	100	0	0		

(F) EMERGENCY POWER	100	0	0		

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: **11/91**
FULL ACCREDITATION: **YES**
LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

NO SCORE WAS PROVIDED. ONLY AN OVERALL ACCREDITATION WITH COMMENDATION WAS GIVEN.

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?

Only Military Medical Facility this side of Oahu which provides easy access to care for beneficiaries.

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

AIR: Military Air Field On-Base
Honolulu Airport 20 mi.
Hickum AFB 20 mi.
RAIL: NONE
SEA: Honolulu Harbor 20 mi.
GROUND: Local shuttle bus on base; Public Bus off base.

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

Distance (in miles): **1 mile**

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

No mobilization requirement.

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

The majority of beneficiaries reach the clinic within five to ten minutes. Most of the retirees reach the clinic in twenty to thirty 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?

Help in gaining active duty dependent employment as it is located on base - hindrance is the island-wide commute issues - not clinic specific. Also, finite number of local personnel, low unemployment rate, and high cost of living has made hiring difficult.

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.

Access to care for non-acute problems would be delayed. The Marine Corps would not have medical clinic personnel available in their operational training arenas for emergency standby. The major impact would be lost productive training time for the Marine who had to travel 30-45 minutes for care which could impact combat efficiency.

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.

Access to other health care providers could be a problem for non-active duty personnel because of the small community size of the local area as defined by the given catchment area and the unknown factor of the physician not being able to absorb the workload.

Other military treatment facilities on the island could handle the additional workload of Active Duty personnel, but at a large cost in lost man-hours, since the only other military medical facilities are 30-45 minutes away.

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 3,500 retiree visits could be absorbed island-wide. However, there would be great inconvenience and military retirees can be expected to take a firm stance against a further erosion of healthcare services.

11. Mobilization. What are your facility's mobilization requirements? **N/A**

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NO MOB PLATFORMS 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.

N/A.

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

N/A.

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

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	0	0	0

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	56	67	35	43	32	48
AD FAMILY	1	1	8	3	3	4
OTHER	0	0	0	0	0	0
TOTAL	57	68	43	46	35	52

[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	4,856,548	4,490,185	4,467,169
TOTAL OUTPATIENT VISITS	72,270	53,364	54,287
AVERAGE COST PER VISIT	67.20	84.14	82.29

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

Table A: **N/A**

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

Table B: **N/A**

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

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

Table C: **N/A**

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

Table D: **N/A**

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

15. Quality of Life. **PLEASE REFER TO CG, MCB, KANEOHE BAY (UIC: 00318) DATA CALL #39 FOR ALL QUALITY OF LIFE ANWSERS.**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

Signature

CLINIC DIRECTOR
Title

94 May 23
Date

BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HI
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)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5.23.94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE 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)

J B Greene Jr
Signature

ACTING
Title

6/9/94
Date

Document Separator

32612

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 Medical Clinic, Pearl Harbor* *Branch Medical Clinic,* *Kaneohe Bay, HI*
Acronym(s) used in correspondence	**N/A**
Commonly accepted short title(s)	*BMC, KMCAS; BMC, KBay; BMC, Kaneohe Bay*

- Complete Mailing Address

  Naval Medical Clinic, Pearl Harbor
  Branch Medical Clinic, Kaneohe Bay
  Box 121
  Pearl Harbor, HI 96860-5080

- PLAD: BRMEDCL MCAS KANEOHE HI

- PRIMARY UIC: 32612 (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 __X__ No ____ (check one)

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

• Yes __X__ No ____ (check one)

• Primary Host (current) UIC: 00318

• Primary Host (as of 01 Oct 1995) UIC: 00318

• Primary Host (as of 01 Oct 2001) UIC: 00318

• 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.

Yes.

- FY 97, 98 Base population expected to increase by approximately 1000 personnel from Naval Air activities previously at BARBERS POINT NAS.

- Coast Guard activities from BARBERS POINT NAS are also anticipated as new activities for which medical support will be provided.

32612

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

- Maintain opertional readiness for medical needs of 1200 Marines assigned on station; including rifle range, repelling tower, gas chamber, etc. coverage.
- Provide for routine and acute care needs of dependents, retirees and eligible beneficiaries on Windward Oahu.
- Active flight line support.
- Search and rescue corpsmen provide rescue support for Oahu and neighboring islands.
- Periodic, annual, flight, employment, separation physicals as required by Marines and civilians onboard the Station and MEB.

Projected Missions for FY 2001

- NO CHANGES
-
-
-
-

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

Current Unique Missions

- Search and Rescue operations (medical support) Hawaii
- Laboratory services for large water mammals
- Provide 24 hour Basic Life Support Ambulance Service

Projected Unique Missions for FY 2001

- SAME AS CURRENT UNIQUE MISSIONS
-
-

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
COMNAVBASE, PEARL HARBOR	61449

Funding Source	UIC
BUMED	00018

32612

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	12	48	11
Contracted (Resource Sharing)			5 *
• Tenants (total)	15	24	2

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~12~~ 0 GSA	~~48~~ 0 GSA	~~13~~ 0 GSA
Contracted (Resource Sharing)			5 *
• Tenants (total)	15	24	2

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
• Commanding Officer CAPT P. J. Barnett	(808) 471-3025	(808) 471-1855	(808) 499-1564
• Clinic Director: LCDR Bebe A. Haffarnan	(808) 257-3365	(808) 257-5653	(808) 254-4855
• Officer of the Day	(808) 471-9725	(808) 471-1882	[N/A]
• Administrative Officer LT Steven D. Tate	(808) 257-3365	(808) 257-5653	(808) 833-1115
• Director for Resources LCDR Geoffrey Foss	(808) 474-7576	(808) 471-5704	(808) 499-3451

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
21st Dental Company First Marine Expeditionary Brigade	67339	15	24	2

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

Kaneohe Marine Corps Air Station (KMCAS)	*Kaneohe, HI*	
USMC:		
Headquarters & Headquarters Squadron	*KMCAS*	*Medical, Ancillary Services, Medical Readiness, Field Support and Medical Record Services*
- Installations & Logistics	*KMCAS*	"
- Joint Legal Service Center	*KMCAS*	"
		"
- Joint Public Affairs Office	*KMCAS*	"
- Manpower Directorate	*KMCAS*	"
- Military Police Department	*KMCAS*	"
- Morale, Welfare & Recreation	*KMCAS*	"
- NCO School	*KMCAS*	"
- Station Operations & Maintenance Squadron	*KMCAS*	"
- MARFORPAC Band	*KMCAS*	"
- Public Works	*KMCAS*	"
- ROICC	*KMCAS*	"
First Radio Battalion	*KMCAS*	*Limited Medical Services, Ancillary Services*
First Marine Expeditionary Brigade	*KMCAS*	*Assist support for Medical Readiness*
USMC:		
H&S Company	*KMCAS*	"
- Marine Acft Gp-24	*KMCAS*	"
- 7th Comm Battalion	*KMCAS*	"
U.S. COAST GUARD:		
Omega Station	*KMCAS*	*Medical Services*
Naval Ocean Surveillance Center	*Coconut Island*	*Laboratory*
Hawaii Pacific University	*KMCAS*	*Clinical experience for student RNs*
Kapiolani Community College	*Kapiolani*	*Clinical experience for student phlebotomists*

32612

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 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.)

32612

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT P. J. BARNETT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

2-1-94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

32612

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

314

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, MCB, Kaneohe Bay, HI

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
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	55,178	9,118	N/A	55,178	10,041	N/A
FAMILY OF AD	65,780	8,689	N/A	65,780	9,189	N/A
SUBTOTAL	120,958	17,807	N/A	120,958	19,230	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	21,632	2,910	N/A	21,632	2,910	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	5,628	861	N/A	5,628	861	N/A
OTHER	6,685	634	N/A	6,685	634	N/A
TOTAL	154,903	22,212	N/A	154,903	22,212	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]:	__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	14,709	17,834	1,674	34,217
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	---	---	---	342,393 *
RADIOLOGY PROCEDURES (WEIGHTED)[1]	---	---	---	21,964 *
PHARMACY UNITS (WEIGHTED)[1]	---	---	---	75,111 *
OTHER (SPECIFY) **RESOURCE SHARING**	N/A	---	---	19,147 **

[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 CHCS does not provide ADHOC ancillary workload information reports by the categories request above.**

**** The Resource Sharing workload is not collected in the categories specified above. Resource Sharing providers can only treat non-active duty beneficiaries, so the total workload only includes Family of Active Duty and Retired and Family.**

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	16,113	16,772	2,018	34,903
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	_____	_____	_____	351,882 *
RADIOLOGY PROCEDURES (WEIGHTED)[1]	-------	-------	--------	3,768 *
PHARMACY UNITS (WEIGHTED)[1]	_____	_____	_____	83,827 *
OTHER (SPECIFY) **RESOURCE SHARING**	N/A	N/A	N/A	23,835 **

[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.

