

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BMC, Naval Auxillary Landing Field, San Clemente Island, CA
UIC:	41431
Host Activity Name (if response is for a tenant activity):	Naval Auxillary Landing Field, San Clemente Island, Ca
Host Activity UIC:	00246

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRMEDCL ANNEX SCI SDIEGO CA		UIC: 41431	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor Civ/Mil*	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3		3
1b. Minor Construction	6		6
1c. Sub-total 1a. and 1b.	9		9
2. Other Base Operating Support Costs:			
2a. Utilities	51		51
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other Engineer Support	16		16
2k. Supply Operations			
2l. Other Personnel Support			
2m. Base Communications	5		5
2n. Physical Security			

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2o. Sub-total 2a. through 2n:	72		72
3. Grand Total (sum of 1c. and 2o.):	81		81

*** Note: FY 96 Military Personnel Cost is based on FY 94 8 months actual (NC2171), use 8 months average to project out for the year and straight line for the out years.**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
9760130.188J	\$81

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..

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Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A		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.) :			

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRMEDCL ANNEX SCI SDIEGO CA	UIC: 41431
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	0
Material and Supplies (including equipment):	15
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	0
Total:	15

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3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRMEDCL ANNEX SCI SDIEGO CA	UIC: 41431
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	*
Facilities Support:	*
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.

* **All On-Base work/services are being performed/contracted by the Navy Public Works Center and the Southwest Division, Naval Facilities Engineering Command.**

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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.? N/A.

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

2) Estimated number of workyears which would be eliminated:

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

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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): None.

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR FOR BRANCH CLINIC OPERATIONS
Title

July 14, 1994
Date

BRMEDCL ANNEX SCI SDIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

T. K. BURKHARD, CAPT, MC, USN

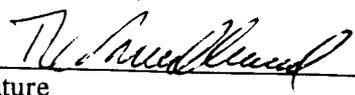
NAME (Please type or print)

COMMANDER, ACTING

Title

NAVAL MEDICAL CENTER, SAN DIEGO

Activity


Signature

7/14/94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

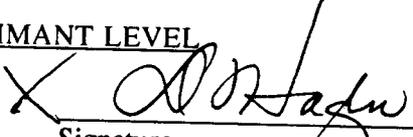
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

X 
Signature

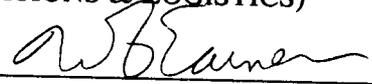
7-19-94
Date

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

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

W. A. EARNER

NAME (Please type or print)


Signature

Title

04 AUG 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

Official name	<i>Branch Medical Clinic, Annex, Naval Auxillary Landing Field, San Clemente Island, Ca</i>
Acronym(s) used in correspondence	<i>BMC ANNEX NALF SCI SD</i>
Commonly accepted short title(s)	<i>BRMEDCL ANNEX SCI SDIEGO CA</i>

• Complete Mailing Address

Branch Medical Clinic Annex
 NALF San Clemente Island
 San Diego, Ca 92135

• PLAD: NO PLAD LISTED

• PRIMARY UIC: 41431 (Plant Account UIC for Plant Account Holders)
 Enter this number as the Activity identifier at the top of each Data Call response page.

• ALL OTHER UIC(s): NONE PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

• Yes No XX (check one)

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

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

• Yes No (check one)

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

- Yes No (check one)
- Primary Host (current) UIC: 00246
- Primary Host (as of 01 Oct 1995) UIC: 00246
- Primary Host (as of 01 Oct 2001) UIC: 00246

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

• Yes No (check one)

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

Name	Location	UIC
NONE	NONE	NONE

UIC: 41431

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

Name	UIC	Location	Host name	Host UIC
NONE	NONE	NONE	NONE	NONE

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

NONE

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

Current Missions

- Due to isolated location (Island off the coast of Los Angeles) following are provided.
- Provides routine and emergency medical care to all eligible beneficiaries.
- Provides occupational injury and emergency care to civil service employees. e.g. SpecWar
- Provides emergency care to contract personnel.
- Completes Lab Tests, fill prescriptions, do audiograms, sight screening, physical Health. exams, aircraft mishap procedures and EKG's.

Projected Missions for FY 2001

- Same as above with increase in personnel assigned to Island. 100 new personnel assigned this Fiscal Year (FY-94).
- Increased operations requiring medical support.

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

On Board Count as of 01 January 1994

Reporting Command	Officers	Enlisted	Civilian (Appropriated)
00259/41431	<u>717/0</u>	<u>1564/3</u>	<u>1223/0</u>
Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

Reporting Command	Officers	Enlisted	Civilian (Appropriated)
00259 ⁰² /41431	717 ⁰² /0	1564 ⁰² /3	1223 ⁰² /0
Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
<u>F. C. CLINE, CDR, MSC, USN</u>	<u>(619) 545-4264</u>	<u>(619) 545-0761</u>	<u>(619)656-0529</u>
• Duty Officer	<u>(619) 524-9356</u>	<u>(619)832-7446</u>	

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

- Tenants residing on main complex (shore commands)

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

- Tenants residing on main complex (home ported units.)

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

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

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

- Tenants (Other than those identified previously)

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

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	N/A	N/A

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR BRANCH CLINIC OPERATIONS
Title

Feb 1, 1994
Date

NAVAL MEDICAL CENTER 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)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

R.A. Nelson
Signature

COMMANDER
Title

2 Feb 94
Date

NAVAL MEDICAL CENTER 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

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

X R. I. Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J.B. Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCL ANNEX SCI SDIEGO CA
UIC 41431**

324

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	N/A	229	N/A	N/A	250	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	N/A	N/A
SUBTOTAL	N/A	229	N/A	N/A	250	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	95	N/A	N/A	104	N/A
TOTAL	N/A	324	N/A	N/A	354	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.

* The FY 2001 projected population is based on an increase of 9% from FY 94 to FY 99.

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

Operating Beds ¹ :	<u>N/A</u>
Set Up Beds ¹ :	<u>N/A</u>
Expanded Bed Capacity ² :	<u>N/A</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	826	0	0	111	937
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹ *	7,054	0	0	948	8,002
RADIOLOGY PROCEDURES (WEIGHTED) ¹ *	0	0	0	0	0
PHARMACY UNITS (WEIGHTED) ¹ *	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0

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

* Ancillary workload not collected by PatCat; used PatCat % for visits.

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

N/A. The clinic is performing at maximum capacity based on existing resources.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS *	1,074	0	0	144	1,218
ADMISSIONS *	0	0	0	0	0
LABORATORY TESTS (WEIGHTED) **, **	9,170	0	0	1,232	10,403
RADIOLOGY PROCEDURES (WEIGHTED) ¹ **, **	0	0	0	0	0
PHARMACY UNITS (WEIGHTED) ¹ **, **	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0

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

* Actual plus 30% (provided by CHAMPUS).

** Ancillary workload not collected by PatCat; used PatCat 5 for visits.

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

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

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.

(See Core Hospital N00259)

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

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

(See Core Hospital N00259)

Region Population: _____

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):

(See Core Hospital N00259)

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

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

(See Core Hospital N00259)

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²

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

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

c. Training Facilities:

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

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

A = STUDENTS PER YEAR

B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED

C = A x B

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

BRMEDCL ANNEX SCI SDIEGO CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

COMMANDER
Title

NAVAL MEDICAL CENTER SAN DIEGO
Activity

R. A. Nelson
Signature

27 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature

6-7-94
Date

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

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

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

Acting
Title

J. B. Greene Jr.
Signature

10 JUN 1994
Date

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL ANNEX SCI
SDIEGO CA
ACTIVITY UIC: 41431

324

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

BMA San Clemente Island, is 80 miles off the coast of San Diego, CA and is currently staffed by three Independent Duty Corpsmen. The mission is provide for the health and welfare and emergency treatment of the 165 active duty military and 200 civil service employees permanently stationed on the island. In addition, care is provided for all other military members conducting various operations on the island on a temporary status.

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)
NALF SCI	31466	SCI CA	N/A
FAS FAC	09528	SCI CA	N/A
UDT SCHOOL	68869	SCI CA	N/A
NAVY EXCHANGE	30394	SCI CA	N/A

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	0	2,156	0	0
ACTIVE DUTY NON N/MC	0	52	0	0
TOTAL ACTIVE DUTY	0	2,208		0
FAMILY OF AD	0	0	0	0
RETIRED AND FAMILY MEMBERS UNDER 65	0	0	0	0
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	228	0	0
TOTAL	0	2,436		0

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	2,480	2,524	2,570	2,616	2,663	2,711	2,760
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

- Total projected population is based on increase of 9% between FY 94 and FY 99 (an 1.8% increase annually).

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspection	10%	3
Environmental Health	10%	3
Rifle Range	2%	3
Medical Training	10%	3
Physical Fitness Testing	2%	3
Occupation Health	10%	3

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**. The clinic/annex is a tenant of Naval Air Station North Island, CA (UIC: 00246)

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

N/A
 CFCU BUMED-823
 7 Jun 94

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)		DD-H(A) 1707		DMIS ID NO	
1. FACILITY NAME					
2. UIC		3. CATEGORY CODE		4. NO. OF BUILDINGS	
5. SIZE		A. GSF		B. NORMAL BEDS	
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					
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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 or 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 or 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 Sitting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

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

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

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

DATE OF SURVEY: N/A

FULL ACCREDITATION: Yes/No

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

LOCATION:

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

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

Only medical facility available on San Clemente Island.

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

San Clemente Air Field

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

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

N/A

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

5 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?

None.

FEATURES AND CAPABILITIES

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

See Branch Medical NAS North Island, CA (UIC: 32546)

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 Item 10.

