

409

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENANNX NSECSTA WASH DC
ACTIVITY UIC: 44530

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

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

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	11597	11597	11597	11597	11597	11597	11597	11597	11597
UNMET	36083	30157	26337	25832	24776	24776	24776	24776	24776
TOTAL	47680	41754	37934	37429	36373	36373	36373	36373	36373

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

Please show all calculations and assumptions in the space below:

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	34791	34791	34791	34791	34791	34791	34791	34791
UNMET	6963	3143	2638	1582	1582	1582	1582	1582
TOTAL	41574	37934	37429	36373	36373	36373	36373	36373

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

Please show all calculations and assumptions in the space below:

*** ASSUMPTIONS**

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

*** MATH MODEL**

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

*** 1 PROVIDER = 11597 CTV'S. ONLY HAS ROOM FOR 3 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)	1	1	1	1	1	1	1	1	1
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

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

J. J. Shanley
Signature

COMMANDING OFFICER

Title
NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

Date 06 June 94

Activity
BRDENAVX NSECSTA WASH DC

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D. F. Hagen

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

7-24-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

W. A. Earner

NAME (Please type or print)

Signature

Title

Date

8/3/94

Document Separator

~~SECRET~~

1000
31 Jan 1994

BRAC-IV DATA CALL 1
UIC: 44530

1. Activity.

Official Name: Branch Dental Annex, Naval Security Station
Acronym: BDA, SECSTA
Short Title: SECSTA

Address: Branch Dental Annex, Naval Security Station
3801 Nebraska Avenue, NW
Washington, DC 20390

PLAD: BRDENANX WASHINGTON DC

UIC: 44530

2. Property Account Holder:

No X

3. Activity Type.

Host Command: No

Tenant Command: Yes X

4. Special Areas:

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

5. Detachments:

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

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

End (6)

~~0608A~~ CIA

UIC: 44530

7. Mission:

Current Mission

- provide dental support to 23 UIC's in Naval District Washington, including members of Marine Corps Security Force, cryptological personnel, and White House Communications Staff

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

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

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

Projected Mission as of 2001

- no projected changes

8. Unique Missions:

N/A N/A N/A

9. ISIC:

Operational Name	UIC
National Naval Dental Center	0608A

10. Personnel Numbers.

Reporting Command	On Board Count		
	Officers	Enlisted	Civilians
	1	1	1

Authorized Positions as of 30 Sep 94

Officers	Enlisted	Civilians
X ⁰ _{OFF}	X ⁰ _{,A}	X ⁰ _{6:A}

11. Key OIC Point of Contact (POC):

	OFFICE	FAX	HOME
LCDR R. A. JORALMON	202-282-0204	202-364-2452	703-836-8827

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

~~SECRET~~ 682

UIC: 44530

13. Regional Support:

Naval Security Station ISSA Provide Dental Support

14. Facility Maps. - Provided by ISIC.

BRAC-95 CERTIFICATION

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

ACTIVITY COMMANDER

NAME

Signature

R. A. JORALMON, LCDR, DC, USN



Annex Head

Date: 3 February 1994

Branch Dental Annex, Naval Security Station
Activity

Division

Department

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

J. J. Shanley
Signature
09 Feb 94
Date

Activity Branch Dental Annex
Security Station
Washington DC

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

D. Hagen
Signature
2-8-94
Date

Bureau of Medicine and Surgery
Activity

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

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

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

J. B. Greene Jr
Signature
16 FEB 1994
Date

Document Separator

409

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENANX NSECSTA WASH DC
ACTIVITY UIC: 44530__

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

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

TABLE OF CONTENTS

Mission Requirements

- 1. Mission3
- 2. Customer Base4
- 3. Workload per Capita5
- 4. Projected Workload/Personnel6
- 5. Training Programs7

Facilities

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

Location

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

Features and Capabilities

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

MISSION REQUIREMENTS

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

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

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

BDA SECURITY STATION (44630)

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CNO	00011	WASHINGTON DC	2
NAVTEL COMMAND	00063	WASHINGTON DC	96
NAVSECGRP HQ	00069	WASHINGTON DC	242
COMNAVTELCOM	30056	WASHINGTON DC	1
BUPERS	31186	WASHINGTON DC	1
BRMED CLINIC	32565	WASHINGTON DC	1
NAVSECSTA CCCTR	32726	WASHINGTON DC	10
NAVTEL COMM	32793	WASHINGTON DC	1
NESSEC	32818	WASHINGTON DC	6
DCMS	32858	WASHINGTON DC	54
NAVTELCOMM CTR	35327	WASHINGTON DC	5
NAVTELCOM OPS CTR	41517	WASHINGTON DC	24
BETHES PSD	42554	WASHINGTON DC	1
BRDEN ANNEX	44530	WASHINGTON DC	1