Reflects a zero % no-show rate and approximately 8.2% increase from current workload.

* Information is only collected in the aggregrate and not available by beneficiary type.

**** The Resource Sharing workload is not collected in the categories specified above. Resource Sharing providers can only treat non-active duty beneficiaries, so the total workload only includes Family of Active Duty and Retired and Family.**

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	14,892	15,501	1,865	32,258
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	_____	_____	_____	325,214 *
RADIOLOGY PROCEDURES (WEIGHTED)[1]	----------	----------	----------	3,482 *
PHARMACY UNITS (WEIGHTED)[1]	_____	_____	_____	77,474 *
OTHER (SPECIFY) **RESOURCE SHARING**	N/A	N/A	N/A	22,029 **

[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.

Current workload demand taken from actual Oct 93 - Apr 94 workload, then averaged and extended to 12 months.

* Information is only collected in the aggregrate and is not available by beneficary

**** The Resource Sharing workload is not collected in the categories specified above. Resource Sharing providers can only treat non-active duty beneficiaries, so the total workload only includes Family of Active Duty and Retired and Family.**

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	4	4	4	5	5	5	5	5
SPECIALTY CARE[2]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDERS[3]	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	1	2	2	2	2	2	2	2
TOTAL	8	9	9	10	10	10	10	10

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

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	1,177
SPECIALTY CARE[2]	937
PHYSICIAN EXTENDER[3]	66
TOTAL	2,180

[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: **836,231**

The 1990 U.S. Census for the island of Oahu was used.

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]
Kuakini	Kuakini Health System	25 miles	40 min	N/A
Pali Momi	Kapiolani Health System	30 miles	60 min	N/A
Queens	* Unable to Obtain info	20 miles	40 min	N/A
Straub	Straub Inc.	30 miles	35 min	N/A
St Francis	Catholic Church	12 miles	20 min	N/A
St Francis West	Catholic Church Health System	35 miles	60 min	N/A
Wahiawa General	Community Hosp Association	40 miles	60 min	N/A
Castle	Castle, Inc.	11 miles	15 min	N/A
Kaiser-Perm	Kaiser-Perm	20 miles	35 min	N/A
Kapiolani	Kapiolani Health System	20 miles	35 min	N/A
Rehab Hosp of the Pacific	RHP Inc.	20 miles	35 min	N/A
HI State Hosp	State of Hawaii	10 miles	20 min	N/A
Shriners	Shriners	20 miles	35 min	N/A

Tripler Army Medical Cent	U.S. Army	20 miles	40 min	Multiple MOUs for exchange of services

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]
Kuakini	250	Yes	68%	Long-term Care, Home Care, Day Care, Helo Pad
Pali Momi	116	Yes	60%	Cardiac Center
Queens	506	Yes	*	Trauma Center
Straub	159	Yes	70%	Burn Center
St Francis	308	Yes	*	Gen Med/Surg
St Francis West	89	Yes	80%	OB, MRI
Wahiawa General	69	Yes	75%	ICU, Cancer Unit, OB, Blood Bank
Castle	160	Yes	70%	Chemo-therapy, Psych Residential
Kaiser-Permanente	201	Yes	65%	HMO, 8 OP Clinics
Kapiolani	232	Yes	68%	Women & Children Only

Rehab Hosp of Pacific	100	Yes	80%	Psych, Spinal, Brain, Stroke, Ortho, Amputee Care
Hawaii State Hosp	*	*	*	*
Shriners	40	Yes	*	Ortho/Burn
Tripler Army Medical Center	537	Yes	60%	GME Program, Service Pacific theatre

[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.

* Unable to obtain information requested. Facility/s would not provide info.

c. Training Facilities:

DATA CALL #26 - BRANCH MEDICAL CLINIC
MCAS KANEOHE HI
UIC: 32612

(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 of my knowledge and belief."

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

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

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

ACTIVITY COMMANDER

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

Bebe A Haffarnan
Signature

CLINIC DIRECTOR
Title

94 May 23
Date

BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HI
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)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 May 94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

8 JUNE 1994
Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	KANEOHE BAY MCAS
Unit Identification Code (UIC):	32612
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	40423	APTU	MCON	3,350
		Sub Total 1996		**3,350**
		Grand Total		**3,350**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

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:	NAVAL BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HAWAII
UIC:	32612
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE, KANEOHE BAY, HI
Host Activity UIC:	00318

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

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

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

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

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

Activity Name: NAVAL BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HAWAII	**UIC:** 32612

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	149	N/A	149
1b. Minor Construction	6	N/A	6
1c. Sub-total 1a. and 1b.	155	N/A	155
2. Other Base Operating Support Costs:			
2a. Utilities *	84	N/A	84
2b. Transportation	12	N/A	12
2c. Environmental	2	N/A	2
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	15	299	314
2j. Other (Specify)	47	N/A	47
2k. Sub-total 2a. through 2j:	160	299	459

3. Grand Total (sum of 1c. and 2k.):	315	299	614

*2a. UTILITY COSTS INCLUDE BRANCH DENTAL CLINIC KANEOHE BAY (41766)

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 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NAVAL BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HAWAII		**UIC:** 32612	
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	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: NAVAL BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HAWAII	**UIC:** 32612

Cost Category	FY 1996 Projected Costs ($000)
Travel:	17
Material and Supplies (including equipment):	208
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	313

DATA CALL 66
INSTALLATION RESOURCES

Total:	538

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL BRANCH MEDICAL CLINIC, MCB, KANEOHE BAY, HAWAII	**UIC:** 32612
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:	N/A

*** Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.
CONTRACT SUPPORT FOR TABLE 3 PERFORMED BY PUBLIC WORKS CENTER PEARL (62755) AND FLEET INDUSTRIAL SUPPLY CENTER PEARL (00604).

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

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the

future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
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(4)

Document Separator

47522

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 Medical Clinic Kansas City*
Acronym(s) used in correspondence	*Naval Branch Medical Clinic Kansas City*
Commonly accepted short title(s)	*Branch Clinic Kansas City*

- Complete Mailing Address
Naval Branch Medical Clinic
1500 East 95th Street
Kansas City, MO 64197-0501

- PLAD N/A

- PRIMARY UIC: 47522 (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: _____

47522

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X_____ (check one)

47522

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: 36000

• Primary Host (as of 01 Oct 1995) UIC: 36000

• Primary Host (as of 01 Oct 2001) UIC: 36000

• 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		

47522

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).

47522

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

Current Missions

- Provide Ambulatory Health Care for Marine Corps Support Activity personnel
- Medical Support for Marine Corps Field Training Exercises
- Provide Male and Female Wellness Training
- Conduct medical review of PRT questionaires

Projected Missions for FY 2001

- Provide Ambulatory Health Care for Marine Corps Support Activity personnel
-
-
-
-

47522

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

-
-
-

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

47522

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	00	03	03
• Tenants (total)	00	00	00

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	00	~~03~~ m.DS 0	00
• 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			
HMC Charles Harkey	DSN: 465-7761	DSN: 465-1694	
• Duty Officer			[N/A]
• CDR Jon D. Bayer	DSN: 792-2616	DSN: 792-2402	
• CDR Lawrence J. Giron	DSN: 792-3578	DSN: 792-2402	

47522

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					

47522

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".)

47522

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

47522

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

47522

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

315

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRCL KANSAS CITY (UIC 47522)

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
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	855		N/A	755		N/A
FAMILY OF AD	2,794			2,468		
SUBTOTAL	2,649			3,223		
RETIRED AND FAMILY MEMBERS UNDER 65	11,985			10,582		
RETIRED AND FAMILY MEMBERS OVER 65[4]	3,525			4,482		
OTHER	1,177.			1,422		
TOTAL	19,336			19,709		

NOT AVAILABLE

NOT AVAILABLE

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.