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 Item 10.

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:

See Item 10.

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

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

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

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

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

c. Please provide the total number of your expanded beds¹ 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 beds¹: _____
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): **N/A.**

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

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

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994 *
TOTAL COSTS	\$120,267.00	\$132,142.00	\$145,190.00
TOTAL OUTPATIENT VISITS	870.00	937.00	1,009.00
AVERAGE COST PER VISIT	\$138.24	\$141.03	\$143.87

* FY 94 data is based on the percent of increase from FY 92 to FY 93.

*ATCO BAWED-823
7 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: 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. N/A. The clinic/annex is the tenant of Naval Air Station North Island CA. (UIC: 00246)

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

BRMEDCL ANNEX SCI SDIEGO CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. NELSON, RADM, MC, USN

NAME (Please type or print)

COMMANDER

Title

NAVAL MEDICAL CENTER SAN DIEGO

Activity

R. A. Nelson
Signature

23 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

X D. F. Hagen
Signature

6-7-94
Date

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

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

J. B. Greene, Jr.

NAME (Please type or print)

Acting
Title

J. B. Greene Jr.
Signature

10 JUN 1994
Date

DATA CALL 66
INSTALLATION RESOURCES

325
BUMED 822
MMA, 22 Jul 94

Activity Information:

Activity Name:	BRMEDCLINIC DALLAS
UIC:	32645
Host Activity Name (if response is for a tenant activity):	NAS DALLAS
Host Activity UIC:	00215

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

Activity Name: Branch Clinic, Dallas, Texas
 UIC: 32645

CATEGORY	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs			
1a. Maintenance and Repair			0
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	33		33
2b. Transportation	1		1
2c. Environmental	2		2
2d. Facility Leases	0		0
2e. Morale, Welfare & Recr	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	5	75	80
2j. Other Engineering Support	1	0	1
Pastoral Care	0		0
Supply Operations	0	0	0
Security	0		0
2k. Sub-total 2a through 2j:	42	75	117
3. Grand Total (sum of 1c. and 2k.)	42	75	117



DATA CALL 66
INSTALLATION RESOURCES

TARI F 1A

Activity Name: Branch Clinic, Dallas, Texas
UIC: 32645

Funding Source

Appropriation	Amount (\$000)
MPN	75
O&MN	42
TOTAL	117

N/A BAMED-822
 dmm, 22 Jul 94

DATA CALL 66
 INSTALLATION RESOURCES

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

DATA CALL 66 TABLE 2
Services/Supplies Cost Data

Activity Name: Branch Clinic, Dallas, Texas
UIC: 32645

COST CATEGORY	FY 1996 Projected Costs (\$000)
Travel:	14
Material and Supplies (including equipment):	134
Industrial Fund Purchases (other DBOF purchases)	0
Transportation:	1
Other Purchases (Contract support, etc.):	279
Total:	428

**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:	
Procurement:	
Other:*	
Total Workyears:	0

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

BUMED 822
MVS, 22 Jul 94

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

BUMED-822

MSA, 22 Jul 94

**DATA CALL 66
INSTALLATION RESOURCES**

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

N/A

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

BUMED-822
MMS, 22 Jul 94

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

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

ACTIVITY COMMANDER

Capt. B. G. Upton
NAME (Please type or print)

Commanding Officer
Title

Naval Hospital, Corpus Christi, TX
Activity

B. G. Upton
Signature
07/13/94
Date

*This is the original signature for
all Branch Clinics of Naval
Hospital Corpus Christi.*



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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]
Signature
18 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]
Signature
7-18-94
Date

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

MAJOR CLAIMANT LEVEL

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

[Signature]
Signature
7-24-94
Date

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

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

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

[Signature]
Signature
8/4/94
Date

Document Separator

Document Separator

DC#26

325

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCL DALLAS/FT WORTH
RESERVE**

ACTIVITY UIC: 00215

32645

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

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

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LOCATION

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	3053	3053	3053	info	not available	
FAMILY OF AD	5274	5274	5274			
SUBTOTAL	8327	8327	8327			
RETIRED AND FAMILY MEMBERS UNDER 65	40,000	40,000	40,000			
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	22,593	22,593	22,593			
OTHER	∅	∅	∅			
TOTAL	70,920	70,920	70,920			

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.

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

Operating Beds ¹ :	NA _____
Set Up Beds ¹ :	NA _____
Expanded Bed Capacity ² :	NA _____

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	13,240	122	11	13,373
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹	149,289	-	-	149,289
RADIOLOGY PROCEDURES (WEIGHTED) ¹	6,125	-	-	6,125
PHARMACY UNITS (WEIGHTED) ¹	14,163	-	-	14,163
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.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹	(SAME	AS	TABLE 3	
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

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

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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	14,700	52	44	14,796
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹	149,289	-	-	149,289
RADIOLOGY PROCEDURES (WEIGHTED) ¹	6,125	-	-	6,125
PHARMACY UNITS (WEIGHTED) ¹	14,163	-	-	14,163
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.

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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	0	0	0	0	0
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	1	1	1	0	0	0	0	0
TOTAL	3	3	3	0	0	0	0	0

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	900
SPECIALTY CARE 2	1238
PHYSICIAN EXTENDERS 3	38; PHYSICIAN ASSTS ONLY
TOTAL	2138

1 THIS INCLUDES GENERAL PRACTITIONERS, FAMILY PRACTICE, INTERNAL MEDICINE, GENERAL PEDIATRICS, AND OBSTETRICS AND GYNECOLOGY

2 THIS IS ALL THE PHYSICIAN PROVIDERS NOT INCLUDED IN THE PRIMARY CARE GROUP

3 THIS INCLUDES PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

6. REGIONAL POPULATION. PLEASE PROVIDE THE US CENSUS POPULATION TO YOUR 40 MILE CATCHMENT AREA. IF YOU ARE RQUIRED TO USE ANOTHER BOUNDARY PLEASE DEFINE THE GEOGRAPHIC REGION AND THE REASON FOR ITS USE. ALSO LIST THE SOURCE OF THIS INFORMATION. THIS VALUE SHOULD INCLUDE YOUR BENEFICIARY POPULATION.

REGION POPULATION: 4,134,638

DALLAS METROPLITAN- 2,739,033
FORT WORTH- 1,395,605

REFERENCE: BUREAU OF CENSUS; REGIONAL OFFICE

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 FEDERAL FACILITIES INCLUDING VETERANS AFFAIRS):

FACILITY NAME	OWNER	DISTANCE 1	DRIVING TIME
BAYLOR UNIVERSITY MED CNTR	NON-GOVT/NP	20	30 MIN
CHARLTON METHODIST HOSP	NON-GOVT/NP	15	25 MIN
CHARTER SUBURBAN HOSP	CORPORATION	25	30 MIN
CHILDREN'S MED CNTR	NON-GOVT/NP	18	25 MIN
DOCTORS HOSP	CORPORATION	25	30 MIN
GARLAND COMMUNITY HOSP	CORPORATION	25	30 MIN
HCA MED CNTR OF PLANO	CORPORATION	35	60 MIN
HUMANA HOSPITAL	CORPORATION	20	30 MIN
IRVING HEALTH CARE SYS	GOVT/NON-FED	15	25 MIN
MEMORIAL HOSP OF GARLAND	NON-GOVT/NP	25	30 MIN
MESQUITE COMMUNITY HOSP	CORPORATION	30	40 MIN
MESQUITE PHYSICIANS HOSP	CORPORATION	30	40 MIN
METHODIST MED CNTR	NON-GOVT/NP	10	20 MIN
PARKLAND HOSP	GOVT/NON-FFED	18	40 MIN
PRESBYTERIAN HOSP	NON-GOVT/NP	20	30 MIN
RHD MEMORIAL MED CNTR	CORPORATION	20	30 MIN
RICHARDSON MED CNTR	NON-GOVT/NP	35	60 MIN
SOUTHEASTERN METHODIST HOSP	NON-GOVT/NP	30	40 MIN
ST PAUL MEDICAL CNTR	CHURCH OWNED	15	25 MIN
TRINITY MED CNTR	CORPORATION	40	50 MIN
DALLAS/FORT WORTH MEDICAL CENTER	NON-GOVT; NON-PROFIT	6	10 MIN
VETERAN'S ADM. MED. CNTR	GOVT/FED-VA	15	25 MIN
ARLINGTON MEMORIAL HOSPITAL	NON-GOVT; NON-PROFIT	15	20 MIN

1 DISTANCE IN DRIVING MILES FROM YOUR FACILITY

2 RELATIONSHIP-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 (PERCENTAGE)	UNIQUE FEATURES 2
DALLAS/FORT WORTH MEDICAL CENTER	297	YES	UNPUBLISHED	NONE
VA MEDICAL CENTER DALLAS	680	YES	74.9%	NONE
BAYLOR UNIV. MED CNTR	756	YES	70.9%	NONE
CHARLTON METHODIST HOSP	143	YES	UNPUBLISHED	NONE
CHARTER SUBURBAN HOSP	152	YES	37%	NH BEDS
CHILDREN'S MEDICAL CENTER	168	YES	73.2%	CHILDREN
DOCTORS HOSP	278	YES	43.9%	NONE
GARLAND COMM. HOSP	128	YES	UNPUBLISHED	NONE
HCA MED. CNTR/PLANO	176	YES	76.3%	NEONATAL
HUMANA HOSP	555	YES	50.2%	NEONATAL
IRVING HEALTH CARE	214	YES	71.9%	NONE
MEMORIAL HOSP GARLAND	179	YES	58.1%	NONE
MESQUITE COMM. HOSP	120	YES	48.1%	NONE
MESQUITE PHYSICIANS	127	YES	22%	NONE
METHODIST MED. CNTR.	409	YES	68.9%	TRAUMA
PARKLAND HOSP.	852	YES	UNPUBLISHED	TRAUMA
PRESBYTERIAN HOSP	672	YES	67.3%	TRAUMA
RHD MEM. HOSP	130	YES	57.7%	TRAUMA
RICHARDSON MED. CNTR	186	YES	52.7%	NH BEDS
SOUTHEASTERN METHODIST HOSP	102	YES	46.1%	NONE
ST PAUL MED. CNTR	515	YES	75.7%	NH BEDS
TRINITY MED. CNTR	103	YES	55.3%	NONE
ARLINGTON MEMORIAL HOSPITAL	361	YES	65.5%	NEONATAL ICU

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.



