

402

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENCLINIC ANNAPOLIS  
ACTIVITY UIC:35750**

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

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

MISSION REQUIREMENTS

BDC US NAVAL ACADEMY

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	120383	120383	100185	100185	100185	100185	100185	100185	100185
UNMET	21563	20673	18494	20274	20251	20251	20251	20251	20251
TOTAL	141946	141056	118679	120459	120436	120436	120436	120436	120436

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:

BDC US NAVAL ACADEMY

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	120383	100185	100185	100185	100185	100185	100185	100185
UNMET	20673	18494	20274	20251	20251	20251	20251	20251
TOTAL	141056	118679	120459	120436	120436	120436	120436	120436

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:

*[Handwritten signature]*  
12/6/93  
940721

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	141056	118679	120459	120436	120436	120436	120436	120436
UNMET	0	0	0	0	0	0	0	0
TOTAL	141056	118679	120459	120436	120436	120436	120436	120436

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.

\* 1 DENTIST = 8026 CTV'S. ADD 3 PROVIDERS.

*R 4*

*9/10/72*

*MAR 63*

USNA

BRANCH DENTAL CLINIC USNA

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)	12	12	10	10	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	3	3	3	3	3	3	3

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

940602  
Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

*D. F. Hagen*  
\_\_\_\_\_  
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

*W. A. Earner*  
\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*8/13/94*  
\_\_\_\_\_  
Date

402

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Clinic, Annapolis  
ACTIVITY UIC: 35750

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

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

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## **MISSION REQUIREMENTS**

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

Provide comprehensive dental services to support staff and other authorized personnel in the assigned geographic area as prescribed by Title 10, U.S. Code and other applicable directives. Operate assigned component facility. Ensure that the dental annex is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, dental health care services in support of the Navy and Marine Corps units of the operating forces and shore activities to ensure the highest possible degree of operational readiness. Conduct appropriate educational programs for assigned military and civilian personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters and other emergency.

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)
USNA, CLASS 96 CLASS 93 CLASS 95 CLASS 94	96161 93161 95161 94161	NAVSTA, USNA	1168 1074 1014 1004
USNA, STAFF	00161	NAVSTA, USNA	386
MED, CLINIC	00162	NAVSTA, USNA	122
ACADEMY BAND	64377	NAVSTA, USNA	63
USMC	M53100	NAVSTA, USNA	44
BRDNCLINIC	35750	NAVSTA, USNA	28
PERSSUPDET	42559	NAVSTA, USNA	9
BASE COMM TEL	33284	NAVSTA, USNA	5
CHESAPEAKE	44201	NAVSTA, USNA	2
LEGAL COUNSEL	68750	NAVSTA, USNA	1

**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:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	7628
B. FY1993 MET WORKLOAD (CTVs)	120383
C. FY1993 UNMET WORKLOAD (CTVs)	21563
D. TOTAL WORKLOAD (B+C)	141946
E. MET WORKLOAD PER CAPITA (B÷A)	1578
F. UNMET WORKLOAD PER CAPITA (C÷A)	283
G. WORKLOAD PER CAPITA (D÷A)	<del>18.61</del> 18.61

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

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

Explanation:

*R. M. Kelly*  
*MAD 63*  
*940721*

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								
A: TOTAL MET CTVs	12038 3	10018 5						
B: TOTAL UNMET CTVs	20673	18494	20274	20251	20251	20251	20251	20251
C: TOTAL WORKLOAD REQUIREMENT (A+B)	14105 6	11867 9	12045 9	12043 6	12043 6	12043 6	12043 6	12043 6
DENTISTS (MIL AND CIV)	12	10	10	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	3	3	3	3	3	3

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

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

Explanation:

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.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
DENTAL OFFICER PROFESSIONAL TRAINING	12	12	12	12	12	12	12	12
DENTAL TECHNICIAN ENLISTED RATE INSERVICE TRAINING	18	18	18	18	18	18	18	18
CIVILIAN HYGIENIST	2	2	2	2	2	2	2	2
CIVILIAN DENTAL ASSISTANT TRAINING	5	5	5	5	5	5	5	5

**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 JAN 94	UIC	35750
FACILITY	BRANCH DENTAL CLINIC, U.S. NAVAL ACADEMY ANNAPOLIS, MARYLAND		
<b>PART I - DENTAL FACILITY SPACES</b>			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BANCROFT HALL 6TH WING	1	8,802 SQ. FT. BLDG 101-6	PROS LAB INCLUDED
2. DENTAL TREATMENT ROOM	18	17-13' X 10' 1-14' X 18'	ALL DTR'S ADEQUATE
3. STERILIZATION ROOM	1	17' X 9'	
4. X-RAY EXPOSURE ROOM	2	11' X 9' 10' X 8'	
5. DARKROOM	1	9' X 11'	
6. PROSTHETIC LAB	1	11' X 43'	
7. STOREROOM/ SUPPLY ROOM	1	18' X 18'	TOO SMALL
8. CONFERENCE ROOM	1	14' X 19'	
9. ADMINISTRATIVE OFFICE	2	13' X 7' 7' X 16'	7' X 16' SPACE NOT ADEQUATE FOR TWO PEOPLE
10. DENTAL OFFICER'S OFFICE	1	12' X 14'	

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	59' X 20'	
13. RECORDS CONTROL OFFICE	1	18' X 6'	
14. LOCKER ROOM (MALE)	2	(O) 8' X 12' (E) 11' X 14'	11'x14' L/R INCL. 3' X 3' SHOWER LOCKERS TOO SMALL
15. LOCKER ROOM (FEMALE)	1	14' X 11'	
16. TOILET FACILITY (MALE)	2	(O) 8' X 10' (E) 5' X 4'	8' X 11' INCL. 3' X 3' SHOWER
17. TOILET FACILITY (FEMALE)	1	5' X 5'	
18. ENLISTED LOUNGE	1	14' X 14'	
PATIENT HEAD	1	5' X 5'	
ORTHO LAB	1	10' X 5'	

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	DEN-TAL-EZ SIGNATURE	8	A-5
	ADEC 2040	7	A-4
	ADEC MINITROL	2	A-5
2. DENTAL OPERATING CHAIR	DEN-TAL-EZ E2000	10	A-5
	ADEC 1005	07	A-4

