Y20

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 Clinic, Camp Johnson, NC*
Acronym(s) used in correspondence	*BDC Camp Johnson*
Commonly accepted short title(s)	*N/A*

- Complete Mailing Address

Naval Dental Center
15 Holcomb Blvd., Rm 273
Camp Lejeune, NC 28547-2508

- PLAD

NAVDENCEN CAMP LEJEUNE NC

- PRIMARY UIC: 44532 (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 XXXXX (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 XXXXX (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 XXXXX No ____ (check one)

• Primary Host (current) UIC/RUC: M31001

• Primary Host (as of 01 Oct 1995) UIC: M31001

• Primary Host (as of 01 Oct 2001) UIC: M31001

• 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 XXXXX (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.

N/A

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

Current Missions

Command and operate the Oral Health Care System in the assigned geographic area.

Provide a comprehensive dental service to units of the Fleet Marine Force and to military personnel in the area without dental facilities.

Provide dental service on a space available, stand-by basis to eligible dependents and retired members of the military services.

Provide emergency dental service to civilian personnel where such care is required for humanitarian reasons and when civilian professional care cannot be obtained.

Provide for and coordinate the preventive dentistry program for personnel of the operating forces, shore activities, and other authorized beneficiaries as directed by higher authority.

Provide prosthetic dental service to units of the operating forces and to shore activities in the area.

Provide technical equipment repair service to ten BUMED and Fleet Marine Force Clinics (134 DORS), in addition to installation, preventive maintenance, and purchase of repair parts.

Conduct indoctrination and training programs to maintain the military and professional competence of officer and enlisted personnel.

Maintain the administrative functions required to support the dental services rendered.

Assign specific tasks to each organizational element as necessary to accomplish the mission.

Serve as the responsible central agency for the resolution of complaints, deficiencies, and problems to improve oral health care services.

Negotiate appropriate interservice support agreements (ISSA's) as necessary.

Provide dental administrative support and liaison for the Commanding General, Marine Corps Base, Camp Lejeune, tenant commands, supporting activities and other assigned commands.

Maintain a maximum state of readiness for mobilization.

Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

Maintain a joint Naval Dental Center/2d Dental Battalion after hours dental emergency treatement watch.

Provide Medical Personnel Unit Augmentation System (MPUAS) support to the 2d Force Service Support Group, Fleet Hospitals and other assigned deployable platforms.

Coordinate clinical training of non-federal civilian dental hygiene and dental assisting students with Coastal Carolina Community College.

NDC also functions as the dental Construction Planner and Oversight Consultant for MILCON projects at Cherry Point (FY94), and MCAS New River (FY95).

Conduct utilities and dental unique facilities maintenance, repair, alterations.

Provide all in-garrison consumable supply support to all 2D Dental Battalion personnel within catchment area.

Participate and coordinate Red Cross volunteer training under BUMED guidelines and local chapter assistance.

Provide dental administrative support and liaison for the Commanding General, Marine Corps Base, Camp Lejeune, tenant commands, supporting activities and other assigned commands.

Provide Dental personnel to augment Mobilization Support Battalion in conjunction with Base Mobilization plan in support of contingency operations.

Sole provider for procurement, installation, maintenance and replacement for all Navy and FMF in-garrison OPN and O&MN equipment.

Sole provider for all standard stock and open purchase consumable supplies for NDC and Second Dental Battalion.

Promote BUMED oral health care initiatives through local media, Articles, community lectures and patient education.

Conduct indoctrination and training programs to maintain the military and professional competencies of officer and enlisted personnel assigned.

Projected Missions for FY 2001

- None
-
-
-
-

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

- None
-
-

Projected Unique Missions for FY 2001

- None
-
-

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

• Operational name	UIC
NAVAL DENTAL CENTER, CAMP LEJEUNE	68410

• Funding Source	UIC
NAVAL DENTAL CENTER, CAMP LEJEUNE	68410

08. 27. 99 12:02PM *NDC CAMP LEJEUNE P02

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	N/A		N/A	N/A
• Tenants (total)	N/A		N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian	
(Appropriated)				
• Reporting Command	N/A		N/A	N/A
• Tenants (total)	N/A		N/A	N/A

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

Title/Name	Office	FaxHome
• CO/OIC		
CAPT C. D. FERGUSON	(DSN) 484-2208 (910) 451-2208	484-5354 451-5354451-1047
• Duty Officer		[N/A]
• XO		

CAPT B. M. KILFOIL	(DSN) 484-2270	484-5354
	(910) 451-2270	451-5354353-9168
• DDCA		
LT T. J. HAWKINS	(DSN) 484-2270	451-5354
	(910) 451-2270	451-5354324-6998

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: 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"x42" (2 copies, if available); and 11"x17" (12 copies).)

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. D. FERGUSON, CAPT, DC, USN
COMMANDING OFFICER
NAVAL DENTAL CENTER, CAMP LEJEUNE

Signature C D Ferguson

Date 23 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

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-30-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 06 JUL 1994

Document Separator

420

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC
CAMP JOHNSON, NC
ACTIVITY UIC: 44532

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	~~29951~~	~~30296~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~
UNMET	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	~~29951~~	~~30296~~	~~31253~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~

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:

Records Held

Class 2 488 x 4.55 = 2220.4
Class 3 47 x 9.20 = 432.4
Class 4 36 x 4.77 = 171.72
571 2854.52

all Workload is reported under UIC 68410. Although 1 dentist + 1 prophy Tech are assigned full time, this clinic is routinely augmented by Staff from UIC 68410 — Unable to break out data separately.

MED 63
940707

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	~~28951~~	~~28296~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~
UNMET	~~N/A~~	~~N/A~~	~~N/A~~	N/A	N/A	N/A	N/A	N/A
TOTAL	~~29951~~	~~28296~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~

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:

Data Reported when UIC 68410 - Unable to Separate Data

940711
[illegible]
MCD63

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)	0	0	0	0	0	0	0	0	9
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	3
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	5

Staffing is listed + assigned to UIC 68410 — Staffing is 1 dentist + 1 prophy Tech, however Staffing is routinely augmented by personnel from UIC 68410 as Needed. MAP63 990707

UIC: 44532

Each individual in your activity generating information for the BRAC-28 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

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

ACTIVITY COMMANDER

C. D. FERGUSON, CAPT, DC, USN
COMMANDING OFFICER
NAVAL DENTAL CENTER

C D Ferguson
23 June 94
(DATE)

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

NEXT ECHELON LEVEL

N/A

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 (TYPE OR PRINT)

D F Hagen
SIGNATURE

CHIEF BUMED/SURGEON GENERAL
TITLE

July 15, 1994
DATE

BUREAU OF MEDICINE AND SURGERY
ACTIVITY

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

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

W. A. EARNER
NAME (TYPE OR PRINT)

W A Earner
SIGNATURE

TITLE

7/30/94
DATE

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC
CAMP JOHNSON, NC
ACTIVITY UIC: 44532

420

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.

The Naval Dental Center, Camp Lejeune, North Carolina was established 1 October 1990 with the following mission:

> "To provide comprehensive dental service to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area as prescribed by in Title 10, U. S. Code and other applicable directives. Operate assigned component dental care facilities. Properly train all assigned military personnel in their performance of contingency and wartime duties. Maintain the clinic and its component facilities in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to maintain the highest possible degree of operational readiness. Conduct appropriate education programs for assigned personnel to maintain uniformly high standards of patient care. Cooperate with military and civilian authorities in public health affairs, local disasters, and other emergencies. Provide dental care to eligible dependent beneficiaries on a space available basis."

Mission Objectives (Actions in Support of Mission)

As directed by Chief, Bureau of Medicine and Surgery, the Naval Dental Center, Camp Lejeune, North Carolina performs the following duties:

a. Command and operate the Oral Health Care System in the assigned geographic area.

b. Provide a comprehensive dental service to units of the Fleet Marine Force and to military personnel in the area without dental facilities.

c. Provide dental service on a space available, stand-by basis to eligible dependents and retired members of the military services.

d. Provide emergency dental service to civilian personnel where such care is required for humanitarian reasons and when civilian professional care cannot be obtained.

e. Provide for and coordinate the preventive dentistry program for personnel of the operating forces, shore activities, and other authorized beneficiaries as directed by higher authority.

f. Provide prosthetic dental service to units of the operating forces and to shore activities in the area.

g. Provide technical equipment repair service to ten BUMED and Fleet Marine Force Clinics (DORs), in addition to installation, preventive maintenance, and purchase of repair parts.

h. Conduct indoctrination and training programs to maintain the military and professional competence of officer and enlisted personnel.

i. Maintain the administrative functions required to support the dental services rendered.

j. Assign specific tasks to each organizational element as necessary to accomplish the mission.

k. Serve as the responsible central agency for the resolution of complaints, deficiencies, and problems to improve oral health care services.

l. Negotiate appropriate interservice support agreements (ISSAs) as necessary.

m. Provide dental administrative support and liaison for the Commanding General, Marine Corps Base, Camp Lejeune, tenant commands, supporting activities and other assigned commands.

n. Maintain a maximum state of readiness for mobilization.

o. Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

p. Maintain a joint Naval Dental Center/2d Dental Battalion after hours dental emergency treatment watch.

q. Provide Medical Augmentation Program (MAP) support to the 2d Force Service Support Group, Fleet Hospitals and other assigned deployable platforms.

r. Coordinate clinical training of non-federal civilian dental hygiene and dental assisting students with Coastal Carolina Community College.

s. NDC also functions as the dental Construction Planner and Oversight Consultant for MILCON projects at Cherry Point (FY94) and MCAS New River (FY95).

t. Conduct utilities and dental unique facilities maintenance, repair, and alterations.

u. Provide all in-garrison consumable supply support to all 2d Dental Battalion personnel within catchment area.

v. Participate and coordinate Red Cross volunteer training under BUMED guidelines and local chapter assistance.

w. Provide dental administrative support and liaison for the Commanding General, Marine Corps Base, Camp Lejeune, tenant commands, supporting activities and other assigned commands.

x. Provide Dental personnel to augment the Mobilization Support Battalion in conjunction with Base Mobilization plan in support of contingency operations.

y. Sole provider for procurement, installation, maintenance and replacement for all Navy and FMF in-garrison OPN and O&MN equipment.

z. Sole provider for all standard stock and open purchase consumable supplies for NDC and Second Dental Battalion.

aa. Promote BUMED oral health care initiatives through local media, articles, community lectures and patient education.

bb. Conduct indoctrination and training programs to maintain the military and professional competencies of officer and enlisted personnel assigned.

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/RUC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FIELD MEDICAL SERVICE SCHOOL	N65987	CAMP JOHNSON	244
FINANCIAL MGMT SCHOOL	M31360	CAMP JOHNSON	94
PERSONAL ADMIN SCHOOL	M31319	CAMP JOHNSON	573
MOTOR T SCHOOL	M31318	CAMP JOHNSON	1170
SUPPLY SCHOOL	M31316	CAMP JOHNSON	355
FOOD SERVICE SCHOOL	M31317	CAMP JOHNSON	305

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

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

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

Maximum capacity for CTVs: -0-

Explanation:

all Information in Item 3 Reported in Data Call for NDC (UIC 68410). Due to nature of staffing & augmentation from personnel assigned to UIC 68410, Information/Data could not be broken out separately.

R C [illegible]
MAJ 63
940707

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	~~28290~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~
B: TOTAL UNMET CTVs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C: TOTAL WORKLOAD REQUIREMENT (A+B)	~~28290~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~	~~31125~~
DENTISTS (MIL AND CIV)	0	0	0	0	0	0	0	0
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs: -0-

Explanation: This Clinic is usually staffed by 1 dentist + 1 prophy Tech from UIC 68410 — however it is routinely augmented based on Need — all Data is Reported in UIC 68410 + could not be seperated out for this report

R Hurley
MCA63
940707.

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
CPR	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS WITH CCCC*	0	0	0	0	0	0	0	0
DENTAL ASSISTANTS WITH CCCC	0	0	0	0	0	0	0	0
RED CROSS VOLUNTEERS	0	0	0	0	0	0	0	0

* = COASTAL CAROLINA COMMUNITY COLLEGE

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
BLDG M-128 P703	MEDICAL/DENTAL CLINIC, PATIENT CARE	1443	50	SUBSTANDARD

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

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

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?