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

BR DEN ANNX SECURITY STATION (44530)

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)
NAVSECSTA CSS	44604	WASHINGTON DC	2
CNSG DC/ECCM	45157	WASHINGTON DC	1
NSGSA WASH DC	46439	WASHINGTON DC	24
PEPCOM DEPT DC	46667	WASHINGTON DC	1
BINSUR SD D DC	46990	WASHINGTON DC	2
DMEDS BRMEDCL	47139	WASHINGTON DC	1
SPCOMDIV FLTECHSD	47290	WASHINGTON DC	1
TELCOM NEUTRAL DTY	47428	WASHINGTON DC	1
NAVTELCOM EFF REV	47740	WASHINGTON DC	1
NAVOBSERVATORY	62285	WASHINGTON DC	24
BDC WNY	62312	WASHINGTON DC	1
WASH NESSEC	62852	WASHINGTON DC	29
BDINSPECT/SURVEY	63023	WASHINGTON DC	2
MARINE SUP DET	67420	WASHINGTON DC	18

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

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 460895
 G.A.
 7/24/94

BDA SECURITY STATION (44530)

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)
COMMERCE DEPT NOAA	68027	WASHINGTON DC	1
DMA HDQTRS	68076	WASHINGTON DC	7
DMA OFF DIST SU	68208	WASHINGTON DC	10
NAVSECSTA	70092	WASHINGTON DC	155

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

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 7/24/94

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44530

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	4506
B. FY1993 MET WORKLOAD (CTVs)	11597
C. FY1993 UNMET WORKLOAD (CTVs)	36083
D. TOTAL WORKLOAD (B+C)	47680
E. MET WORKLOAD PER CAPITA (B÷A)	2.57
F. UNMET WORKLOAD PER CAPITA (C÷A)	8.27
G. WORKLOAD PER CAPITA (D÷A)	10.58

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

Maximum capacity for CTVs: _____

Explanation:

BR DUNAWX Sæster
44530

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	3766	3289	3226	3094	3094	3094	3094	3094
A: TOTAL MET CTVs	11597	11597	11597	11597	11597	11597	11597	11597
B: TOTAL UNMET CTVs	30157	26337	25832	24776	24776	24776	24776	24776
C: TOTAL WORKLOAD REQUIREMENT (A+B)	41754	37934	37429	36373	36373	36373	36373	36373
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)								

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

Maximum capacity for CTVs: _____

Explanation:

Reported for information, ^{only} data included in BDC WNY. Vol. 62312. - do not double count

RW Huley
mad63
940722.

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

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². 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): See attach data.

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?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	10 January 1994	UIC	44530
FACILITY	Branch Dental Clinic, Security Station, Wash, DC		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg 7 907 Sqft	
2. DENTAL TREATMENT ROOM	3	9'x12'	
3. STERILIZATION ROOM			
4. X-RAY EXPOSURE ROOM	1	9'x12'	
5. DARKROOM	1	5'x6'	
6. PROSTHETIC LAB	1	7'x7'	
7. STOREROOM/ SUPPLY ROOM	1	6'x12'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE			
10. DENTAL OFFICER'S OFFICE	1	9'x12'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	10'x12'	
13. RECORDS CONTROL OFFICE	1	6'x12'	
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1	4'x6'	Unisex Head
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Adec Minitrol	3	A-4
2. DENTAL OPERATING CHAIR	Dental Ez SDP-1B MDT Relaxadent	1	A-5
		2	A-6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton&Crane LFII	3	A-4
4. CENTRAL VACUUM SYSTEM	Dentalez MC201	1	A-4
5. AIR COMPRESSOR DEHYDRATOR			
6. STERILIZER	P&C Validator 8	1	A-4
	Ritter Spectroline 750	1	A-9
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			
4. OTHER PROSTHETIC EQUIPMENT	Handler Model Trimmer	1	A-5

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	Gendex GX1000	1	A-4	910509
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC	Siemans OP-10	1	A-4	910509
5. FILM PROCESSOR	Air Technique A/T 2000	1	A-4	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC	a. VOLTAGE: 110/220 b. CYCLE: 60
2. GAS:	<input checked="" type="checkbox"/>	NATURAL	COMMERCIAL	BOTTLE ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
DATE 10 January 1994	TYPED NAME AND GRADE		SIGNATURE	

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

LOCATION

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

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

- Centrally located for eligible beneficiaries

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

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

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

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

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

-30 minutes

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

FEATURES AND CAPABILITIES

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

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

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

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED

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

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

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

(d) Complete the following table for the military housing waiting list. Average wait per grade category is 3 months

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

¹As of 31 March 1994.