3. DENTAL OPERATING LIGHT	ADEC 6300 PELTON & CRANE LF II PELTON & CRANE LFC II	7 10 2	A-4 A-4 A-4
4. CENTRAL VACUUM SYSTEM	CUSTOM-VAC MC-202	3	A-4
5. AIR COMPRESSOR DEHYDRATOR	CHRISTHIF 32523 PELTON CRANE DEAQUAVATOR	1 1	A-5 A-5
6. STERILIZER	CASTLE M/C 3522 CASTLE M/C 3333	1 1	A-5 A-4
7. LIFE SUPPORT EQUIPMENT	LIFE PAK 6	1	A-4
8. OTHER MAJOR EQUIPMENT			
<b>SECTION B - PROSTHETIC LAB EQUIPMENT</b>			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM MINI CAST	1	A-5
2. VACUUM PORCELAIN FURNACE	NEY SUN FIRE 45	1	A-4
3. BURNOUT OVEN	JELENKO ACCU THERM 250	2	A-5
4. OTHER PROSTHETIC EQUIPMENT			

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX GX 770	1	A-4	12 JUN 92
	SS WHITE INTREX	4	A-5	12 JUN 92
	SIEMANS HELIODENT	1	A-5	12 JUN 92
2. MOBILE INTRA-ORAL				
3. PANORAMIC	J. MORITA VERSA-VIEW	1	A-4	12 JUN 92
4. CEPHALOMETRIC	SIEMANS OP - 5	1	A-5	12 JUN 92
5. FILM PROCESSOR	AIR TECHNIQUES AT-2000	2	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		X	DC	a. VOLTAGE: 120/220 b. CYCLE: 60
2. GAS:	X	NATURAL	COMMERCIAL	BOTTLE ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
DATE 10 January 1994		TYPED NAME AND GRADE L. R. ESCUDE, CAPT, DC, USN		SIGNATURE



**DENTAL EQUIPMENT AND FACILITIES REPORT**

DATE OF REPORT	10 JAN 94	UIC	35750
FACILITY	BRANCH DENTAL CLINIC (ANNEX), NAVAL STATION, ANNAPOLIS, MARYLAND		
<b>PART I - DENTAL FACILITY SPACES</b>			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	BLDG. 81 1,740 SQ. FT	
2. DENTAL TREATMENT ROOM	3	11' X 12'	
3. STERILIZATION ROOM	1	7' X 12'	
4. X-RAY EXPOSURE ROOM	1	8' X 8'	
5. DARKROOM	1	4' X 7'	
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	0		
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	1	8' X 12'	SERVES AS RECORD OFFICE
10. DENTAL OFFICER'S OFFICE	1	12' X 9'	

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	12' X 12'	SHARED WITH OTHER SERVICES IN BUILDING
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE)	1	8' X 12'	CO-ED USE
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1	5' X 12'	CO-ED USE
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS	1	3' X 7'	
<b>PART II - DENTAL EQUIPMENT</b>			
<b>SECTION A - DENTAL OPERATING EQUIPMENT</b>			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2006	3	A-5
2. DENTAL OPERATING CHAIR	Dental Ez Advantage	3	A-5

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	PELTON & CRANE LF II	3	A-5
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUE AIR STAR	1	A-5
6. STERILIZER	PELTON & CRANE MAGNACLAVE PELTON & CRANE VALIDATOR 8	1 1	A-4 A-5
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 1000	1	A-4	920612
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUE PERIO PRO	1	A-5	
<b>PART III - UTILITIES</b>				
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"/> BOTTLE	<input type="checkbox"/> ACETYLENE
<b>PART IV - REMARKS AND RECOMMENDATIONS</b>				
DATE 10 January 1994	TYPED NAME AND GRADE L. R. ESCUDE CAPT , DC, USN		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.

NNDC does not own any land or buildings.

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR PROJECTS

BRANCH: U.S. Naval Academy

PRIORITY 1 of 1

POC: CAPT L. R. Escude, Jr. DSN 281-2289

1. Description of project/repair/alteration.

Connection of steam generator to number (2) two sterilizer in the Central Sterilization Room.

2. Justification.

Funding is necessary to maintain continuity of infection control program in the likelihood our main sterilizer becomes inoperable due to loss of base steam and/or its back-up steam generator which has occurred in the past. When this happened, instruments and packs are transported to Naval Station Annex which violates all infection control guidelines.

3. Impact if not funded.

See above.

4. MISSION DRIVEN

5. Cost Estimate:

a. Source of estimate: Naval Academy Public Works.

*Chm of W -  
try to get a  
stamp annex*

Branch Director/Program  
Manager Signature

*J. Escude*

Date:

*10 June 93*

**ENCLOSURE(6)**

WORK REQUEST (MAINTENANCE MANAGEMENT)  
NAVFAC 9-11014/20 REV. 2-68) 5/80 1-802-7510  
Supersedes NAVDOCKS 2351

MAINTENANCE CONTROL DIVISION  
93 FEB 24 PM 12:37

CAW  
93/03/05

LINDA  
MAT  
BOZZ  
PRI 3F

(PW Department see Instructions  
in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

ESTIMATE ONLY  
CUSTOMER FUNDED

PART I—REQUEST (Filled out by Requestor)

1. FROM Branch Director, Dental Clinic, USNA	2. REQUEST NO. 349-001
3. TO FMED USNA STOP 29	4. DATE OF REQUEST 19FEB93
5. REQUEST FOR <input checked="" type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL DT2 Testerman 3470 Stop 3D	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

6. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

1. Cost estimate to have a 220 Line run into the Central Sterilization utility room to power a back-up steam generator for one of the sterilizers.
2. The estimate should include all parts and labor required to complete job, also inform us if there will be any down time to complete project.
3. Telephone DT2 Testerman with the total as soon as it is ready.

