

~~SECRET~~ 61P1000  
31 Jan 1994BRAC-IV DATA CALL 1  
UIC: 44529

## 1. Activity.

Official Name: Branch Dental Annex, Marine Corps  
Barracks  
Acronym: BDA, MC BKS  
Short Title: 8th & I

Address: Branch Dental Annex  
Marine Corps Barracks  
8th & I Street, SE  
Washington, DC 20374

PLAD: BRDENANX MC BKS WASHINGTON DC

UIC: 44529

## 2. Property Account Holder:

No X

## 3. Activity Type.

Host Command: No

Tenant Command: Yes X

## 4. Special Areas:

NAME	LOCATION	UIC
N/A	N/A	N/A

## 5. Detachments:

<u>NAME</u>	<u>UIC</u>	<u>LOCATION</u>	<u>HOST NAME</u>	<u>HOST UIC</u>
N/A	N/A	N/A	N/A	N/A

6. The Branch Dental Annex, Marine Corps Barracks was not effected by the BRAC-88,-91-or-93.

End (8)

~~SECRET~~ 612

UIC: 44529

7. Mission:

Current Mission

- Non-existence for 10 years.

- All UIC's housed at Marine Corps Barracks are provided dental support by Branch Dental Clinic, Washington Navy Yard, UIC: 62312

Projected Mission as of 2001

- no projected changes

8. Unique Missions:

N/A            N/A            N/A

9. ISIC:

Operational Name	UIC
National Naval Dental Center	0608A

10. Personnel Numbers.

Reporting Command	On Board Count		
	Officers	Enlisted	Civilians
	0	0	0

Authorized Positions as of 30 Sep 94

Officers	Enlisted	Civilians
0	0	0

11. Key OIC Point of Contact (POC):

	OFFICE	FAX	HOME
CAPT J. F. WHITTAKER, DC, USN	202-433-3115	202-433-7360	704-960-0826

12. Tenant Activity: N/A    N/A    N/A

~~SECRET~~ GSP

UIC: 44529

13. Regional Support:

Marine Corps Barracks, Washington ISSA Provide Dental Support

14. Facility Maps. - Provided by ISIC.

BRAC-95 CERTIFICATION

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

ACTIVITY COMMANDER

NAME

Signature

CAPT J.F. WHITTAKER, DC, USN

Whittaker

Annex Head

Date: 3 February 1994

Branch Dental Annex,  
Activity

Marine Corps Barracks  
~~Naval Security Station~~

Division

Department

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)

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

J. J. Shanley  
Signature  
07 Feb 94  
Date

Activity Branch Dental Annex  
Marine Corps Barracks Washington DC

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

VADM Donald Hagen, MC  
NAME (Please type or print)  
Surgeon General/Chief BUMED  
Title

D. Hagen  
Signature  
2-5-94  
Date

Bureau of Medicine and Surgery  
Activity

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

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

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

J. B. Greene Jr  
Signature  
16 FEB 1994  
Date

# Document Separator

CAPACITY ANALYSIS: 406  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRDENANX MC BRKS WASH DC  
ACTIVITY UIC: 44529

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

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

**MISSION REQUIREMENTS**

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET									
UNMET									
TOTAL									

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

ANNEX IS NOT STAFF. CURRENTLY, THE COMMAND IS IN THE PROCESS OF DELETING THIS ACTIVITY.

BRDENANNX MC BRKS WASHINGTON DC

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET								
UNMET								
TOTAL								

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

ANNEX IS NOT STAFF. CURRENTLY, THE COMMAND IS IN THE PROCESS OF DELETING THIS ACTIVITY.

BRDENANX MC BRKS WASH DC

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

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

ANNEX IS NOT STAFF. CURRENTLY, THE COMMAND IS IN THE PROCESS OF DELETING THIS  
ACTIVITY.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

Activity

BRDEVANWX MC BRKS WASH DC

  
Signature  
06 June 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.

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

\_\_\_\_\_  
NAME (Please type or print)

X   
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

\_\_\_\_\_  
NAME (Please type or print)

  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

8/3/94

# Document Separator

406

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRDENANX MC BRKS WASH DC\_  
ACTIVITY UIC: 44529\_\_

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

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

## TABLE OF CONTENTS

<b>Mission Requirements</b>	
1. Mission .....	3
2. Customer Base .....	4
3. Workload per Capita .....	5
4. Projected Workload/Personnel .....	6
5. Training Programs .....	7
<b>Facilities</b>	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
<b>Location</b>	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
<b>Features and Capabilities</b>	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

## MISSION REQUIREMENTS

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

-provide dental support to 84 Unit Identification Codes (UICs) in Naval District Washington including members of congress, senate and embassy personnel.

-provide medical augmentation to USNS COMFORT (T-AH-20), fleet hospitals, and platforms and contingency operations in Naval District Washington environment (i.e. mass casualty disaster drills or operations)

~~BDC UNIT (62313)~~

44529

BUMED  
MED 825  
SEP  
7/24/94

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)
MC BRKS 'A' CO	10001	WASHINGTON DC	148
MC BRKS 'B' CO	20002	WASHINGTON DC	135
MC BRKS H&S CO	30003	WASHINGTON DC	187
MC BRKS DRUM & BUGLE	40004	WASHINGTON DC	88
MC BRKS MARINE BAND	50005	WASHINGTON DC	163
MC BRKS MCI	60006	WASHINGTON DC	129
MC BRKS GUARD DET	80008	WASHINGTON DC	151
BUMED	00018	WASHINGTON DC	121
NAVY FOOD SVC	00031	WASHINGTON DC	8
NDW HQTRS	00171	WASHINGTON DC	8
NAV RES LAB	00173	WASHINGTON DC	18
NAVREGFIN CEN	00179	WASHINGTON DC	
NAVREGCONTRACT	00600	WASHINGTON DC	2
NAVY BAND	0434A	WASHINGTON DC	161