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
CAMP JOHNSON P703	REPLACEMENT OF CAMP JOHNSON CLINIC BLDG M-128	FY00	2.7M

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.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 JANUARY 1994	UIC	68410
FACILITY	NAVAL DENTAL CENTER, CAMP LEJEUNE, NC BRANCH DENTAL CLINIC, CAMP JOHNSON BLDG. M-128		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	2,050 Sq. ft	
2. DENTAL TREATMENT ROOM	4	3 11'8x16' 1 12'1/2x14'9	
3. STERILIZATION ROOM	1	8'4"x11'8"	
4. X-RAY EXPOSURE ROOM	0		DEVELOPED BY DAY LIGHT LOADER
5. DARKROOM	0		DEVELOPED IN DAYLIGHT LOADER
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	1	3'X 6'	CLOSET
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	1	10'9"X 15'9"	
10. DENTAL OFFICER'S OFFICE	0		

NAVMED 6750/4 (Rev. 5/91) CJ

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Kelly
MA063

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1		
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	1	4'4"X 13'6"	
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	1	6'1/2"X 13'8"	
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	2 1	4'x 6' 8'10"X 16'2"	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC CONTINENTAL II ADEC 2009	3 1	A5 A6
2. DENTAL OPERATING CHAIR	ADEC 1005 PRIORITY DENTALEZ VSR	3 1	A5 A6

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MG463

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3. DENTAL OPERATING LIGHT	ADEC 6300 PELTON/CRANE	3 1	A5 A5
4. CENTRAL VACUUM SYSTEM	DENTALEZ MC201	2	A5
5. AIR COMPRESSOR DEHYDRATOR	DAYTON	1	A5
6. STERILIZER	PELTON/CRANE MAGNA CLAVE STERIDENT DRICLAVE 200	1 1	A5 A4
7. LIFE SUPPORT EQUIPMENT		0	
8. OTHER MAJOR EQUIPMENT		0	

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE		0	
2. VACUUM PORCELAIN FURNACE		0	
3. BURNOUT OVEN		0	
4. OTHER PROSTHETIC EQUIPMENT		0	

NAVMED 6750/4 (Rev. 5/91) CJ

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SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX 1000 1987	1	A5	NOV 93
2. MOBILE INTRA-ORAL		0		
3. PANORAMIC	GENDEX PAN II JAN91	1	A5	NOV 93
4. CEPHALOMETRIC		0		
5. FILM PROCESSOR	AIR TECH AT 2000 AIR TECH PERI PRO	1 1	A5 A6	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 120		b. CYCLE: 60
2. GAS:		NATURAL		COMMERCIAL		BOTTLE	ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

ALL FACILITIES ARE PROVIDED BY MCB, CAMP JOHNSON, NC

ALL EQUIPMENT IS PROVIDED BY NAVAL DENTAL CENTER, CAMP LEJEUNE, NC

DATE	TYPED NAME AND GRADE	SIGNATURE
1 JANUARY 1994	C.D. FERGUSON, CAPT, DC, USN	C Ferguson

NAVMED 6750/4 (Rev. 5/91) CJ

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MC0563

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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?

Current location provides for minimum patient travel and central location to support facilities.

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

Air - Albert Ellis Airport/MCAS, New River
Sea - Morehead City
Rail - Camp Lejeune

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

N/A

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?

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?

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?

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

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

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

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

Quality of Life issues shall be answered by the Host Activity:

Commanding General
Marine Corps Base
PSC Box 20004
Camp Lejeune, NC 28542-0004

Attn: Management Support Department

RUC: M67001

UIC: 44532

Each individual in your activity generating information for the BRAC-29 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

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

ACTIVITY COMMANDER

C. D. FERGUSON, CAPT, DC, USN
COMMANDING OFFICER
NAVAL DENTAL CENTER

C D Ferguson
23 June 94
(DATE)

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

NEXT ECHELON LEVEL

N/A

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 (TYPE OR PRINT)

D F Hagen
SIGNATURE

CHIEF BUMED/SURGEON GENERAL
TITLE

July 15, 1994
DATE

BUREAU OF MEDICINE AND SURGERY
ACTIVITY

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

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

W. A. EARNER
NAME (TYPE OR PRINT)

W A Earner
SIGNATURE

TITLE

8/3/94
DATE

Document Separator

4/21

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC SAN ONOFRE
ACTIVITY UIC: 44538

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

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

Enclosure (3)

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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.

Provides outpatient dental care services to Navy and Marine Corps personnel of the operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U. S. Code and other applicable directives in the San Onofre Area of MCB, Camp Pendleton.

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)
SCHOOL OF INFANTRY (SOI)	3350	CAMP SAN ONOFRE	715
STUDENTS OF SOI	3353	CAMP SAN ONOFRE	3176
BRANCH MEDICAL CLINIC SAN ONOFRE	46365	CAMP SAN ONOFRE	46
BRANCH DENTAL CLINIC SAN ONOFRE	44538	CAMP SAN ONOFRE	8

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	3,945
B. FY1993 MET WORKLOAD (CTVs)	39,172
C. FY1993 UNMET WORKLOAD (CTVs)	8,204
D. TOTAL WORKLOAD (B+C)	47,376
E. MET WORKLOAD PER CAPITA (B÷A)	9.92
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.07
G. WORKLOAD PER CAPITA (D÷A)	12.0

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

Maximum capacity for CTVs: _____

Explanation: MET workload produced by 3 full time providers.

Computation for UNMET workload for Efficiency Review Formula:

Class II 1346 X 4.55 = 6124
Class III 168 X 9.2 = 1546
Class IV 112 X 4.77 = 534
8204 CTVs

*UNMET workload was based on School of Infantry (SOI) Staff, and Branch Medical and Dental Clinic's Staff's available dental records and dental classification.

+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	3,945	3,851	3,851	3,851	3,851	3,851	3,851	3,851
A: TOTAL MET CTVs	40278	36000	36000	36000	36000	36000	36000	36000
B: TOTAL UNMET CTVs	2,203	8,845	8,845	8,845	8,845	8,845	8,845	8,845
C: TOTAL WORKLOAD REQUIREMENT (A+B)	42481	44845	44845	44845	44845	44845	44845	44845
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
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: __FY94 MET CTVs calculated on actulal FY94 CTVs
(1 OCT 93 - 31 MAR 94 X 2) 20,139 X 2 = 40,278

Projected Workload cont'd.

Explanation: UNMET workload for population of 3,945 based on dental classification of dental records available as of 31 March 1994.

Class II	324 X 4.55	=	1,474
Class III	45 X 9.2	=	414
Class IV	66 X 4.77	=	315
			2,203 CTVs

With 2 (two) Dentists and one Hygienist Productivity is 36,000 CTVs.

Assumptions: UNMET workload for population of 3,851 for FY 95 and beyond:

a. all patients will be class IV each year.
b. on average 50% of all class IV patients will be reclassified as class III.
c. on average 50% of all class IV patients will be reclassified as class II.

Computations:

Class II	3851 X .5 X 4.55	=	8,761
Class III	3851 X .5 X 9.2	=	17,715
Class IV	3851 X .5 X 4.77	=	18,269
			44,845 CTVs

44,845	Total UNMET
- 36,000	Capacity for 3 providers
8,845	UNMET CTVs

Unable to obtain accurate RAPS data for Branch Dental San Onofre for population served since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel.

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
NONE								

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
N/A				

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

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

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	01 JANUARY 1994	UIC	62594
FACILITY	BRANCH DENTAL CLINIC SAN ONOFRE BLDG 520448 CAMP PENDLETON, CA 92055-5221		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	85' X 100'	PROSTHETIC LAB INCLUDED ADEQUATE
2. DENTAL TREATMENT ROOM	12	(11) 8' X 10'	ADEQUATE
3. STERILIZATION ROOM	1	10' X 16'	ADEQUATE
4. X-RAY EXPOSURE ROOM	1	10' X 10'	ADEQUATE
5. DARKROOM	1	6' X 12'	ADEQUATE
6. PROSTHETIC LAB	1	16' X 18'	ADEQUATE
7. STOREROOM/ SUPPLY ROOM LINEN ROOM	1 1	10' X 12' 6' X 8'	ADEQUATE
8. CONFERENCE ROOM	1	10' X 16'	ADEQUATE
9. ADMINISTRATIVE OFFICE	1	8' X 8'	ADEQUATE
10. DENTAL OFFICER'S OFFICE	2	10' X 12'	ADEQUATE

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11. DENTAL REPAIR SHOP	N/A		
12. PATIENT WAITING AREA	1	14' X 18'	ADEQUATE
13. RECORDS CONTROL OFFICE	1	12' X 18'	ADEQUATE
14. LOCKER ROOM (MALE)	1	8' X 9'	ADEQUATE
15. LOCKER ROOM (FEMALE)	1	8' X 10'	ADEQUATE
16. TOILET FACILITY (MALE)	5		SEE PART IV ADEQUATE
17. TOILET FACILITY (FEMALE)	1	10' X 11'	ADEQUATE
18. OTHER MAJOR ROOMS COPIER ROOM GEAR LOCKER	 1 1	 7' X 8' 6' X 8'	 ADEQUATE ADEQUATE
19. LAUNDRY ROOM	1	10' X 13'	ADEQUATE

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE ADEC CUSTOM	10 1	(11) A-5
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005 DENTAL-EZ PL-200	1 10	(11) A-5

3. DENTAL OPERATING LIGHT	PELTON CRANE LF II	11	(10) A-5
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ 7 1/2 HP	2	(2) A-5
5. AIR COMPRESSOR DEHYDRATOR	INGERSOLL RAND 5T	1	A-5
6. STERILIZER	HENRY SCHIEN DRYCLAVE AMERICAN STERILIZER 3023 VACAMAT	1 1	A-5 A-5
7. LIFE SUPPORT EQUIPMENT	N/A		
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	N/A		
2. VACUUM PORCELAIN FURNACE	DENTSPLY MULTIMAT 99	1	A-5
3. BURNOUT OVEN	JELENKO ACCUTHERM II	1	A-4
4. OTHER PROSTHETIC EQUIPMENT	TICONIUM TI-LECTRO POLISHER DENTSPLY TRIAD MACHINE	1 1	A-5 A-4

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SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENERAL ELECTRIC 1000	2	(2) A-5	5 OCT 93
2. MOBILE INTRA-ORAL	N/A			
3. PANORAMIC	GENDEX GX-PAN PANOLIPSE II	1	A-5	5 OCT 93
4. CEPHALOMETRIC	N/A			
5. FILM PROCESSOR	AT 2000	1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 110/220		b. CYCLE: 60	
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

X-RAY MACHINES MEET FEDERAL STANDARDS.

PART I
#16
(1) 6' X 10'
(1) 6' X 9'
(1) 6' X 8'
(1) 5' X 5'
(1) 3' X 3'

1. ROOM 34 WAS CONVERTED TO AN OFFICE AND CANNOT BE CONVERTED BACK TO AN OPERATIONAL DTR WITHIN FIVE WORKING DAYS.

DATE	TYPED NAME AND GRADE	SIGNATURE
31 May 94	R. C. HOUSE, CAPT, DC, USN	RCHouse

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
N/A			

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
N/A			

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
N/A			

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.

Facility adequate for mission requirements.

LOCATION

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

Essential in delivering care to staff/students.

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

Essential to be located in area where staff/students work/train.

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

Air, rail, sea and transportation modes are available onboard MCB, Camp Pendleton.

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

In a mobilization setting, increased training of reservists at School of Infantry will necessitate more critically our facility at San Onofre at increased capacity.

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

5 - 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?

We encounter difficulties in hiring Dental Hygienists. The Southern California civilian community Dental Hygienists are paid son much higher than civil service pay, this we're not competitive.

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?

If all capabilities were lost all personnel would have to travel 60 minutes for care.

If a Comprehensive Dentist were lost, specialists would either have to travel to clinic, or, specialty care DTs would have to travel 60 minutes care.

If laboratory support were lost, each case would have to travel 60 minutes for completion at mainside laboratory.

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.

Active duty members would have to travel 60 minutest for care at Mainside clinic.

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
U.S. NAVDENCEN GUAM	62328	1
U.S. NAVDENCEN OKINAWA	68582	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.

Augmentation assignment do not require additional associated training. Loss of one comprehensive dentist to mobilization requirement will reduce workload by 1000 CTVs per month when he deploys (Assumption: 12,000 CTV's per provider, per year) The listed augmentees' impact on workload in minimal as a chairside technician.