\* THE ABOVE ESTIMATE IS REQUIRED TO PREVENT THIS CLINIC FROM SHUTTING DOWN DUE TO LOSS OR LOW BASE STEAM \*

240VT, 88 AMPS POWER 1-PHASE FUSGS CEN-R-6 (3)  
15 AMPS CONTROL 50/60-HZ  
20-KW

FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)

CAPT L. R. ESCUDE, JR., DC, USN, DIRECTOR

PART II—COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
Labor \$ 237.00	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF _____ AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
Material \$ 890.00	
Overhead and/or Surcharge \$ 223.00	
Equipment Rental/Usage \$	
Contingency 25% \$ 337.50	
HEADS! 168-100-150-610 TOTAL \$ 1,682.50	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMP 140 <input type="checkbox"/> OTHER	22. DATE
SIGNATURE	

(See Part IV on Reverse Side)

0.0  
3.00  
7.50  
7.50  
9.3

SCOPING

FUNDABLE

1. PRI.	2. JOB ORDER NO.	3. AMEND. NO.	4. REQUEST NO.
	3,491,001		

**BROOKS BROS DENTAL**

1. CUSTOMER  
COST ESTIMATE, CONDUIT POWER TO  
STEAM GENERATOR UNIT #2 ROOM 6B91

6. BRIEF TITLE

7. PROJECT	8. TYPE OF WORK			9. HOURS	10. UNIT	11. QTY	12. MATERIAL COSTS	13. LABOR COSTS	14. TOTAL COSTS
	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> MECHANICAL	<input checked="" type="checkbox"/> ELECTRICAL						
	WORK DESCRIPTION								
	CONNECT CENTRAL STERILIZATION UNIT #2								
	TO ELECTRICAL POWER PANEL #6BC. LOCATED								
	APPROXIMATELY 50 FT AWAY. INSTALL ITT								
	BOLT W/BREAKER 100 AMP RUN 1/2 CONDUIT								
	SET FACE DISCONNECT BY UNIT. UNIT 1-PHASE								
	240VOLT, 88 POWER EMPC, 15 CONTROL								
	EMPS, 50/60 HZ, 20KW FUSES CPN R6 (3)								
	UNIT LOCATED IN ROOM 6B91								
	MEANS: 16B-100-130-6140 PAGE 773				EA	1	890.00	232.00	1,122.00

REPRODUCED AT GOVERNMENT EXPENSE  
50% OFF PRICE. P.M. 4120 B.H.

15. RECOMMENDED ACCOMPLISHMENT OF WORK

PVC FORCES

CONTRACT

COMBINATION OF BOTH

16. TOTAL THIS PAGE		1,122.00
TOTAL FOLLOWING PAGE(S)		
O.E.P. - SUBTOTAL		223.00
25% CONTINGENCY		337.50

TOTAL ESTIMATE \$1,687.50

17. APPROVED BY  
*C.R. Wall*

18. REVIEWED BY

19. DATE  
4-21-93

## 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? The dental clinic's location in sixth wing of Brancroft Hall and it's proximity to the academic areas providesthe Brigade of Midshipmen who constitute 85% of our patient workload, easy access to our services.

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

c. What is the importance of your location given your mobilization requirements? No mobilization requirements.

d. On the average, how long does it take your current client/customers to reach your facility? Less than 10 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? Critical impact on the Brigade of Midshipmen in terms of hours lost obtaining dental health care at an alternate location. This would have a profound, negative effect on their academic, professional and military life.

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. Same as question #11.

12. Mobilization. What are your facility's mobilization requirements? None

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
FLTHOSP #20	500 BED CBTZ	1
USNS COMFORT	T-AH-20	1
NAVHOSP GUANTANAMO BAY		1
US NAVDENCEN NAPLES		1
HQ FMFPAC, CAMP SMITH, HI		1

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

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

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. N/A

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. N/A

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

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

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

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

(2) BEQ: N/A

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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: N/A

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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)
Baltimore, MD	29
Washington, DC	28
Richmond, VA	140



f. Standard Rate VHA Data for Cost of Living: N/A

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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. N/A

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)			

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

Off Base Personnel - civilian			
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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

  
Signature

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

Date 940602

Activity  
BDC USNA

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)

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

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

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

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

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*8/11/94*  
\_\_\_\_\_  
Date

DATA CALL 66  
INSTALLATION RESOURCES

HO2

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, ANNAPOLIS
UIC:	35750
Host Activity Name (if response is for a tenant activity):	NAVAL ACADEMY, ANNAPOLIS
Host Activity UIC:	00161

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

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

a. **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).** This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted

**DATA CALL 66  
INSTALLATION RESOURCES**

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

<b>Table 1A - Base Operating Support Costs (Other Than DMCF (Overhead))</b>			
<b>Activity Name:</b> BRANCH DENTAL CLINIC, ANNAPOLIS		<b>UIC:</b> 35750	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair	4		4
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	4		4
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	33		33
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) *	12		12
2k. Sub-total 2a. through 2j:	45		45
<b>3. Grand Total (sum of 1c. and 2k.):</b>	49		49

\* CUSTODIAL 1, TELECOMM 11

**DATA CALL 66  
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
N/A	

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

N/A

<b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b>			
<b>Activity Name:</b> BRANCH DENTAL CLINIC, ANNAPOLIS		<b>UIC:</b> 35750	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
<b>1c. Sub-total 1a. through 1d.</b>			
<b>2. Other Base Operating Support Costs:</b>			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
<b>2m. Sub-total 2a. through 2l:</b>			

**DATA CALL 66  
INSTALLATION RESOURCES**

<b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>			
---	--	--	--

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

<b>Table 2 - Services/Supplies Cost Data</b>	
<b>Activity Name: BRANCH DENTAL CLINIC, ANNAPOLIS</b>	<b>UIC: 35750</b>
Cost Category	FY 1996 Projected Costs (\$000)
<b>Travel:</b>	18
<b>Material and Supplies (including equipment):</b>	125
<b>Industrial Fund Purchases (other DBOF purchases):</b>	
<b>Transportation:</b>	
<b>Other Purchases (Contract support, etc.):</b>	126
<b>Total:</b>	269

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

<b>Table 3 - Contract Workyears</b>	
<b>Activity Name: BRANCH DENTAL CLINCI, ANNAPOLIS</b>	<b>UIC: 35750</b>
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	01
Procurement:	
Other:*	
<b>Total Workyears:</b>	<b>01</b>

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

DATA CALL 66  
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area): 1 CONTRACT WORKYEAR

7

see pg 7 R

UR BUMED 824 7/29/94

**DATA CALL 66  
INSTALLATION RESOURCES**

Branch Dental Clinic, Annapolis

<sup>35750</sup>  
b. **Potential Disposition of On-Base Contract Workyears.** If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