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

~~BDC WASH DC (62212)~~

44527

RU 80  
M 80 825  
DIP  
2/24/94

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)
NAVY-MARINE CORPS TRAIL	0529A	WASHINGTON DC	2
CEREMONIAL GUARD	30027	WASHINGTON DC	214
EXECUTIVE OFFICE PRES	30117	WASHINGTON DC	2
CNO BARGE	30118	WASHINGTON DC	4
SUGAR GROVE NAV SECDET	31188	WEST VIRGINIA	49
BRANCH MEDICAL CLINIC	32563	WASHINGTON DC	41
SUGAR GROOVE NSGD CC S	32725	WEST VIRGINIA	14
SUGAR GROVE BRMED CLINIC	32747	WEST VIRGINIA	3
NAT'L SCIENCE FOUNDATION	32967	WASHINGTON DC	18
NAVAL DIST WASH BASE COMM	33288	WASHINGTON DC	98 18
NAVAL DIST WASH HQ	33355	WASHINGTON DC	98
NAVY OCCUP DEV/ANAL CTR	33381	WASHINGTON DC	46
SUGAR GROVE NAVRADRCVRFAC	35136	WASHINGTON DC	3
PMS WASHINGTON	35366	WASHINGTON DC	3

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

90MED  
MED 835  
05P  
7/24/94

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)
NAVY RECRUIT EXHIBIT	63011	WASHINGTON DC	11
BOARD OF INSPEC/SURVEY	63023	WASHINGTON DC	12
NAVY TACTICAL SUPPORT	63084	WASHINGTON DC	6
NAVAL HISTORICAL CTR	63151	WASHINGTON DC	19
COMTELSTA	63165	WASHINGTON DC	30
CNO MESS MGMT	63959	WASHINGTON DC	12
DISARMAMENT AGENCY	64122	WASHINGTON DC	4
INTERIOR DEPT	64172	WASHINGTON DC	N/A
NATIONAL DEFENSE UNIV	64358	WASHINGTON DC	6
NAVY-MARINE APPELLATE REV	65116	WASHINGTON DC	34
INTERAMERICAN DEFENSE COLL	65143	WASHINGTON DC	3
DEFENSE COMM AGENCY	65462	WASHINGTON DC	2
WHITE HOUSE COMMUNICATIONS	65475	WASHINGTON DC	16
NAVY ADP SELECTION OFC	66032	WASHINGTON DC	3

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

~~BDC WASH (62212)~~

44529

BUMEN  
MBO 825  
GJA  
7/24/44

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)
MR BRKS WASH	67029	WASHINGTON DC	1
FIELD SUPPORT ACTIVITY	67597	WASHINGTON DC	5
HOSP CO 4FSSG UMCR	67876	WASHINGTON DC	5
NAVAL RESERVE REDCOM 6	68306	WASHINGTON DC	29
ARMED FORCES RESERVE CTR	68337	WASHINGTON DC	4
NAVAL LEGAL SERVICE CTR	68382	WASHINGTON DC	7
OFC VICE PRES	68392	WASHINGTON DC	4
COUNSELING & ASSISTANCE CTR	68469	WASHINGTON DC	2
NAVY BROADCAST SERVICE	68481	WASHINGTON DC	46
NAVY ALCOHOL AND DRUG PROG	68491	WASHINGTON DC	1
NAVAL CONST BAT CBU-422	68871	WASHINGTON DC	43

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

3. Workload per Capita. Complete the following table for your FY 1993 workload: N/A. Annex is not staffed.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	
B. FY1993 MET WORKLOAD (CTVs)	
C. FY1993 UNMET WORKLOAD (CTVs)	
D. TOTAL WORKLOAD (B+C)	
E. MET WORKLOAD PER CAPITA (B÷A)	
F. UNMET WORKLOAD PER CAPITA (C÷A)	
G. WORKLOAD PER CAPITA (D÷A)	

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond. N/A. Annex is not staffed.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION								
A: TOTAL MET CTVs								
B: TOTAL UNMET CTVs								
C: TOTAL WORKLOAD REQUIREMENT (A+B)								
DENTISTS (MIL AND CIV)								
PROPHY TECHNICIANS (MIL AND CIV)								
DENTAL HYGIENISTS (MIL AND CIV)								

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<sup>2</sup>. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic): N/A. Annex not operational.

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

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

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

*D. F. Hagen*

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

7-24-94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

*W. A. Earner*

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

8/27/94

\_\_\_\_\_  
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

*J. J. Shanley*  
Signature

COMMANDING OFFICER

Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

Date

*06 June 94*

Activity

*BRIDGEMAN MC BRKS WASHINGTON DC*

# Document Separator

~~SECRET~~  
S.A

1000  
31 Jan 1994

BRAC-IV DATA CALL 1  
UIC: 44528

1. Activity.

Official Name: Branch Dental Annex, Marine Corps  
Headquarters  
Acronym: BDA, MC HQ  
Short Title: Henderson Hall

Address: Branch Dental Annex  
Marine Corps Headquarters  
Battalion Henderson Hall  
Arlington, VA 22214

PLAD: BRDENANX MC HQ WASHINGTON DC

UIC: 44528

2. Property Account Holder:

No X

3. Activity Type.

Host Command: No

Tenant Command: Yes X

4. Special Areas:

NAME	LOCATION	UIC
N/A	N/A	N/A

5. Detachments:

<u>NAME</u>	<u>UIC</u>	<u>LOCATION</u>	<u>HOST NAME</u>	<u>HOST UIC</u>
N/A	N/A	N/A	N/A	N/A

6. The Branch Dental Annex, Marine Corps Headquarters was not effected by the BRAC-88,-91-or-93.

End (7)

~~SECRET~~  
GSA

UIC: 44528

7. Mission:

Current Mission

- All UIC's housed at Marine Corps Headquarters Battalion are provided dental support by Branch Dental Annex, Arlington;  
UIC: 44527