13. Quality of Life. Our host, MCB Camp Pendleton, UIC 00681 is providing this information in the BSAT Date Call # 39, Marine Corps Base military value analysis.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. L. SCHOLTZ
NAME (Please type or print)

M L Scholtz
Signature

DIRECTOR
Title

25 Nov 94
Date

SAN ONOFRE BEACH CLINIC
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. C. HOUSE, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, CAMP PEENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACNO6
Title

Date 27 JUN 1994

Document Separator

21

DATA CALL 65
INSTALLATION RESOURCES

Activity Information:

Activity Name	BDC SAN ONOFRE
UIC	44538
Host Activity Name if response is for a tenant activity.	COMMANDING GENERAL MARINE CORPS BASE CAMP PENDLETON CA 92055
Host Activity UIC	ØØ681

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

1. Base Operating Support (BOS) Cost Data. Table 1A is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore facilities. Information must reflect FY 1988 budget data supporting the FY 1989 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 of 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 [illegible] 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, identical in both Table 1A and 1B. The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation (Operation and Maintenance, Research and Development, Military Personnel, etc). Data must reflect FY 1988 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 in the table, the O&M, RDT and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided in the DD-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included in the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table as required to identify any additional cost elements [illegible]. Leave shaded areas of table blank.

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: BDC SAN ONOFRE UIC: 44538

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2.5	—	2.5
1b. Minor Construction	—	—	—
1c. Sub-total 1a. and 1b.	2.5	—	2.5
2. Other Base Operating Support Costs:			
2a. Utilities	20.0	—	20.0
2b. Transportation	3.0	—	3.0
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) NET USE/TELEPHONES	1.5	—	1.5
2k. Sub-total 2a. through 2j:	24.5	—	24.5
3. Grand Total (sum of 1c. and 2k.):	27.0	—	27.0

DATA CALL 66
INSTALLATION RESOURCES

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a breakout of the total shown for the Building Tax Line by appropriation:

Appropriation	Amount ($000)

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 1986 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 may 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 01, 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 (or DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead BOS expense on Table 1B.

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: UIC:

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (BIEN)			
1b. Real Property Maintenance (BIEN)			
1c. Minor Construction Expensed			
1d. Minor Construction (Capital Budget			
1e. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			

n/a

DATA CALL 66
INSTALLATION RESOURCES

3. Depreciation

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

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT [illegible] Budget Exhibit for O&M activities or the NAVCOMPT [illegible] exhibit for [illegible] activities. Information must reflect FY 1996 budget data supporting the FY [illegible] 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 breaks out information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST [illegible] of 22 April 1986, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data

Activity Name: UIC:

Cost Category	FY 1996 Projected Costs ($000)
Travel:	2.0
Material and Supplies (including equipment):	40.0
Industrial Fund Purchases (other DBOF purchases):	—
Transportation:	—
Other Purchases (Contract support, etc.):	18.0
Total:	60.0

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: UIC:

Contract Type	FY 1996 Estimated Number of Workyears On-Base
Administration:	
Facilities Support:	
Mission Support:	n/A
Procurement:	
Other:*	
Total Workyears:	

* Note: Provide a brief narrative description of the types of work, 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):

N/A

2) Estimated number of workyears which would be eliminated:

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

DATA CALL 66
INSTALLATION RESOURCES

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

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.)

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
NAME (Please type or print)

RCHouse
Signature

COMMANDING OFFICER
Title

12 July 94
Date

NAVAL DENTAL CENTER CAMP PENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM,MC,USN

NAME (Please type or print)

x Signature

AUG 4 1994

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

8/30/94

Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC SAN ONOFRE
ACTIVITY UIC: 44538

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

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

Enclosure (7)

TABLE OF CONTENTS

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	39,172	40,278	36,000	36,000	36,000	36,000	36,000	36,000	36,000
UNMET	8,204	2,203	8,845	8,845	8,845	8,845	8,845	8,845	8,845
TOTAL	47,376	42,481	44,845	44,845	44,845	44,845	44,845	44,845	44,845

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:

FY 93 and 94 MET and UNMET DATA is from DATA CALL #29.

Assumptions: UNMET workload for population of 3,851 for FY 95 and beyond:

a. all patients will be class IV each year.
b. on average 50% of all class IV patients will be reclassified as class III.
c. on average 50% of all class IV patients will be reclassified as class II.

UNMET Workload for population of 3851 for FY 95 and beyond:

Class II 3851 X .5 X 4.55 = 8,761
Class III 3851 X .5 X 9.2 = 17,715
Class IV 3851 X 4.77 = 18,269
44,845 Total UNMET CTVs

Unable to obtain accurate RAPS data for Branch Dental San Onofre for population served since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel.

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	144,000	144,000	144,000	144,000	144,000	144,000	144,000	144000
UNMET	0	0	0	0	0	0	0	0
TOTAL	144,000	144,000	144,000	144,000	144,000	144,000	144,000	144000

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:

If 12 providers were to use 12 dental operatories, workload would be
12 X 12,000 = 144,000 CTVs.

Assumptions: UNMET workload for population of 3,851 for FY 95 and beyond:
Class II 3851 X .5 X 4.55 = 8,761
Class III 3851 X .5 X 9.2 = 17,715
Class IV 3851 X 4.77 = 18,269
44,845 Total UNMET CTVs

Unable to obtain accurate RAPS data for Branch Dental San Onofre for population served since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel.

The UNMET CTVs of 44,845 will be more than covered by the projected 144,000 CTVs generated by 12 providers.

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

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

M.L. Scholtz, CDR, DC, USN
NAME (Please type or print)

M L Scholtz
Signature

DIRECTOR
Title

25 Nov 94
Date

SAN ONOFRE BRANCH Clinic
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. C. HOUSE, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, CAMP PENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

Date 6/20/94

Document Separator

1/6\ 44538

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 Clinic, San Onofre, Camp Pendleton, CA**

Official name	*Naval Dental Center* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*NDC Camp Pendleton*
Commonly accepted short title(s)	*NAVDENCEN CamPen*

- Complete Mailing Address

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

- PLAD

N/A

- PRIMARY UIC: ~~62594~~ 44538 (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)
- 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

• 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)

• 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		

44538

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

- Provides dental health services to personnel located in the 52 Area, MCB, Camp Pendleton primarily the staff and students/trainees of the School of Infantry (SOI).
-
-
-

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

44538

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	2	6	1
Contracted	Included in Naval Dental Center, Camp Pendleton UIC 62594		
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
	Included in Naval Dental Center, Camp Pendleton UIC 62594		
• Tenants (total)	_____	_____	_____

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

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

44538

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					

44536

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.

44538

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

R. C. HOUSE, CAPT, DC, USN

NAME (Please type or print)

R C House

Signature

COMMANDING OFFICER

Title

29 Jan 94

Date

NAVAL DENTAL CENTER, CAMP PENDLETON, CA

Activity

44532

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)

x D 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

ACTING
Title

16 FEB 94
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BDC DEL MAR
UIC:	44535
Host Activity Name (if response is for a tenant activity):	COMMANDING GENERAL MARINE CORPS BASE CAMP PENDLETON, CA 92055
Host Activity UIC:	00681

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

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

a. Table 1A - **Base Operating Support Costs (Other Than DBOF Overhead).** This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included in the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 61, as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: BOC DEL MAR UIC: 44535

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	—	—	—
1a. Maintenance and Repair	—	—	—
1b. Minor Construction	—	—	—
1c. Sub-total 1a. and 1b.	—	—	—
2. Other Base Operating Support Costs:	—	—	—
2a. Utilities	15.0	—	15.0
2b. Transportation	2.0	—	2.0
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) REFUSE / TELEPHONES	2.0	—	2.0
2k. Sub-total 2a. through 2j:	19.0	—	19.0
3. Grand Total (sum of 1c. and 2k.):	19.0	—	19.0

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 "G. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)

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 D1., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: UIC:

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (BIEN)			
1b. Real Property Maintenance (BIEN)			
1c. Minor Construction (Expensed			
1d. Minor Construction (Capital Budget)			
1e. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			

N/A

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: UIC:

Cost Category	FY 1996 Projected Costs ($000)
Travel:	4.0
Material and Supplies (including equipment):	46.0
Industrial Fund Purchases (other DBOF purchases):	—
Transportation:	—
Other Purchases (Contract support, etc.):	54.0
Total:	104.0

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name:	UIC:
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	N/A
Procurement:	
Other:*	
Total Workyears:	

* **Note:** Provide a brief narrative description of the types, if [illegible], if any, included under the "Other" category.

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A VR Burnett 824 8/1/94

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

N/A VR Burnett 824 8/1/94

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):

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.)

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
NAME (Please type or print)

R C House
Signature

COMMANDING OFFICER
Title

12 July 94
Date

NAVAL DENTAL CENTER CAMP PENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM,MC,USN

NAME (Please type or print)

x Signature

AUG 4 1994

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

8/30/94

Date

Document Separator

432

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC DEL MAR
ACTIVITY UIC: 44535

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

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

Enclosure (4)

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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.

Provides outpatient dental care services to Navy and Marine Corps personnel of the operating forces, shore activities and other authorized beneficiaries as prescribed in Title 10, U. S. Code and other applicable directives at the Del Mar area of MCB, Camp Pendleton.

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)
AMPHIB ASSAULT BN	21821	DEL MAR, MCB CAMP PENDLETON	982
LANDING SUPPORT BN	28370	DEL MAR, MCB CAMP PENDLETON	576
LOW ALTITUDE AIR DENFENSE	00930	DEL MAR, MCB CAMP PENDLETON	286
ASSAULT AMPHIB SCHOOL BN	33808	DEL MAR, MCB CAMP PENDLETON	214
GEN SUPPORT MAINTENANCE	28328	DEL MAR, MCB CAMP PENDLETON	160
MATERIAL ISSUE POINT	28310	DEL MAR, MCB CAMP PENDLETON	55
AMPHIB VEHICLE TEST BRANCH	30425	DEL MAR, MCB CAMP PENDLETON	38
FIELD MEDICAL SERVICE SCHOOL	64494	DEL MAR, MCB CAMP PENDLETON	36
21 AREA BRANCH MEDICAL CLINIC	68094	DEL MAR, MCB CAMP PENDLETON	28
HQ CO BOATHOUSE	M11104	DEL MAR, MCB CAMP PENDLETON	13
21 AREA BRANCH DENTAL CLINIC	44535	DEL MAR, MCB CAMP PENDLETON	7
RESERVE SUPPORT UNIT	33103	DEL MAR, MCB CAMP PENDLETON	7
3RD MARINE EXP. BRIGADE	14102	DEL MAR, MCB CAMP PENDLETON	5
*HG ARMY RESERVE UNIT	W8JGAA	DEL MAR, MCB CAMP PENDLETON	21

* We support this unit, but we do not keep their records, nor are they on our data base.

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	2,849
B. FY1993 MET WORKLOAD (CTVs)	49,525
C. FY1993 UNMET WORKLOAD (CTVs)	9,175
D. TOTAL WORKLOAD (B+C)	58,700
E. MET WORKLOAD PER CAPITA (B÷A)	17.38
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.22
G. WORKLOAD PER CAPITA (D÷A)	20.6

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

Maximum capacity for CTVs: _____

Explanation: MET workload produced by 4 fulltime providers and occasional opportune provider form the reserves or from the 1st Dental Battalion.

UNMET Computation based in Efficiency Review formula:

Class II	1190 X 4.55	=	5,414
Class III	217 X 9.2	=	1,996
Class IV	370 X 4.77	=	1,765
			9,175

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	2,849	2,402	2,402	2,402	2,402	2,402	2,402	2,402
A: TOTAL MET CTVs	41756	36000	36000	36000	36000	36000	36000	36000
B: TOTAL UNMET CTVs	4,894	0	0	0	0	0	0	0
C: TOTAL WORKLOAD REQUIREMENT (A+B)	46650	36000	36000	36000	36000	36000	36000	36000
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
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: For FY94 Total MET CTV's calculated from 1 OCT 93 thru 31 MAR 94 (6 mos =20,878 CTVs X 2 = 41,756 CTVs/YR)

Projected Workload cont'd.

Explanation: UNMET Workload for FY 94 based on dental classifcation of available dental records as of 31 MAR 94.

Class II	890 X 4.55	=	4050
Class III	58 X 9.2	=	534
Class IV	65 X 4.77	=	310
			4,894 CTVs

3 Dental providers with capacity of 36,000 CTVs should handle UNMET workload of 27,970 CTVs.

Assumptions: UNMET workload for population of 2,402:

a. all patients will be class IV each year.
b. on average 50% of all class IV patients will be reclassified as class III.
c. on average 50% of all class IV patients will be reclassified as class II.