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]:	None
Set Up Beds[1]:	None
Expanded Bed Capacity[2]:	None

[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	1077	NA	NA	1077
ADMISSIONS	NA			
LABORATORY TESTS (WEIGHTED)[1]	185			185
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA			
PHARMACY UNITS (WEIGHTED)[1]	1337			1337
OTHER (SPECIFY)				

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	2500	NA	NA	2500
ADMISSIONS	NA			
LABORATORY TESTS (WEIGHTED)[1]	429	NA	NA	429
RADIOLOGY PROCEDURES (WEIGHTED)[1]	NA			
PHARMACY UNITS (WEIGHTED)[1]	3100	~~3100~~ NA	~~3100~~ NA	3100
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.

Capacity:

10 pts per day for 250 days = 2500

2500 patient capacity ratio to 1993 figure of 1077 = 232 % increase

2.32 x 185 labs = 429 labs

2.32 x 1337 pharmacy units = 3100

These figures are adapted as maximum capacity.

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	1233	NA	NA	1233
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]	213			213
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]	1538			1538
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.

If we had a general medical officer and xray capabilities, we would be able to treat more patients more definitively without referral. We estimate we could save 3 referrals per week. The above numbers represent an increase over norm by 3 patients per week x 52 weeks.

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]	None							
SPECIALTY CARE[2]	None							
PHYSICIAN EXTENDERS[3]	None							
INDEPENDENT DUTY CORPSMEN	01							
TOTAL	01							

[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.

Host Command, Marine Corps Support Activity, is planning to move this clinic into a larger facility. If approved, that move may take place in fy 95. If approved, MCSA plans to place an MO in the clinic and perhaps an IDC from another command.

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	NA	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.

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: 850,000

7. **Civilian Health Care.** Using the table below, identify the hospitals in your geographic location (using a 40 mile radius) and identify the type of hospital it is. Identify any services that are unique to the hospital and would not normally be expected to be provided by that type of hospital.

SMALL RURAL	COMMUNITY	TERTIARY	UNIQUE FEATURE(S)
	BAPTIST MED CENTER		
	BETHANY MED CENTER		
	RESEARCH MED CENTER		
	ST JOSEPH'S MED CENTER		
	HUMANA OP,KS		
	LEE SUMMIT HOSPITAL		
	MENORAH MED CENTER		
	OLATHE MED CANTER		
	PARKLANE MED CENTER		

St. Luke's Medical Center

Research Belton Medical Center

Research Medical Center

Truman East Medical Center

Truman West Medical Center

Children's Hospital

Trinity Medical Center

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]
INFO	UNAVAILABLE			

[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]
INFO UNAVAILABLE				

[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
NONE	NONE	NONE						

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)
NONE	NONE	NONE	NONE

(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 Departme: of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are require to provide a signed certification that states "I certify that the information contained herein is accura and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official ha reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) ha 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 tha information. Enclosure (1) is provided for individual certifications and may be duplicated as necessar You are directed to maintain those certifications at your activity for audit purposes. For purposes c this certification sheet, the commander of the activity will begin the certification process and eac reporting senior in the Chain of Command reviewing the information will also sign this certification shee This sheet must remain attached to this package and be forwarded up the Chain of Command. Copie 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 knowledg and belief.

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER
Title

6/6/94
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

315

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRCL KANSAS CITY
ACTIVITY UIC:47522

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

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

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 medical support to all Navy and Marine Corps personnel in the greater Kansas City area (approx 800 personnel). This support consists of daily sick call and referrals to appropriate advanced care facilities, and medical administration , to include supplemental care claims processing through the Naval Hospital in Great Lakes, IL.

2. Client/Customer Base. In the table below, identify your active duty clients/customers (i.e., what active duty bases, air stations, units and/or ships you support). Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the client/customer Unit Identification Code(UIC).

CLIENT/CUSTOMER	UIC	CLIENT / CUSTOMER LOCATION	
MCSA, KCMO	67443	1500 E. 95TH ST. KCMO	230
MCRSC	36005	10950 ELMONTE OVERLAND PARK, KANSAS	270
ARMED FORCES RECRUITERS	62440	2420 BROADWAY KANSAS CITY, MISSOURI	36
MEPS, KC	W190AA	2420 BROADWAY KANSAS CITY, MISSOURI	20
24TH MARINES	85217	721 PACKARD KANSAS CITY, KANSAS	35
HQ, 9TH MCD	85001	SUITE 240,10000 W. 75TH ST SHAWNEE, KANSAS	20
NAVRES READINESS CENTER	62054	3100 E. BRUSH CREEK KANSAS CITY, MISSOURI	30
NAVRES READINESS COMMAND	68332	301 NAVY DRIVE INDUSTRIAL AIRPORT, KANSAS	16
NAVAL AIR RES CENTER	N30924	300 NAVY DRIVE INDUSTRIAL AIRPORT, KANSAS	15
MIUW U114	80015	3100 E BRUSH CREEK KANSAS CITY, MISSOURI	5
NROTC , Kansas Univ.		One Military Science Way Lawrence, KS 66045	15

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	1,000	N/A	N/A
ACTIVE DUTY NON N/MC		0		
TOTAL ACTIVE DUTY		1,000		
FAMILY OF AD		0	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		0		
RETIRED AND FAMILY MEMBERS OVER 65		0		
OTHER		0		
TOTAL		1,000		

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

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	1,000	1,000	1,000	1,000	1,000	1,000	1,000
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

BUMED-822
MAS, 14 Jun 94

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Obtaining Rx meds from major MTF's for		
local members and retirees	24 hours	1 staff
Standby for physical training	24 hours	1 staff
Battle Skills Training	21 hours	1 staff

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
IDC CME Program	01	02	02	02	02	02	02	02

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):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
47522	Federal Building	2,200	50	Adequate

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

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

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

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

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
NA			

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 Naval Branch Medical Clinic, Kansas City, MO			
2. UIC 47522	3. CATEGORY CODE	4. NO. OF BUILDINGS 01	
5. SIZE 2,200 SF	A. GSF	B. NORMAL BEDS none	C.DTRS
6. LOCATION 1500 east 95th St	A. CITY Kansas City,	B.STATE MO	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	20		80	B18 new lots under construc	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	NA				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	NA				
(6) FOOD SERVICES	NA				
(7)LABORATORIES	NA				
(8) LOGISTICS	NA				
(9) INPATIENT NURSING UNITS	NA				
(10) LABOR-DEL-NURSERY	NA				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	50		50	Use of nearby Military MTF's	
(13) RADIOLOGY	NA				
(14) SURGICAL SUITE	NA				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(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: **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? Centralized in a location within 40 miles of all commands we serve.

b. What are the nearest air, rail, sea and ground transportation nodes? Air/ Richards-Gebauer AFB, Sea/ Great Lakes, IL Ground/ Kansas City, MO

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.

10 miles

Distance (in miles): 10

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

Easy access to all modes of mobilization transportation

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

5 minute walk for in-house clients
20 minute drive for other commands

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?

NA

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.

We have the only certified IDC in the Kansas City area. Losing this facility would cause our customers and automatic 45 - 60 mile trip to Whiteman AFB and Ft. Leavenworth.

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.

Absolutely. We are located in metro- Kansas City, with 15 community hospitals and major medical centers.

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. Our services have no impact on the local community.

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

We have no inpatient care capability.

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
NA		

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

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

N/A

BUMED-82 mds, 14 Jun

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	N/A		
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care:
SUPPLEMENTAL CARE COSTS WRAPPED UP IN 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.

(Above answers received as "hand-written")

BUMED-822
MSS, 14 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).

All workload from Branch Clinic Kansas City 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 94

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

Table A:

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

Table B:

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

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

Table C:

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

Table D:

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

15. Quality of Life.

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+	For this information, see host activity (Marine Corps Support			
Officer	3	Activity, Kansas City file			
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.

See Marine Corps Support Activity, Kansas City file

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. See Marine Corps Support Activity, Kansas City file

	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?

Not applicable, see Marine Corps Support Activity file

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

Not applicable, see Marine Corps Support Activity, Kansas City file

(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 Not Applicable. See MCSA, Kansas City File **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?

Not Applicable. See MCSA file

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

This facility not located on a base.

(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)

Consult standard Navy pay scales for this information.

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		

Consult Marine Corps Support Activity file for this information.

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)			

Not applicable. See Marine Corps Support Activity, Kansas City file

(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)	

Not Applicable. See Marine Corps Support Activity, Kansas City file.

(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.