Projected Mission as of 2001

- no projected changes

8. Unique Missions:

N/A            N/A            N/A

9. ISIC:

Operational Name	UIC
National Naval Dental Center	0608A

10. Personnel Numbers.

Reporting Command	On Board Count		
	Officers	Enlisted	Civilians
	0	0	0

Authorized Positions as of 30 Sep 94

Officers	Enlisted	Civilians
0	0	0

11. Key OIC Point of Contact (POC):

	OFFICE	FAX	HOME
CDR R. HOLDERMAN, DC, USN	703-614-1229	703-614-1593	301-869-6208

12. Tenant Activity: N/A    N/A    N/A

End (7)

UIC: 44528

13. Regional Support:

Henderson Hall ISSA Provide Dental Support

14. Facility Maps. - Provided by ISIC.

BRAC-95 CERTIFICATION

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

ACTIVITY COMMANDER

NAME

Signature

CAPT J.F. WHITTAKER, DC, USN



Annex Head

Date: 3 February 1994

Branch Dental Annex,  
Activity

*Marine Corps Headquarters*  
~~Naval Security Station~~ *207*

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department

\_\_\_\_\_  
Activity

Encl (7)

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

NEXT ECHELON LEVEL (if applicable)

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

J. J. Shanley  
Signature

COMMANDING OFFICER  
Title

07 Feb 94  
Date

Activity **Branch Dental Annex  
Marine Corps Headquarters Washington DC**

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

x D. 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 1994  
Date

# Document Separator

407

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENANX MCHQ WASH DC  
ACTIVITY UIC:44528

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

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

MISSION REQUIREMENTS BRDENANNEX MCHQ WASHINGTON DC

1. Workload. Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET									
UNMET									
TOTAL									

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

ANNEX IS NOT STAFF. CURRENTLY, THE COMMAND IS IN THE PROCESS OF DELETING THIS ACTIVITY.

BRDENANNEX MCHQ WASHINGTON DC

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET								
UNMET								
TOTAL								

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

ANNEX IS NOT STAFF. CURRENTLY, THE COMMAND IS IN THE PROCESS OF DELETING THIS ACTIVITY.

BRDENANX MCHQ WASHINGTON DC

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

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

ANNEX IS NOT STAFF. CURRENTLY, THE CO\_MAND IS IN THE PROCESS OF DELETING THIS ACTIVITY.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

Date

Activity

BRDENAVX MCHG WASH DC

*J. J. Shanley*  
06 June 94

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X   
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-24-94  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

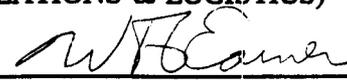
BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

8/3/94  
\_\_\_\_\_  
Date

---

# Document Separator

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENANX MCHQ WASH DC\_\_\_  
ACTIVITY UIC: 44528\_\_

407

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

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

**TABLE OF CONTENTS**

**Mission Requirements**

- 1. Mission .....3
- 2. Customer Base .....4
- 3. Workload per Capita .....5
- 4. Projected Workload/Personnel .....6
- 5. Training Programs .....7

**Facilities**

- 6. Facilities Description.....8
- 7. Programmed Improvements.....9
- 8. Impact of Facilities' Condition.....9

**Location**

- 9. Geographic Location.....10
- 10. Manpower and Recruiting Issues.....10

**Features and Capabilities**

- 11. Capabilities.....11,12
- 12. Mobilization.....13
- 13. Quality of Life.....14

## **MISSION REQUIREMENTS**

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

-provide dental support to 84 Unit Identification Codes (UICs) in Naval District Washington including members of congress, senate and embassy personnel.

-provide medical augmentation to USNS COMFORT (T-AH-20), fleet hospitals, and platforms and contingency operations in Naval District Washington environment (i.e. mass casualty disaster drills or operations)

~~BDC 1001~~

44528

BUMED  
MEN 825  
GSA  
7/24/94

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)
MC BRKS 'A' CO	10001	WASHINGTON DC	148
MC BRKS 'B' CO	20002	WASHINGTON DC	135
MC BRKS H&S CO	30003	WASHINGTON DC	187
MC BRKS DRUM & BUGLE	40004	WASHINGTON DC	88
MC BRKS MARINE BAND	50005	WASHINGTON DC	163
MC BRKS MCI	60006	WASHINGTON DC	129
MC BRKS GUARD DET	80008	WASHINGTON DC	151
BUMED	00018	WASHINGTON DC	121
NAVY FOOD SVC	00031	WASHINGTON DC	8
NDW HQTRS	00171	WASHINGTON DC	8
NAV RES LAB	00173	WASHINGTON DC	18
NAVREGFIN CEN	00179	WASHINGTON DC	
NAVREGCONTRACT	00600	WASHINGTON DC	2
NAVY BAND	0434A	WASHINGTON DC	161

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVY-MARINE CORPS TRAIL	0529A	WASHINGTON DC	2
CEREMONIAL GUARD	30027	WASHINGTON DC	214
EXECUTIVE OFFICE PRES	30117	WASHINGTON DC	2
CNO BARGE	30118	WASHINGTON DC	4
SUGAR GROVE NAV SECDET	31188	WEST VIRGINIA	49
BRANCH MEDICAL CLINIC	32563	WASHINGTON DC	41
SUGAR GROOVE NSGD CC S	32725	WEST VIRGINIA	14
SUGAR GROVE BRMED CLINIC	32747	WEST VIRGINIA	3
NAT'L SCIENCE FOUNDATION	32967	WASHINGTON DC	18
NAVAL DIST WASH BASE COMM	33288	WASHINGTON DC	98 18
NAVAL DIST WASH HQ	33355	WASHINGTON DC	98
NAVY OCCUP DEV/ANAL CTR	33381	WASHINGTON DC	46
SUGAR GROVE NAVRADRCVRFAC	35136	WASHINGTON DC	3
PMS WASHINGTON	35366	WASHINGTON DC	3