FY 95 thur 2001 UNMET needs:

Class II	2402 X .5 X 4.55	=	5,464
Class III	2402 X .5 X 9.2	=	11,049
Class IV	2402 X 1 X 4.77	=	11,457
			27,970 CTVs

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
NONE								

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
N/A				

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

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

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	01 JANUARY 1994	UIC	62594
FACILITY	BRANCH DENTAL CLINIC DEL MAR, BLDG 210735 CAMP PENDLTON, CA 92055-5221		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	74' X 75'	PROSTHETICS LABORATORY INCLUDED
2. DENTAL TREATMENT ROOM	9	(2) 12' X 11.5 (7) 11' X 11.5	ADEQUATE
3. STERILIZATION ROOM	1	11.5' X 7.7'	ADEQUATE
4. X-RAY EXPOSURE ROOM	1	13' X 11.5'	ADEQUATE
5. DARKROOM	1	7.5' X 8.5'	ADEQUATE
6. PROSTHETIC LAB	1	12' X 12'	ADEQUATE
7. STOREROOM/ SUPPLY ROOM	1	8.5' X 13'	ADEQUATE
8. CONFERENCE ROOM	1	9' X 19.5'	ADEQUATE
9. ADMINISTRATIVE OFFICE	N/A		
10. DENTAL OFFICER'S OFFICE	1	11.5' X 11.5'	ADEQUATE

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11. DENTAL REPAIR SHOP	N/A		
12. PATIENT WAITING AREA	1	14.5' X 35.5'	ADEQUATE
13. RECORDS CONTROL OFFICE	1	15.5' X 15.5'	ADEQUATE
14. LOCKER ROOM (MALE)	1	11' X 12.5'	TOILET FACILITY IN LOCKER ROOM ADEQUATE
15. LOCKER ROOM (FEMALE)	1	7.5' X 10.5'	TOILET FACILITY IN LOCKER ROOM ADEQUATE
16. TOILET FACILITY (MALE)	1	5.5' X 12'	ADEQUATE
17. TOILET FACILITY (FEMALE)	2	(1) 6' X 11' (1) 6' X 3.5'	ADEQUATE
18. OTHER MAJOR ROOMS OFFICERS LOCKER ROOM LINEN ROOM	 1 1	 14' X 11' 10' X 11.5'	TOILET FACILITY IN OFFICERS LOCKER ROOM

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE ADEC 2080	2 9	A-5
2. DENTAL OPERATING CHAIR	DENTAL-EZ PL 200 ADEC PRIORITY	1 8	A-5

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3. DENTAL OPERATING LIGHT	PELTON CRANE LF II ADEC 6300	2 7	A-5
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ CD-207	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	INGERSOLL RAND T30	1	A-5
6. STERILIZER	PELTON CRANE MAGNACLAVE	1	A-5
7. LIFE SUPPORT EQUIPMENT	N/A		
8. OTHER MAJOR EQUIPMENT	N/A		
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	N/A		
2. VACUUM PORCELAIN FURNACE	JELENKO LT II VFP	1	A-5
3. BURNOUT OVEN	JELENKO ACCUTHERM II	1	A-5
4. OTHER PROSTHETIC EQUIPMENT	N/A		

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SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX GE 1000	1	A-5	05 OCT 93
2. MOBILE INTRA-ORAL	N/A			
3. PANORAMIC	MIDWEST PANORAL	1	A-5	05 OCT 93
4. CEPHALOMETRIC	N/A			
5. FILM PROCESSOR	AIR TECHNIQUES AT 2000	1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 110/220		b. CYCLE: 60	
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

1. X-RAY MACHINE MEETS FEDERAL STANDARDS.
2. ROOM 7 WAS CONVERTED TO AN OFFICE AND CAN BE CONVERTED BACK TO AN OPERATIONAL DTR WITHIH FIVE WORKING DAYS.

DATE	TYPED NAME AND GRADE	SIGNATURE
31 May 94	R. C. HOUSE, CAPT, DC, USN	RC House

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
N/A			

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
N/A			

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
N/A			

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.

Facility at Del Mar adequate for needs of served units in the area. Overflow capability will be handled by other outlying NDC and Dental Battalion Dental clinics.

LOCATION

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

Facility location to serve Dental needs of the Del Mar area active duty population.

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

For units supported, facility is within walking distance.

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

Air, rail, sea and ground transportation are all located onboard MCB, Camp Pendleton.

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

The base mobilization processing center (MPC) is located in this area and all reserve processing are executed here.

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

No more 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?

We have difficulty hiring civilian dental hygienists because we're located in the Southern California area where civil service dental hygienists pay is not competitive with pay in the civilian community.

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?

Impact would be the loss of a dental facility with nine dental treatment rooms and a prosthetic laboratory. Nearest facility with this capability is Headquarters clinic, 14 miles away.

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.

If facility were to close, active duty population will served dentally at the branch dental annex at Edson Range 5 miles away and at Headquarter's clinic 14 miles away.

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
NAVDENCEN PEARL HARBOR	62313	3
U. S. NAVDENCEN OKINAWA	68582	1
FLTHOSP 6	68686	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.

All assignments except for FLTHOSP 6 do not require additional associated training. FLTHOSP 6 training is 10 days; however, assignee is and E3 and therefore impacts productivity minimally.

13. Quality of Life. Our host, MCB Camp Pendleton, UIC 00681 is providing quality of life information in the BSAT Data Call #39, Marine Corps Bases military value analysis.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			

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

CHERRY
NAME (Please type or print)

C-O Cherry
Signature

CLINIC DIRECTOR
Title

26 May 94
Date

DEL MAR BRANCH DENTAL CLINIC
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. C. HOUSE, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, CAMP PENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACNO
Title

27 JUN 1994
Date

Document Separator

44535

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 Clinic, Del Mar, Camp Pendleton, CA**

Official name	*Naval Dental Center* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*NDC Camp Pendleton*
Commonly accepted short title(s)	*NAVDENCEN CamPen*

- Complete Mailing Address

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

- PLAD

N/A

- PRIMARY UIC: ~~62594~~ 44535 (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): 44535

PURPOSE: For 44535 Dental Information Retrieval System (DIRS) Reporting

2. PLANT ACCOUNT HOLDER:

- Yes ____ No ✓ (check one)

44535

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

44535

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

- Provides dental health services to personnel located in the 21 Area, Marine Corps Base, Camp Pendleton, primarily personnel of the 3D AAV Bn, 1st Landing Support Bn, 1st Anglico, Stinger Battery, MASS-3, MACS-1 and staff and students of the Schools Battalion and Field Medical Service School.
-
-
-

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
-
-

44535
1A

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

44535
05

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	2	6	1
Contracted			1*
	Included in Naval Dental Center, Camp Pendleton UIC 62594 on board count		
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
	Included in Naval Dental Center, Camp Pendleton UIC 62594 authorized positions		
• Tenants (total)	_____	_____	_____

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

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

44535
USA

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.

44535
65A

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

R. C. HOUSE, CAPT, DC, USN

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

29 Jan 94

Date

NAVAL DENTAL CENTER, CAMP PENDLETON, CA

Activity

44535

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

4'2'

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC DEL MAR
ACTIVITY UIC: 44535

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

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

Enclosure (3)

TABLE OF CONTENTS

MISSION REQUIREMENTS
1. Workload 3,4
2. Staffing 5

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	49,525	41,756	36,000	36,000	36,000	36,000	36,000	36,000	36,000
UNMET	9,175	4,894	0	0	0	0	0	0	0
TOTAL	58,700	46,650	36,000	36,000	36,000	36,000	36,000	36,000	36,000

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:

FY 93 and FY 94 MET and UNMET values derived from Data Call # 29.

Assumptions: UNMET workload for population of 2,402 for FY 95 and beyond:

a. all patients will be class IV each year.
b. on average 50% of all class IV patients will be reclassified as class III.
c. on average 50% of all class IV patients will be reclassified as class II.

From FY 95 - FY 2001, 3 dental providers with capacity of 36,000 CTVs, should handle the UNMET workload of 27,970 CTVs for population of 2,402.

Class II 2402 X .5 X 4.55 = 5,464
Class III 2402 X .5 X 9.2 = 11,049
Class IV 2402 X 1 X 4.77 = 11,457
27,970 CTVs

Unable to obtain accurate RAPS data for Branch Dental Del Mar since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used are actual and projected active duty base and FMF personnel.

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	108,000	108,000	108,000	108,000	108,000	108,000	108,000	108000
UNMET	0	0	0	0	0	0	0	0
TOTAL	108,000	108,000	108,000	108,000	108,000	108,000	108,000	108000

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:

With 9 fully equipped DORS and 9 Dental providers, 108,000 CTVs can be achieved in the clinic which is more than enough to meet the UNMET workload generated by a population of 2402.

Computation for UNMET workload for population of 2402:

Class II 2402 X .5 X 4.55 = 5,464
Class III 2402 X .5 X 9.2 = 11,049
Class IV 2402 X 1 X 4.77 = 11,457
27,970 CTVs

Unable to obtain accurate RAPS data for Branch Dental Del Mar since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used are actual and projected active duty base and FMF personnel.

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

BRAC-95 CERTIFICATION

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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

CHERRY, CARLTON. D
NAME (Please type or print)

C D Cherry
Signature

CLINIC DIRECTOR
Title

26 MAY 94
Date

DEL MAR BRANCH DENTAL CLINIC
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. C. HOUSE, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, CAMP PENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

Date 6/20/94

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BDC EDSON RANGE
UIC:	44536
Host Activity Name (if response is for a tenant activity):	COMMANDING GENERAL MARINE CORP BASE CAMP PENDLETON CA 92055
Host Activity UIC:	00681

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 1986 budget data supporting the FY 1988 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 1986 and should be reported in thousands of dollars.

a. Table 1A - **Base Operating Support Costs (Other Than DBOF Overhead).** This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included in the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 50, as necessary, to identify any additional cost elements not currently shown. **Leave shaded areas of table blank.**

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: BDC EDSON RANGE UIC: 44536

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	—	—	—
1a. Maintenance and Repair	—	—	—
1b. Minor Construction	—	—	—
1c. Sub-total 1a. and 1b.	—	—	—
2. Other Base Operating Support Costs:	—		
2a. Utilities	13.0	—	13.0
2b. Transportation	2.0	—	2.0
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) REFUSE / TELEPHONES	2.0	—	2.0
2k. Sub-total 2a. through 2j:	17.0	—	17.0
3. Grand Total (sum of 1c. and 2k.):	17.0	—	17.0

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 "Grand Total" line, by appropriation:

Appropriation	Amount ($000)

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 IBIF 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 1990 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 01., as necessary, to identify any additional cost elements not currently shown.. **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: UIC:

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (BLEK)			
1b. Real Property Maintenance (BLEK)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			

n/a

DATA CALL 66
INSTALLATION RESOURCES

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: UIC:

Cost Category	FY 1996 Projected Costs ($000)
Travel:	2.0
Material and Supplies (including equipment):	20.0
Industrial Fund Purchases (other DBOF purchases):	—
Transportation:	—
Other Purchases (Contract support, etc.):	8.0
Total:	30.0

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: UIC:

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

N/A

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

n/a

2) Estimated number of workyears which would be eliminated:

n/a

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

n/a

DATA CALL 66
INSTALLATION RESOURCES

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

N/A VR Burnett 8/4/94

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. C. HOUSE	RCHouse
NAME (Please type or print)	Signature
COMMANDING OFFICER	12 July 94
Title	Date
NAVAL DENTAL CENTER CAMP PENDLETON	
Activity	

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM,MC,USN

NAME (Please type or print)

x

Signature

AUG 4 1994

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

8/30/94

Date

Document Separator

4/23

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC EDSON RANGE
ACTIVITY UIC: 44536

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

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

Enclosure (6)

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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.

Provides outpatient dental care services to Navy and Marine Corps personnel of the operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U. S. Code and other applicable directives in the Edson Range Area of MCB, Camp Pendleton.

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)
ACU-5 (SEA) ACU-5 (SHORE)	45411 46587	EDSON RANGE, CAMP PENDLETON	720
WTB	33710	EDSON RANGE, CAMP PENDLETON	425
MCTSSA	30425	EDSON RANGE, CAMP PENDLETON	206
MASS-3	00830	EDSON RANGE, CAMP PENDLETON	184
MACS-1	00971	EDSON RANGE, CAMP PENDLETON	170
ABMC	44536	EDSON RANGE, CAMP PENDLETON	25
MCRD RECRUITS	34022	EDSON RANGE, CAMP PENDLETON	1700 AVERAGE

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	3,408
B. FY1993 MET WORKLOAD (CTVs)	18,972
C. FY1993 UNMET WORKLOAD (CTVs)	7,322
D. TOTAL WORKLOAD (B+C)	26,294
E. MET WORKLOAD PER CAPITA (B÷A)	5.56
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.15
G. WORKLOAD PER CAPITA (D÷A)	7.70

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

Maximum capacity for CTVs: _____

Explanation: MET workload produced by one full time provider, an occasional part time provider and a prophy technician.