8. 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 THIS LOCATION								

A = STUDENTS PER YEAR

B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED

C = A x B

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

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 THIS LOCATION			

(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.

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

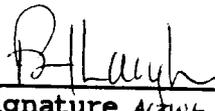
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

F. H. LANINGHAM
NAME (Please type or print)
Officer in Charge (Acting)
Title
Branch Medical Clinic, NAS Dallas, Tx
Activity


Signature ACTING
23 June 1994
Date

DATA CALL #26, BRANCH CLINIC DALLAS

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

NEXT ECHELON LEVEL (if applicable)

B. G. UPTON
NAME (Please type or print)
Commanding Officer
Title
Naval Hospital, Corpus Christi, TX
Activity

B. G. Upton
Signature
6-29-94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

D. F. Hagen
Signature
July 6, 1994
Date

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)
W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner
Signature
7/30/94
Date

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MISSION REQUIREMENTS

1. MISSION STATEMENT. STATE THE MISSION OF YOUR MEDICAL FACILITY IN SUFFICIENT DETAIL SO THAT IT CAN BE DISTINGUISHED FROM OTHER MEDICAL FACILITIES.

BRANCH MEDICAL CLINIC

DALLAS, TEXAS

MISSION STATEMENT

THE BRANCH MEDICAL CLINIC PROVIDES GENERAL OUTPATIENT HEALTH CARE SERVICES FOR ACTIVE DUTY NAVY AND MARINE CORPS PERSONNEL AND ACTIVE DUTY MEMBERS OF OTHER FEDERAL UNIFORMED SERVICES. ENSURES THAT ALL ASSIGNED PERSONNEL ARE BOTH AWARE OF AND PROPERLY TRAINED IN THE PERFORMANCE OF THEIR ASSIGNED CONTINGENCY AND WARTIME DUTIES. ENSURES THE COMMAND IS MAINTAINED IN A PROPER STATE OF MATERIAL AND PERSONNEL READINESS TO FULFILL WARTIME AND CONTINGENCY MISSION PLANS. PROVIDE, AS DIRECTED, HEALTH CARE SERVICES IN SUPPORT OF NAVY AND MARINE CORPS SHORE ACTIVITIES, OPERATIONAL FORCES, AND THEIR RESERVE COMPONENTS. SUBJECT TO THE AVAILABILITY OF RESOURCES, PROVIDE MAXIMUM HEALTH CARE SERVICES FOR OTHER AUTHORIZED PERSONS AS PRESCRIBED BY TITLE 10 U.S. CODE, AND OTHER APPLICABLE DIRECTIVES. CONDUCT APPROPRIATE EDUCATIONAL PROGRAMS FOR ASSIGNED MILITARY PERSONNEL TO ENSURE THAT BOTH MILITARY AND HEALTH CARE STANDARDS OF CONDUCT AND PERFORMANCE ARE ACHIEVED AND MAINTAINED. PARTICIPATE AS AN INTEGRAL ELEMENT OF THE TRI-SERVICE REGIONAL HEALTH CARE SYSTEM. COOPERATE WITH MILITARY AND CIVILIAN AUTHORITIES IN MATTERS PERTAINING TO PUBLIC HEALTH, LOCAL DISASTERS, AND OTHER EMERGENCIES. MAINTAIN REQUISITE HEALTH CARE STANDARDS TO ENSURE SUCCESSFUL ACCREDITATION AND RECOGNITION BY APPROPRIATE GOVERNMENT AND CIVILIAN AGENCIES, TO INCLUDE THE JOINT COMMISSION ON ACCREDITATION OF HEALTH ORGANIZATIONS.

2. CUSTOMER BASE. IN THE TABLE BELOW, IDENTIFY YOUR ACTIVE DUTY CUSTOMERS. INCLUDE BOTH NAVAL AND NON-NAVAL ACTIVE DUTY COMPONENTS. BEGIN WITH THE LARGEST ACTIVITY AND WORK DOWN TO THE SMALLEST. INCLUDE THE CUSTOMER UNIT IDENTIFICATION CODE (UIC).

ACTIVE DUTY COMMANDS-NAS DALLAS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVAL AIR STATION	00215 44487 48659	DALLAS	791
1-158TH AVIATION REGIMENT	WQ4UAAO	DALLAS	527
MAG-41	03007	DALLAS	278
MALS-61	01136	DALLAS	232
136TH TACTICAL AIR LIFT	FFMPK	DALLAS	230
VF-201	09309	DALLAS	147
NWSS-471	04157	DALLAS	143
VF-202	09308	DALLAS	139
VMFA-112	01130	DALLAS	110
VR-59	53921	DALLAS	88
PSD	43093	DALLAS	51
REDCOM-11	68359	DALLAS	48
COMFLELOGSUPWING	53831	DALLAS	44
NAVRESREDCEN	61979	DALLAS	36
		SUBTOTAL	2,864

PAGE 1 OF 2

ACTIVE DUTY COMMANDS-NAS DALLAS (CONT)

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
TEXAS ARMY NATIONAL GUARD	WU7199	DALLAS	36
14TH MARINE REGIMENT	84236	DALLAS	32
NAVOCEANCOMDET	65770	DALLAS	15
NR INTELLIGENCE COMMAND	68899	DALLAS	12
ROICC	62467	DALLAS	11
SELECT. SERVICE SYS REG IV	64149	DALLAS	10
MIUW-109	80022	DALLAS	8
NAVRESECGRP, PROG. REP.	47978	DALLAS	8
MARINE CORP ABSENTEE COLLECTION UNIT	54008	DALLAS	8
NAVRES RECRUITING	47765	DALLAS	9
BRANCH DENTAL CLINIC	41789	DALLAS	7
NAVAL INTELLIGENCE SERVICE	42936	DALLAS	6
NMCB-22	5531	DALLAS	6
9TH NAVAL CONSTRUCTION REGIMENT	81389	DALLAS	6
DIRECTOR, REGION 3 NAVMARCORMARS	42302	DALLAS	1
NAVY EXCHANGE	66272	DALLAS	1
		SUB. T. 1	2864
		SUB. T. 2	176
		GRAND TOTAL	3040

PAGE 2 OF 2

NAS DALLAS SEL/RES UNITS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
JICPAC 1070	89491	DALLAS	139
MIRAMAR	86785	DALLAS	128
KEY WEST	88171	DALLAS	125
CV-63 (KITTY HAWK)	89503	DALLAS	114
COMFAIRWESTPAC	87478	DALLAS	97
CV-66	82836	DALLAS	91
BRANCH MED/DEN 0170	89868	DALLAS	51
VTU 7070	7070G	DALLAS	47
CINCSOUTH 270	89938	DALLAS	47
CARGRU 770	89489	DALLAS	37
CARGRU 170	86189	DALLAS	34
ONI 1770	82827	DALLAS	27
IVTU 111	6512R	DALLAS	26
NORA	86168	DALLAS	23
CINCSOUTH 111	88004	DALLAS	21
TRAWING FOUR	88245	DALLAS	19
NAVAIRSYS 770	89641	DALLAS	17
ONI HQ 170	88716	DALLAS	16
NAVAIRSYSCOMM 570	86546	DALLAS	15
DIAHQ 670	88092	DALLAS	15
NAWC 170	88622	DALLAS	12
RECORDS REVIEW	0021A	DALLAS	12
TRAWING TWO	88243	DALLAS	11
DCMC 470	82743	DALLAS	6
VR-5070	88855	DALLAS	6
VTU ASC 970	7509R	DALLAS	4
IVTU 210	6507R	DALLAS	3
ONI HQ DET	88717	DALLAS	2
MAC-G	87842	DALLAS	2
		TOTAL	1,147

NAS ACTIVE SEL/RES UNITS

SURFACE RESERVE UNITS-REDCOM 11, PAGE 1 OF 2

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NR NMCB 22 DET 0122	85257	DALLAS	123
NR COMSEVENTHFLT DET 111	89613	DALLAS	114
NR AS-32 HOLLAND DET 0311	87245	DALLAS	105
NR FH CBTZ 21 DET E	89783	DALLAS	94
NR FH 500 CBTZ CBHU 21	89746	DALLAS	92
NR 9TH NCR	81389	DALLAS	60
FLT HOSP DET HQ		DALLAS	50
NR VTU 1104	1104G	DALLAS	50
NR NSC OAKLAND HQ B211	89990	DALLAS	48
NR ABFC SSU SM 411	89166	DALLAS	47
NR SEGRU DAL 111	88875	DALLAS	45
NR NCSO SW ASI 111	89225	DALLAS	38
NR PERSMOBTEAM 611	86727	DALLAS	35
NR LPH-11 NEW ORLEANS	85390	DALLAS	33
NR MSOCF KOREA 111	89283	DALLAS	31
NR 4MARDIV	88474	DALLAS	29
NR PHD NSWG DET 311	85829	DALLAS	27
NR MOBTECHUNIT 111	83380	DALLAS	26
NR COMPHIBRON DET 111	86154	DALLAS	25
NR ABFC2 LANT 211	86865	DALLAS	25
NR DCMD ATLANT B811	87052	DALLAS	23
NR NAVPETOFF FLT DET 211	86596	DALLAS	21
NR MOMAG 8 GUAM DET 111	85369	DALLAS	20
NR FH CBTZ 21 DET P1115A	82922	DALLAS	18
NAVRESREDCOM 11		DALLAS	18
NR NAVINFO SW DALLAS 111	86288	DALLAS	15
NR NAVSEA DET 111	89133	DALLAS	13
NR 4 FSSG 4 DET CO	88563	DALLAS	13
NR CIVLAW SUPACT 111	87433	DALLAS	9
NR EODM UNIT 12	83408	DALLAS	8
NR VTU LAW 1104	3519R	DALLAS	7