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

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

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

NONE WILL REMAIN IN PLACE

7 R VR BUMED 824 7/29/94

**DATA CALL 66  
INSTALLATION RESOURCES**

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

N/A

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

N/A

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

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

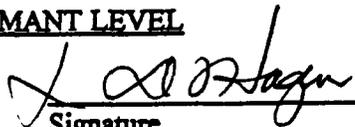
\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

8-1-94

\_\_\_\_\_  
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

8/25/94  
\_\_\_\_\_  
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

D.D. WOOFER, CAPT, DC, USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER ACTING  
Title

Date 2/14/94

NATIONAL NAVAL DENTAL CENTER  
Activity

# Document Separator

~~SECRET~~

1000  
31 Jan 1994

BRAC-IV DATA CALL 1  
UIC: 44527

1. Activity.

Official Name: Branch Dental Annex, Arlington  
Acronym: BDA, ARLEX  
Short Title: ARLEX

Address: Branch Dental Annex, Arlington  
Federal Office Building #2  
Room 1318  
Washington, DC 20370

PLAD: BRDENANX WASHINGTON DC

UIC: 44527

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, Arlington was not effected by the BRAC-88,-91-or-93.

UIC: 44527

7. Mission:

Current Mission

- provide dental support to 100 UIC's in Naval District Washington, including members of Marine Corps Headquarters, Bureau of Naval Personnel, and the Pentagon

- 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
	6	6	5*

\* 1 contract hygienist  
\* 1 contract dentist

Authorized Positions as of 30 Sep 94

Officers	Enlisted	Civilians
<i>8 0</i> GSA	<i>8 0</i> GA	<i>8 0</i> GSA

11. Key OIC Point of Contact (POC):

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

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

0608A

UIC: 44527

13. Regional Support:

Navy Annex, Arlington                      ISSA    Provide Dental Support

14. Facility Maps. - Provided by ISIC.

BRAC-95 CERTIFICATION

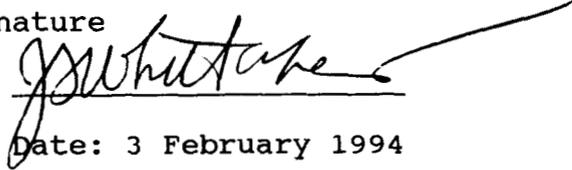
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

NAME

Signature

R. HOLDERMAN, CDR, DC, USN



Annex Head

Date: 3 February 1994

Branch Dental Annex, Arlington  
Activity

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department

\_\_\_\_\_  
Activity

End (4)

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  
Arlington Annex  
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

Donald 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

403

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENANNX ARL WASH DC  
ACTIVITY UIC:44527

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	109542	109542	109542	109542	109542	109542	109542	109542	109542
UNMET	54502	51567	49675	49425	48901	48901	48901	48901	48901
TOTAL	164044	161109	159217	158967	158443	158443	158443	158443	158443

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	109542	109542	109542	109542	109542	109542	109542	109542
UNMET	51567	49675	49425	48901	48901	48901	48901	48901
TOTAL	161109	159217	158967	158443	158443	158443	158443	158443

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.**



BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

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

BROENANX ARL 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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

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

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

*W. A. Earner*  
\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

403

**MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY:BRDENANNX ARL WASH DC\_\_\_\_  
ACTIVITY UIC:44527\_\_\_\_\_**

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

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

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## **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)
BUPERS -011	62980	WASH DC	1619
DEFINTELAGENCY	63415	WASH DC	42
DIVNAVREACTORS	64168	WASH DC	160
CNO EXPLOSIVE SAFE	64243	WASH DC	5
CONSOLHHGSHP	65145	WASH DC	4
CNO OPNAVSUPACT	65149	WASH DC	59
DEFLOGAGENCY	65386	WASH DC	17
DEF NUCLAER AGENCY	65461	WASH DC	1
JOINIDATASYSSUP	65474	WASH DC	29
JCS BUPERS (NAVY)	65487	WASH DC	167
CHLEGISLATIVE AFF	66123	WASH DC	22
NAVCRUITCOM	66715	WASH DC	153
NTCC CRYSTAL PLAZA	66935	WASH DC	25
NAVAIRSYS	68346	WASH DC	51

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

BDA ARLEX (44527)

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)
HQMC HQ BN HENDHALL	54004	WASH DC	28
HQMC CO H&S HENHALL	54005	WASH DC	167
HQMC COO A	54008	WASH DC	867
HQMC CO A ADMIN	5400A	WASH DC	12
HQMC CO A ADMIN	5400B	WASH DC	10
HQMC CO H&S ADMIN	5400H	WASH DC	6
HQMC CO B	54026	WASH DC	894
CNO	00011	WASH DC	994
COMPTROLLER USN	00012	WASH DC	20
JAG	00013	WASH DC	42
OFFNAVRESEARCH	00014	WASH DC	34
NAVAIRSYSCOM HQ	00019	WASH DC	363
NAVACCT&FIN	00020	WASH DC	5
NAVSUPSYSCOM	00023	WASH DC	78

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

# 5

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MED 825  
GSA  
7/24/99

BDA ARLEX (44527)

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)
NAVSEASYS COM	00024	WASH DC	187
NAVFACENG COM	00025	WASH DC	27
HQMC MARINE CORPS	00027	WASH DC	22
SECDEF	00029	WASH DC	140
STRAT SYS PROGRAMS	00030	WASH DC	55
CRUIS MISSL PROJ	00032	WASH DC	46
SPCNAVWAR SYS COM	00039	WASH DC	92
NAVOFFTECHNOLOGY	00079	WASH DC	1
NAVPATROL OFF CAM	00424	WASH DC	8
NAVSUPUNIT STATE	30002	WASH DC	3
OPNAVTEL COM CTR	30054	WASH DC	65
GENCOUNSEL USN	30571	WASH DC	1
BRMEDCL	30773	WASH DC	34
SECNAV	31698	WASH DC	22