Computation for UNMET workload for Efficiency Review Formula:

Class II	964 X 4.55	= 4,386
Class III	144 X 9.2	= 1,325
Class IV	342 X 4.77	= 1,611
		7,322 CTVs

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	3,434	3,554	3,554	3,554	3,554	3,554	3,554	3,554
A: TOTAL MET CTVs	19534	18600	18600	18600	18600	18600	18600	18600
B: TOTAL UNMET CTVs	5,011	22786	22786	22786	22786	22786	22786	22786
C: TOTAL WORKLOAD REQUIREMENT (A+B)	24545	41386	41386	41386	41386	41386	41386	41386
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs: _FY94 MET CTVs calculated on actual FY94 CTVs
(1 OCT 93 - 31 MAR 94 X 2) _9,767 X 2 = 19,534

Projected Workload Cont'd.

Explanation: UNMET workload for population of 3,434 based on dental classification of dental records available as of 31 March 1994.

Class II	715 X 4.55	=	32534
Class III	105 X 9.2	=	966
Class IV	166 X 4.77	=	792
			5,011 CTVs

Projected productivity of 18,600 CTVs from FY 95 - FY 2001 is based 1 (one) full time provider = 12,000 CTVs and a full time prophy technician = 6,600 CTVs.

Assumptions: UNMET workload for population of 3,554 for FY 95 and beyond:

a. all patients will be class IV each year.
b. on average 50% of all class IV patients will be reclassified as class III.
c. on average 50% of all class IV patients will be reclassified as class II.

Computations:

Class II	3554 X .5 X 4.55	=	8,085
Class III	3554 X .5 X 9.2	=	16,348
Class IV	3554 X .5 X 4.77	=	16,953
			41,386 CTVs

41,386 Total UNMET
- 18,600 Capacity
22,786 UNMET CTVs

Unable to obtain accurate RAPS data for Branch Dental Edson Range for population served since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel.

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
NONE								

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
N/A				

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

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

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	01 JANUARY 1994	UIC	62594
FACILITY	EDSON RANGE ANNEX BLDG 31515 CAMP PENDLETON, CA 92055-5221		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT .BLDG. 31515	1	24' X 70'	NO PROSTHETIC LABORATORY ADEQUATE
2. DENTAL TREATMENT ROOM	3	10' X 12'	ADEQUATE
3. STERILIZATION ROOM			INADEQUATE SHARED WITH X-RAY
4. X-RAY EXPOSURE ROOM	1	10' X 12'	ADEQUATE
5. DARKROOM	1	6' X 10'	ADEQUATE
6. PROSTHETIC LAB			N/A
7. STOREROOM/ SUPPLY ROOM	1	6' X 12'	ADEQUATE
8. CONFERENCE ROOM			N/A
9. ADMINISTRATIVE OFFICE			N/A
10. DENTAL OFFICER'S OFFICE	1	12' X 12'	ADEQUATE

NAVMED 6750/4 (Rev. 5/91)

11. DENTAL REPAIR SHOP			N/A
12. PATIENT WAITING AREA	1	10' X 23'	SHARED WITH MEDICAL
13. RECORDS CONTROL OFFICE	1	8' X 12'	ADEQUATE
14. LOCKER ROOM (MALE)			N/A
15. LOCKER ROOM (FEMALE)			N/A
16. TOILET FACILITY (MALE)	1	6' X 9'	ADEQUATE
17. TOILET FACILITY (FEMALE)			MEDICAL FACILITIES USED
18. OTHER MAJOR ROOMS LOUNGE	1	11' X 12'	ADEQUATE

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC DECADE ADEC EXCELLENCE	1 2	A-7 A-5
2. DENTAL OPERATING CHAIR	DENTAL-EZ PL 200 ADEC PRIORITY	2 1	A-5 A-5

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	PELTON & CRANE LF II	3	A-5
4. CENTRAL VACUUM SYSTEM	VACSTAR 8	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	INGERSOLL-RAND T-30	1	A-5
6. STERILIZER	VALIDATOR 10 PLUS	1	A-5
7. LIFE SUPPORT EQUIPMENT	N/A		
8. OTHER MAJOR EQUIPMENT	N/A		
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	N/A		
2. VACUUM PORCELAIN FURNACE	N/A		
3. BURNOUT OVEN	N/A		
4. OTHER PROSTHETIC EQUIPMENT	N/A		

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 GE 1000	1	A-5	05 Oct 93
2. MOBILE INTRA-ORAL	N/A			
3. PANORAMIC	N/A			
4. CEPHALOMETRIC	N/A			
5. FILM PROCESSOR	AIR TECHNIQUES PERI- PRO	1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 110/220		b. CYCLE: 60	
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

1. X-RAY MACHINE MEETS FEDERAL STANDARDS.
2. CENTRAL STERILIZATION ROOM SHARED WITH X-RAY CHAIR, NO CLEAN SIDE OR DIRTY SIDE AND MINIMAL COUNTER SPACE.

DATE	TYPED NAME AND GRADE	SIGNATURE
26 Apr 94	R. C. HOUSE, CAPT, DC, USN	RC House

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
N/A			

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
N/A			

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
N/A			

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?

For units served we are closest in location. We have captive population of recruits when they are here for 4 weeks of their training from MCRD.

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

For units served supported, we are clearly the closest in location. We have captive population of recruits when they are here for 4 weeks of their training from MCRD. Also in the future we will be doing ongoing care or recruits.

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

Air, rail, sea and transportation modes are available onboard MCB, Camp Pendleton.

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

All units supported are deployable and location would greatly increase easy of servicing personnel in a mobilization. Also we work on recruits.

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

5 - 15 minutes depending on unit and traffic.

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?

None.

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?

Edson Range serves a unique mission in providing care to recruits while they are here for 4 weeks of their training from MCRD, as well on 1700 permanent staff. The clinic utilization of auxiliary manpower at this facility with 3 operatories, 1 dental officer and 1 dental prophy technician can be more productive then if same personnel were made part of a larger facility, as our numbers confirm. If facilities were not here, recruits would need to be transported several miles to next closest facility, which would impact the recruits training, entailing transportation vehicles and drivers. Such an arrangement would impact those service clinics, in regards to staffing and hours clinic would need to operate.

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 have to be provided by closest facility that would remain open. This would entail more time off for travel as well as inconvenience for patient population. This would severely impact recruit population with time off from training, transport vehicles and drivers. Closest dental facility is the Del Mar dental facility which is approximately 5 miles and mainside clinic 14 miles away.

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
NAVDENCEN PEARL HARBOR	62313	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.

Impact is minimal, there is no associated training with this requirement for a dental technician.

13. Quality of Life. Our host, MCB Camp Pendleton, UIC 00681 is providing this information in the BSAT Date Call # 39, Marine Corps Base military value analysis.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

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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

Michael F. Milos
NAME (Please type or print)

Michael F. Milos
Signature

Director Branch Clinic Annex
Title

Date 26 May 94

Edson Range, MCB
Activity
Camp Pendleton

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. C. HOUSE, DC, USN
NAME (Please type or print)

RC House
Signature

COMMANDING OFFICER
Title

31 May 94
Date

NAVAL DENTAL CENTER, CAMP PENDLETON
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

6-8-94
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)

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

Signature

ACTING
Title

27 JUN 1994
Date

Document Separator

44536
CA

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, Edson Range, Camp Pendleton, CA**

Official name	*Naval Dental Center* *Camp Pendleton, CA*
Acronym(s) used in correspondence	*NDC Camp Pendleton*
Commonly accepted short title(s)	*NAVDENCEN CamPen*

- Complete Mailing Address

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

- PLAD

N/A

- PRIMARY UIC: ~~62594~~ 44536 CSA (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): 44536

PURPOSE: For 44536 Dental Information Retrieval System (DIRS) Reporting

2. PLANT ACCOUNT HOLDER:

- Yes ____ No ✓ (check one)

44536
GSA

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		

44536
GSA

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

44536
cs

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

- Provides dental health services to personnel located in the 31 Area, Marine Corps Base, Camp Pendleton, primarily staff of the Weapons Training Battalion and their students from the Marine Corps Recruit Depot, San Diego and Staff and students of the Assault Craft Unit Five (ACU-5).
-
-
-

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
-
-

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SA

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	1	2	1
	Included in Naval Dental Center, Camp Pendleton UIC 62594 on board count		
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
	Included in Naval Dental Center, Camp Pendleton UIC 62594 Authorized Positions		
• Tenants (total)	_____	_____	_____

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

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

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GSA

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.

44536
65A

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

NAME (Please type or print)

R C House

Signature

COMMANDING OFFICER

Title

29 Jan 94

Date

NAVAL DENTAL CENTER, CAMP PENDLETON, CA

Activity

44536

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)

x D 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

ACTING
Title

16 FEB 94
Date

Document Separator

1/23

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC EDSON RANGE
ACTIVITY UIC: 44536

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

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

Enclosure (5)

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MISSION REQUIREMENTS
1. Workload 3,4
2. Staffing 5

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	36,000	36,000	36,000	36,000	36,000	36,000	36,000	36,000
UNMET	0	5,386	5,386	5,386	5,386	5,386	5,386	5,386
TOTAL	36,000	41,386	41,386	41,386	41,386	41,386	41,386	41,386

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:

MET assumes 3 full time Dental Officer to staff 3 Dental Operatories.

Assumptions: UNMET workload for population of 3,554 for FY 95 and beyond:

a. all patients will be class IV each year.
b. on average 50% of all class IV patients will be reclassified as class III.
c. on average 50% of all class IV patients will be reclassified as class II.

With one provider total MET and UNMET CTVs fro 1994 population of 3434 is 24,545 which is adequately covered by the 36,000 CTVs 3 Dental providers can produce.

For FY 95 UNMET needs of 41,386 - 36,000 capacity = 5,386 CTVs UNMET.

Unable to obtain accurate RAPS data for Branch Dental Edson Range for population served since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel.

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)	1	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Michael F. Milos
NAME (Please type or print)

Michael F. Milos
Signature

Director Branch Clinic Annex
Title

26 May 94
Date

EDSON RANGE, MCB
Activity
Camp Pendleton

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. C. HOUSE, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, CAMP PENDLETON
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-8-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

Date 6/20/94

Document Separator

434

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC CAMP H. M. SMITH, HI
ACTIVITY UIC: 33179

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS
1. Workload 3,4
2. Staffing 5

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	18,256	19,467	19,467	19,467	19,467	19,467	19,467	19,467	19,467
UNMET	5,411	5,769	5,769	5,769	5,769	5,769	5,769	5,769	5,769
TOTAL	23,667	25,236	25,236	25,236	25,236	25,236	25,236	25,236	25,236

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:

FY1993		FY1994-FY2001		
MET CTVs	=	ACTUAL MET CTVs	=	RAPS x 20.82
UNMET CTVs	=	RAPS x 6.17		UNMET CTVs = RAPS x 6.17

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	19,467	19,467	19,467	19,467	19,467	19,467	19,467	19,467
UNMET	5,769	5,769	5,769	5,769	5,769	5,769	5,769	5,769
TOTAL	25,236	25,236	25,236	25,236	25,236	25,236	25,236	25,236

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:

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)	1	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LT M. J. BOWMAN, DC, USN
NAME (Please type or print)

M J Bowman LT, DC, USN
Signature

BRANCH DIRECTOR
Title

24 MAY 1994
Date

BDC, CAMP H. M. SMITH, HI
Activity

ENCLOSURE (2)

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

NEXT ECHELON LEVEL (if applicable)

R. W. HINMAN, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

June 17 - 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

1/31

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC CAMP H. M. SMITH, HI
ACTIVITY UIC: 33179

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.

The Mission of the Branch Dental Clinic, Camp Smith, HI is to provide on site comprehensive dental care to tri-service headquarters, pacific commands and other support commands. They include: USCINCPAC, HQFMFPAC, SOCPAC, NTCC, JTF Accounting, NCPAC, NAVSEC GRU Support, JICPAC, Defense Fuel Region, Defense Logistics and MCC 110.