There is no Naval Base at this location.

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)

There is no NAS at this location.

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

Not applicable.

(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					

Not applicable.

(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					

Spousal employment is through special services, Marine Corps Support, Kansas City

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.

No Naval base exists at this location.

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			

Not applicable

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)			

Not applicable

Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Not applicable

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			

Not applicable

Off Base Personnel - civilian			

Not applicable

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			

Not applicable

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			

Not applicable

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 Departme of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are requir to provide a signed certification that states "I certify that the information contained herein is accura and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official h reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) h 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 th information. Enclosure (1) is provided for individual certifications and may be duplicated as necessar You are directed to maintain those certifications at your activity for audit purposes. For purposes this certification sheet, the commander of the activity will begin the certification process and eac reporting senior in the Chain of Command reviewing the information will also sign this certification shee This sheet must remain attached to this package and be forwarded up the Chain of Command. Copie 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 knowledg and belief.

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER
Title

6/6/94
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

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC KANSAS CITY
UIC:	47522
Host Activity Name (if response is for a tenant activity):	MARINE CORPS FINANCE CENTER KANSAS CITY MISSOURI
Host Activity UIC:	62213

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC CLEVELAND		**UIC: 46487**	
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	0	0	0
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	2	0	2
2j. Other (Specify) Engineering Support, Supply, Chaplain, Communication, Hazardous Waste, Security	0	0	0
2k. Sub-total 2a. through 2j:	2	0	2
3. Grand Total (sum of 1c. and 2k.):	2	0	2

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)	
O&M	$ 2	
MPN	$ 0	
GRAND TOTAL 1A 3		$ 2

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 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: BRANCH MEDICAL CLINIC KANSAS CITY	UIC: 47522
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	3
Material and Supplies (including equipment):	20
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	0
Total:	23

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 KANSAS CITY	**UIC: 47522**
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:	N/A

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

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

14 JULY 1994
Date

NAVAL HOSPITAL GREAT LAKES ILLINOIS
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 7-27-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 06 AUG 1994

BRAC-95 CERTIFICATION

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

J. B. DILLARD, CDR, MSC, USN
NAME (Please type or print)

Signature

COMPTROLLER
Title

14 JULY 1994
Date

Division

FISCAL DEPARTMENT
Department

NAVAL HOSPITAL GREAT LAKES ILLINOIS
Activity

Document Separator

316

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BMC MAYPORT
ACTIVITY UIC: 32575

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

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

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 primary outpatient care to active duty personnel assigned to Naval Station, Mayport and tenant commands and ships of the operating forces. Retired and dependent care, is available through a Family Practice and Pediatric Partnership Program.

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)
HSL 42 SHORE	53913	Mayport	63
NAVAL AIR TRNG GRU DET 62	66069	"	62
HSL 44 SHORE	53975	"	61
HSL 48 SHORE	53918	"	57
COMCRUDESGRU 12	0109A	"	60
COMCARGRU 6	09578	"	57
HSL 46 SHORE	53916	"	55
COMHELWING	55212	"	55
COMBAT SYSTEMS TRAINING	52862	"	42
SURFLANT READ SUPP GRU MYPT	35323	"	40
NAVAL CONSTRUCTION BAT. UNT 420	55162	"	39
AFLOAT TRAGULANT ETG DET	43501	"	35
PERFORMANCE MONITORING TEAM	46506	"	30
BDC	68444	"	30

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PSD	42979	Mayport	20
NLSO MYPT	39292	"	21
NAVCOMSTA DET	68734	"	24
SUPSHIP JAX	62670	"	16
COMDESRON 14	0123A	"	14
COMDESRON 24	0133A	"	14
NAVOCEANCOM DET	65775	"	14
AEGIS TRNG SUPP GRU	355305	"	11
COMBAT SYS	45046	"	11
NAV SUP CTR	68836	"	10
FASO MYPT	09335	"	10
CREDO	48324	"	8
DECA	49030	"	8
EOD 2 DET	42038	"	7
NAVY FOOD MGMT TEAM	31226	"	7
SURFACE CHAPLAIN CTR	43538	"	4
NIS	42933	"	3
ROICC	62467	"	3
NAESU DET	30340	"	1
NEX	30792	"	1
NEX SVC CMD S.E. JUDCRIB	68149 44397	"	1 1

UNIT NAME SHIPS	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CV-60	03360	Mayport	2778
CG-19	52690	"	418
CG-55	21388	"	397
CG-66	21656	"	395
CG-64	21624	"	380
DD-923	20574	"	371
CG-69	21684	"	366
CG-61	214505	"	366
CG-58	21429	"	352
DD-981	20613	"	326
FFG-39	21106	"	228
FFG-31	21056	"	225
FFG-36	21103	"	221
FFG-8	21032	"	217
FFG-28	21053	"	216
FFG-34	21059	"	213
COMDESRON 8	43538	"	73
NARDET CV-60	22552	"	70
COMCRUDESGRU	0109A	"	60
COMCARGRU 6	09578	"	57
COMDESRON 14 COMDESRON 24	0123A 0133A	" "	14 14

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

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BUMED-822
mss, 3 Jun 94

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	46,184	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	1,463	N/A	N/A
TOTAL ACTIVE DUTY	N/A	47,648		N/A
FAMILY OF AD	N/A	31,770	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	2,666	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A BUMED-822 MSS, 3 Jun 94	N/A	N/A	N/A
OTHER	N/A	2,378	N/A	N/A
TOTAL	N/A	36,814		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	81,060	83,206	94,922	95,365	95,748	*	*
ADMISS.	0	0	0	0	0	0	0

* patient populations projections only available to 1999

Please show all assumptions and calculations in the space below:

4a. Outpatient Visits: For FY 94, we are averaging about 5,948 total outpatient visits monthly: 5,948 x 12 months=71,376 projected outpatient visits. FY 94 beneficiary population= 58,857; 71,376/58,857=1,235,798 outpatient visit rate per beneficiary. That rate multiplied by the projected beneficiary population for each subsequent FY provides the projected outpatient visits total for the associated FY.

NOTE: The projected population figures <u>do not</u> reflect projected downsizing because we have not yet been provided with that information.

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 IN HOURS	STAFF NEEDED/ EVENT
Stand by for PFT	12	2
Blount Island	112	2
Ship Stand by	12	2
4th of July	10	8
Special Events	18	2

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

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

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

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	Branch Medical Clinic	44,038	18	adequate

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	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.

* This report is based on old data. A comprehensive review of this facility is currently under way.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Branch Medical Clinic Mayport				
2. UIC 32575	3. CATEGORY CODE	4. NO. OF BUILDINGS 1		
5. SIZE 44,038	A. GSF	B. NORMAL BEDS N/A		C.DTRS
6. LOCATION	A. CITY Mayport		B.STATE Florida	

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	N/A				
(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	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: OCT 1991
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: __1__ (Record as 1,2,3,4,or 5)

Branch Clinic Mayport results are incorporated in the NH Jacksonville's results. Reference Hospitals data call.

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?

Convenience to the Active Duty personnel and a large retirement community.

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

Air-25 miles to commercial airport, 2 miles to Military, Rail-20 miles, Sea-1 mile(military ship), Ground-15 miles to local bus.

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): 2 miles

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

N/A

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

15 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

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.

Active Duty, dependents and retirees would have to travel 37 miles to NAS Jacksonville or be CHAMPUSed out.

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, Jacksonville is a large metropolitan city with numerous civilian hospitals and local providers.

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, Jacksonville is a large metropolitan city with numerous civilian hospitals and local providers.

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
BRMEDCLINIC MAYPORT	32575	32
FLT HOSP 4	68684	10
FLT HOSP 5	68685	4
FLT HOSP 15	45399	15
MAG-31, MCAS BEAUF	09131	1
FLT HOSP 8	45392	8
3D FORCE SERV SUP	67436	1
1ST MARINE BRIGADE KANEOHE	67339	8
1ST MARINE AIR WING	57079	1
U.S.N.H. ROTA	66101	6
U.S.N.H. P.R.	65428	2
NAME NOT LISTED	00232	2

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

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

* Training for these assignments is minimal. Would not have a great impact on the clinic.