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVY RECRUIT EXHIBIT	63011	WASHINGTON DC	11
BOARD OF INSPEC/SURVEY	63023	WASHINGTON DC	12
NAVY TACTICAL SUPPORT	63084	WASHINGTON DC	6
NAVAL HISTORICAL CTR	63151	WASHINGTON DC	19
COMTELSTA	63165	WASHINGTON DC	30
CNO MESS MGMT	63959	WASHINGTON DC	12
DISARMAMENT AGENCY	64122	WASHINGTON DC	4
INTERIOR DEPT	64172	WASHINGTON DC	N/A
NATIONAL DEFENSE UNIV	64358	WASHINGTON DC	6
NAVY-MARINE APPELLATE REV	65116	WASHINGTON DC	34
INTERAMERICAN DEFENSE COLL	65143	WASHINGTON DC	3
DEFENSE COMM AGENCY	65462	WASHINGTON DC	2
WHITE HOUSE COMMUNICATIONS	65475	WASHINGTON DC	16
NAVY ADP SELECTION OFC	66032	WASHINGTON DC	3

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

44528  
 DUMED  
 MED 835  
 USA  
 7/24/94

~~EBC WASH (42313)~~

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)
MR BRKS WASH	67029	WASHINGTON DC	1
FIELD SUPPORT ACTIVITY	67597	WASHINGTON DC	5
HOSP CO 4FSSG UMCR	67876	WASHINGTON DC	5
NAVAL RESERVE REDCOM 6	68306	WASHINGTON DC	29
ARMED FORCES RESERVE CTR	68337	WASHINGTON DC	4
NAVAL LEGAL SERVICE CTR	68382	WASHINGTON DC	7
OFC VICE PRES	68392	WASHINGTON DC	4
COUNSELING & ASSISTANCE CTR	68469	WASHINGTON DC	2
NAVY BROADCAST SERVICE	68481	WASHINGTON DC	46
NAVY ALCOHOL AND DRUG PROG	68491	WASHINGTON DC	1
NAVAL CONST BAT CBU-422	68871	WASHINGTON DC	43

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

3. Workload per Capita. Complete the following table for your FY 1993 workload: N/A. Annex is not staffed.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	
B. FY1993 MET WORKLOAD (CTVs)	
C. FY1993 UNMET WORKLOAD (CTVs)	
D. TOTAL WORKLOAD (B+C)	
E. MET WORKLOAD PER CAPITA (B÷A)	
F. UNMET WORKLOAD PER CAPITA (C÷A)	
G. WORKLOAD PER CAPITA (D÷A)	

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond. N/A. Annex is not staffed.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION								
A: TOTAL MET CTVs								
B: TOTAL UNMET CTVs								
C: TOTAL WORKLOAD REQUIREMENT (A+B)								
DENTISTS (MIL AND CIV)								
PROPHY TECHNICIANS (MIL AND CIV)								
DENTAL HYGIENISTS (MIL AND CIV)								

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<sup>2</sup>. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

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

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

*J. J. Shanley*  
Signature

COMMANDING OFFICER  
Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

06 June 94  
Date

Activity  
B2 DEVA Area MCHQ WASH DC

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

*D. F. Hagen*

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

7-24-94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

*W. A. Earner*

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

8/27/94

---

# Document Separator

408

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENANNX NAF WASH DC  
ACTIVITY UIC:35756

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

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

## MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	19396	19396	19396	19396	19396	19396	19396	19396	19396
UNMET	27065	23756	21624	21342	21042	21042	21042	21042	21042
TOTAL	46461	43152	41020	40738	40438	40438	40438	40438	40438

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	19396	19396	19396	19396	19396	19396	19396	19396
UNMET	23756	21624	21342	21042	21042	21042	21042	21042
TOTAL	43152	41020	40738	40438	40438	40438	40438	40438

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

**\* ASSUMPTIONS**

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

**\* MATH MODEL**

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

**\* PROVIDERS CAN'T EXPAND DUE TO PHYSICAL CONSTRAINTS. DATA REMAINS THE SAME AS IN QUESTION #1.**

**BRDENANNX NAF 35756**

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

*J. J. Shanley*  
\_\_\_\_\_  
Signature

COMMANDING OFFICER  
\_\_\_\_\_  
Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

06 June 94  
\_\_\_\_\_  
Date

Activity  
BRDENAWX NAF WASH DC

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

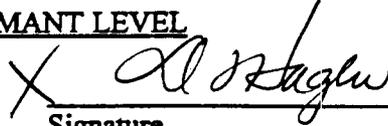
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

7-24-94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER



\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

8/3/94  
\_\_\_\_\_  
Date

---

# Document Separator

408

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRDENANNX NAF WASH DC \_\_\_  
ACTIVITY UIC: 35756 \_\_\_

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

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

## TABLE OF CONTENTS

<b>Mission Requirements</b>	
1. Mission .....	3
2. Customer Base .....	4
3. Workload per Capita .....	5
4. Projected Workload/Personnel .....	6
5. Training Programs .....	7
<b>Facilities</b>	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
<b>Location</b>	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
<b>Features and Capabilities</b>	
11. Capabilities.....	11, 12
12. Mobilization.....	13
13. Quality of Life.....	14

## MISSION REQUIREMENTS

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

-provide dental support to 84 Unit Identification Codes (UICs) in Naval District Washington including members of congress, senate and embassy personnel.