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)
HQ USCINCPAC	00038	CAMP SMITH, HI	783
HQ FMFPAC	67025	CAMP SMITH, HI	500
MCC 110	20021	CAMP SMITH, HI	221
JTF FULL ACCT.	33011	CAMP SMITH, HI	142
US ARMY ELEMENT	W093AA	CAMP SMITH, HI	63
NTCC	00950	CAMP SMITH, HI	59
NCPAC	41354	CAMP SMITH, HI	12
MEDICAL ANNEX	68098	CAMP SMITH, HI	9
NAVSECGRU SUPPORT	63901	CAMP SMITH, HI	8
DEFENSE FUEL REGION	68256	CAMP SMITH, HI	3
DENTAL ANNEX	62313	CAMP SMITH, HI	3

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	877
B. FY1993 MET WORKLOAD (CTVs)	18,256
C. FY1993 UNMET WORKLOAD (CTVs)	5,411
D. TOTAL WORKLOAD (B+C)	23,667
E. MET WORKLOAD PER CAPITA (B÷A)	20.82
F. UNMET WORKLOAD PER CAPITA (C÷A)	6.17
G. WORKLOAD PER CAPITA (D÷A)	26.99

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

Maximum capacity for CTVs: _____

Explanation:

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	935	935	935	935	935	935	935	935
A: TOTAL MET CTVs	19467	19467	19467	19467	19467	19467	19467	19467
B: TOTAL UNMET CTVs	5769	5769	5769	5769	5769	5769	5769	5769
C: TOTAL WORKLOAD REQUIREMENT (A+B)	25236	25236	25236	25236	25236	25236	25236	25236
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs: _____

Explanation:

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
ALL TRAINING PERFORMED AT NDC PEARL HARBOR								

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
540-10	BLDG. 32/Dispensary	2,646	48	S

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

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

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?

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 of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
32390	Carpeting	1991	2,950
32393	Painting	1992	9,520
32394	Tiling	1993	1,497

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
32433	Renovate Central Sterilization Room	1993	16,124

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
N/A			

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?

VERY IMPORTANT. MOST CLIENTS ARE WITHIN WALKING DISTANCE OF THE FACILITY.

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

6 MILES

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

N/A

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

ALL WITHIN FIVE 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?

NONE

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?

THE LOSS OF THIS FACILITY WOULD CAUSE AN INCREASE IN UNPRODUCTIVE MAN-HOURS TO RESIDENT HEADQUARTER COMMANDS BY FORCING THEIR STAFF PERSONNEL TO SEEK CARE AT A MUCH LESS CONVENIENT LOCATION.

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.

RESIDENT HEADQUARTER COMMANDS AND THEIR SUPPORTING STAFF WOULD BE REQUIRED TO SEEK TREATMENT AT OTHER DENTAL FACILITIES THAT ARE NOT OTHERWISE WITHIN WALKING DISTANCE.

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

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

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

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

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

N/A

13. Quality of Life.
PLEASE REFER TO HOST COMMAND'S QUALITY OF LIFE SECTION.
HOST: MARINE BASES, HI UIC: 67025 DATA CALL: #39

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: reference Marine Corps Bases, HI, BRAC 39

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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

LT M. J. BOWMAN, DC, USN
NAME (Please type or print)

M Bowman LT, DC, USN
Signature

BRANCH DIRECTOR
Title

24 MAY 1994
Date

BDC, CAMP H. M. SMITH, HI
Activity

ENCLOSURE (8)

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

NEXT ECHELON LEVEL (if applicable)

R. W. HINMAN, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-17-94
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)

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

Signature

ACTING
Title

30 JUN 1994
Date

Document Separator

UIC: 33179

DATA CALL 1: GENERAL INSTALLATION INFORMATION

424

1. ACTIVITY:

• Name

Official name	*Branch Dental Clinic, Camp Smith, HI*
Acronym(s) used in correspondence	*BDC Camp Smith HI*
Commonly accepted short title(s)	*Camp Smith Dental*

• Complete Mailing Address:

Naval Dental Center
Box 111
Pearl Harbor, HI 96860-5030

• PLAD: NAVDENCEN PEARL HARBOR HI

• PRIMARY UIC: 33179 (Plant Account UIC for Plant Account Holders)

• ALL OTHER UIC(s): None. PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

• Yes ___ No X (check one)

3. ACTIVITY TYPE:

• HOST COMMAND:

• Yes___ No X (check one)

• TENANT COMMAND:

• Yes X No ____ (check one)

• Primary Host (current) UIC: 67025

• Primary Host (as of 01 Oct 1995) UIC: 67025

• Primary Host (as of 01 Oct 2001) UIC: 67025

UIC: 33179

• INDEPENDENT ACTIVITY:

• Yes____ No __X__ (check one)

4. SPECIAL AREAS:

Name	Location	UIC
None.	N/A	N/A

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
None.	N/A	N/A	N/A	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:

Current Missions

• Provide comprehensive outpatient dental care to the Navy and Marine Corps shore activities, the Fleet, and other authorized personnel in Hawaii.

• Participate as an integral element of the Navy and Tri-service Regional Health Care System.

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

Projected Missions for FY 2001

• Same as current missions mentioned above.

8. UNIQUE MISSIONS:

Current Unique Missions: None.

Projected Unique Missions for FY 2001: None.

UIC: 33179

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

• Operational name/UIC:

Commanding Officer, Headquarters and Service Battalion, MARFORPAC/67025

• Funding Source/UIC:

Chief, Bureau of Medicine and Surgery/00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	1	2	0
• Tenants (total)	702	1,044	338

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	10	20	0
• Tenants (total)	~~702~~	~~1,044~~	~~338~~

GSA
BUMED-825
7/14/94

11. KEY POINTS OF CONTACT (POC):

Title/Name:

- **Director, Branch Dental Clinic, Camp Smith, HI:** LT M. J. BOWMAN, DC, USN
  Office: (808) 477-0748 Home: (808) 833-8046 Fax: (808) 477-2900
- **Duty Officer:**
  Office: (808) 471-3911 Fax: (808) 471-4098
- **XO, Naval Dental Center, Pearl Harbor, HI:** CAPT J. E. TURNER, DC, USN
  Office: (808) 471-4098 Fax: (808) 471-4098 Home: (808) 499-2227
- **Dir for Admin:** LCDR R. POBLETE, MSC, USN
  Office: (808) 474-4400 Fax: (808) 471-4098 Home: (808) 254-0436

12. TENANT ACTIVITY LIST:

• Tenants residing on main complex (shore commands)

UIC: 33179

NOT A HOST COMMAND

GSA
DOMED -825
7/19/94

Tenant Command Name	UIC	Officer	Enlisted	Civ-ilian
HQ USCINCPAC	00038	402	381	154
HQ MARFORPAC	67025	97	138	24
MC 110	20021	15	206	87
JTF FULL ACCOUNTING	33011	36	106	13
US ARMY ELEMENT	W093AA	142	118	14
NTCC	00950	3	65	2
NCPAC	41354	2	10	37
MEDICAL ANNEX	68098	1	10	0
NAVSEGRU SUPPORT	63901	1	7	1
DEFENSE FUEL REGION	68256	2	1	6
DENTAL ANNEX	33179	1	2	0

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civ-ilian
N/A	N/A	N/A	N/A	N/A

• Tenants residing in Special Areas: None.

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

• Tenants (Other than those identified previously)

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

13. REGIONAL SUPPORT:

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
None.	*N/A*	*N/A.*

14. FACILITY MAPS: To be reported by CO, HQSVCBN, Camp Smith, HI.

UIC: 33179

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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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

LT M. J. BOWMAN, DC, USN — MJ Bowman LT, DC, USN
NAME (Please type or print) — Signature

Director — 01 July 1994
Title — Date

Branch Dental Clinic, Camp Smith, HI
Activity

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

NEXT ECHELON LEVEL

CAPT R.W. HINMAN, DC,. USN — RW Hinman
NAME (Please type or print) — Signature

Commanding Officer — 7 July 94
Title — Date

Naval Dental Center, Pearl Harbor,HI
Activity

UIC: 33179

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

7/30/94
Date

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC CAMP H. M. SMITH
UIC:	33179
Host Activity Name (if response is for a tenant activity):	CAMP H. M. SMITH, U. S. MARINE CORPS, HALAWA HEIGHTS, HI
Host Activity UIC:	67385

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BDC CAMP H. M. SMITH		**UIC:** 33179	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	5	0	5
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	5	0	5
2. Other Base Operating Support Costs:			
2a. Utilities	2	0	2
2b. Transportation	N/A	N/A	N/A
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	N/A	N/A	N/A
2j. Other (Specify)	N/A	N/A	N/A
2k. Sub-total 2a. through 2j:	2	0	2
3. Grand Total (sum of 1c. and 2k.):	7	0	7

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
N/A	

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BDC CAMP H. M. SMITH		**UIC:** 33179	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			N/A
1b. Real Property Maintenance (<$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			N/A
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A
2j. Supply and Storage Operations			N/A
2k. Major Range Test Facility Base Costs			N/A
2l. Other (Specify)			N/A
2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			N/A
4. Grand Total (sum of 1c., 2m., and 3.) :			N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: BDC CAMP H. M. SMITH	**UIC:** 33179
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	3
Material and Supplies (including equipment):	12
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	15

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BDC CAMP H. M. SMITH	**UIC:** 33179
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

All construction and facilities support contract work performed by/or contracted by Public Works Center, Pearl Harbor and should be reported under UIC:62755 data call submission. Procurement contracts provided by Fleet and Industrial Supply Center, Pearl Harbor and should be reported under UIC:00604 data call submission.

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

R. W. HINMAN, CAPT, DC, USN
NAME (Please type or print)

R W Hinman
Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL DENTAL CENTER
PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-19-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

04 AUG 1994

Date

Document Separator

H25

MILITARY VALUE ANALYSIS: DATA CALL WORK SHEET FOR DENTAL FACILITY: BDC Concord ACTIVITY UIC:35727

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. The mission of the Branch Dental Clinic at the Naval Weapons Station Concord, CA is as follows:

a.) To fully support the strategic plan of Navy Dentistry and the Navy Dental Center, San Francisco, and perform the following tasks;

b.) To provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel on the assigned geographic area as perscribed by Title 10, U.S. Code, and other applicable directives.

c.) To operate assigned component dental facilities.

d.) To ensure that the clinic is maintained in a proper status of material and personnel readiness in support of these forces and activities.

e.) To ensure that all assigned military personnel are aware of, and properly trained for, the performance of their contingency and wartime duties.

f.) To conduct appropriate education programs for assigned military personnel that will ensure that both military and dental health care standards of conduct and performance are achieved and maintained.

g.) To participate as an integral element of the Navy and Tri-Service Regional Health Care System.

h.) To cooperate with the military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

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)
NWS Concord	60036	Concord, CA	300
USS Flint	20113	Concord, CA	397
USS Shasta	20114	Concord, CA	384
USS Mt. Hood	20112	Concord, CA	355
USS Mauna Kea	08822	Concord, CA	331
USS Pyro	08392	Concord, CA	310
USS Kiska	20245	Concord, CA	279
USCG Marine Safety Det.	75180	Concord, CA	14
NTTC	68761	Concord, CA	13
Branch Medical Clinic	32599	Concord, CA	10
EOD #9	47451	Concord, CA	5
USMC Reserves I & I	77000	Concord, CA	10
Western Div. Contracts Off. (ROICC)	45725	Concord, CA	2
Navy Pub. Work	68378	Concord, CA	1

NOTE: Military Value Data Call - Reference No for NWS - #46.

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	2,211
B. FY1993 MET WORKLOAD (CTVs)	12,576
C. FY1993 UNMET WORKLOAD (CTVs)	1,527.39
D. TOTAL WORKLOAD (B+C)	14,103.39
E. MET WORKLOAD PER CAPITA (B÷A)	5.688
F. UNMET WORKLOAD PER CAPITA (C÷A)	0.691
G. WORKLOAD PER CAPITA (D÷A)	6.379

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

Maximum capacity for CTVs: 12,000

Explanation:

Calculation based on:

MET CTV = Number of Providers multiplied by 12,000 CTV/YR
= P1 x 12,000

UNMET WORKLOAD (CTV) = Sum of

Class 2 Population x 4.55 = xxxx
Class 3 Population x 9.20 = xxxx
Class 4 Population x 4.77 = xxxx
UNMET CTV xxxxx

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	2,243	2,196	2,200	2,195	2,195	2,195	2,195	2,195
A: TOTAL MET CTVs	12,000	12,000	36,000	36,000	36,000	36,000	36,000	36,000
B: TOTAL UNMET CTVs	26,119.74	25,572.42	25,619	25,560.78	25,560.78	25,560.78	25,560.78	25,560.78
C: TOTAL WORKLOAD REQUIREMENT (A+B)	38,119.74	37,572.42	61,619	61,560.78	61,560.78	61,560.78	61,560.78	61,560.78
DENTISTS (MIL AND CIV)	1	1	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	1	1	1	1	1	1

Explanation:

Population based on Raps FY92 baseline report from San Francisco Medical Command through FY99.

PROJECTED UNMET CTV

Assumption: 100% of population will turn Class 4 in one year; fifty percent will turn class 3 and fifty percent will turn class 2.

C4 x 4.77 = xxxx
C3 x 0.50 x 9.22 = xxxx
C2 x 0.50 x 4.55 = xxxx
Projected total UNMET CTV = xxxx

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.