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

* N/A

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	N/A		
OUTPATIENT	N/A		

BUMED-822 MSJ 3 Jun 94

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994 (THRU APRIL)	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	359	175K	301	221K	84	98K
AD FAMILY	55	12K	41	5K	1	0
OTHER	3	1	0	0	0	0
TOTAL	417	188K	342	226K	85	98K

[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 YTD
TOTAL COSTS	6,006,519	6,337,809	3,168,905
TOTAL OUTPATIENT VISITS	82,173	90,809	42,231
AVERAGE COST PER VISIT	$73	$70	$75

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

Table A: N/A

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

Table B: N/A

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

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

Table C: N/A

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

Table D: N/A

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

Data for pages 27-51 will be provided by Naval Station Mayport on Data calls #32 and #38.

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

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

CDR A. GRAHAM, NC, USN
NAME (Please type or print)

A Graham, CDR
Signature

OFFICER IN CHARGE (ACTING)
Title

27 May 94
Date

BRANCH MEDICAL CLINIC, MAYPORT
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

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 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, Mayport, FL*
Acronym(s) used in correspondence	*BRMEDCL MYPT, NAVSTA MAYPORT*
Commonly accepted short title(s)	*Medical*

- Complete Mailing Address

Officer in Charge
Naval Hospital Branch Medical Clinic
PO BOX 280148
Naval Station, Mayport, FL 32228

- PLAD
  BRMEDCLINIC MAYPORT FL

- PRIMARY UIC: 32575___ (Plant Account UIC for Plant Account Holders)
  Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): none _____ PURPOSE: _____
  _____ _____
  _____ _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No __X__ (check one)

UIC 32575

32575

. 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: 60201

• Primary Host (as of 01 Oct 1995) UIC: 60201

• Primary Host (as of 01 Oct 2001) UIC: 60201

• 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
None.		

UIC 32575

32575

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

Name	UIC	Location	Host name	Host UIC
Branch Medical Clinic Detachment	32575	USMC Blount Island, FL	Marine Coprs Logistics Base	38450

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.

Due to realignments, approximately thirteen ships are scheduled to be homeported at NS Mayport.

UIC 32575

32575

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 medical support to Fleet Operational Units.
- Provide medical support to Naval Station and tenant commands.
- Provide medical support to Marine Corps Logistics Base, Blount Island.
- Provide Preventive Medicine support to Naval Station and tenants commands.
- Provide medical support to other eligible beneficiaries (dependents and retirees).
-

Projected Missions for FY 2001

- Scope of mission is not expected to change with BRAC. However, population is expected to increase substantially; will result in increase in number of patients seen.
-
-
-
-

UIC 32575

32575

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

- NA
-
-

Projected Unique Missions for FY 2001

- NA
-
-

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, Jacksonville, FL	00232

• Funding Source	UIC
Naval Hospital, Jacksonville, FL	00232

41c 32575

32575

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	13	74	36
Tenants (total)	0	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	17	70	~~25~~ 2 GSA 2/9/94
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
• CO/OIC			
C. T. DUDLEY, CDR, MSC, USN	(904) 270-5555	(904) 270-6885	(904) 246-8773
• Duty Officer			[N/A]
•A. E. GRAHAM, CDR, NC, USN Assistant Officer in Charge	(904) 270-5648	(904) 270-6885	
•			

UIC 32575

32575

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					

32575

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.)
Partnership Providers		*We provide space and ancillary services for:*
Dr. Paul Fulgrum	*NS Mayport*	*Optometry - MOU*
Dr. Rogers Cain	*NS Mayport*	*Family Practice - MOU*
Dr. Woon Ki Sim	*NS Mayport*	*Family Practice - MOU*
Dr. Latha Shivashanker	*NS Mayport*	*Pediatrics - MOU*
Dr. Johnny Jada	*NS Mayport*	*Pediatrics - MOU*

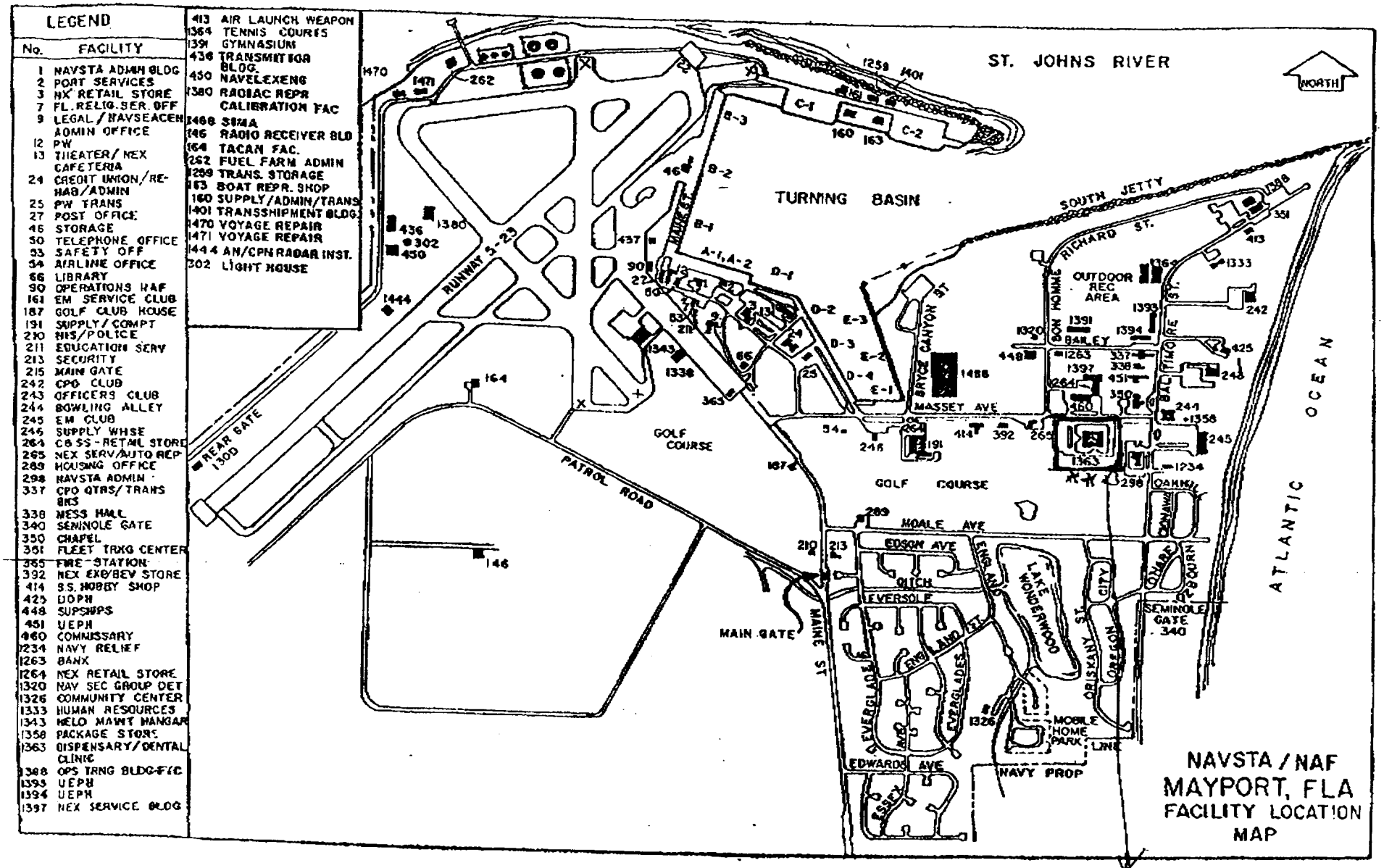
FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated 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.)



** Bldg 1363
BMC Mypt.
UIC: 60201

UIC 32276

TOTAL P.02

MIC 3-5-4

32575

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. V. HOLLLINGSWORTH, MC, USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

Commanding Officer
Title

8 Feb 94
Date

Naval Hospital, Jacksonville, FL
Activity

41C 32575

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

316

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:Branch Medical Clinic
Mayport, FL UIC 32575

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
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	13,711	SAME	N/A	17,056	SAME	N/A
FAMILY OF AD	19,273	SAME	N/A	24,432	SAME	N/A
SUBTOTAL	32,984	SAME	N/A	41,488	SAME	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	29,592	SAME	N/A	39,697	SAME	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,771	SAME	N/A	3,717	SAME	N/A
OTHER	24,773	SAME	N/A	33,232	SAME	N/A
TOTAL	57,757	SAME	N/A	77,479	SAME	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]:	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	49,978	34,655	4,103	88,736
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	304,340	211,071	24,966	540,377
RADIOLOGY PROCEDURES (WEIGHTED)[1]	22,076	15,310	1,811	39,197
PHARMACY UNITS (WEIGHTED)[1]	83,818	58,131	6,876	148,825
OTHER (SPECIFY)	N/A			2,113

Other includes U.S. Coast Guard, Reserves, etc.