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

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

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)? N/A. Host command (Naval District Washington) maintain and track this data.

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

365

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

365

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

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

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

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

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table. N/A. Host command (Naval District Washington) maintain and track this data.

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

(5). Are there other military child care facilities within 30

minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs). N/A. Host command (Naval District Washington) maintain and track this data.

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

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

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

City	Distance (Miles)
Washington DC	8
Baltimore, MD	43
Annapolis MD	39

28

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MED 825
CSA
7/22/94

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J. J. Shanley
Signature

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

06 June 94
Date

Activity
BRIDEVAUX NSECSTA WASH DC

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-24-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W.A. EARNER

NAME (Please type or print)

W.A. Earner

Signature

Title

8/22/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Dental Clinic, Naval Air Station, North Island, San Diego</i>
Acronym(s) used in correspondence	<i>BDCNI San Diego</i>
Commonly accepted short title(s)	<i>BDCNI San Diego</i>

- Complete Mailing Address

Director, Branch Dental Clinic
 Naval Air Station, North Island
 Box 357037
 San Diego, CA 92135-7037

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: ³⁵⁷³⁴~~66022~~(*) (Plant Account UIC for Plant Account Holders)

(*) For Class-III Plant Account only.

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

- ALL OTHER UIC(s): 35734 PURPOSE: For 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.

(UIC - 66022) 35734
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• 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: 00246
- Primary Host (as of 01 Oct 1995) UIC: 00246
- Primary Host (as of 01 Oct 2001) UIC: 00246

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

• Yes _____ No 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
Not applicable		

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

Name	UIC	Location	Host name	Host UIC
Not applicable				

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.

Not applicable.

(UIC - 66022) 36734

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 dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.
- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.
- Participate as an integral element of the Navy and Tri-Service Regional Health Care System.
- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

Provide comprehensive dental care, administrative services, and logistical support that absolutely delights our customers through:

- Training and development.
- Efficient Personnel utilization.
- Effective material, facilities, and patient management.
- Commitment to quality of life issues.

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

- Not applicable.

Projected Unique Missions for FY 2001

- Not applicable

(UIC - 66022) 35734

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
Commanding Officer, Naval Dental Center, San Diego 66022

• Funding Source UIC
Not applicable

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 <u>14</u>	Enlisted <u>33</u>	Civilian (Appropriated)
• Reporting Command	<u>12</u> <u>OSA</u>	<u>35</u> <u>OSA</u>	<u>4</u> <u>OSA</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>4</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>19</u> <u>16</u> <u>OSA</u>	<u>43</u> <u>29</u> <u>OSA</u>	<u>4</u> <u>OSA</u>
• Contracted	<u>N/A</u>	<u>N/A</u> <u>INCLUDES CORONADO</u>	<u>4</u> <u>OSA</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
L.J. DERMODY	619-545-6393	619-545-8139	N/A
CAPT, DC, USN	DSN-735-6393	DSN-735-8139	
Branch Director			

(UIC - ~~66022~~ 25734)

T.C. SPLITGERBER 619-556-8200 619-556-8559 N/A
 CAPT, DC, USN DSN-526-8200 DSN-526-8559
 Commanding Officer

• DANILO L. YU 619-556-8217 619-556-8221 N/A
 LCDR MSC USN DSN-526-8217 DSN-526-8221
 BRAC Coordinator

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
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	Office r	Enliste d	Civilia n
Not applicable					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n
Not applicable					

(UIC - 66022) 35734
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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.)
<i>Not applicable</i>		

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, 8 1/2" x 11".)