-provide medical augmentation to USNS COMFORT (T-AH-20), fleet hospitals, and platforms and contingency operations in Naval District Washington environment (i.e. mass casualty disaster drills or operations)

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)
NAVINTELCOM	00015	WASHINGTON DC	76
NAVAIRFACILITY	00166	WASHINGTON DC	198
NAVCOMM DET	00788	CHELTENHAM MD	56
NAVMC MARS	05744	WASHINGTON DC	13
PATROL SQUADRON	09301	WASHINGTON DC	113
NAVINTELLCOMM DSSS	31220	WASHINGTON DC	6
NAVINTELLCOM R PAY	35054	WASHINGTON DC	1
FT MEADE SEC GRP	35450	WASHINGTON DC	1
BRMEDCLINIC	35688	WASHINGTON DC	22
BRDENANNEX	35756	WASHINGTON DC	3
PERSUPPACTIVITY	42539	WASHINGTON DC	17
FTLOGSUPWING DET	42884	WASHINGTON DC	73
AIRINTER FAC	44492	WASHINGTON DC	183
NAVINTCOM OPS (FLT)	46511	WASHINGTON DC	2

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

(35756)

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)
RESINTELPROG OFF	47931	WASHINGTON DC	4
FLT LOGSUPP SQ VR48	52893	WASHINGTON DC	116
VAQ - 209	53870	WASHINGTON DC	99
NAVPOLAR OCEAN CTR	62643	WASHINGTON DC	62
FT MEADE NAVOPINTEL	62930	WASHINGTON DC	4
NAVAL INTELLIGENCE	63420	WASHINGTON DC	36
NAVINTEL GP CTF	66598	WASHINGTON DC	7
TELECOMSYSINT CTR	66976	WASHINGTON DC	54
MARINE AIR GRP	67235	WASHINGTON DC	189
NAVINTELLSUPPCTR	68166	WASHINGTON DC	276
NAVALCOHOL&DRUG	68491	WASHINGTON DC	1
ABFC FMP HOTEL NNF	68822	WASHINGTON DC	72

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

\* 5

THERE ARE NO PAGES 687  
 BUMM  
 ME0825.  
 GSA 7/24/94

NAF  
BRIDENAMX 35756

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPOULATION	6053
B. FY1993 MET WORKLOAD (CTVs)	19396
C. FY1993 UNMET WORKLOAD (CTVs)	27065
D. TOTAL WORKLOAD (B+C)	46461
E. MET WORKLOAD PER CAPITA (B÷A)	3.20
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.47
G. WORKLOAD PER CAPITA (D÷A)	7.67

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	5313	4836	4773	4641	4641	4641	4641	4641
A: TOTAL MET CTVs	19396	19396	19396	19396	19396	19396	19396	19396
B: TOTAL UNMET CTVs	23756	21624	21342	21042	21042	21042	21042	21042
C: TOTAL WORKLOAD REQUIREMENT (A+B)	43152	41020	40738	40438	40438	40438	40438	40438
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

*CTVs + Workload combined under the 62312 (UNM) - Report for info only - Do not double count. Raps Daily WE063 9/22/22.*

*W.S. 756*

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. Annex personnel included with main BDC WNY Washington DC.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
SPECIALTY UPDATES (PERIO, ENDO, PROS, ETC)								
SPECIALTY ASSTING								
TQL								
INFECTION CONTROL								
SAFETY (PERSONAL, MSDS, FIRE, HAZMAT )								
MEPERS, DIRS DENTAL RECORDS								
CPR/BLS								
SEXUAL HARASSMENT								

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<sup>2</sup>. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

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

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

**DENTAL EQUIPMENT AND FACILITIES REPORT**

DATE OF REPORT	10 January 1994	UIC	35756
FACILITY	Branch Dental Clinic, NAF Andrews AFB, Wash, DC		
<b>PART I - DENTAL FACILITY SPACES</b>			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg 12 540 Sqft	
2. DENTAL TREATMENT ROOM	1 2	9'x12' 7'x12'	1 DTR used as x-ray room
3. STERILIZATION ROOM	1	4'X6'	
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	8'x10'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	10'x10'	
10. DENTAL OFFICER'S OFFICE			

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA			
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE) (COED)	1	10'x6'	
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2040	2	A-4
	DENTAL-EZ AS-2000	1	A-4
2. DENTAL OPERATING CHAIR	ADEC 1005	2	A-4
	DENTAL-EZ ES-2000	1	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton&Crane LFII ADEC 6300	1 2	A-5 A-4
4. CENTRAL VACUUM SYSTEM	Air Technique Vacstar 8	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	Air Technique Airstar 5	1	A-4
6. STERILIZER	P&C Validator 8	2	A-4
	Sterident Dri-clave	1	A-4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
<b>SECTION B - PROSTHETIC LAB EQUIPMENT</b>			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	Gendex GX1000	1	A-4	910425
2. MOBILE INTRA-ORAL				
3. PANORAMIC	Gendex GX-Pan	1	A-4	910425
4. CEPHALOMETRIC				
5. FILM PROCESSOR	Air Technique A/T 2000	1	A-4	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC	
				a. VOLTAGE: 110/220    b. CYCLE: 60
2. GAS:	<input type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL
	<input type="checkbox"/>		<input type="checkbox"/>	BOTTLE
	<input type="checkbox"/>		<input type="checkbox"/>	ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
DATE 10 January 1994	TYPED NAME AND GRADE		SIGNATURE	

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

## LOCATION

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

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

- Centrally located for eligible beneficiaries

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

-Washington National Airport, Baltimore (sea), Union Station (rail), Central Washington, DC (ground)

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

-Close proximity to NNDC Bethesda, Norfolk Naval Base, Camp Lejuene MCB and Little Creek Amphibious for fleet hospital and operational platform support.

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

-30 minutes

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? No

## **FEATURES AND CAPABILITIES**

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

- Routine and specialty care would be non-existent to Navy and Marine Corps beneficiaries in the downtown Washington, DC area.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

-

12. Mobilization. What are your facility's mobilization requirements? Annex personnel included with main BDC WNY Washington DC.

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

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

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

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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. Average wait per grade category is 3 months

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	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+		

<sup>1</sup>As of 31 March 1994.

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

Top Five Factors Driving the Demand for Base Housing	
1	Cost of housing
2	Travel
3	Resale
4	Utility costs
5	Maintenance

(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)? N/A. Host command (Naval District Washington) maintain and track this data.