[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.

STEV BUMPP-823
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.**

** Calculated as current workload plus 3%, an estimate only. No data exists to confirm what our capacity could be.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	51,477	35,695	4,226	91,398
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	313,470	217,403	25,715	556,588
RADIOLOGY PROCEDURES (WEIGHTED)[1]	22,738	15,769	1,865	40,372
PHARMACY UNITS (WEIGHTED)[1]	86,333	59,875	7,082	153,290
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-823
3 Jun 04

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.**

** Same information as table 3. We are unable to provide demand above the current workload because there is no easily accessible data source for information regarding outpatient visits, and ancillary weighted procedures obtained by our Medicare-eligible beneficiaries outside the direct-care system.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	49,9798	34,655	4,103	88,736
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	304,340	211,071	24,966	540,377
RADIOLOGY PROCEDURES (WEIGHTED)[1]	22,076	15,310	1,811	39,197
PHARMACY UNITS (WEIGHTED)[1]	83,818	58,131	6,876	148,825
OTHER (SPECIFY)	N/A			2,113

[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.

CGW BUMED-823
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]	5	7	7	7	7	8	8	9
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	2	2	2	2	3	3	4
INDEPENDENT DUTY CORPSMEN	2	2	2	2	2	3	3	4
TOTAL	8	11	11	11	11	14	14	17

[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.

*** Branch Medical Clinic Mayport is served by the same metropolitan area of Jacksonville as Naval Hospital Jacksonville, see data call 26 for USNH Jacksonville.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	N/A
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.

CSU BUMED-823
3 Jun 94

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: 672,971 Jacksonville and Duval Co.

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]
Baptist	NON PROFIT	23	35	
Beaches	NON PROFIT	12	20	
Memorial	NON PROFIT	21	30	
Methodist	NON PROFIT	23	40	
N. H. Jax	GOVERNMENT	45	55	N/A
Riverside	NON PORFIT	27	50	
St. Johns River	FOR PROFIT	21	30	
St. Lukes	MAYO AFFILIATE	23	30	
University	NON PORFIT	23	40	
Wolfson Children	NON PROFIT	23	35	

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

STW BUMED-823
3 Jun 94

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]
Baptist	601	YES	65%	Trauma I/Peds/Helo
Beaches	82	YES	44%	
Memorial	343	YES	88%	Trauma I
Methodist	244	YES	51%	
N. N. Jax	176	YES	56%	Military
Riverside	183	YES	60%	Psych
St. Johns River	99	YES	45%	
St. Lukes	289	YES	55%	
University	528	YES	70%	Trauma III/Helo
Wolfson Children	180	YES	*	Psych

* Part of Baptist Hospital.

[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

BMC Mayport - 32575

(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.

32575- BMC Mayport

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

A. GRAHAM, CDR, MC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE (Acting)
Title

Date 15 JUL 94

BRANCH MEDICAL CLINIC, NS MAYPORT
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)

D. V. HOLLINGSWORTH, CAPT MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 15 Jul 94

NAVAL HOSPITAL, JACKSONVILLE 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

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

X Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-19-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 8/3/94

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

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

Installation Name:	Mayport NAVSTA
Unit Identification Code (UIC):	32575
Major Claimant:	Defense Agnecies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
2001	25979	Medical/Dental Clinic	MCON	10,200
		Sub -Total 2001		**10,200**
		Grand Total		**10,200**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

Gordon K. Dowery
NAME (Please type of print)

Director, DMFO
Title

OASD(HA)
Activity

Gordon K Dowery
Signature

7/8/94
Date

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: **Naval Branch Medical Clinic, NS Mayport**

UIC: **32575**

Host Activity Name (if response is for a tenant activity): Naval Station Mayport BUMED 822 imb, 19 Jul 94

Host Activity UIC: 60201

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: Naval Branch Medical Clinic, NS Mayport UIC: 32575

Category	FY 1996 BOS Costs ($000)		
1. Real Property Maintenance Costs:	**Non Labor**	**Labor**	**Total**
1a. Maintenance and Repair	8	0	8
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	8	0	8
2. Other Base Operating Support Costs:			
2a. Utilities	90	0	90
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	136	0	136
2j. Other (Specify)	0	0	0
2k. Sub-total 2a. through 2j:	227	0	227
3. Grand Total (sum of 1c. and 2k.):	235	0	235

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

Appropriation	Amount ($000)

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: Naval Branch Medical Clinic, NS Mayport **UIC: 32575**

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	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:			

DATA CALL 66
INSTALLATION RESOURCES

3. **Depreciation**

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: Naval Branch Medical Clinic, NAS JAX **UIC: 23573**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	18
Material and Supplies (including equipment):	1,835
Industrial Fund Purchases (other DBOF purchases):	42
Transportation:	14
Other Purchases (Contract support, etc.):	244
Total:	2,153

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears

Activity Name: **UIC:**

Contract Type		**FY 1996 Estimated Number of Workyears On-Base**
Construction:		
Facilities Support:		
Mission Support:	**HSC/Partnerships**	**3.5**
Procurement:		
Other:*		
Total Workyears:		3.5

BUMED-822
MA, A Jul 94

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

3.5

2) Estimated number of workyears which would be eliminated:

N/A ~~0~~ BUMED-822 mll, 25 Jul 94

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

Commanding Officer
Title

13 Jul 94
Date

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

X Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-24-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

04 AUG 1994
Date

Document Separator

317

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Medical Clinic Quantico - Marine Corps Air Facility

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
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*	4846	4846	N/A	4846	4846	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	N/A	N/A
SUBTOTAL	N/A	N/A	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A	N/A	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	4846	4846	N/A	4846	4846	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

[4] THIS SECTION MUST BE COMPLETED.

BUMED 822, MMS, 2 Jun 94

*Based on FY93 workload data.

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*	4846	N/A	N/A	4846
ADMISSIONS N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	N/A	N/A	N/A	N/A
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED)[1]	N/A	N/A	N/A	N/A
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.

* Only visits can be split out for this clinic, since ancillary services are counted in total with main clinic. See UIC 00231 for additional information.

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*	4846	N/A	N/A	4846
ADMISSIONS N/A				
LABORATORY TESTS (WEIGHTED)[1] N/A				
RADIOLOGY PROCEDURES (WEIGHTED)[1] N/A				
PHARMACY UNITS (WEIGHTED)[1] N/A				
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.

Using FY93 data.

* Only visits can be split out for this clinic, since ancillary services are counted in total with main clinic. See UIC 00231 for additional information.

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*	2452	N/A	N/A	2452
ADMISSIONS N/A				
LABORATORY TESTS (WEIGHTED)[1] N/A				
RADIOLOGY PROCEDURES (WEIGHTED)[1] N/A				
PHARMACY UNITS (WEIGHTED)[1] N/A				
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.

* Figure is for 1st, 2nd and part of 3rd quarter FY94.
**Only visits can be split out for this clinic, since ancillary services are counted in total with main clinic. See UIC 00231 for additional information

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] N/A								
PHYSICIAN EXTENDERS[3] N/A								
INDEPENDENT DUTY CORPSMEN N/A								
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.

* See UIC 00231 for further information.

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. N/A

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.

* See UIC 00231 for futher information.

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: N/A
N/A

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]
Potomac Hospital				
Mary Washington Hospital				
DeWitt Army Community Hospital				

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

* See main clinic, UIC 00231, for additional information.

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]
Potomac Hospital				
Mary Washington				
DeWitt Amry Community				NONE

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.
[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

* See main clinic, UIC 00231, for additional information.

c. Training Facilities:

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

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

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

(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.

N/A

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
*	4	120	350,400

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

* TRAINING FACILITY IS N/A. THESE CLASSROOMS ARE USED FOR STAFF TRAINING, GMT, INDOC, ETC.

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

W. R. Straugh
NAME (Please type or print)

W. R. Straugh
Signature

CO
Title

5/25/94
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.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date: June 3, '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. P. GREENE JR.