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

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

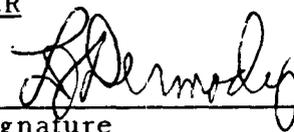
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

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



Signature

DIRECTOR
Title

27 JAN 94

Date

BRANCH DENTAL CLINIC, NAVAL AIR STATION, NORTH ISLAND, SAN DIEGO
Activity

(UIC - ~~66022~~ 35734
J.R)

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 T. C. SPLITGERBER, DC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

NAVAL DENTAL CENTER, SAN DIEGO
Activity

T. C. Splitgerber
Signature
2 Feb 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

(UIC - 66022) 35734
654

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)
SURGEON GENERAL/CHIEF BUMED
Title
BUREAU OF MEDICINE & SURGERY
Activity

Donald Hagen
Signature
2-8-94
Date

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

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

NAME (Please type or print)

Title

Signature

Date

BRAC-95 CERTIFICATION

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

J. B. GREENE, JRL
NAME (Please type or print)
ACTING DCNO (LOGISTICS)
Title

J. B. Greene
Signature
16 FEB 1994
Date

Division

Department

Activity

Document Separator

410

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAS NORTH ISLAND
ACTIVITY UIC: 35734**

**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	208448	220000	220000	220000	220000	220000	220000	220000	220000
UNMET	44080	44960	44960	44960	44960	44960	44960	44960	44960
TOTAL	252528	264960	264960	264960	264960	264960	264960	264960	264960

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-94 DATA PROJECTED TO SEP 94

FY-94 UNMET BASED ON 2% INCREASE ON RAPS DATA.

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	220000	220000	220000	220000	220000	220000	220000	220000
UNMET	44960	44960	44960	44960	44960	44960	44960	44960
TOTAL	264960	264960	264960	264960	264960	264960	264960	264960

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:

NO IDENTIFIABLE CHANGES CAN BE PROJECTED.

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)	15	16	16	16	16	16	16	16	16
PROPHY TECHNICIANS (MIL AND CIV)	3	4	4	4	4	4	4	4	4
DENTAL HYGIENISTS (MIL AND CIV)	2	3	3	3	3	3	3	3	3

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

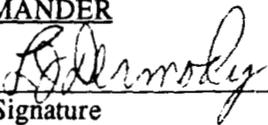
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

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


Signature

DIRECTOR
Title

25 MAY 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR STATION, NORTH ISLAND, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

Signature

Date



26 May 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)

Title

Activity

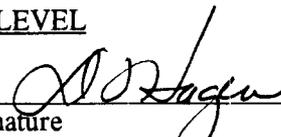
Signature

Date

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

MAJOR CLAIMANT LEVEL

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

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

ACNMB
Title

28 JUN 1994
Date

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAS NORTH ISLAND
ACTIVITY UIC: 35734

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

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

TABLE OF CONTENTS

Mission Requirements

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

Facilities

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

Location

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

Features and Capabilities

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

MISSION REQUIREMENTS

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

Provide dental services to Navy and Marine Corps active duty and other eligible beneficiaries at NAS North Island, including referral patients from Naval Amphibious Base and ships homeported at NAS North Island.

Perform other functions as may be directed by the Commanding Officer NAS North Island.

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)
NASNI	44326	NASNI	692
NASNI	00246	NASNI	567
VS-41	09298	NASNI	462
HS-10	09299	NASNI	344
HC-3	09822	NASNI	303
VRC-30	09607	NASNI	300
SEA O/D	46968	NASNI	182
FASO	09191	NASNI	179
HC-1	09211	NASNI	179
STUDENTS	65566	NASNI	161
HS-48	09055	NASNI	41
HS-85	09061	NASNI	90
HSL-33	09138	NASNI	36
HSL-33 LAMPS	09272	NASNI	56
NAVAIRES	09296	NASNI	91
FACSFAC	09528	NASNI	156
NASNI SECURITY	46250	NASNI	73
DSU	32117	NASNI	62
BRMEDCLINIC	32546	NASNI	63
CMS TRNG TEAM	32673	NASNI	5
NLSO	35499	NASNI	6
FACSFAC SCI	35623	NASNI	22
AC/OD	35677	NASNI	13
ASWOC	35705	NASNI	57

BRDENCLINIC	35734	NASNI	42
FASISHIPTRA	35947	NASNI	75
SCI MEDICAL	41431	NASNI	3
DSU DET	42500	NASNI	66
COMHELWINGSRES	09983	NASNI	44
MYSTIC	20828	NASNI	20
TURTLE	20829	NASNI	11
AVALON	20892	NASNI	19
SEA CLIFF	2919	NASNI	11
NAEU	30332	NASNI	5
NEX SCI	30394	NASNI	6
MOBENVTEAM	30911	NASNI	32
DEF CRUSTA	31137	NASNI	4
NALF SCI	31466	NASNI	175
COMWPNTRAGRU TECH	31507	NASNI	16
COMWPNTRAGRU FLD	31508	NASNI	15
BAVINTACT SP	31713	NASNI	3
FICP	57094	NASNI	17
NWTGP	63013	NASNI	50
NAODEP	63373	NASNI	47
NAMTRAGRU	66065	NASNI	200
DMA	66633	NASNI	3
NAVCOMTELSTA	70240	NASNI	261
CAAC	68118	NASNI	18
PSD	42829	NASNI	84
VR-57	53910	NASNI	95
HSL-43	53914	NASNI	56
HSL-45	53915	NASNI	56
ISC ASCOMM	48544	NASNI	27