---NOT APPLICABLE---

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	BDC Concord - PT Care	1428	49	Adequate

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

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

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	1 January 1992	UIC	68409
FACILITY	BRANCH DENTAL CLINIC, BLDG. IA-18 NAVAL WEAPON STATION, CONCORD, CA 94520-5040		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROXIMATE SIZE	REMARKS
1. CLINIC UNIT	1	28' x 51'	IA-18
2. TREATMENT ROOM	1 1 2	10' x 13' 11' x 13' 11' x 10'	
3. STERILIZATION ROOM	1	13' x 10'	
4. X-RAY EXPOSURE ROOM	1	6' x 11'	
5. DARKROOM	1	5' x 11'	
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	5' x 11'	TOO SMALL
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	11' x 11'	
10. DENTAL OFFICER'S OFFICE	1	11' x 7'	

NAVMED 6750/4 (5-91)

940711

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	17' X 11'	
13. RECORDS CONTROL OFFICE			SAME AS #9
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1	7' X 4'	
17. TOILET FACILITY (FEMALE)			SHARE W/#16
18. OTHER MAJOR ROOMS	1	11' X 10'	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2071 ADEC 4200	2 1	A4 A4
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005 DEN-TAL-EZ PL200 RELIANCE 660 (X-RAY) CHAIR	2 2 1	A4 A5 A5

NAVMED 6750/4 (5-91)

94 0711

3. DENTAL OPERATING LIGHT	PELTON & CRANE LFII	4	A5
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ CD-203	2	A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AS5	1	A5
6. STERILIZER	PELTON & CRANE OCM (S) RITTER 800 (S)	1 1	A5 A5
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN	KERR INLAY FURNACE	1	A5
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (5-91)

940711

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	SS-WHITE 2431 MARKSMAN IIB OCT82	1	A-5	14 NOV 1991
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUES AT 2000	1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT: a. VOLTAGE 120/240 b. CYCLE 60

2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

TOILET FACILITY NEEDS TO BE SEPARATED FOR MALE AND FEMALE
ADEQUATE STOREROOM NEEDED

DATE	TYPED NAME AND GRADE	SIGNATURE
01JANUARY1992	P. J. GARRETT, LCDR, DC, USN	Patrick J. Garrett LCDR, DC, USN

NAVMED 6750/4 (5-91)

9467H

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
	N/A		

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
	N/A		

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
	N/A		

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?

Easy access. The clinic is located centrally on the dry side of the base. It is about 5 miles to the clinic from the piers.

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

Airport - Buchanan Airport, Concord - 3 miles.
Rail - Bay Area Rapid Transit (BART) - miles; Freight Rail - on facility.
Sea - Port Chicago - 2 miles.
Ground - Adjacent to major freeway.

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

Close proximity to both military and commercial transportation.

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

10 to 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?

Location and easy access make working at the Weapons Station more desirable.

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?

Dental Care would have to be contracted out.

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.

Contract services, or Travis Air Force Base Dental.

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

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.

---THERE ARE NO MOBILIZATION REQUIREMENTS---

13. Quality of Life.

---PLEASE REFER TO NWS CONCORD DATA CALL #22---

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 06 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 these 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

Kathleen Kenny	Kathleen Kenny
NAME (Please type or print)	Signature
LCDR, DC, USN	27 May 94
Title	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)

George H. Graf
NAME (Please type or print)

Signature

Commanding Officer
Title

5 July 1994
Date

Naval Dental Center
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date.

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

8/3/94
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, CONCORD
UIC:	Ø35727
Host Activity Name (if response is for a tenant activity):	Naval Weapons Station, Concord
Host Activity UIC:	47614

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: UIC:

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	.4	.5	.9
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	.4	.5	.9
2. Other Base Operating Support Costs:			
2a. Utilities	5.5		5.5
2b. Transportation			N/A
2c. Environmental			N/A
2d. Facility Leases			N/A
2e. Morale, Welfare & Recreation			N/A
2f. Bachelor Quarters			N/A
2g. Child Care Centers			N/A
2h. Family Service Centers			N/A
2i. Administration			N/A
2j. Other (Specify)			N/A
2k. Sub-total 2a. through 2j:	5.5		5.5
3. Grand Total (sum of 1c. and 2k.):	5.9	.5	6.4

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

Appropriation	Amount ($000)
	N/A

c. Table 1B - **Base Operating Support Costs (DBOF Overhead).** This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: **UIC:**

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> $15K)			N/A
1b. Real Property Maintenance (< $15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A

DATA CALL 66
INSTALLATION RESOURCES

2i. Safety	N/A
2j. Supply and Storage Operations	N/A
2k. Major Range Test Facility Base Costs	N/A
2l. Other (Specify)	N/A
2m. Sub-total 2a. through 2l:	N/A
3. Depreciation	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A

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

Table 2 - Services/Supplies Cost Data

Activity Name:BRANCH DENTAL CLINIC, CONCORD **UIC:** 035727

Cost Category	FY 1996 Projected Costs ($000)
Travel:	.8

DATA CALL 66
INSTALLATION RESOURCES

Material and Supplies (including equipment):	12.7
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	13.6

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: N/A

UIC:

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

KATHLEEN KENNY
NAME (Please type or print)

Signature

LCDR DC, USN
Title

Date 11 July 94

BDC, NWS CONCORD
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)

Ronald F. Harring
NAME (Please type or print)

Signature

Commanding Officer (Acting)
Title

14 July 1994
Date

Naval Dental Center
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

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

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

NAME (Please type or print)

Signature

Title

Date

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support
Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM,MC,USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

8-2-94

Title

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

8/30/94

Date

425

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Concord
ACTIVITY UIC: 35727

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing 5

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	12576	12000	12000	12000	12000	12000	12000	12000	12000
UNMET	1527.39	26119.74	25572.42	25619.00	25560.78	25560.78	25560.78	25560.78	25560.78
TOTAL	14103.39	38119.74	37572.42	37619.00	37560.78	37560.78	37560.78	37560.78	37560.78

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:

Calculation based on:

MET CTV = Number of Providers multiplied by 12,000 CTV/YR
= P1 x 12,000

UNMET WORKLOAD (CTV) = Sum of

Class 2 Population x 4.55 = xxxx
Class 3 Population x 9.20 = xxxx
Class 4 Population x 4.77 = xxxx
UNMET CTV xxxxx

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	12000	12000	48000	48000	48000	48000	48000	48000
UNMET	26119.74	25572.42	25619.00	25560.78	25560.78	25560.78	25560.78	25560.78
TOTAL	38119.74	73572.42	73619.00	73560.78	73560.78	73560.78	73560.78	73560.78

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:

Projected UNMET CTV

Assumption: 100% of population will turn Class 4 in one year; fifty percent will turn class 3 and fifty percent will turn class 2.

C4 X 4.77 = XXXX
C3 X 0.50 X 9.22 = XXXX
C2 X 0.50 X 4.55 = XXXX
Projected total UNMET CTV = XXXX

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)	1	1	4	4	4	4	4	4	4
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

KATHLEEN KENNY
NAME (Please type or print)

Signature

LCDR
Title

06 JUN 94
Date

BDC NWS CONCORD
Activity

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

NEXT HIGHER COMMAND LEVEL (If applicable)

George H. Graf
NAME (Please type or print)

Signature

Commanding Officer
Title

7 June 1994
Date

Naval Dental Center
Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

7/30/94
Date

Document Separator

425

PRIMARY UIC: ~~68409~~ 35727

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 Clinic, Concord, CA*
Acronym(s) used in correspondence	BDC Concord
Commonly accepted short title(s)	*N/A*

- Complete Mailing Address
  Director
  Branch Dental Clinic
  Naval Weapons Station
  Concord, CA 94520-5060

PRIMARY UIC: ~~68409~~ 35727

- PLAD: BRDENCLINIC CONCORD CA

- PRIMARY UIC: 68409 (UNTIL SEP 96) (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): ~~35723~~ 35727 PORPOSE: DENTAL CLINIC
  BUMED-822
  MSS, 6 Jul 94

2. PLANT ACCOUNT HOLDER:

   - Yes _____ No __X__ (check one)

PRIMARY UIC: ~~68409~~ 35727

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

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

• Yes ____ No __X__ (check one)

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

SEE SECTION 5 • Yes __X__ No ____ (check one)

Primary Host is NWS Concord (UIC 68409) BUMED-822
[current / 1 oct 95 / 1 Oct 01) MMS, 14 Jul 94

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

• Yes _____ No __X__ (check one)

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

Name	Location	UIC
NONE		

PRIMARY UIC: ~~68409~~ 35727

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

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

• Yes _____ No __X__ (check one)

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

SEE SECTION 5 • Yes __X__ No _____ (check one)

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

• Yes _____ No __X__ (check one)

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

Name	Location	UIC
NONE		

PRIMARY UIC: ~~68409~~ 35727

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.

BRAC 93 mandated the closure of this activities command and control element. Command and control will be transferred to NDC, San Diego on 30 Sep 1996.

PRIMARY UIC: ~~68409~~ 35727

7. MISSION: To provide dental treatment and support services to Naval personnel attached to fleet and shore based commands.

Projected Missions for FY 2001

- SAME AS ABOVE.

PRIMARY UIC: ~~68409~~ 35727

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

- NONE
-
-

Projected Unique Missions for FY 2001

- NONE
-
-

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

• Operational name	UIC
Naval Dental Center, San Francisco	68409

• Funding Source	UIC
Naval Dental Center, San Francisco	68409

PRIMARY UIC: ~~68409~~ 35727

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	_____	_____	_____
• Tenants (total)			
35727 (Concord)	1	1	1

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35727 (Concord)	~~x~~ Ø	~~x~~ Ø	~~x~~ Ø

BUMED-822
mss, 6 Jul 94

Point of contact DTC Bagsic, ext 5-4418/4431.

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

Title/Name	Office	Fax	Home
• Director			
LCDR K. S. Kenny	(510)246-5885	DSN 253-2716	(707)554-3530
• Commanding Officer			
CAPT G. H. Graf	(415)395-3281	DSN 475-4415	(415) 981-7107
• Adminstrative Officer			
LCDR A. V. Bates	(415)395-4425	DSN 475-4415	(N/A)

PRIMARY UIC: ~~68409~~ 35727

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
Not applicable				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

• 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
Not applicable					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

PRIMARY UIC: ~~68409~~ 35727

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.)
None - not applicable		

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.)

Primary UIC: ~~68409~~ 35727

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

Kathleen Kenny
NAME (Please type or print)

Signature

LCDR
Title

21 Jun 94
Date

BDC NWS Concord
Activity

PRIMARY UIC: ~~68409~~ 35727

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

NEXT ECHELON LEVEL (if applicable)

G. H. Graf
NAME (Please type or print)

Signature

Commanding Officer
Title

6/23/94
Date

Naval Dental Center, San Francisco
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 6, 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

15 JUL 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Name:	**Branch Dental Clinic, Corpus Christi, Texas**
UIC:	**41788**
Host Activity Name:	**Naval Air Station, Corpus Christi, Texas**
Host Activity UIC:	**00216**

1. VR Burned 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, Corpus Christi, Texas		UIC:	41788
	FY-96 BOS COSTS ($000)		
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation	3		3
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	3		3
2j. Other (specify) Communication	5		5
2k. Sub-total 2a. through 2j.	11		11
3. Grand Total (sum of 1c. and 2k).:	11		11

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: Branch Dental Clinic, Corpus Christi, Texas	UIC: 41788
Cost Category	FY-1996 Projected Costs ($000)
Travel:	6
Material and Supplies (including equipment):	31
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	12
Total:	49

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, Corpus Christi, Texas	UIC: 41788
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
Total Workyears::	N/A

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

~~See pages #4B, 3R VR BUMED 824 8/1/94~~ ERROR (VR) Table 3 is valid 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

3. VR BUMED 824 8/1/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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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

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 8-2-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/30/94

Document Separator

426

CAPACITY ANALYSIS: #28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC CORPUS CHRISTI
ACTIVITY UIC 41788

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

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

ENCLOSURE (10)

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing 5

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	79,602	59,954	50,988	50,988	50,988	50,988	50,988	50,988	50,988
UNMET	8,636	7,662	19,236	19,236	21,116	21,116	21,116	21,116	21,116
TOTAL	88,238	67,616	70,224	70,224	72,104	72,104	72,104	72,104	72,104

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**

28

BDC Corpus Christi Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,122	2,600	2,600	3,122	3,122	3,122	3,122	3,122
A: Total MET CTVs	59,954	50,988	50,988	50,988	50,988	50,988	50,988	50,988
B: Total UNMET CTVs	7,662	19,236	19,236	21,116	21,116	21,116	21,116	21,116
C: Total Workload requirements (A+B)	67,616	70,224	70,224	72,104	72,104	72,104	72,104	72,104
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 CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.
RAPS population data unavailable for this Branch Dental Clinic.
Projected population for FY-95 thru FY-2001 based on latest message traffic concerning buildup of mine warfare squadrons.
FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.
UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.
FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

FY-1995-2001

	Numbers		CTV	Months	CTVs Year	Provider CTVs
DO	3		1028	12	37,008	12,336
HYG	1		820	12	9,840	9,840
Prophy	0		0	0	0	0
X-Ray	0		345	12	4,140	
Total CTVs					50,988	

One Civilian Hygienist Contract will not be renewed for FY-1995 on.