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

#6 BUAWO  
M180825  
GSA  
7/24/94

BRANNX ARLEX

44527

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)
SECNAV UNDERSEC	31699	WASH DC	2
ASSTSECNAV FINMGT	31702	WASH DC	1
ASSTSECNAVRESEARCH	31703	WASH DC	9
NAVCHINFO	31705	WASH DC	5
OFFPROGAPPRAISALS	31706	WASH DC	10
NAVAUDSERCAPREG	31863	WASH DC	4
CNO RESERVE	32791	WASH DC	17
BUPERS RPN	32792	WASH DC	4
BUPERS SPECIAL PROJ	32999	WASH DC	8
NAVSEASYS COM PRO	35643	WASH DC	9
NAVELECSYS COM PDE107	35721	WASH DC	5
JCS COMMUNICATIONS	39028	WASH DC	54
PERSEXCHPROLIAISION	39102	WASH DC	9
SPANAVWARSYS COM	39215	WASH DC	5

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

\* 7  
BUMCO  
MWD 825  
65A  
7/24/94

BRANNEX ARLEX (44527)

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)
CNO OFFICE TECH	41566	WASH DC	21
DEFINTELAGENCY STU	42062	WASH DC	11
NAVAIRSWSCMD	42191	WASH DC	92
NAVSEASYSKOMOPSSUP	42192	WASH DC	34
ASSECNAVMPWR	42217	WASH DC	18
SECDEFHQ	42466	WASH DC	15
JOINTCHIEF STAFF	42528	WASH DC	23
PSD WASH DC	42555	WASH DC	74
MIL POSTAL SERV	43659	WASH DC	6
BRDENANNEX	44527	WASH DC	10
CIVIL LAW SUP ACT	44690	WASH DC	9
NAVSUPPOPS	45614	WASH DC	10
NAVINTELCMDPRODUCT	46806	WASH DC	12
CNO NAVRESERVE DET	47454	WASH DC	5

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

# 7A  
 BVME0  
 MEO B25  
 GSA  
 7/24/94

BRDEN ANNEX ARL 44527

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	13739
B. FY1993 MET WORKLOAD (CTVs)	109542
C. FY1993 UNMET WORKLOAD (CTVs)	54502
D. TOTAL WORKLOAD (B+C)	164044
E. MET WORKLOAD PER CAPITA (B÷A)	7.97
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.96
G. WORKLOAD PER CAPITA (D÷A)	11.94

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

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

Explanation:

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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	12999	12522	12459	12327	12327	12327	12327	12327
A: TOTAL MET CTVs	10954 2							
B: TOTAL UNMET CTVs	51567	49675	49425	48901	48901	48901	48901	48901
C: TOTAL WORKLOAD REQUIREMENT (A+B)	16110 9	15921 7	15896 7	15844 3	15844 3	15844 3	15844 3	15844 3
DENTISTS (MIL AND CIV)	7	7	7	7	7	7	7	7
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

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

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

Explanation:

*CTVs + manpower are reported under BDC WNT vic 62312. Information here is provided for information purposes only - do not double count*

*R. H. Huley M2663  
940722.*

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	44527
FACILITY	Branch Dental Clinic, Arlington Annex, VA		
<b>PART I - DENTAL FACILITY SPACES</b>			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg 2 1781 Sqft	
2. DENTAL TREATMENT ROOM	7	15'x11'	
3. STERILIZATION ROOM	1	8'x6'	Dirty side
	1	8'x6'	Clean side
4. X-RAY EXPOSURE ROOM	1	12'x6'	
5. DARKROOM	1	5'x6'	
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	5'x4'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	12'x7'	
10. DENTAL OFFICER'S OFFICE			

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA			
13. RECORDS CONTROL OFFICE	1	13'x12'	
14. LOCKER ROOM (MALE)	1	6'x12'	
15. LOCKER ROOM (FEMALE)	1	8'x12'	
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			
<b>PART II - DENTAL EQUIPMENT</b>			
<b>SECTION A - DENTAL OPERATING EQUIPMENT</b>			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Dental Ez AS2000	7	A-4
2. DENTAL OPERATING CHAIR	Dental Ez E2000	7	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton & Crane LF II	7	A-5
4. CENTRAL VACUUM SYSTEM	Air Technique Vacstar 8	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	Air Technique Airstar 5	1	A-4
6. STERILIZER	P&C Validator 10	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)



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 data included with 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.

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(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			

---

TOTAL		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	7
Baltimore, MD	43
Annapolis MD	39



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			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

NAME (Please type or print)

J. J. SHANLEY, CAPT, DC, USN

Title

COMMANDING OFFICER

Activity

NNDC BETHESDA

BRANNX ARLINGTON

Signature

*J. J. Shanley*

Date

940623

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

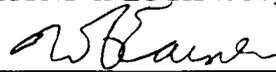
BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
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

# Document Separator

4/24

44538  
UA

### DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name **Branch Dental Annex, Correctional Facility, Camp Pendleton, CA**

Official name	<i>Naval Dental Center Camp Pendleton, CA</i>
Acronym(s) used in correspondence	<i>NDC Camp Pendleton</i>
Commonly accepted short title(s)	<i>Brig</i>

- Complete Mailing Address  
Commanding Officer  
Naval Dental Center  
Box 555221  
Camp Pendleton, CA 92055-5221

- PLAD  
N/A

- PRIMARY UIC: ~~62594~~ <sup>44538</sup> <sub>65\*</sub> (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): \_\_\_\_\_

PURPOSE: For 44538 Dental Information Retrieval System  
(DIRS) Reporting

### 2. PLANT ACCOUNT HOLDER:

- Yes \_\_\_\_\_ No  (check one)

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

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

• Yes  No  (check one)

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

• Yes  No  (check one)

• Primary Host MCB, Camp Pendleton UIC: 00681

• Primary Host MCB, Camp Pendleton (as of 01 Oct 1995) UIC: 00681

• Primary Host MCB, Camp Pendleton (as of 01 Oct 2001) UIC: 00681

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

• Yes  No  (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

No

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

Current Missions

- To provide dental health services to inmates of the Correctional Facility.
- 
- 
- 

Projected Missions for FY 2001

- N/A
- 
- 
- 
- 

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

Current Unique Missions

- N/A
- 
-

Projected Unique Missions for FY 2001

- N/A
- 
- 

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

- Operational name UIC  
CG, Marine Corps Base, Camp Pendleton, CA 00681
- Funding Source UIC  
BUMED, Washington, DC 00018