HSL-42	55146	NASNI	171
HSL-47 LAMPS	55150	NASNI	173
HSL-49 LAMPS	55152	NASNI	178
HSL-84	55230	NASNI	67
COMHSCWINGPAC	55630	NASNI	33
COMSEACONTROL	55633	NASNI	37

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	12,768
B. FY1993 MET WORKLOAD (CTVs)	208,448
C. FY1993 UNMET WORKLOAD (CTVs)	44,080
D. TOTAL WORKLOAD (B+C)	252,528
E. MET WORKLOAD PER CAPITA (B÷A)	16.3
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.5
G. WORKLOAD PER CAPITA (D÷A)	19.78

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

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	12768	12768	12768	14045	14045	14045	14045	14045
A: TOTAL MET CTVS	208448	208448	208448	229296	229296	229296	229296	229296
	—							
	—							
B: TOTAL UNMET CTVS	44080	44080	44080	48488	48488	48488	48488	48488
	—							
	—							
C: TOTAL WORKLOAD REQUIREMENT (A+B)	252528	252528	252528	277784	277784	277784	277784	277784
DENTISTS (MIL AND CIV)	15	15	15	16	16	16	16	16

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

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

Maximum capacity for CTVs:

FY-97 - 10% WORKLOAD INCREASE DUE TO ADDITIONAL PERSONNEL AND CVN ARRIVING PER CURRENT PLAN.

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.

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC - 66022**

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

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 substandard². 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):

**** NOT APPLICABLE. HOST COMMAND, NAVAL AIR STATION, NORTH ISLAND, SAN DIEGO, UIC-00246 MAINTAINS THE INVENTORY RECORD.**

PLEASE SEE ATTACHED FACILITIES REPORT.

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

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
	CONSTRUCTION OF NEW ROOF	1994	150K
	INSTALL NEW AIR CONDITIONING COMPRESSOR	1994	14.5K

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	N/A	N/A	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

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.

Aging building with concomitant maintenance problems. No preventive maintenance programs in place to manage upkeep.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	66022
FACILITY	NAVAL AIR STATION, NORTH ISLAND, BLDG. 600 NAVAL DENTAL CENTER, BOX 147, NAVSTA, 92136		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT NAS, NORTH ISLAND BRANCH DENTAL CLINIC	01	180' X 101'	BLDG. 600'
2. DENTAL TREATMENT ROOM	27	SEE PART IV	
3. STERILIZATION ROOM	01	15' X 16'	ROOM 130
4. X-RAY EXPOSURE ROOM	01 01	10' X 13' 12' X 13'	138,154 2 ENDO WITH X-RAY UNITS
5. DARKROOM	02	6' X 13'	138A ROOMS 154A
6. PROSTHETIC LAB	01	20' X 30'	143
7. STOREROOM/ SUPPLY ROOM	01 01 01	10' X 10' 11' X 12' 12' X 24'	
8. CONFERENCE ROOM	01	15' X 24'	150 ROOM
9. ADMINISTRATIVE OFFICE	02	9' X 12'	ROOMS 117, 120
10. DENTAL OFFICER'S OFFICE	01	12' X 13'	WITH HEAD

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01	29' X 33'	
13. RECORDS CONTROL OFFICE	01	21' X 33'	104 FRONT DESK
14. LOCKER ROOM (MALE)	01 01	12' X 14' 13' X 19'	WITH HEAD WITH HEAD
15. LOCKER ROOM (FEMALE)	01	12' X 17'	WITH HEAD
16. TOILET FACILITY (MALE)	01	10' X 12'	
17. TOILET FACILITY (FEMALE)	01	10' X 12'	
18. OTHER MAJOR ROOMS	10	SEE PART IV	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC SEE PART IV	14	(05) A4 (05) A5 (03) A6
2. DENTAL OPERATING CHAIR	DENTAL EZ SEE PART IV	14	(03) A5 (07) A6 (14) A4