NAME (Please type or print) — Signature

ACTING

Title — Date: 8 JUN 1994

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

. NAME

Official name	Marine Corps Air Facility, Branch Medical Clinic, Quantico, VA
Acronym used in Correspondence	MCAF, BRMEDCL, Quantico, VA
Commonly accepted short title	N/A

. COMPLETE MAILING ADDRESS

Branch Medical Clinic
MCAF-BLDG 2100
Rowell Road
Quantico, VA 22134-6050

. PLAD - MCAF, Quantico, VA

. PRIMARY UIC: M00264

. ALL OTHER UIC(S): 32640 Purpose: Activity UIC
00231 Parent Activity

2. PLANT ACCOUNT HOLDER:

. No

UIC: 32640

3. ACTIVITY TYPE:

- HOST COMMAND - No
- TENANT COMMAND - Yes
- INDEPENDENT ACTIVITY - No

4. SPECIAL AREAS - N/A

5. **Detachments:**

Name	UIC	Location	Host Name	UIC
BRMEDCL, MCAF	32640	Quantico, VA	Marine Corps Combat Development Command Quantico, VA	M00264
BRMEDCL, OCS	45956	Quantico, VA	Marine Corps Combat Development Command Quantico, VA	M00264
BRMEDCL, TBS	45957	Quantico, VA	Marine Corps Combat Development Command Quantico,VA	M00264

6. **BRAC IMPACT:**

None

7. MISSION:

CURRENT MISSIONS

Provide general clinic (outpatient) services primarily for active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services. Subject to the availability of space facilities and capabilities of the medical staff, provide general clinic services for other authorized persons as prescribed by Title 10, U.S. Code, and other current directives. Provide clinic specialty and subspecialty services as directed. Provide coordinated clinic health care services for all medical treatment facilities and activities assigned and exercise local coordination of other functions, as directed. Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties. Ensure that the clinic is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Ensure that the requirements for the requisite quality of health care standards are maintained. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces to ensure the highest possible degree of operational readiness of these forces and activities. Conduct appropriate education programs for assigned military personnel and ensure military and health care standards of conduct and performance are achieved and maintained. Participate as an integral element of the Navy and Tri-Service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

PROJECTED MISSIONS FOR FY 2001

No anticipated change in mission.

8. **UNIQUE MISSIONS:**

CURRENT UNIQUE MISSIONS

The Marine Corps Base (MCB), Quantico supports intensive training for over 26,000 active and reserve Marines and Sailors each year. This training consists of strenuous physical activity and includes live firing of small arms, crew served weapons, mortar, artillery and tanks. The base also supports the staff activities of several other component and tenant commands including an active Marine Corps Air Facility that hosts HMX-1. This Marine Squadron provides direct air lift support for the President, his senior staff and members of Congress. Specific medical missions include:

- Access to medical care for a large Marine Corps active duty population. The Marine Corps Combat Development Command (MCCDC) includes Headquarters and Service Battalion; Service Company: Operational Company, Taco Company, Headquarters Company, and Equipment & Readiness Company; and Weapons Training Battalion.

- A large local DEERS eligible beneficiary population. More than eight thousand active duty members and their dependents actually live aboard the base and over thirteen thousand personnel work aboard the base on a daily basis.

- Medical support for Marine Corps Marathon.

- Officer Candidate classes are scheduled throughout the year at the Officer Candidate School (OCS) medically supported by the OCS branch clinic.

- The Basic School (TBS) offers basic officer training through annual classes at Camp Barrett supported medically by the TBS branch clinic.

- The Marine Corps Air Facility (MCAF) supports an active airfield as well as hosting HMX-1. HMX-1 provides direct airlift support for the President, his senior staff, and members of Congress. A separate branch medical clinic treats members daily.

- The Marine Security Guard (MSG) Battalion holds quarterly classes to train Embassy guards deployed internationally.

- The Marine Corps University is comprised of the Amphibious Warfare School, Command and Staff College, Communication Officers School, and the Staff Non Commissioned Officers School.

PROJECTED UNIQUE MISSION FOR FY 2001

No anticipated change in mission.

9. **IMMEDIATE SUPERIOR IN COMMAND (ISIC):**

.Operational name	UIC
Commanding General Marine Corps Base Quantico, VA 22134	30002

.Funding Source	UIC
Naval Health Care Support Office Norfolk, VA 23508	68908

BUMED

00018 SA

10. **PERSONNEL NUMBERS:**

On Board Count as of 1 January 1994

	Officers	Enlisted	Civilian
. Reporting Command	48	134	53
. Contracted	0	0	24*
. Tenants	5	0	6

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
. Reporting Command	48	~~137~~ 121 GSA	~~56~~ 55 GSA
. Tenants	5	0	6

11. **KEY POINTS OF CONTACT (POC)**

Title/Name	Office	Fax	Home
.CO/OIC			
W. R. STRAUGHN CAPT, MSC, USN COMMANDING OFFICER NMCL QUANTICO, VA	(703) 640-2236	(703) 640-3536	(703) 640-0649
.Duty Officer			
.Rotating Officers	(703) 640-2525	(703) 640-3536	N/A

12. **TENANT ACTIVITY LIST:**

. Tenants residing on main complex (shore command)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Naval Medical Doctrine Center	49723	5	0	6

13. **REGIONAL SUPPORT:**

ACTIVITY	LOCATION	SUPPORT FUNCTION
NNMC BETHESDA	BESTHESDA MD.	(MOU) Provide professional training program for psychiatry residents.
PENNSYLVANIA COLLEGE OF OPTOMETRY	PHILADELPHIA PA.	(MOU) Provide professional training program for Optometry students.
INDIANA UNIVERSITY	BLOOMINGTON, IA.	(MOU) Provide professional training program for Optometry students.
GEORGE MASON UNIVERSITY	FAIRFAX, VA.	(MOU) Establish approved program for training of Adult Nurse Practioner students.
UNIVERSITY OF VIRGINIA	CHARLOTTES-VILLE VA.	(MOU) Establish approved program for training of Adult, Pediatric and Family Nurse Practioner.
NORTHERN VIRGINIA COMMUNITY COLLEGE	ANNDALE VA.	(MOU) Establish a profes-sional program of Phlebotomy students.
NAVAL SCHOOL OF HEALTH SCIENCES	BETHESDA, MD.	(MOU) Utilize professional resources, clinical facilities, space and equipment for purpose of providing an intergrated program of training.
HEAD LIBRARIAN STITT LIBRARY NNMC BETHESDA	BETHESDA, MD.	(MOU) Provide mutual assistance of retrieval in medical literature and reference material.
MARINE HELICOPTER SQUADRON ONE	QUANTICO, VA.	(ISA) Identify responsi-bility and functional funding responsibility.
PRESIDENT PRINCE WILLIAM HOSPITAL MANASSAS	MANASSAS, VA	Mutual Aid and assist in the event of local disaster.

ACTIVITY	LOCATION	SUPPORT FUNCTION
PRESIDENT POTOMAC	WOODBRIDGE, VA.	(MOU) Provide mutual aid and assist in the event of a local disaster.
PRESIDENT PRINCE WILLIAM HOSPITAL MANASSAS	MANASSAS, VA.	Mutual Aid and assist in the event of local disaster.
BOARD OF SUPERVISORS STAFFORD COUNTY VA. AND THE STAFFORD COUNTY FIRE AND RESCUE CHIEF ASSOCIATION.	STAFFORD, VA.	(MOU) Protocal on emergency rescue and medical support for the county.
AMERICAN RED CROSS	QUANTICO, VA.	(MOU) Provide ARC volunteers to assist at NMCL Quantico, Va.
STRATEGIC LOGISTIC AGENCY	QUANTICO, VA.	(ISSA) Support with Industrial Hygiene and Preventive Medicine Support.
U. S. DEPT. OF JUSTICE, DRUG ENFORCEMENT AGENCY	QUANTICO, VA.	(ISSA) Support with Industrial Hygiene and Preventive Medicine Support.
FEDERAL AVIATION ADMINISTRATION FEDERAL AIR MARSHAL	QUANTICO, VA.	(ISA) Support with Industrial Hygiene and Preventive Medicine Support.
USMC INTELLIGENCE CENTER	QUANTICO, VA.	(ISA) Support with Industrial Hygiene and Preventive Medicine Support.
MARINE CORP COMPUTER AND TELCOMMUNICATION AGENCY	QUANTICO, VA.	(ISA) Support with Industrial Hygiene and Occupational Health.