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

On Board Count as of 01 January 1994

- |   | Officers          | Enlisted          | Civilian (Appropriated) |
|---|-------------------|-------------------|-------------------------|
| ● Reporting Command   | <u>  1  </u>      | <u>  1  </u>      | <u>  1  </u>            |
| Included in Naval Dental Center, Camp Pendleton UIC 62594<br>on board count |                   |                   |                         |
| ● Tenants (total)   | <u>          </u> | <u>          </u> | <u>          </u>       |

Authorized Positions as of 30 September 1994

- |   | Officers          | Enlisted          | Civilian (Appropriated) |
|---|-------------------|-------------------|-------------------------|
| ● Reporting Command   | <u>          </u> | <u>          </u> | <u>          </u>       |
| Included in Naval Dental Center, Camp Pendleton UIC 62594<br>Authorized Positions |                   |                   |                         |
| ● Tenants (total)   | <u>          </u> | <u>          </u> | <u>          </u>       |

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

- | <u>Title/Name</u>  | <u>Office</u>     | <u>Fax</u>   | <u>Home</u>   |
|--|-------------------|--------------|---------------|
| ● CO/OIC   | DSN:365-5208/5102 | DSN:365-5779 | (619)598-7671 |
| <u>CAPT R. C. House, DC, USN</u>                           |                   |              |               |
| ● Duty Officer [ N/A ]                                     |                   |              |               |
|  | DSN:365-5992      | DSN:365-5779 |               |
| <u>Officer of the Day</u>                                  |                   |              |               |
|  | DSN:365-5102/5419 | DSN:365-5779 | (714)637-7775 |
| <u>Director for Administration/CDR E. A. Lee, MSC, USN</u> |                   |              |               |

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

14. FACILITY MAPS: Host command will be sending to Headquarters, Marine Corps in February 1994.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

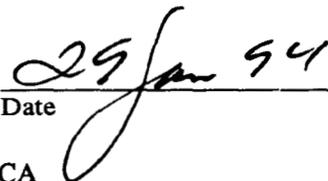
ACTIVITY COMMANDER

R. C. HOUSE, CAPT, DC, USN

  
Signature

NAME (Please type or print)

COMMANDING OFFICER

  
Date

Title

NAVAL DENTAL CENTER, CAMP PENDLETON, CA

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC \_\_\_\_\_

NAME (Please type or print)

*Donald Hagen*  
Signature

SURGEON GENERAL/CHIEF BUMED \_\_\_\_\_

Title

2-9-94  
Date

BUREAU OF MEDICINE & SURGERY \_\_\_\_\_

Activity

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

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

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

*J. B. Greene, Jr*  
Signature

\_\_\_\_\_  
Title

ACTING

16 FEB 94  
Date

# Document Separator

405

MILITARY VALUE ANALYSIS: # 29  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: DENTAL ANNEX CORRY STATION,  
PENSACOLA  
ACTIVITY UIC: 39071

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

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

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## **MISSION REQUIREMENTS**

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

To provide quality dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area of Naval Technical Training Center.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STUDENTS CRYPTO	30922	CORRY STATION	824
CT STAFF	42116	CORRY STATION	634
NETPMSA	42101	SAUFLEY FIELD	220
NTTC SUPPORT	63082	CORRY STATION	177
NETPMSA	68322	SAUFLEY FIELD	59
NSGA	46828	CORRY STATION	58
NSGA	46829	CORRY STATION	58
BARIN FIELD	00062	BARIN FIELD	53
AIR FORCE STAFF	EDOJFPMJ	CORRY STATION	36
ARMY STAFF	1E817	CORRY STATION	23
PSD	43082	CORRY STATION	22
USMC CO K	54042	CORRY STATION	19
NAVRESCEN	61949	SAUFLEY FIELD	19
BRANCH MEDICAL	61947	CORRY STATION	18
COMMISSARY	49225	CORRY STATION	14
NSGA	46830	CORRY STATION	8
FMS/PRO	42960	CORRY STATION	6

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:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	2,248
B. FY1993 MET WORKLOAD (CTVs)	75,762
C. FY1993 UNMET WORKLOAD (CTVs)	10,534
D. TOTAL WORKLOAD (B+C)	86,296
E. MET WORKLOAD PER CAPITA (B÷A)	33.70
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.69
G. WORKLOAD PER CAPITA (D÷A)	38.39

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

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY.**

Explanation:

- **EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD.**
- **SEE ATTACHED SHEET FOR NOTES AND CALCULATIONS.**

# BDC Annex Corry Station Data Call #29

Actual Population 2,248  
 RAPS 0 Not Available  
 FY-1993-Total MET CTVs 75,762

<b>EFFICIENCY REVIEW METHODOLOGY</b>						
<b>Class Requirements</b>			<b>ER Multiple</b>			
Class	# of Patients	% of Patients	Class	# of Patients	CTV Multi	Result
I	270	12%	II	1,349	4.55	6,137
II	1,349	60%	III	315	9.20	2,895
III	315	14%	IV	315	4.77	1,501
IV	315	14%	Total	1,978	UNMET	10,534
Total	2,248	100%				

Percentages of Class II, III, and IV records shown above are derived from the average percentages for June 1993 thru May 1994. UNMET CTVs are then determined after applying the ER multiple also noted above.

## Workload per Capita

FY-1993 data	ACTUAL POPULATION	
B.	FY1993 MET WORKLOAD (CTVs)	75,762
C.	FY1993 UNMET WORKLOAD (CTVs)	10,534
D.	TOTAL WORKLOAD (B+C)	86,296
E.	MET WORKLOAD PER CAPITA (B/A)	33.70
F.	UNMET WORKLOAD PER CAPITA (C/A)	4.69
G.	WORKLOAD PER CAPITA (D/A)	38.39

X-Ray CTVs are included in FY-1993 MET workload.

FY-1993 CTVs includes workload of 5 Dental Officers. There are currently 4 billets for dental officers. From October 1993 till present (June 1994), there have been only three dental officers aboard. Thus, projected productivity for FY-1994 much lower than FY-1993.