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	97,836	97,836	97,836	97,836	97,836	97,836	97,836	97,836
UNMET	0	0	0	0	0	0	0	0
TOTAL	97,836	97,836	97,836	97,836	97,836	97,836	97,836	97,836

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**

28

BDC NAS Corpus Christi Data Call #28

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	97,836	97,836	97,836	97,836	97,836	97,836	97,836	97,836
UNMET	0	0	0	0	0	0	0	0
Total	97,836	97,836	97,836	97,836	97,836	97,836	97,836	97,836

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

This clinic has 12 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. **12 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
DO	6		1028	12	74,016
HYG	2		820	12	19,680
Prophy	0		0	12	0
X-Ray	0		345	12	4,140
Total CTVs					97,836

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's 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)	3	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

- SAME 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 BDC Corpus Christi, TX

ENCLOSURE (10)

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~~

R. L. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~

ACTING CHIEF BUMED

Title

15 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

6/20/94

Date

Document Separator

ACTIVITY: 41788

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 Clinic, Corpus Christi, TX*
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC, Corpus Christi, TX BRDENCL, Corpus Christi, TX

- Complete Mailing Address
10651 East Street
Corpus Christi, TX 78419-5131

- PLAD
BRDENCLINIC CORPUS CHRISTI TX

- PRIMARY UIC: 41788 (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)

ENCLOSURE (11)

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

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

· Yes ____ No __X__ (check one)

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

· Yes __X__ No ____ (check one)

· Primary Host (current) UIC: __00285__

· 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 __X__ No ____ (check one)

Contractors: Dental Power, Newport News, VA - 1 Hygienist

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.

NONE

Activity: 41788

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 comprehensive dentistry for all active duty personnel assigned to NAS Corpus Christi, TX and its tenant commands.
- Facilitate utilization of Delta Dental Plan.
- Provide Overseas Screening examinations for active duty and active duty dependents.
- Maintain state of material and personnel readiness to fulfill peacetime and wartime operations.
-
-

Projected Missions for FY 2001

- Same as above.
- Maintain dental readiness of 80 percent with an increase of 5 tenant commands and 1600 active duty personnel.
- Provide general and preventive dental services.
- Facilitate utilization of Delta Dental Plan.
- Conduct training to ensure operational readiness.

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

Current Unique Missions

- Provide comprehensive dentistry to over 240 Coast Guard active duty personnel.
- Provide dental examinations to students of Texas A&M Corpus Christi, College Station, Prairie View and other colleges involved in Recruit Officer Training Programs, and individuals in the DOD Medical Examination Review Board (DODMERB) program.
-

Projected Unique Missions for FY 2001

- Detachment Dental Officer should be based out of Corpus Christi to board USS Inchon on deployments.
-
-

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

• Operational name	UIC
Naval Dental Center, Pensacola, FL	68441

• Funding Source	UIC

Activity: 41788

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	2	10	1 1 *
• Tenants (total)			

* CONTRACT

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	3	9	1 1 *
• Tenants (total)			

* CONTRACT

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

Title/Name	Office	Fax	Home
• CO/OIC Commanding Officer CAPT G. B. Grantham, DC, USN	(904)452-5650	(904)452-5285	(904)432-1203
• Duty Officer	(904)452-5600	Same	[N/A]
• Administrative Officer CDR R. L. Burdess, MSC, USN	(904)452-5647	Same	(904)484-3509
•			

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.)
Del Mar College	*Corpus Christi, TX*	*MOU - for Dental Assisting School to facilitate practical training.*

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: 41788

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

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

G B Grantham
Signature

Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
Activity

Activity: 41788

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

ACTING CHIEF BUMED

Title Date 10 FEB 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) Signature

ACTING

Title Date 16 FEB 94

Document Separator

426

MILITARY VALUE ANALYSIS: # 29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLIN, CORPUS CHRISTI
ACTIVITY UIC: 41788

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

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

ENCLOSURE (10)

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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 Air Station Corpus Christi, Texas. Maintain state of material and personnel readiness to fulfill peacetime and wartime 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)
FLIGHT STUDENTS	30515	NAS CORPUS	393
NAVAL HOSPITAL	00285	NAS CORPUS	333
USCG GROUP	0836249	NAS CORPUS	170
UNDERGRAD TRAINING	42094	NAS CORPUS	194
NAS CORPUS	00216	NAS CORPUS	153
NAVRECRUIT DIST	62419	HOUSTON TX	148
TRARON 27	0406A	NAS CORPUS	77
COMINEWARCOM	57011	NAS CORPUS	64
NAVAL AIR TRAINING	63110	NAS CORPUS	62
TRARON 31	0410A	NAS CORPUS	60
TRARON 28	0407A	NAS CORPUS	48
COMTRAWING 4	52812	NAS CORPUS	41
NAVAL RESERVE	61968	HOUSTON TX	41
CBU 407	66629	CORPUS CHRISTI	47
MINEWARINSPGRP	39055	NAS CORPUS	29
NSA	64152	NAS CORPUS	20
NAVOCEANCOM	65769	NAS CORPUS	17
PERSUPPDET	43100	NAS CORPUS	17
NAVMARCORPS	68449	NAS CORPUS	15

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAV DENTAL CLINIC	41788	NAS CORPUS	14
NAS OTHERS	31638	NAS CORPUS	14
NTCC CORPUS	33276	NAS CORPUS	14
DECA	48876	NAS CORPUS	13
NLSO	68368	NAS CORPUS	13
DEPMEDS CORP	46890	NAS CORPUS	11
RESERVECEN CDR	61978	NAS CORPUS	16
DEPMEDS FH15	47537	NAS CORPUS	9
MATSG	06080	NAS CORPUS	9
MIUWU	81998	NAS CORPUS	9
NAV HOSP PATIENTS	31638	NAS CORPUS	6
NROTC RICE	63219	NAS CORPUS	6
NROTC PRAIRIE	66074	NAS CORPUS	6
STU MED HOUSTON	44546	HOUSTON TX	5
NATMSACT	49151	NAS CORPUS	5
NAVFACENG	44215	NAS CORPUS	4
NAVEXCH	39223	NAS CORPUS	4
COOP MINE UNIT	55223	GALVESTON	4
NAVSCI	64181	GALVESTON	4

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MEPS HOUSTON	66574	HOUSTON TX	5
NAVAL BRIG	30037	NAS CORPUS	3
EEAP DEL MAR	43982	CORPUS CHRISTI	3
CSD	45678	NAS CORPUS	2
ECP RICE UNIV	46527	HOUSTON TX	2
NAS CHASE	60376	BEEVILLE	2
4TH MARDIV HS	67643	NAS CORPUS	2
CAAC CENTER	68113	NAS CORPUS	3
NATMSACT	68929	NAS CORPUS	4
I & I STAFF	67708	NAS CORPUS	1
CNATRA PUB AFF	68217	NAS CORPUS	1
STU MECP	47223	NAS CORPUS	1
NAVCRUITPROSTA	47865	NAS CORPUS	1
NAVHOSP NEW DUT	45894	NAS CORPUS	1
STU MED	45093	GALVESTON	1
STU MED OST U	45259	NAS CORPUS	1
DIR 8TH MED	44740	NAS CORPUS	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	**2,391**
B. FY1993 MET WORKLOAD (CTVs)	**79,602**
C. FY1993 UNMET WORKLOAD (CTVs)	**8,636**
D TOTAL WORKLOAD (B+C)	**88,238**
E. MET WORKLOAD PER CAPITA (B÷A)	**33.29**
F. UNMET WORKLOAD PER CAPITA (C÷A)	**3.61**
G. WORKLOAD PER CAPITA (D÷A)	**36.90**

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 Corpus Christi Data Call #29

Actual Population	2,391	
RAPS	0	Not Available
FY-1993-Total MET CTVs	79,602	

EFFICIENCY REVIEW METHODOLOGY

Class Requirements			ER Multiple			
Class	# of Patients	% of Patients	Class	# of Patients	CTV Multi	Result
I	646	27%	II	1,459	4.55	6,638
II	1,459	61%	III	143	9.20	1,316
III	143	6%	IV	143	4.77	682
IV	143	6%	Total	1,745	UNMET	8,636
Total	2,391	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

A.	ACTUAL POPULATION	2,391
B.	FY1993 MET WORKLOAD (CTVs)	79,602
C.	FY1993 UNMET WORKLOAD (CTVs)	8,636
D	TOTAL WORKLOAD (B+C)	88,238
E.	MET WORKLOAD PER CAPITA (B/A)	33.29
F.	UNMET WORKLOAD PER CAPITA (C/A)	3.61
G.	WORKLOAD PER CAPITA (D/A)	36.90

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

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	2,122	2,600	2,600	3,122	3,122	3,122	3,122	3,122
A: TOTAL MET CTVs	59,954	50,988	50,988	50,988	50,988	50,988	50,988	50,988
B: TOTAL UNMET CTVs	7,662	19,236	19,236	21,116	21,116	21,116	21,116	21,116
C: TOTAL WORKLOAD REQUIREMENT (A+B)	67,616	70,224	70,224	72,104	72,104	72,104	72,104	72,104
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.**

29

BDC Corpus Christi Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,122	2,600	2,600	3,122	3,122	3,122	3,122	3,122
A: Total MET CTVs	59,954	50,988	50,988	50,988	50,988	50,988	50,988	50,988
B: Total UNMET CTVs	7,662	19,236	19,236	21,116	21,116	21,116	21,116	21,116
C: Total Workload requirements (A+B)	67,616	70,224	70,224	72,104	72,104	72,104	72,104	72,104
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 CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.
RAPS population data unavailable for this Branch Dental Clinic.
Projected population for FY-95 thru FY-2001 based on latest message traffic concerning buildup of mine warfare squadrons.
FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.
UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.
FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

FY-1995-2001

	Numbers		CTV	Months	CTVs Year	Provider CTVs
DO	3		1028	12	37,008	12,336
HYG	1		820	12	9,840	9,840
Prophy	0		0	0	0	0
X-Ray	0		345	12	4,140	
Total CTVs					50,988	

One Civilian Hygienist Contract will not be renewed for FY-1995 on.

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								

FACILITIES

- **Not applicable, building is owned by NAS, Corpus Christi**

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[2]. 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]

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

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

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, Corpus Christi**

- **Not applicable, building is owned by NAS, Corpus Christi**

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 of 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.

- **Not applicable, building is owned by NAS, Corpus Christi**

29

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?

- **Clinics 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?

- **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?

- **The base location near a city helps in hiring.**

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?

Unique capabilities of Corpus Christi:

a. Prosthodontist and full service Prosthetic Lab which support all south Texas bases, i.e., Kingsville and Naval Station Ingleside.

b. Multiple operatories, (12) fully functional, with large enough capacity to absorb all providers from all south Texas bases. Included Oral Surgery Suite, (12 operatories and a recovery room), endodontic operatory with x-ray unit, 2 hygienist rooms, Prosthodontics operatory and 8 general dentist operatories.

c. Dental repairman supports all south Texas bases and Naval Air Station, Dallas

d. Large dental supply store room.

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.

Active duty population would have to be sent to San Antonio geographic area, 150 miles away (3 hr drive); to Fort Sam Houston or Lackland Air Force Base. Naval Air Station Kingsville and Naval Station Ingleside does not have the dental staff to accommodate 3000 projected active duty population 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
FLEET HOSPITAL	**#15**	**OFFICER - 1** **ENLISTED - 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 = 1028.77 CTV's/month

2. Deploying enlisted is not prophy techs = 0 CTV's lost

Calculation:

1 dental officer X 1028.77 = <u>1028.77</u> CTV's lost/month

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13. Quality of Life.

- **This segment answered by Host Activity, NAS Corpus Christi, TX (UIC 00285) 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.

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

29 BDC Corpus Christi, TX

ENCLOSURE (10)

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, RADM, MC, USN~~ XXXX
R. I. RIDENOUR, RADM,MC,USN

NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED .

Title

15 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

R. R. SAREERAM

NAME (Please type or print)

Signature

ACTING

Title

27 JUN 1994

Date