SURFACE RESERVE UNITS- REDCOM 11, PAGE 2 OF 2			
NR MACG 1104	87713	DALLAS	7
NR CEC VTU 1115	1115R	DALLAS	3
NR EFD PAC	85528	DALLAS	3
		TOTAL	1,275

NON-NAVY RESERVE UNITS

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HMH 772 DET B, 14TH MARINES		DALLAS	282
MALS-41 (MAG-41)		DALLAS	224
MWSS-471 (MAG-41)		DALLAS	140
VMFA 12 (MAG-41)		DALLAS	119
TOTAL MARINE			765*
1ST, BN, 1/15TH AV REGT-ARMY RESERVE		DALLAS	466
COL 158TH AV REGT-ARMY RESERVE		DALLAS	395
TOTAL ARMY			861*
136TH TAC AIRLIFT WING-TANG (AIR)		DALLAS	872
TOTAL TANG-AIR			872*
COB 149TH AVN-TANG ARMY		DALLAS	219
CO C, FORWARD SPT BN-TANG ARMY		DALLAS	89
COE 149TH AVN-TANG ARMY		DALLAS	67
HHC 3/149TH AVN BN-TANG ARMY		DALLAS	55
TOTAL TANG-ARMY			2174*
COAST GUARD		DALLAS	113
SELECTIVE SERVICE-DET 4-7		DALLAS	10
TOTAL COAST GUARD/SEL SERV.			123*
GRAND TOTAL ALL NON-NAVY SEL/RES UNIT PERSONNEL			3051**
SEA CADETS			74
NAVY LEAGUE CADETS			47
TOTAL CADET			121*

SUMMARY CUSTOMERS LOCATED AT DALLAS

TYPE OF PERSONNEL	NUMBER OF PERSONNEL
TENANT ACTIVE DUTY COMMANDS	3040
SEL/RES NAVY (AIR) NAS UNITS	1147
SEL/RES NAVY (SURFACE) UNITS	1275
NON-NAVY RESERVE UNITS	3051
MISCELLANEOUS-CADET UNITS	121
TOTAL	8,634

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	13,336	0	NA
ACTIVE DUTY NON N/MC	0	1,364	0	NA
TOTAL ACTIVE DUTY	0	14,700		NA
FAMILY OF AD	0	52	0	NA
RETIRED AND FAMILY MEMBERS UNDER 65	0	30	0	NA
RETIRED AND FAMILY MEMBERS OVER 65	0	14	0	NA
OTHER	ϕ	ϕ	ϕ	NA
TOTAL	0	14,796		NA

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	not available						→ *
ADMISS.	NA						→

Please show all assumptions and calculations in the space below:

* approx. 14,000 visits in Q3 & Q4.
 projections 95-01 not available.

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5. MEDICAL SUPPORT. INDICATE IN THE TABLE BELOW ALL THE MEDICAL SUPPORT YOU PROVIDE THAT IS NOT DIRECT PATIENT CARE, AND IDENTIFY THE TIME SPENT PROVIDING SUCH SUPPORT (I.E. FOOD SERVICE INSPECTIONS, MEDICAL STANDBY FOR PHYSICAL FITNESS TESTS, FIGHT OPERATIONS, FIELD TRAINING, RIFLE RANGE, MWR SUPPORT FOR SPORTING EVENTS, ETC.).

NON-PATIENT CARE SUPPORT	TIME/QTR	STF/EVNT
FLIGHT LINE SUPPORT	4320 HRS	2
RIFLE RANGE	16 HRS	1
RESERVE LIAISON SUPPORT	432 HRS	2
HBA SUPPORT	1004 HRS	2
CHANGE OF COMMAND	12 HRS	2
PERSONNEL INSPECTIONS	6 HRS	2
MWR SUPPORT	72 HRS	2
FIRST AID TRAINING	12 HRS	1
INDUSTRIAL HYGIENE SUPPORT	520 HRS	1
OCCUPATIONAL HEALTH SUPPORT	520 HRS	1
PREVENTIVE MEDICINE-ENVIRONMENTAL HEALTH, FOOD SERV. INSPECT., SANITATION INSPECT., FACILITY INSPECT., TRAINING, DISEASE SURVEIL.	522 HRS	1
PHYSICAL FITNESS TESTING	320 HRS	2
TOTAL	7,756 HRS	19

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
	OWNED BY COMNAVREFOR			

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	REPLACEMENT CLINIC FY-95 NAS FORT WORTH, TX	95	4.5

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

NONE
NA

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME		3. CATEGORY CODE		4. NO. OF BUILDINGS	
2. UIC		A. GSF		B. NORMAL BEDS	
5. SIZE		A. CITY		B. STATE	
6. LOCATION				C. DTRS	
7. FACILITY ASSESSMENT				DEFICIENCY CODES	WEIGHT FACTOR
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE		
(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					

NA

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 or 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 or 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.

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: NA

FULL ACCREDITATION: Yes/No

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

LOCATION:

8. GEOGRAPHIC LOCATION. HOW DOES YOUR GEOGRAPHIC LOCATION AFFECT YOUR MISSION? SPECIFICALLY, ADDRESS THE FOLLOWING:

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

Branch Medical Clinic Dallas is the closest/only MTF within 125 miles.

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

All transportation nodes, with exception of sea access, are readily available in the Dallas/Fort Worth area. The closest seaport would be either Houston, approximately 250 miles, or Corpus Christi, approximately 500 miles.

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

Civilian: Dallas/Fort Worth Airport-15 miles

Love Field-20 miles

Military: NAS Dallas-2 miles

NAS Fort Worth-35 miles

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

Branch Medical Clinic is the only MTF within 125 miles.

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

Approximately 35-40 minutes (Metropolitan city driving)

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.

3000 ACTIVE DUTY, 6384 DEPENDENT, 140,000 RETIREE BENEFICIARIES, APPROX. 5000 SELECTIVE RESERVISTS WOULD BE REQUIRED TO GO TO SHEPHERD AFB (125 MILES FROM DALLAS) FOR HEALTH CARE, PHYSICAL EXAMINATIONS, AND IMMUNIZATIONS. NAS DALLAS WOULD NEED TO CONTRACT OUT FOR FLIGHT LINE MEDICAL SUPPORT, OCCUPATIONAL HEALTH AND INDUSTRIAL HYGIENE SERVICES.

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.

Routine medical care could be obtained through the civilian infrastructure of health care; however, the civilian system would not be able to handle to physical examination requirements for the numbers of military personnel that Branch Medical Clinic currently serves. Additionally, it is doubtful whether the civilian system could support the naval air activities with medical personnel.

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?

Yes, the Dallas/Fort Worth metropolitan area consists of several counties, the primary ones being Dallas and Tarrant counties. There are over 2100 medical providers, including specialists, in Tarrant county alone. The Metropolitan area, cities of Dallas and Fort Worth, contains approximately 37 JCAHO certified hospitals.

10c. NOT APPLICABLE

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
	NOT APPLICABLE	

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 beds¹ that are currently fully "stuffed" (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 "stuffed" expanded beds¹: N/A

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

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

NAS TYPE	NOT APPLICABLE		
	FISCAL YEAR 1992	1993	1994
INPATIENT	N/A	→	→
OUTPATIENT	not available	→	→

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	not available		→			
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.

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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			
TOTAL OUTPATIENT VISITS			
AVERAGE COST PER VISIT			

SEE NAVHOSP CORPUS CHRISTI

14a. is N/A for an outpatient BRMEDCLINIC

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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			

SEE NAVHOSP CORPUS CHRISTI

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.

nJA

Table C:

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

Table D:

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

Activity has "marked" this
QOL section N/A throughout.

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15. Quality of Life.

a. Military Housing

NA

(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?

NA

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

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

¹As of 31 March 1994.

NA

(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?

NA

(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:

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

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

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

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

NA

(3) **BOQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

X/1

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

LOCATION _____ DISTANCE _____

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

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

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

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

NA

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).

N/A

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

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)

NA

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		

NA

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)			

22

(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)	

NA

(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.

NA

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)

NA

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

NA

(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					

NA

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.