ACTIVITY	LOCATION	SUPPORT FUNCTION
DEFENSE COMMISSARY AGENCY	QUANTICO, VA.	(ISA) Support with Industrial Hygiene and Occupational Health
MARINE CORPS AIR GROUND MUSEUM	QUANTICO, VA.	(ISA) Support with Industrial and Occupational Health
MARINE SECURITY GUARD BATTALION	QUANTICO, VA.	(ISA) Support with Industrial and Occupational Health.
FBI ACADEMY	QUANTICO, VA.	(MOU) Support with Industrial and Occupational Health.

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

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

W. R. Straughn
Signature

COMMANDING OFFICER
Title

7 Feb 94
Date

NMCL, QUANTICO, VA
Activity

00231
65A

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature 10 FEB 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)

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

317

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL MEDICAL CLINIC
QUANTICO - Marine Corps Air Facility
ACTIVITY UIC: 32640

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

April 4, 1994

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

TABLE OF CONTENTS

Mission Requirements

1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities

7. Facilities Description 10,11,12,13,14,15

Location

8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities

10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

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.

* See UIC 00231 package and attached letters.

DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
WASHINGTON DC 20380-0001

IN REPLY REFER TO
~~6025~~ 6 Ser
MED01
5 Oct 92

From: Commandant of the Marine Corps

Subj: CREDENTIALS REVIEW, CLINICAL PRIVILEGING OF HEALTH CARE PROVIDERS, AND MEDICAL QUALITY ASSURANCE

Ref: (a) DOD Directive 6025.6
(b) SECNAVINST 6320.23
(c) BUMEDINST 6320.66A
(d) CMC ltr 6025/MED01 of 01 Feb 1992

1. References (a) through (c) establish the requirements for credentials review and clinical privileging of health care providers and medical quality assurance. Reference (d) established responsibility for the provision of these requirements for specific commands which did not otherwise have privileging authorities assigned.

2. Since the issuance of reference (d), it has become apparent that two additional commands with medical personnel assigned do not fall within the scope of references (a) through (c) for the purpose of establishing a privileging authority. These commands are Marine Barracks, Washington, D.C. and Mountain Warfare Training Center, Bridgeport, California.

3. FMFPAC will incorporate the medical credentials, health care privileging, and medical quality assurance requirements of Mountain Warfare Training Center, Bridgeport, California into their medical credentialing, privileging, and medical quality assurance program.

4. FMFLANT will incorporate the medical credentials, health care privileging, and medical quality assurance requirements of Marine Barracks, Washington, D.C. into their medical credentialing, privileging, and medical quality assurance program.

5. The provision of credentials review, granting of clinical privileges, and medical quality assurance by FMFPAC or FMFLANT to Marine Barracks, Washington, D.C. and Mountain Warfare Training Center, Bridgeport, California does not in any way alter command relationships in any other area.

F. G. SANFORD
Rear Admiral, Medical Corps
U.S. Navy
The Medical Officer
U.S. Marine Corps

FILE

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

5450
Ser 312/4U810322.A
19 Apr 94

IN REPLY REFER TO

From: Chief, Bureau of Medicine and Surgery
To: Commanding Officer, Naval Medical Clinic, Quantico

Subj: DISESTABLISHMENT OF BRANCH MEDICAL CLINIC (BRMEDCLINIC), MARINE CORPS AIR FACILITY (MCAF), QUANTICO, VIRGINIA

Ref: (a) 5040 Ser 00IG/3U236650 of 29 Sep 93
(b) PHONCON BUMED (MED-3125) M.E. Shepherd/Naval Medical Clinic (NAVMEDCLINIC) Quantico, CDR Pieczynski, of 16 Mar 94
(c) Naval District Washington Instruction (NDWINST) 5450.4

1. Tab A of reference (a) recommends disestablishment of BRMEDCLINIC MCAF Quantico (UIC 32640). Reference (b) confirmed Commanding Officer, NAVMEDCLINIC Quantico's concurrence with recommendation.

2. Per references (a) and (b), we have initiated the requested deletion of UIC 32640.

3. Please take appropriate action to correct reference (c).

4. If you have any questions, point of contact is Mr. Martin Shepherd (MED-3125), DSN 294-0258 or commercial (202) 653-0258.

R. D. Hickey
By direction

Enclosure (1

DEPARTMENT OF THE NAVY
COMMANDING OFFICER
NAVAL MEDICAL CLINIC
2200 LESTER STREET
QUANTICO, VIRGINIA 22134-6050

IN REPLY REFER TO:
5450
Ser00/0018

4 May 94

From: Commanding Officer, Naval Medical Clinic, Quantico
To: Commanding General, Marine Corps Base, Quantico
Via: Chief of Staff, Marine Corps Base, Quantico

Subj: DISESTABLISHMENT OF BRANCH MEDICAL CLINIC, MARINE CORPS AIR FACILITY, QUANTICO, VIRGINIA

Encl: (1) Chief, BUMED ltr, 5450, 312/4U810322.A of 19 Apr 94
(2) CMC ltr ser 6520/1, MEDO1 of 5 Oct 92

1. Enclosure (1) is provided for your information.

2. This was an action item (**for BUMED**) recommended by the BUMED Inspector General during his inspection of Naval Medical Clinic, Quantico 1 thru 9 Sep 93. Per enclosure (1) BUMED is taking the recommended action to disestablish the activity **as it exist under Claimancy 18 (BUMED).** Manpower assets have long been under control of CO, HMX1. Authority and responsibility for credentials review, clinical privileging of Health Care Providers and medical quality assurance was assigned to FMFLANT. Enclosure (2) refers. Although I have no documentation, I believe that this has been further realigned under COMCABEAST.

Good

3. Working with CO, HMX1, we have developed an Interservice Support Agreement (ISSA) between CO, NMCL(Q) and CO, HMX1 under which, NMCL(Q) will continue to provide funding ($4-5K per year) and technical medical and administrative consultation to HMX1. We will also assist in collection and reporting of workload data. Colonel Demars, CO of HMX1 has signed the ISSA and we have forwarded it to BUMED for review and anticipated approval.

4. Ultimately, the funding responsibility should also be transferred. However, until BUMED can also effect this change, I do not envision a significant fiscal impact on the NMCL(Q) operation, due to the small amount of funds involved.

5. **Bottom line:** Deletion of UIC 32640 should be transparent to all but the "bureaucrats".

Very Respectfully,

W. R. Straughn

W. R. Straughn

Copy: CO, HMX1

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)
*HMX-1	02403	Quantico	728

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

* These customers also visit main clinic. All support services are also provided by main clinic, UIC 00231.

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	2453	N/A	19.5
ACTIVE DUTY NON N/MC	N/A	N/A	N/A	N/A
TOTAL ACTIVE DUTY	N/A	2453		19.5
FAMILY OF AD	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A
TOTAL	N/A	~~2452~~ 2453		19.5

BUMED-822, m.21, 2 Jun 94

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	4846	4846	4846	4846	4846	4846	4846
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:

* Based on FY93 class schedule.

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 vents, etc.). N/A

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT

* See main clinic, UIC 00231, for further information. Field hours are included in main clinic numbers.

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. N/A

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

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

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

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

FACILITIES

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

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 of BRAC realignments or closures. N/A

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. N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

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

7. FACILITY ASSESSMENT

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

FORM INSTRUCTIONS

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

(1) Deficient Status of Condition Types - first character

- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria

E - Nonexistence
F - Total Obsolescence or Deterioration

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

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

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

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

* See main clinic, UIC 00231, for JCAHO information.

LOCATION:

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

* See UIC 00231 package.

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

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

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. Andrews Air Force Base

Distance (in miles): _____

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

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

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

* See UIC 00231 package.

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.

* See UIC 00231 package.

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

* See main clinic, UIC 00231, for this information.

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

* See main clinic, UIC 00231, for this information.

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

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

* See UIC 00231 package.

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

* See UIC 00231 package.

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).

* See UIC 00231 package.

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

15. Quality of Life. **QUALITY OF LIFE INFORMATION TO BE PROVIDED BY THE BASE: "MARINE CORPS COMBAT DEVELOPMENT COMMAND (MCCDC), QUANTICO"**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

W. R. STRAUGHN
NAME (Please type or print)

W. R. Straughn
Signature

COMMANDING OFFICER
Title

5/25/94
Date

NAVAL MEDICAL CLINIC
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title 6-3-94 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. GROONE JR. NAME (Please type or print) JB Groone Jr Signature

ACTING Title 6/9/94 Date