(g) Provide the utilization rate for family housing for FY 1993. N/A. Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993. N/A. Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A. Host command (Naval District Washington) maintain and track this data.

**AOB = (# Geographic Bachelors x average number of days in barracks)**

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A. Host command (Naval District Washington) maintain and track this data.

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

<b>TOTAL</b>		100
--------------	--	-----

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

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993. N/A  
Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A. Host command (Naval District Washington) maintain and track this data.

AOB = (# Geographic Bachelors x average number of days in barracks)

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A. Host command (Naval District Washington) maintain and track this data.

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

<b>TOTAL</b>		100
--------------	--	-----

(e) How many geographic bachelors do not live on base? N/A  
Host command (Naval District Washington) maintain  
and track this data.

b. For on-base MWR facilities<sup>2</sup> available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table. N/A. Host command (Naval District Washington) maintain and track this data.

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		

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

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

- c. Is your library part of a regional interlibrary loan program?  
N/A. Host command (Naval District Washington) maintain and track this data.

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base. N/A. Host command (Naval District Washington) maintain and track this data.

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

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A. Host command (Naval District Washington) maintain and track this data.

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? N/A

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list. N/A. Host command (Naval District Washington) maintain and track this data.

(4). How many "certified home care providers" are registered at your base? N/A. Host command (Naval District Washington) maintain and track this data.

(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. Host command (Naval District Washington) maintain and track this data.

(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)
Washington DC	11
Baltimore, MD	37
Annapolis MD	28

DC 29 35756  
THIS PAGE IS  
BLANK  
BUMED  
MED 825  
OSR 7/24/94

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	314.33	175.87
E2	314.33	197.67
E3	304.92	224.68
E4	333.54	232.79
E5	358.43	250.25
E6	401.64	273.41
E7	445.49	309.46
E8	455.86	344.62
E9	444.44	337.38
W1	508.26	386.01
W2	539.96	423.51
W3	539.31	438.40
W4	503.58	446.50
O1E	431.76	320.26
O2E	471.21	375.69
O3E	487.77	412.65
O1	428.21	315.54
O2	411.12	321.34
O3	461.82	388.82
O4	495.17	430.60
O5	472.86	391.05
O6	464.70	384.64
O7	396.88	322.46

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994. N/A. Host command (Naval District Washington) maintain and track this data.

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

(2) What was the rental occupancy rate in the community as of 31 March 1994? N/A. Host command (Naval District Washington) maintain and track this data.

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

(3) What are the median costs for homes in the area? N/A Host command (Naval District Washington) maintain and track this data.

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

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area. N/A. Host command (Naval District Washington) maintain and track this data.

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

(5) Describe the principle housing cost drivers in your local area. N/A Host command (Naval District Washington) maintain and track this data.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: N/A Host command (Naval District Washington) maintain and track this data.

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

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base. N/A Host command (Naval District Washington) maintain and track this data.

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. N/A

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

*J. J. Shanley*  
Signature

COMMANDING OFFICER

06 June 94  
Date

Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

Activity  
BRIDENAX NAF WASH DC

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X   
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-24-94  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

8/29/94  
\_\_\_\_\_  
Date

# Document Separator

~~SECRET~~

1000  
31 Jan 1994

BRAC-IV DATA CALL 1  
UIC: 35756

1. Activity.

Official Name: Branch Dental Annex, Naval Air Facility  
Acronym: BDA, NAF  
Short Title: NAF

Address: Branch Dental Annex  
Building 3188, Maintenance Hangar 12  
Naval Air Facility  
Washington, DC 20390

PLAD: BRDENANX NAF WASHINGTON DC

UIC: 35756

2. Property Account Holder:

No X

3. Activity Type.

Host Command: No

Tenant Command: Yes X

4. Special Areas:

NAME	LOCATION	UIC
N/A	N/A	N/A

5. Detachments:

<u>NAME</u>	<u>UIC</u>	<u>LOCATION</u>	<u>HOST NAME</u>	<u>HOST UIC</u>
N/A	N/A	N/A	N/A	N/A

6. The Branch Dental Annex, Naval Air Facility was not effected by the BRAC-88,-91-or-93.

End (5)

~~SECRET~~ 65A

UIC: 35756

7. Mission:

Current Mission

- provide dental support to 27 UIC's in Naval District Washington, including members of Marine Corps Security Force, AIMD personnel, Naval Support Personnel, and Defense Intelligence Agency

- provide medical augmentation to USNS COMFORT(T-AH-20), Field Hospital, Camp LeJeune, as well as platforms in Norfolk, VA

- provide medical augmentation during contingency operations in Naval District Washington environs (i.e.: plane crash, metro disaster, etc.)

- provide back up for National Receiving Morgue, Dover Air Force Base, Dover, Delaware

Projected Mission as of 2001

- no projected changes

8. Unique Missions:

N/A            N/A            N/A

9. ISIC:

Operational Name	UIC
National Naval Dental Center	0608A

10. Personnel Numbers.

		On Board Count		
Reporting Command	Officers	Enlisted	Civilians	
	2	2	2	

Authorized Positions as of 30 Sep 94

Officers	Enlisted	Civilians
20 <sub>65A</sub>	20 <sub>65A</sub>	20 <sub>65A</sub>

11. Key OIC Point of Contact (POC):

	OFFICE	FAX	HOME
LCDR S. A. MILLER	301-981-4177	301-981-0749	703-836-8827

12. Tenant Activity: N/A    N/A    N/A

~~SECRET~~ OR

UIC: 35756

13. Regional Support:

Naval Air Facility, Andrews AFB ISSA Provide Dental Support

14. Facility Maps. - Provided by ISIC.

BRAC-95 CERTIFICATION

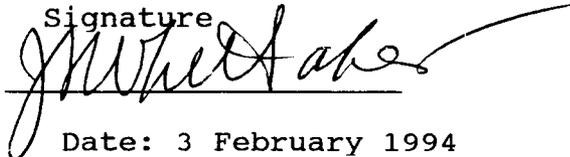
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