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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			

NA

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			

NA

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			

NA

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			

N/

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			

DATA CALL #27

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

R. D. BYTHEWOOD
NAME (Please type or print)
Officer in Charge
Title
Branch Medical Clinic, NAS Dallas, TX
Activity



Signature
22 June 1994
Date

DATA CALL #27, BRANCH CLINIC DALLAS

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

NEXT ECHELON LEVEL (if applicable)

B. G. UPTON
NAME (Please type or print)
Commanding Officer
Title

B. G. Upton
Signature
6-29-94
Date

Naval Hospital Corpus Christi, TX
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)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

D. F. Hagen
Signature
July 6, 1994
Date

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

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

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

J. B. Greene, Jr.
Signature
14 JUL 1994
Date

Document Separator

UIC 32645

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Branch Clinic Dallas

Official name	<i>Branch Medical Clinic, Naval Air Station Dallas, TX</i>
Acronym(s) used in correspondence	<i>BRMEDCLINIC, NAS Dallas</i>
Commonly accepted short title(s)	<i>BRMEDCLINIC, NAS Dallas</i>

- Complete Mailing Address
OFFICER IN CHARGE
BRANCH MEDICAL CLINIC
8100 Jefferson Ave
NAS Dallas, TX 75211-9516

- PLAD
BRMEDCLINIC Dallas TX

- PRIMARY UIC: 32645 (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): 00215 PURPOSE: TAR UIC

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

UIC 32645

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: 00215

• Primary Host (as of 01 Oct 1995) UIC: 00215

• Primary Host (as of 01 Oct 2001) UIC: 00215

• **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		

UIC 32645

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.

NAS Dallas is due to close in 1999 from BRAC-III. Under current plans the branch clinic will transfer its services to NAS Ft Worth, TX Joint Reserve Training Field (formerly Carswell Air Force Base) in June of 1995.

UIC 32645

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

- Currently serve 2076 Active Duty, their dependents, 8468 Selected Reservists, and a Civilian Personnel workforce of 1688. This includes all four DoD components and includes the Army & Air Force Air National Guard, Surface and Air Naval Reserves, Texas Air National Guard, Air Force & Air Force Reserve.

Projected Missions for FY 2001

- Due to BRAC 93 actions two reserve air squadrons will migrate to NAS Ft Worth from closing bases. Additional increases have not been finalized at this time.

UIC 32645

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

Current Unique Missions

- Provide support to the Naval Reserve Surface & Air Medical Programs.

Projected Unique Missions for FY 2001

- Provide cross-support to both NAS Dallas & NAS Ft Worth till NAS Dallas is officially closed.
- Provide cross-joint service medical support.

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

- | | |
|--|--------------|
| • Operational name | UIC |
| <u>Naval Hospital Corpus Christi, TX</u> | <u>00285</u> |
| • Funding Source | UIC |
| <u>BUMED</u> | <u>00018</u> |

UIC 32645

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	C i v i l i a n
(Appropriated)			
• Reporting Command	3 _____	8 _____	4 _____
• Tenants (total)	2 _____	7 _____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	3 _____	8 _____	6 _____
• Tenants (total)	3 _____	8 _____	4 _____

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• OIC Branch Clinic Dallas	DSN 874		
<u>Lieutenant Robert BYTHEWOOD</u>	<u>(214)266-6220</u>	<u>(214)262-0359</u>	<u>(817)792-6700</u>
• Chief of the Day	(214)266-6281	(214)262-0359	[N/A]

UIC 32645

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Branch Dental Clinic Dallas, TX	41789	2	7	

- 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					

UIC 32645

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: *FACILITY MAPS PROVIDED BY NAS DALLAS, TX.

32645
USA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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. It 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

Lt Robert Bythewood
NAME (Please type or print)


Signature

Officer in Charge
Title

3 FEB 94
Date

Branch Medical Clinic, Dallas, TX
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Donald J. Hagen

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)

J. B. Greene, Jr

Signature

ACTING

Title

16 FEB 94

Date

Document Separator

326

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC, FALLON, NV
UIC:	41675
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION FALLON, NV
Host Activity UIC:	60495

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

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Medical Clinic Fallon, NV		UIC: 41675	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	5	0	5
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	5	0	5
2. Other Base Operating Support Costs:			
2a. Utilities	89	0	89
2b. Transportation	2	0	2
2c. Environmental	N/A	N/A	N/A
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	23.7	245	268.7
2j. Other (Specify)*	73	67	140
2k. Sub-total 2a. through 2j:	187.7	312	499.7
3. Grand Total (sum of 1c. and 2k.):	192.7	312	504.7

*Engineering Support, Communications, Supply Operations, and FECA

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

ONLY ONE APPROPRIATION-----9740130

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..

	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:	N/A	N/A	N/A
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

**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, FALLON	UIC: 41675
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	67
Material and Supplies (including equipment):	491
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	3
Other Purchases (Contract support, etc.):	545
Total:	1106

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH MEDICAL CLINIC, FALLON	UIC: 41675
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	2.0
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	2.0

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

2.0 BUMED
MED 825
GSA
7/19/94

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

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

ACTIVITY COMMANDER

J. H. VASQUEZ
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title
BRANCH MEDICAL CLINIC
FALLON, NV

15 JULY 1994
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)

R. R. SKOG

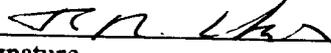
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity


Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

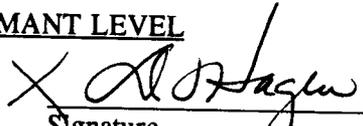
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity


Signature

7-19-94
Date

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

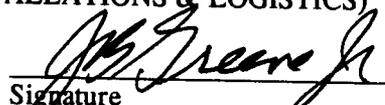
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title


Signature

16 AUG 1994
Date

326

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAS FALLON
UIC: 41675**

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	1,190			1,666		0
FAMILY OF AD	2,389			3,345		0
SUBTOTAL	3,570			5,011		0
RETIRED AND FAMILY MEMBERS UNDER 65	3,965			5,551		0
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	6,943			9,720		0
OTHER CIVILIAN (FED SER)	440			616		0
TOTAL	14,918			20,898		0

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

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

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

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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	10,987.22	4,402.89	4,386.89	19,777.00
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹	67,660.00	28,311.00	15,328.00	111,299.00
RADIOLOGY PROCEDURES (WEIGHTED) ¹	4,685.00	1,112.00	880.6	6,677.60
PHARMACY UNITS (WEIGHTED) ¹	16,739.00	7,822.5	7,300.5	31,862.00
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	10,987.22	4,402.89	4,386.89	19,777.00
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) ¹	67,660.00	28,311.00	15,328.00	111,299.00
RADIOLOGY PROCEDURES (WEIGHTED) ¹	4,685.00	1,112.00	880.6	6,677.60
PHARMACY UNITS (WEIGHTED) ¹	16,739	7,822.5	7,300.5	31,862.00
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.

3b. Workload. Complete the following table for the current workload in your supported population. Assume you are to provide all the care in the space below. 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	0	0	0	22,807.00
ADMISSIONS				128.351
LABORATORY TESTS (WEIGHTED) ¹				7,699.30
RADIOLOGY PROCEDURES (WEIGHTED) ¹				36,738.88
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				N/A

level of detail you are requested.

CCU Bumped 1 June 94

¹ If unable to provide the level of detail requested, provide the level of detail requested, information requested. If unable to provide why you are unable to provide the level of detail requested, provide the level of detail you are requested.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	4	3	3	4	4	4	3	3
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	5	4	4	5	5	5	4	4

¹ This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	12
SPECIALTY CARE ²	7
PHYSICIAN EXTENDER ³	0
TOTAL	19

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 43,390

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
CARSON TAHOE HOSP CARSON CITY, NV	CITY OF CARSON	63 MILES	1:15	NONE
SPARKS FAMILY HOSP SPARKS, NV	LIMITED PARTNERHSIP	63 MILES	1:15	NONE
SAINT MARY'S REG MED CTR RENO, NV	NOT LISTED	65 MILES	1:20	NONE
WASHOE MED CTR RENO, NV	WASHOE HEALTH SYSTEMS INC	65 MILES	1:20	NONE
VETERANS MED CTR RENO, NV	DET OF VET AFFAIRS	64 MILES	1:20	NONE
WESTHILLS HOSPITAL RENO, NV	NOT LISTED	63 MILES	1:20	NONE
CHRUCHILL COMMUNITY HOSP FALLON, NV	LUTHERAN HEALTH SERVICES	7 MILES	:15	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
CARSON TAHOE HOSP CARSON CITY, NV	124	Y	DATA UNAVAILABLE	
SPARKS FAMILY HOSP SPARKS, NV	150	Y	DATA UNAVAILABLE	PEDIATRIC SPECIALTY
SAINTE MARY'S REG MED CTR RENO, NV	484	Y	DATA UNAVAILABLE	TRAUMA CENTER
WASHOE MEDICAL CTR RENO, NV	528	Y	DATA UNAVAILABLE	TRAUMA CENTER
VETERANS MEDICAL CTR RENO, NV	200	Y	DATA UNAVAILABLE	
WEST HILLS HOSPITAL RENO, NV	50	Y	DATA UNAVAILABLE	INPATIENT PSYCHIATRIC ICU
CHURCHILL COMMUNITY HOSP FALLON, NV	40	Y	DATA UNAVAILABLE	RURAL COUNTRY 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.

BRANCH MEDICAL CLINIC FALCON NV UIC 41675
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

BRANCH MEDICAL CLINIC FALLON NV UIC 41675

(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."