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	2,248	2,248	2,248	2,248	2,248	2,248	2,248	2,248
A: TOTAL MET CTVs	55,487	43,740	43,740	43,740	43,740	43,740	43,740	43,740
B: TOTAL UNMET CTVs	10,534	27,346	27,346	27,346	27,346	27,346	27,346	27,346
C: TOTAL WORKLOAD REQUIREMENT (A+B)	66,021	71,086	71,086	71,086	71,086	71,086	71,086	71,086
DENTISTS (MIL AND CIV)	3	3	3	3	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	1	1	1	1	1	1	1

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

Maximum capacity for CTVs: **SEE ATTACHED SHEET (NEXT PAGE).**

Explanation:

- **SEE ATTACHED SHEET FOR NOTES AND CALCULATIONS.**

# BDC Annex Corry Station Data Call #29

## Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,248	2,248	2,248	2,248	2,248	2,248	2,248	2,248
A: Total MET CTV's	55,487	43,740	43,740	43,740	43,740	43,740	43,740	43,740
B: Total UNMET CTV's	10,534	27,346	27,346	27,346	27,346	27,346	27,346	27,346
C: Total Workload requirements (A+B)	66,021	71,086	71,086	71,086	71,086	71,086	71,086	71,086
Dentists (military and Civilian)	3	3	3	3	3	3	3	3
Prophy Techs (military and Civilian)	0	0	0	0	0	0	0	0
Dental Hygienists (MIL and CIV)	2	1	1	1	1	1	1	1

Row "A" is the Maximum capacity for CTV's if all constraints remain the same. See Data Call # 28 for maximum CTV's if only constraint is Physical Plant. RAPS population Data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTV's, actual population April 1994 used for all calculations. FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994. UNMET CTV's determined using Efficiency Review methodology, then adjusted for the number of Providers shown by provider average. FY-1995-2001 MET CTV's are determined by using actual averaged CTV's by Clinic for the 3 months of February thru April 1994. Note calculations below.

### FY-1995-2001

	Numbers		AVG CTV's	Months	CTV's Year	Provider CTV's
DO	3		667	12	24,012	8,004
HYG	1		1401	12	16,812	16,812
Prophy	0		0	12	0	0
X-Ray	0		243	12	2,916	
Total CTV's					43,740	

Anticipate local movement of 1 GS Hygienist to BDC NAS Pensacola in FY-1995.

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.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A No training programs at this facility.								

68

**FACILITIES**

**- Not applicable, building is owned by NAS, Pensacola, FL**

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?

**- Not applicable, building is owned by NAS, Pensacola, FL**

- Not applicable, building is owned by NAS, Pensacola, FL

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
NONE			

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.

- Not applicable, building is owned by NAS, Pensacola, FL

## 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?

- **Dental clinic should be close to units served.**

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

- **Not applicable to dental clinics.**

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

- **Not applicable to dental clinics.**

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

- **5 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 unique aspects.**

## **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?

- Corry Annex Dental clinic provides care to a large enlisted training population.

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.

- Care would be provided by Branch Dental Clinic NAS, Pensacola. Other options would be Branch Dental Clinic NAS, Whiting Field or Eglin Air Force Base.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLT HOSP #15		Enlisted = 1
1ST MAR BRIG		Officer = 1
1ST FSSG		Officer = 1

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

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

1. Dental Officer averages 667 CTV'S/month at NTTC Corry Field  
2 DO x 667 = 1334 CTV's lost/month.
2. Deploying Enlisted are not Propy Techs. No CTV'S lost.

13. Quality of Life.

- This segment answered by Host Activity, NTTC Corry Station (42116) in BRAC Data Call # 9.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

G. B. Grantham  
NAME (Please type or print)

  
Signature

Commanding Officer  
Title

27 May 1994  
Date

Naval Dental Center Pensacola, FL  
Activity

# 29 Corry Annex, FL

ENCLOSURE ( 15 )



# Document Separator

405

CAPACITY ANALYSIS: # 28  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: DENTAL ANNEX CORRY STATION  
ACTIVITY UIC: 39071

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

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

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### MISSION REQUIREMENTS

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**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	75,762	55,487	43,740	43,740	43,740	43,740	43,740	43,740	43,740
UNMET	10,534	10,534	27,346	27,346	27,346	27,346	27,346	27,346	27,346
TOTAL	86,296	66,021	71,086	71,086	71,086	71,086	71,086	71,086	71,086

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:

- See next page for notes and calculations.

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# BDC Annex Corry Station Data Call #29

## Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,248	2,248	2,248	2,248	2,248	2,248	2,248	2,248
A: Total MET CTV's	55,487	43,740	43,740	43,740	43,740	43,740	43,740	43,740
B: Total UNMET CTV's	10,534	27,346	27,346	27,346	27,346	27,346	27,346	27,346
C: Total Workload requirements (A+B)	66,021	71,086	71,086	71,086	71,086	71,086	71,086	71,086
Dentists (military and Civillian)	3	3	3	3	3	3	3	3
Prophy Techs (military and Civillian)	0	0	0	0	0	0	0	0
Dental Hygienists (MIL and CIV)	2	1	1	1	1	1	1	1

Row "A" is the Maximum capacity for CTV's if all constraints remain the same. See Data Call # 28 for maximum CTV's if only constraint is Physical Plant. RAPS population Data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTV's , actual population April 1994 used for all calculations. FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994. UNMET CTV's determined using Efficiency Review methodology, then adjusted for the number of Providers shown by provider average. FY-1995-2001 MET CTV's are determined by using actual averaged CTV's by Clinic for the 3 months of February thru April 1994. Note calculations below.

### FY-1995-2001

	Numbers		AVG CTV's	Months	CTV's Year	Provider CTV's
DO	3		667	12	24,012	8,004
HYG	1		1401	12	16,812	16,812
Prophy	0		0	12	0	0
X-Ray	0		243	12	2,916	
Total CTV's					43,740	

Anticipate local movement of 1 GS Hygienist to BDC NAS Pensacola in FY-1995.

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
<b>MET</b>	<b>84,060</b>							
<b>UNMET</b>	<b>0</b>							
<b>TOTAL</b>	<b>84,060</b>							

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:

- See next page for notes and calculations.