NAME

Signature

S. A. MILLER, LCDR, DC, USN



Annex Head

Date: 3 February 1994

Branch Dental Annex, ~~Naval Security Station~~ Naval Air Facility  
Activity

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department

\_\_\_\_\_  
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)

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

J. J. Shanley  
Signature  
07 Feb 94  
Date

Activity Branch Dental Annex  
Naval Air Facility  
Washington DC

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

VADM Donald Hagen, MC  
NAME (Please type or print)  
Surgeon General/Chief BUMED  
Title

D. Hagen  
Signature  
2-8-94  
Date

Bureau of Medicine and Surgery  
Activity

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

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

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

J. B. Greene Jr  
Signature  
16 FEB 1994  
Date

# Document Separator

408

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENANNX NAF WASH DC  
ACTIVITY UIC:35756**

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

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

## MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	19396	19396	19396	19396	19396	19396	19396	19396	19396
UNMET	27065	23756	21624	21342	21042	21042	21042	21042	21042
TOTAL	46461	43152	41020	40738	40438	40438	40438	40438	40438

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	19396	19396	19396	19396	19396	19396	19396	19396
UNMET	23756	21624	21342	21042	21042	21042	21042	21042
TOTAL	43152	41020	40738	40438	40438	40438	40438	40438

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

**\* ASSUMPTIONS**

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

**\* MATH MODEL**

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

**\* PROVIDERS CAN'T EXPAND DUE TO PHYSICAL CONSTRAINTS. DATA REMAINS THE SAME AS IN QUESTION #1.**

**BRDENANNX NAF 35756**

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

*J. J. Shanley*  
Signature

COMMANDING OFFICER

Title  
NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

Date

*06 June 94*

Activity

*BRDENAWX NAF WASH DC*

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X *D F Hagen*  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

7-24-94  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

\_\_\_\_\_  
NAME (Please type or print)

*W A Earner*  
Signature

\_\_\_\_\_  
Title

8/3/94  
Date

---

# Document Separator

408

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRDENANNX NAF WASH DC \_\_\_  
ACTIVITY UIC: 35756\_\_

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

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

## TABLE OF CONTENTS

<b>Mission Requirements</b>	
1. Mission .....	3
2. Customer Base .....	4
3. Workload per Capita .....	5
4. Projected Workload/Personnel .....	6
5. Training Programs .....	7
<b>Facilities</b>	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
<b>Location</b>	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
<b>Features and Capabilities</b>	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

## MISSION REQUIREMENTS

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

-provide dental support to 84 Unit Identification Codes (UICs) in Naval District Washington including members of congress, senate and embassy personnel.

-provide medical augmentation to USNS COMFORT (T-AH-20), fleet hospitals, and platforms and contingency operations in Naval District Washington environment (i.e. mass casualty disaster drills or operations)

BDC NAF ANNEX (35756)

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)
NAVINTELCOM	00015	WASHINGTON DC	76
NAVAIRFACILITY	00166	WASHINGTON DC	198
NAVCOMM DET	00788	CHELTENHAM MD	56
NAVMC PARS	05744	WASHINGTON DC	13
PATROL SQUADRON	09301	WASHINGTON DC	113
NAVINTELLCOMM DSSS	31220	WASHINGTON DC	6
NAVINTELLCOM R PAY	35054	WASHINGTON DC	1
FT MEADE SEC GRP	35450	WASHINGTON DC	1
BRMEDCLINIC	35688	WASHINGTON DC	22
BRDENANNEX	35756	WASHINGTON DC	3
PERSUPPACTIVITY	42539	WASHINGTON DC	17
FTLOGSUPWING DET	42884	WASHINGTON DC	73
AIRINTER FAC	44492	WASHINGTON DC	183
NAVINTCOM OPS (FLT)	46511	WASHINGTON DC	2

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

(35756)

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)
RESINTELPROG OFF	47931	WASHINGTON DC	4
FLT LOGSUPP SQ VR48	52893	WASHINGTON DC	116
VAQ - 209	53870	WASHINGTON DC	99
NAVPOLAR OCEAN CTR	62643	WASHINGTON DC	62
FT MEADE NAVOPINTEL	62930	WASHINGTON DC	4
NAVAL INTELLIGENCE	63420	WASHINGTON DC	36
NAVINTEL GP CTF	66598	WASHINGTON DC	7
TELECOMSYSINT CTR	66976	WASHINGTON DC	54
MARINE AIR GRP	67235	WASHINGTON DC	189
NAVINTELLSUPPORT	68166	WASHINGTON DC	276
NAVALCOHOL&DRUG	68491	WASHINGTON DC	1
ABFC FMP HOTEL NNF	68822	WASHINGTON DC	72

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

\* 5

THERE ARE NO PAGES 687  
 BUNN  
 MEBBS.  
 GSA 7/24/94

NAF  
~~Briden Anne~~ 35756

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPOULATION	6053
B. FY1993 MET WORKLOAD (CTVs)	19396
C. FY1993 UNMET WORKLOAD (CTVs)	27065
D. TOTAL WORKLOAD (B+C)	46461
E. MET WORKLOAD PER CAPITA (B÷A)	3.20
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.47
G. WORKLOAD PER CAPITA (D÷A)	7.67

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	5313	4836	4773	4641	4641	4641	4641	4641
A: TOTAL MET CTVS	19396	19396	19396	19396	19396	19396	19396	19396
B: TOTAL UNMET CTVS	23756	21624	21342	21042	21042	21042	21042	21042
C: TOTAL WORKLOAD REQUIREMENT (A+B)	43152	41020	40738	40438	40438	40438	40438	40438
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs: \_\_\_\_\_

Explanation:

*CTVS + Manpower combined under the 62312 (CVR) - Report here for impact only - Do not double count.*  
*Rafiq Shady MCOB3 9/2002.*