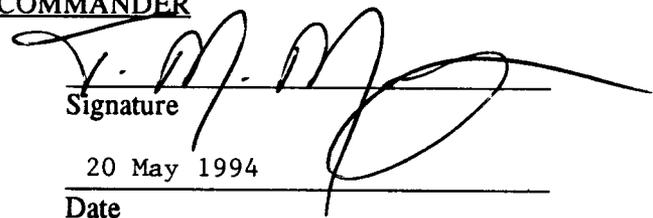
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

T.M. MURRAY
NAME (Please type or print)
Officer-in-Charge
Title
Branch Medical Clinic
Naval Air Station, Fallon, NV
Activity


Signature
20 May 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

Official name	<i>Branch Medical Clinic Naval Air Station, Fallon, NV</i>
Acronym(s) used in correspondence	BRMEDCLINIC, FALLON
Commonly accepted short title(s)	<i>BRMEDCLINIC, FALLON</i>

• Complete Mailing Address

OFFICER IN CHARGE
BRANCH MEDICAL CLINIC
NAVAL AIR STATION
4755 PASTURE ROAD
FALLON, NV 89496-5000

• PLAD BRMEDCLINIC NAS FALLON

• PRIMARY UIC: 41675 (Plant Account UIC for Plant Account Holders)
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. PLANT ACCOUNT HOLDER:

• Yes _____ No X (check one)

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

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

• Yes _____ No X _____ (check one)

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

• Yes X _____ No _____ (check one)

- Primary Host (current) UIC: 60495
- Primary Host (as of 01 Oct 1995) UIC: 60495
- Primary Host (as of 01 Oct 2001) UIC: 60495

• **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.

Previous BRAC decision impacts:

Continued construction of new Branch Medical Clinic facility due to open JUL/AUG 94

Anticipated increase in requested medical support as a response to additional commands and organizations scheduled to arrive in Fallon due to impending closure of West Coast Naval facilities.

Transition of regional medical commander from Naval Hospital, Oakland, California to David Grant U.S. Air Force Hospital, Travis AFB, Fairfield, California.

USAFHOSP David Grant currently claims to be unstaffed, ill-equipped and insufficiently funded to provide desired specialty care and hospitalization for referrals from the Branch Medical Clinic, NAS, Fallon.

USAFHOSP David Grant bases CHAMPUS contracting decisions on CHAMPUS Reform Initiatives available in California which are not available in Nevada.

Decrease in availability of services at existing military medical treatment facilities

Services at Naval Hospital, Oakland (CA) decreasing due to impending closure.

Gap in services which are not yet available at USAFHOSP David Grant (Fairfield, CA).

Increase in request for medical services from retirees who can no longer receive care at closed/closing military treatment facilities in California (Beal, Mather, McClellan AFB's; and Letterman Army Hospital, The Presidio at San Francisco; and Naval Hospital, Oakland.

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

-
- Active duty health care can be expected to increase by approximately 25% in next 24 months due to expected arrival of additional tenant commands at NAS Fallon.
- Increase in assigned aviation units will drive increase in request for Industrial Hygiene and Occupational Health services.
- Dependent health care demand already exceeds quantity and specialties available. Increase in requests for services can be expected as service population increases.
-
-

Projected Missions for FY 2001

-
- 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

-
- While the provision of primary, acute health care is not unique in itself, the Branch Medical Clinic faces unique challenges in providing services in an isolated site in a rural community.
- 5 hours drive to nearest higher echelon military treatment facility, but unreachable in bad winter weather
- Rural civilian medical facility provides service in limited specialties at high cost (CHAMPUS; Supplemental Care; and Office of Medical Affairs billing) to the government and service member cost share.
- Nearest full service civilian health care facility is 65 miles away, but unreachable in bad weather.
- Facility staffed and funded for a base population of 1,200 active Duty. Visiting Carrier Air Wings bring 1,500 to 2,000 additional personnel. Hence this facility must provide care for three times its designed population (active duty) for 21 to 27 weeks of the year.

Projected Unique Missions for FY 2001

-
- Unable to determine
-

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, Lemoore, California 66095
- Funding Source UIC
Naval Hospital, Lemoore, California 66095

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>5</u>	<u>25</u>	<u>8</u>
● Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>86</u> <small>GA</small>	<u>25</u>	<u>8</u> <small>OGSA</small>
● Tenants (total)	_____	_____	_____

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● OIC <u>LCDR(SEL) T. M. MURRAY</u>	(702)426-3105	(702)426-3133	(702)423-4807
● Duty Officer	(702)426-3100	(702)426-3133	[N/A]
● COMMAND SENIOR CHIEF <u>HMCS(SW) D. S. EVANS</u>	(702)426-3105	(702)426-3133	(702)423-6634
● _____			

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity Name	Location	Support Function (include mechanism such as ISSA, MOU, etc)
NAS FALLON	FALLON, NV	NOTE 1
NAVSTWARCEN	FALLON, NV	NOTE 1
AIMD	FALLON, NV	NOTE 1
VFA 125 DET	FALLON, NV	NOTE 1
VFA 106 DET	FALLON, NV	NOTE 1
NAS SECURITY DET	FALLON, NV	NOTE 1
VFA 127	FALLON, NV	NOTE 1
AIR SQDRN OP DET	FALLON, NV	NOTE 1
VFA 125 STUDENTS	FALLON, NV	NOTE 1
NTTCC	FALLON, NV	NOTE 1
PERSUPPDET	FALLON, NV	NOTE 1
EODGRU ONE DET	FALLON, NV	NOTE 1
USMC MOUNTAIN WARFARE TRNG CNTR	BRIDGEPORT, CA	NOTE 2
BRMEDCL MWTC	BRIDGEPORT, CA	NOTE 2
NAVOCEANOGRAPHY DET	FALLON, NV	NOTE 1
NAVMARCORRESCEN	RENO, NV	NOTE 2
INSP/INSTR STF	RENO, NV	NOTE 2
NEX DET	FALLON, NV	NOTE 1
WESTDIV CONTRACT OFFICE	FALLON, NV	NOTE 1

DECA	FALLON, NV	NOTE 1
STRIKE WARFARE STUDENTS	FALLON, NV	NOTE 1
NAVUSEAWARENGSTA DET	HAWTHORNE, NV	NOTE 1
FAMILY SERVICE CNTR	FALLON, NV	NOTE 1
BRDENCLINIC	FALLON, NV	NOTE 1

* Note 1 Command for which Branch Medical Clinic provides Occupational Health, Industrial Hygiene services as well as primary, acute care military health care.

* Note 2 Command for which Branch Medical Clinic provides only acute military health care (Sick Call).

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

T. M. MURRAY
NAME (Please type or print)


Signature

Officer in Charge
Title

02 Feb 94
Date

Branch Medical Clinic, NAS Fallon
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. W. HOLDEN, CAPT, MC, USN
NAME (Please type or print)
COMMANDING OFFICER, (ACTING)
Title
NAVAL HOSPITAL, LEMOORE
Activity

R. W. Holden
Signature
03 Feb 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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)
ACTING CHIEF BUMED
Title
BUREAU OF MEDICINE & SURGERY
Activity

R. I. Ridenour
Signature
10 FEB 1994
Date

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

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

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

J. B. Greene Jr
Signature
16 FEB 94
Date

Document Separator

326

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR: BRAC DATA CALL
#27
MEDICAL FACILITY: BRANCH MEDICAL CLINIC,
NAS FALLON NV
ACTIVITY UIC: 41675**

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The primary mission of the Branch Medical Clinic is to ensure the combat readiness of active duty members through effective health promotion and managed care programs. This primary mission includes providing occupational health and industrial hygiene support for the active duty and civil service employees of the Naval Air Station Fallon industrial complex.

As a secondary mission, the Branch Medical Clinic provides quality health care to all other eligible beneficiaries on a space-available basis.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAS FALLON	60495	NAS FALLON, NV	304
NAVSTKWARCEN	68847	NAS FALLON, NV	178
AIMD	44317	NAS FALLON, NV	146
VFA 125 DET	55153	NAS FALLON, NV	87
VFA 106 DET	46087	NAS FALLON, NV	86
NAS SECURITY DET	46255	NAS FALLON, NV	69
VFA 127	08956	NAS FALLON, NV	61
AIR SQ OP DET	47255	NAS FALLON, NV	69
FAMILY SER CEN	48679	NAS FALLON, NV	4
NTCC	48486	NAS FALLON, NV	14
PERSUPPDET	43075	NAS FALLON, NV	11
EODGRU ONE DET	30209	NAS FALLON, NV	11
USMC MWTC	64495	BRIDGEPORT, CA	208
NAVOCEANOGRAPHY	659902	NAS FALLON, NV	10
NAVMARCORRESCEN	63137	RENO, NV	7
INSP/INSTR STF	45381	RENO, NV	13
WESTDIV CONTRACT OFFICE	44256	FALLON, NV	6
DECA	49206	FALLON, NV	6
BRDENCLINIC	35729	NAS FALLON, NV	6
BRMENCLINIC MWTC	43684	BRIDGEPORT, CA	11
BRMEDCLINIC	41675	NAS FALLON, NV	29
NAVOSEAWARENGSTA DET	65902	NAS FALLON, NV	10

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	9160	0	0
ACTIVE DUTY NON N/MC	0	58	0	0
TOTAL ACTIVE DUTY	0	9218		0
FAMILY OF AD	0	8433	0	0
RETIRED AND FAMILY MEMBERS UNDER 65	0	1949	0	0
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	12	0	0
TOTAL	0	19612		0

What is your occupancy rate for FY 1994 to date? 0

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	19,612	20,726	21,840	22,954	24,068	25,182	26,300
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

FY 1995 POPULATION BASE	14,918	FY 2001 POPULATION BASE	20,898
FY 1995 WORK LOAD	19,612	FY 2001 WORK LOAD	26,300

GROWTH WAS ESTIMATED ON A STRAIGHT AVERAGE

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
PRT	2.0	2
RIFLERANGE	16.0	1
PARA JUMPS	4.0	1
CHANGE OF COMMANDS	2.0	2
INSPECTION	180.0	2
INDOC	9.0	3
AARP/TAP	8.0	2
DRILL (EMERGENCY)	6.0	40
MED TRNG (NON MEDICAL PERSONNEL)	6.0	1
FOOD SERVICE	35.0	1
IND HYGIENE	160.0	1
SAR TRNG	36.0	2
CONTR LIAISON	320.0	2

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
	NEW BRMEDCLINIC FALLON NV	42,000 SQ FT	LESS THAN 1 YEAR	A1

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
	NOT APPLICABLE DUE TO NEW BUILDING		

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
	NOT APPLICABLE DUE TO NEW BUILDING		

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
	NOT APPLICABLE DUE TO NEW BUILDING		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME					
2. UIC 41675	3. CATEGORY CODE		4. NO. OF BUILDINGS 1		
5. SIZE 42,000	A. GSF	B. NORMAL BEDS 0		C.DTRS	
6. LOCATION	A. CITY FALLON		B.STATE NV		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES				E09	
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS				E09	
(10) LABOR-DEL-NURSERY				E09	
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE				E09	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				

(F) EMERGENCY POWER			100	E07	
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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 or 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 or 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: N/A (Record as 1,2,3,4,or 5)

SURVEY WILL BE CONDUCTED MAY 94

LOCATION:

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

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

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.