## BDC Annex Corry Station Data Call #28

### Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
<b>MET</b>	84,060	84,060	84,060	84,060	84,060	84,060	84,060	84,060
<b>UNMET</b>	0	0	0	0	0	0	0	0
<b>Total</b>	84,060	84,060	84,060	84,060	84,060	84,060	84,060	84,060

Given physical plant is the only constraint.  
 RAPS population data unavailable for this clinic.

This clinic has 9 usable Dental Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs. UNMET CTVs are zero in FY-1994-2001 because total workload exceeds projected mission requirements.

### Assumptions:

1. 9 DTRs could be ideally staffed with 6 Dental Officers (DOs) and 2 Hygienist (HYG).
2. Above workload figures are based on staffing increase from 3 to 6 DO's and 2 HYG to 2 HYG.
3. Required enlisted personnel will be available.
4. Sufficient supplies will be available.
5. Sufficient funding will be available.

### MET CTVs

	Numbers		AVG CTVs	Months	CTVs Year
<b>DO</b>	6		660	12	47,520
<b>HYG</b>	2		1401	12	33,624
<b>Prophy</b>	0		0	12	0
<b>X-Ray</b>	0		243	12	2,916
<b>Total CTVs</b>					84,060

DO's average CTVs same as clinic average reported in Data Call #29.  
 X-ray average CTVs same as reported in Data Call #29.  
 Hygienist average CTVs same as reported in Data Call #29.

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)	5	3	3	3	3	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	2	1	1	1	1	1	1	1

- See as projected Staffing in Data Call #29.

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

G. B. Grantham  
NAME (Please type or print)

  
Signature

Commanding Officer  
Title

27 May 1994  
Date

Naval Dental Center Pensacola, FL  
Activity

# 28 Corry Annex, FL

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

~~DIR FLEET ADM MC USN~~  
R. I. RIDENOUR, RADM, MC, USN

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

R. I. Ridenour  
Signature

~~CHIEF BUMED SURGEON GENERAL~~  
ACTING CHIEF BUMED

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

15 JUN 1994

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

6/20/94

\_\_\_\_\_  
Date

# Document Separator

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# DATA CALL 66 INSTALLATION RESOURCES

<b>Activity Name:</b>	<b>Corry Station Annex, Pensacola, Florida</b>
<b>UIC:</b>	<b>39071</b>
<b>Host Activity Name:</b>	<b>Naval Technical Training Center, Corry Station, Pensacola, Florida</b>
<b>Host Activity UIC:</b>	<b>63082</b>

1. VR BUMED 824 8/1/94

# DATA CALL 66 INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Corry Station Annex, Pensacola, Florida		UIC: 39071	
Category	FY-96 BOS COSTS (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	5		5
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	2		2
2k. Sub-total 2a. through 2j.	8		8
<b>3. Grand Total (sum of 1c. and 2k.):</b>	8		8

Table 1B N/A VR BUMED 824 8/1/94

2 VR  
BUMED 824 8/1/94

# DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Corry Station Annex, Pensacola, Florida	UIC: 39071
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	2
Material and Supplies (including equipment):	2
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	1
<b>Total:</b>	<b>5</b>

Table 3 - Contract Workyears	
Activity Name: Corry Station Annex, Pensacola, Florida	UIC: 39071
Cost Category	FY-1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:	N/A
<b>Total Workyears::</b>	<b>N/A</b>

Table 3B N/A VR BUMED 824 8/1/94

### Off-Base Contract Workyear Data

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

G. B. GRANTHAM  
NAME (Please type or print)

  
Signature

Commanding Officer  
Title

13 July '94  
Date

Naval Dental Center, Pensacola Florida  
Activity

*This is the original signature  
used for all clinics associated  
with NDC Pensacola.*

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
19 July 1994  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
Date

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

MAJOR CLAIMANT LEVEL

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

[Signature]  
Signature  
8-2-94  
Date

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

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

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

[Signature]  
Signature  
8/30/94  
Date

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# Document Separator

Activity: 39071

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

Official name	BRANCH DENTAL ANNEX, CORRY STATION, PENSACOLA, FL
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch            CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC BRDENCL

- Complete Mailing Address  
825 Thompson Ave.  
Pensacola, FL 32511-5139

- PLAD NAVDENCEN PENSACOLA FL

- PRIMARY UIC: 39071 (Plant Account UIC for Plant Account Holders)  
Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): \_\_\_\_\_ PURPOSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PLANT ACCOUNT HOLDER:

- Yes \_\_\_\_\_ No X (check one)

Activity: 39071

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

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

• Yes  No  (check one)

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

• Yes  No  (check one)

• Primary Host (current) UIC: 42116

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

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

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

• Yes  No  (check one)

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

Name	Location	UIC
N/A		

Activity: 39071

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

NONE

Activity: 39071

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

Current Missions

- Provide dental care to active duty personnel.
- Augment medical mass casualty support.
- Provide general, preventive and specialty dental services.
- Facilitate utilization of Delta Dental Plan.
- Conduct training to ensure operational dental readiness.

Projected Missions for FY 2001

- Provide general, preventive and specialty dental services.
- Facilitate utilization of Delta Dental Plan.
- Conduct training to ensure operational dental readiness.
-

Activity: 39071

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

Current Unique Missions

- 
- 
- 

Projected Unique Missions for FY 2001

- 
- 
- 

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

• Operational name	UIC
<u>Naval Dental Center, Pensacola, FL</u>	<u>68441</u>

• Funding Source	UIC
_____	_____



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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

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

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

Activity : 39071

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT G. B. Grantham, DC, USN  
NAME (Please type or print)

  
Signature

Commanding Officer  
Title

4 Feb 94  
Date

Naval Dental Center, Pensacola, FL  
Activity

Activity: 39071

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)      Signature \_\_\_\_\_  
\_\_\_\_\_  
Title      Date \_\_\_\_\_  
\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)      Signature \_\_\_\_\_  
\_\_\_\_\_  
Title      Date \_\_\_\_\_  
\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour  
\_\_\_\_\_  
NAME (Please type or print)      Signature *x R. I. Ridenour*  
ACTING CHIEF BUMED      Date 10 FEB 1994  
\_\_\_\_\_  
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)

*J. B. GREENE, JR*  
\_\_\_\_\_  
NAME (Please type or print)      Signature *J. B. Greene, Jr*  
ACTING      Date 16 FEB 99  
\_\_\_\_\_  
Title      Date \_\_\_\_\_