*W 5756*

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. Annex personnel included with main BDC WNY Washington DC.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
SPECIALTY UPDATES ( PERIO, ENDO, PROS, ETC )								
SPECIALTY ASSTING								
TQL								
INFECTION CONTROL								
SAFETY ( PERSONAL, MSDS, FIRE, HAZMAT )								
MEPERS, DIRS DENTAL RECORDS								
CPR/BLS								
SEXUAL HARASSMENT								

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<sup>2</sup>. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

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

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

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

**DENTAL EQUIPMENT AND FACILITIES REPORT**

DATE OF REPORT	10 January 1994	UIC	35756
FACILITY	Branch Dental Clinic, NAF Andrews AFB, Wash, DC		
<b>PART I - DENTAL FACILITY SPACES</b>			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg 12 540 Sqft	
2. DENTAL TREATMENT ROOM	1 2	9'x12' 7'x12'	1 DTR used as x-ray room
3. STERILIZATION ROOM	1	4'x6'	
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	8'x10'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	10'x10'	
10. DENTAL OFFICER'S OFFICE			

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA			
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE) (COED)	1	10'x6'	
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2040	2	A-4
	DENTAL-EZ AS-2000	1	A-4
2. DENTAL OPERATING CHAIR	ADEC 1005	2	A-4
	DENTAL-EZ ES-2000	1	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton&Crane LFII ADEC 6300	1 2	A-5 A-4
4. CENTRAL VACUUM SYSTEM	Air Technique Vacstar 8	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	Air Technique Airstar 5	1	A-4
6. STERILIZER	P&C Validator 8 Sterident Dri-clave	2 1	A-4 A-4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
<b>SECTION B - PROSTHETIC LAB EQUIPMENT</b>			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)



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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

**LOCATION**

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

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

- Centrally located for eligible beneficiaries

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

-Washington National Airport, Baltimore (sea), Union Station (rail), Central Washington, DC (ground)

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

-Close proximity to NNDC Bethesda, Norfolk Naval Base, Camp Lejuene MCB and Little Creek Amphibious for fleet hospital and operational platform support.

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

-30 minutes

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? No

## **FEATURES AND CAPABILITIES**

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

- Routine and specialty care would be non-existent to Navy and Marine Corps beneficiaries in the downtown Washington, DC area.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

12. Mobilization. What are your facility's mobilization requirements? Annex personnel included with main BDC WNY Washington DC.

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

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

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

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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. Average wait per grade category is 3 months

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	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+		

<sup>1</sup>As of 31 March 1994.

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

Top Five Factors Driving the Demand for Base Housing	
1	Cost of housing
2	Travel
3	Resale
4	Utility costs
5	Maintenance

(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)? N/A. Host command (Naval District Washington) maintain and track this data.

(g) Provide the utilization rate for family housing for FY 1993. N/A. Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993. N/A. Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A. Host command (Naval District Washington) maintain and track this data.

**AOB = (# Geographic Bachelors x average number of days in barracks)**

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A. Host command (Naval District Washington) maintain and track this data.

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

TOTAL		100
-------	--	-----

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

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993. N/A Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A. Host command (Naval District Washington) maintain and track this data.

AOB = (# Geographic Bachelors x average number of days in barracks)

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A. Host command (Naval District Washington) maintain and track this data.

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

<b>TOTAL</b>		100
--------------	--	-----

(e) How many geographic bachelors do not live on base? N/A  
Host command (Naval District Washington) maintain  
and track this data.

b. For on-base MWR facilities<sup>2</sup> available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table. N/A. Host command (Naval District Washington) maintain and track this data.

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		

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

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

- c. Is your library part of a regional interlibrary loan program?  
N/A. Host command (Naval District Washington) maintain and track this data.

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base. N/A. Host command (Naval District Washington) maintain and track this data.

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

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A. Host command (Naval District Washington) maintain and track this data.

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? N/A

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list. N/A. Host command (Naval District Washington) maintain and track this data.

(4). How many "certified home care providers" are registered at your base? N/A. Host command (Naval District Washington) maintain and track this data.

(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. Host command (Naval District Washington) maintain and track this data.

(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)
Washington DC	11
Baltimore, MD	37
Annapolis MD	28

DC 29 35756  
THIS PAGE IS  
BLANK  
BUMED  
MED 825  
OSA 7/24/94

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	314.33	175.87
E2	314.33	197.67
E3	304.92	224.68
E4	333.54	232.79
E5	358.43	250.25
E6	401.64	273.41
E7	445.49	309.46
E8	455.86	344.62
E9	444.44	337.38
W1	508.26	386.01
W2	539.96	423.51
W3	539.31	438.40
W4	503.58	446.50
O1E	431.76	320.26
O2E	471.21	375.69
O3E	487.77	412.65
O1	428.21	315.54
O2	411.12	321.34
O3	461.82	388.82
O4	495.17	430.60
O5	472.86	391.05
O6	464.70	384.64
O7	396.88	322.46

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994. N/A. Host command (Naval District Washington) maintain and track this data.

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

(2) What was the rental occupancy rate in the community as of 31 March 1994? N/A. Host command (Naval District Washington) maintain and track this data.

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

(3) What are the median costs for homes in the area? N/A Host command (Naval District Washington) maintain and track this data.

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

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area. N/A. Host command (Naval District Washington) maintain and track this data.

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

(5) Describe the principle housing cost drivers in your local area. N/A Host command (Naval District Washington) maintain and track this data.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: N/A Host command (Naval District Washington) maintain and track this data.

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

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base. N/A Host command (Naval District Washington) maintain and track this data.

Location	% Employees	Distance (mi)	Time(mi n)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. N/A

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

*J. J. Shanley*  
Signature  
*06 June 94*  
Date

COMMANDING OFFICER

Title

NATIONAL NAVAL DENTAL CENTER  
BETHESDA, MD 20889-5602

Activity

*BRIDENAX NAF WASH DC*

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

7-24-94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER



\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

8/29/94