Distance (in miles): 1

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?

a. Branch Medical Clinic, NAS, Fallon is an isolated facility located approximately 60 miles east of Reno, Nevada. Active duty and dependents of active duty are located in the nearby town of Fallon. The numerous retiree beneficiaries commute as much as 120 miles to seek service in the Clinic. Additionally, located near the major north-south transportation corridor in Nevada, a number of transient retired personnel seek care at the Clinic which is the only active duty military health care facility in a 200 mile radius.

b. The nearest military air facility is co-located on Naval Air Station Fallon; closest civilian airport is Reno-Cannon Airport 65 miles away. Ground transportation is available on US 50 (east-west) and US 95 (north-south). Interstate 80 (east-west) is located 26 miles from Fallon. The nearest railhead is in Reno 65 miles away.

d. The location of NAS Fallon has minimal impact on mobilization requirements due to the immediate availability of military air transportation.

e. The majority(probably 60%) of clients travel less than 30 minutes to reach the clinic. the remaining beneficiaries travel 30 minutes to 2 hours to seek service.

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?

Currently the medical facilities in Reno are paying salaries far above the national averages. Civil service medical positions are not financially competitive; hence a GS pharmacist position did not receive a single application (FY-93).

Located 65 miles from Reno, the nearest metropolitan center, Fallon, Nevada is a small, primarily agricultural community. Due to the small size and distance from Reno, few medical or paramedical professionals are available for recruitment in Fallon. Further, with the apparent uncertainty of employment in the Department of Defense because of potential base closures, medical professionals employed in metropolitan areas seem hesitant to respond to recruiting offers in a rural environment.

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.

Loss of the capabilities of the Branch Medical Clinic, Naval Air Station, Fallon, Nevada would result in the cessation of operations of the Navy's major aviation training facility.

The Branch Medical Clinic provides medical support to flight operations at Naval Air Station, Fallon, Nevada. This support includes performance of FAA class II flight physical examinations and emergency personnel/equipment response to flight line emergencies. The flight surgeon and supporting personnel assigned to the Branch Medical Clinic represent the only personnel qualified to perform FAA Class II flight physical examinations in a 65 mile radius. The emergency medical support system of the Churchill Community Hospital is not equipped or staffed to provide required emergency response for "crash calls" of air craft with in-flight emergencies. Further, the Search and Rescue (SAR) corpsmen required for military and civilian rescue missions are staff members of the Branch Medical Clinic.

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.

If the Branch Medical Clinic were to close without any change in beneficiary population, the health care infrastructure of Fallon, Nevada might be sufficient to absorb the additional workload viewed in terms of patient numbers. However, the civilian medical care delivery system in Fallon would not be capable of providing for the specialty health care needs of the remaining military members.

There are no audiologists; ear, nose and throat (ENT) specialists, FAA flight surgeons, or industrial hygienists available in Fallon. The nearest available specialists in these areas are in Reno, Nevada, 65 miles away. Currently, accessibility for these specialties is made through evaluation of the medical staff of the Branch Medical Clinic and consultation to military medical facilities at the Naval Hospital, Oakland, California or David Grant Medical Center, Travis Air Force Base, Fairfield, California. If the Branch Medical Clinic were to close, referral to military medical facilities would cease, decreasing availability of care, and increasing the cost to the taxpayer for civilian health care at a distance from Fallon.

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 health care system of Fallon could easily absorb the residual beneficiary population if the Naval Air Station, Fallon were to close and its military members, their families and those of all tenant commands were to leave.

Active duty service personnel and their family members constitute a majority of the patient visits at the Branch Medical Clinic. The health care needs of this group are few, and are usually within the scope of care of the military and health care delivery system of the Branch Medical Clinic. Departure of these groups would have little impact on the health care delivery system in Fallon.

Many other beneficiaries (primarily retirees and their family members) currently utilize CHAMPUS for health care due to two factors. First, many retirees and their families live a great distance from Fallon, and civilian health care is more convenient. Second, health care for retirees and their families is provided on a space-available basis if their health care needs are within the scope of practice of the physicians assigned to the Branch Medical Clinic. Those whose health care needs exceed the scope of practice of Branch Medical Clinic physicians are disengaged to CHAMPUS to facilitate managed care by civilian physicians. Many of the beneficiaries in this group also have specialty needs exceeding the scope of care of the physicians in the local health care delivery system of Fallon, and are subsequently referred to care in Reno.

Thus, closure of the Naval Air Station, and departure of military personnel and their families would have little impact on the health care system in Fallon. As many of the other eligible beneficiaries have medical needs which exceed the ability of the health care delivery system in Fallon, they likewise, will have little impact on the health care system in Fallon.

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

Not applicable. The Branch Medical Clinic has no inpatient capabilities.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSPITAL 6	68686	3
3 rd FSSG	67436	2
3 rd MAW, CAMP PENDLETON	31053	4
1 st FSSG	67446	2
US NAVHOSP GUAM	68096	4
US NAVHOSP OKINAWA	68470	3
USNS MERCY	46245	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.

c. Please provide the total number of your expanded beds¹ 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 beds¹: 0

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

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

NAS TYPE	FISCAL YEAR
----------	-------------

	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO.	COST ²	NO.	COST	NO	COST
AD	717	359,982	718	360,749	322	139,592
AD FAMILY	91	8,379	117	7,700	78	6,058
OTHER	37	2,552	103	6,808	49	1,949
TOTAL	845	370,913	938	368,326	449	147,609

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1,505,882	1,469,167	362,292
TOTAL OUTPATIENT VISITS	18,291	19,777	4,971
AVERAGE COST PER VISIT	82.33	74.29	73.89

** FY 1994 IS 1st QUARTER ONLY

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

Table A:

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

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A ¹	N/A	N/A	N/A
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA) ¹	N/A	N/A	N/A
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD) ¹	N/A	N/A	N/A
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC) ¹	N/A	N/A	N/A
F. TOTAL (B+C+D+E)	0	0	0

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

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)	N/A	N/A	N/A
H. CLINIC INVESTIGATION PROGRAM (FAH)	N/A	N/A	N/A
I. CONTINUING HEALTH PROGRAM (FAL)	N/A	N/A	N/A

J.	DECEDENT AFFAIRS (FDD)	N/A	N/A	N/A
K.	INITIAL OUTFITTING (FDE)	N/A	N/A	N/A
L.	URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	N/A
M.	TOTAL (G+H+I+J+K+L)	0	0	0

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)	N/A	N/A	N/A
O. TOTAL CATEGORY III RWPS	N/A	N/A	N/A
P. UNIT COST (N÷O)	0	0	0

15. Quality of Life. INFORMATION IN THIS SECTION WILL BE PROVIDED BY NAVAL AIR STATION FALLON UIC: 60495

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	44%
Substandard	17%
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?

The Combined Bachelor Quarters at NAS Fallon is predominantly a transient facility (over 80% transient spaces). As of 31 March 1994, NAS Fallon has become even busier than in FY93. Our average utilization rate appears very low, but operational requirements of this air station regularly require housing for over 2000 personnel. However, this maximum capacity is reached only when a visiting carrier air group (CAG) is aboard the station. Ten to twelve CAG's and MAG's deploy to NAS Fallon annually, staying three weeks each. In addition, squadrons, training classes, Air Force and Army contingents, and Air National Guard commands request support. Since September, 1993, living standards have changed throughout the CBQ, reducing our adequate spaces by nearly 600. In March, 1994 our utilization rates were 68% (BEQ and BOQ) as a result of this change.

The mission of the air station requires a large transient CBQ for frequent "deployments", but it also makes it impossible to reach 100% utilization. These dramatic shifts in base population and the enormous but fluctuating demands cannot be properly indicated by these utilization rates.

In addition, although we have over 1300 adequate spaces, we regularly house our transient personnel in substandard spaces due to military necessity; our 1300 adequate transient spaces house over 2000 personnel in substandard conditions. The figures supplied above indicate an overabundance of bachelor housing, while in reality, we are short by 700 spaces, even without the consideration of the planned growth at NAS Fallon.

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

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365} = 40$$

(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.)	6	15%	

Spouse Employment (non-military)	25	62%	EXTREMELY SMALL COMMUNITY WITH LITTLE CHANCE OF EMPLOYMENT AND VERY LOW WAGES
Other	9	23%	ISOLATED DESOLATE DUTY STATION
TOTAL	40	100	

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	59%
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?

The Combined Bachelor Quarters at NAS Fallon is predominantly a transient facility (over 80% transient spaces). As of 31 March 1994, NAS Fallon has become even busier than in FY93. Our average utilization rate appears very low, but operational requirements of this air station regularly require housing for over 2000 personnel. However, this maximum capacity is reached only when a visiting carrier air group (CAG) is aboard the station. Ten to twelve CAG's and MAG's deploy to NAS Fallon annually, staying three weeks each. In addition, squadrons, training classes, Air Force and Army contingents, and Air National Guard commands request support. Since September, 1993, living standards have changed throughout the CBQ, reducing our adequate spaces by nearly 600. In March, 1994 our utilization rates were 68% (BEQ and BOQ) as a result of this change.

The mission of the air station requires a large transient CBQ for frequent "deployments", but it also makes it impossible to reach 100% utilization. These dramatic shifts in base population and the enormous but fluctuating demands cannot be properly indicated by these utilization rates.

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

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365} = 11$$

(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.)	1	9%	
Spouse Employment (non-military)	7	64%	EXTREMELY SMALL COMMUNITY WITH LITTLE CHANCE FOR EMPLOYMENT AND VERY LOW WAGES
Other	3	27%	ISOLATED, DESOLATE DUTY STATION
TOTAL	11	100	

(e) How many geographic bachelors do not live on base? 1

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

LOCATION ALL ON NAS FALLON

DISTANCE N/A

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	4	Y
	Outdoor Bays	4	N/A
Arts/Crafts	SF	1929	N/A
Wood Hobby	SF	----	
Bowling	Lanes	12	Y
Enlisted Club	SF	8218	Y
Officer's Club	SF	6540	Y
Library	SF	2500	N
Library	Books	24,000	N/A
Theater	Seats	216	N/A
ITT	SF	491	Y
Museum/Memorial	SF	----	
Pool (indoor)	Lanes	6	N
Pool (outdoor)	Lanes	0	N
Beach	LF	----	
Swimming Ponds	Each	----	
Tennis CT	Each	3	N/A

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

Facility	Unit of Measure	Total	Profitabl e (Y,N,N/A)
Volleyball CT (outdoor)	Each	2	N/A
Basketball CT (outdoor)	Each	2	N/A
Racquetball CT	Each	2	N/A
Golf Course	Holes	----	
Driving Range	Tee Boxes	----	
Gymnasium	SF	9766	N/A
Fitness Center	SF	4200	Y
Marina	Berths	----	
Stables	Stalls	15	Y
Softball Fld	Each	4	N/A
Football Fld	Each	1	N/A
Soccer Fld	Each	----	
Youth Center	SF	5400	N

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

d. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos 6-12 Mos	16	1206			4	180 TO 365
12-24 Mos	20	1188			6	120
24-36 Mos	14	592			3	180
3-5 Yrs	61	2241			0	N/A

(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.
CHILD CARE IS AVAILABLE IN THE LOCAL COMMUNITY.

(4). How many "certified home care providers" are registered at your base?
14 CERTIFIED HOME CARE PROVIDERS

(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). NO

(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	1
Gas Station	SF	1
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	1
Mini-Mart	SF	1
Package Store	SF	1
Fast Food Restaurants	Each	3
Bank/Credit Union	Each	1
Family Service Center	SF	1
Laundromat	SF	1
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	1
FSC Classrm/Auditorium	PN	1

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

City	Distance (Miles)
RENO, NV	65
SACRAMENTO, CA	180
SAN FRANCISCO, CA	280

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	64.78	36.24
E2	64.78	40.74
E3	57.06	42.04
E4	101.82	71.06
E5	130.53	91.14
E6	128.81	87.68
E7	111.43	77.40
E8	185.20	140.01
E9	155.69	118.19
W1	159.88	121.42
W2	128.28	100.61
W3	128.11	104.14
W4	146.41	129.81
O1E	86.97	64.51
O2E	107.38	85.61
O3E	116.93	98.92
O1	93.43	68.92
O2	107.39	83.94
O3	127.81	107.61
O4	112.08	97.46
O5	124.48	102.94
O6	111.80	92.53
O7	39.68	32.24

g. Off-base housing rental and purchase INFORMATION TO BE PROVIDED BY NAVAL AIR STATION FALLON, NV UIC: 60495

(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
AO	0	123
AT	0	86
AMS	0	55
HM	0	43
AE	0	32

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)
FALLON	95	7	
FERNLEY	1	32	
RENO	1	69	
CARSON CITY	1	64	
SPARKS	1.5	65	

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
E.C. BEST	PUBLIC	PRIMARY	YES	0	N/A	N/A	CHURCHILL CO SCHL DIST
LAHONTAN ELEM	PUBLIC	PRIMARY	YES	0	N/A	N/A	CHURCHILL CO SCHL DIST
WEST END	PUBLIC	PRIMARY	YES	0	N/A	N/A	CHURCHILL CO SCHL DIST
NORTHSIDE	PUBLIC	PRIMARY	YES	0	N/A	N/A	CHURCHILL CO SCHL DIST
CHURCHILL CO JR HIGH SCHOOL	PUBLIC	SECONDARY	YES	0	N/A	N/A	CHURCHILL CO SCHL DIST
CHURCHILL CO SR HIGH SCHOOL	PUBLIC	SECONDARY	YES	SAT VERBAL 425 MATH 481 ACT 21.6			

(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	
WESTERN NEVADA COMMUNITY COLLEGE	Day X	X	X	X	AA, AS, AAS	N/A
	Night X	X	X	X	AA, AS, AAS	N/A
	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	
NONE	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

* ONLY EDUCATIONAL OPPORTUNITIES ON NAVAL AIR STATION FALLON ARE DANTE'S AND SOCNV PROGRAMS

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	DATA UNAVAILABLE	DATA UNAVAILABLE	3	
Manufacturing	DATA UNAVAILABLE	DATA UNAVAILABLE	0	
Clerical	DATA UNAVAILABLE	DATA UNAVAILABLE	64	
Service	DATA UNAVAILABLE	DATA UNAVAILABLE	76	
Other	DATA YBAVAUKABKE	DATA UNAVAILABLE	5	

1. 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.

Military personnel of the Naval Air Station do not have apparent difficulty in access to primary medical care in the military or civilian health care system. The difficulty arises access to specialty care. The Branch Medical Clinic is staffed with Family Practice Physicians and flight surgeons. Specialty care such as orthopedics, neurology, psychiatry, or others, must be referred to either military medical centers at great distance, or civilian facilities at lesser distance but greater costs. The nearest military medical facilities having specialty capabilities are Naval Hospital, Oakland California (285 miles) or David Grant Medical Center, Travis Air Force Base, Fairfield, California (245 miles). These specialties are not available in the civilian health care system in Fallon, hence, they must be referred to specialists in Reno, 65 mile away. Either scenario poses great expense to the member, the local military commander, and the taxpayer.

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.

Military medical care is provided to family members on a space available basis, and only within the scope of care of the family practice physicians assigned to the Branch Medical Clinic. With only four physicians assigned, access to health care in the Branch Medical Clinic can be delayed during busy periods. Specialty care in military medicine is considerably more difficulty to obtain for family members and retirees. As the nearest military facilities having specialty care are 245 - 285 miles away, travel to these facilities is difficult at best. Frequently, during the winter, travel by automobile is impossible due to heavy snow in the mountains between Fallon and other military medical facilities. Additionally, with the impending closure of the Naval Hospital, Oakland, California, specialty care is

less available at that location. David Grant Medical Center, Travis Air Force Base, Fairfield, California is currently not equipped, staffed, or funded to provide medical care for family members or retirees referred from Fallon. Additionally, family members cannot be given funded Temporary Additional Duty (TAD) orders. This necessitates either one of two alternatives: increased time lost from work by service members to accompany (under TAD orders for the service member as a non-medical escort) family members to military facilities; or, an increased expense to the sponsor for health care in the Fallon area.

Civilian medical care in Fallon is only slightly more accessible for family members. Fallon, being a small, primarily rural community, has few physicians. Thus, the waiting time for an appointment may be several days or more. Few specialists practice in Fallon, so specialty referrals must be made to physicians in Reno. Thus, in addition to difficulty accessing civilian health care, family members must face high costs in CHAMPUS co-payments and many physicians in northern Nevada do not participate in CHAMPUS.

Military dental care is not available through military sources in Fallon for family members of active duty personnel. Few dentists or dental specialists practice in Fallon. Thus, the wait for dental appointments may be several weeks. Dental appointments are more readily available in Reno, but represent a significant inconvenience (travel) and an increased expense through Delta Dental Plan or to the sponsor.

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

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

Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	15	30	25
Base Personnel - civilian	1	0	0
Off Base Personnel - military	0	0	0

Off Base Personnel - civilian	0	0	0
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Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	16	30	46
Base Personnel - military	9	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
10. Wrongful Destruction (6U)			
Base Personnel - military	10	2	31
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	18	11
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	5	15	19
Base Personnel - civilian	2	0	0
Off Base Personnel - military	0	1	0
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	2	2
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	6	5	3
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)			
Base Personnel - military	35	51	84
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	1	0
Off Base Personnel - civilian	0	0	0

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

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."

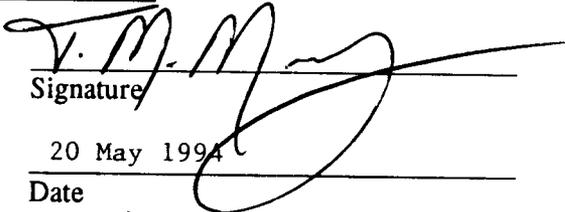
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

T.M. MURRAY
NAME (Please type or print)
Officer-in-Charge
Title
Branch Medical Clinic
Naval Air Station, Fallon, NV
Activity


Signature
20 May 1994
Date