3. DENTAL OPERATING LIGHT	ADEC 6300 PELTON AND CRANE	12 09	(04) A4 (09) A5
4. CENTRAL VACUUM SYSTEM	US TURBINE	02	(02) A4
5. AIR COMPRESSOR DEHYDRATOR	INGERSOLL RAND 2425C	02	(02) A6
6. STERILIZER	AMSCO MEDALLION GENERATOR AMSCO MEDALLION GENERATOR	01 01	(01) A6 (01) A6
7. LIFE SUPPORT EQUIPMENT	LIFE PAK DEFIBRILLATOR DEFIBRILLATOR OXYGEN TANKS	01 01 04	
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM 3600	01	
2. VACUUM PORCELAIN FURNACE	JELENSKO HVPF	01	(01) A5
3. BURNOUT OVEN	JELENSKO	02	(01) A5
4. OTHER PROSTHETIC EQUIPMENT	PINDEX-WHALEDENT VACUUM FORMER	01 01	(10) A4 (01) A5

CONTINUATION: BRANCH DENTAL CLINIC, NAS, NORTH ISLAND

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

1.	DENTAL OPERATING UNIT	DENTAL EZ	13	(14)	A6
2.	DENTAL OPERATING CHAIR	ADEC 100S	14	(04)	A4

SECTION B - PROSTHETIC LAB EQUIPMENT

4.	HIGHSPEED POLISHER/GRINDER	WHIP MIX	01	(01)	A6
	DUST COLLECTOR	BALDOR HANDLER	01	(02)	A5
		TICONIUM	01		

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?

Extremely important. Close to fleet activities.

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

Air - 7 miles. Rail - 2 miles. Ground - 1/2 miles

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

No impact.

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

15 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?

Located in a large metropolitan area. A large pool of qualified applicants are available.

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 remaining clinics could not handle the extra patient load due to staffing, equipment, and facility limitations. Also, transportation to and from the NAVSTA clinic would cause many lost manhours and inaccessibility for personnel.

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.

The population would be serviced at other Branch Dental Clinics remaining open.

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

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC-66022.**

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	N/A	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.

13. Quality of Life.

**** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL AIR STATION, NORTH ISLAND, SAN DIEGO, UIC-00246 DATA CALL NOS. 37 & 38**

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) **BOQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

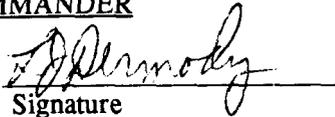
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

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


Signature

DIRECTOR
Title

25 MAY 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR STATION, NORTH ISLAND, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

NAVAL DENTAL CENTER, SAN DIEGO
Activity


Signature
26 May 94
Date

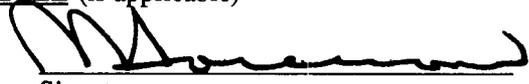
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity


Signature

Date

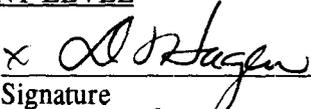
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

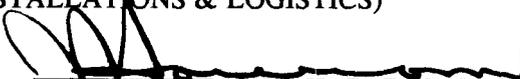
x 
Signature
6-17-94
Date

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

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

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

ACTING
Title


Signature
01 JUL 1994
Date

Document Separator

Activity Information:

Activity Name:	BDC, NAS, NORTH ISLAND, SAN DIEGO
UIC:	35734
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION, NORTH ISLAND, SAN DIEGO
Host Activity UIC:	00246

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

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

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

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

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

O&M, DPH

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BDC, NAS, NORTH ISLAND, SAN DIEGO	UIC: 35734
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	21934
Material and Supplies (including equipment):	135555
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	76185
Total:	233674

BUMED
MED-825
GSD
7/25/94

**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, NAS, NORTH ISLAND, SAN DIEGO	UIC: 35734
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	5
Procurement:	0
Other:*	0
Total Workyears:	5

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

CONTRACT DENTISTS/DENTAL HYGIENISTS

**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)):

5

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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):

NOT APPLICABLE

**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.)
	NOT APPLICABLE

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

R. R. Skog

Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

D. F. Hagen

Signature

7-19-94

Date

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

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

W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner

Signature

7/27/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

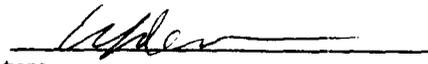
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

ACTIVITY COMMANDER

CAPT W. M. DERN, DC, USN
NAME (Please type or print)

Signature 

COMMANDING OFFICER (Acting)
Title

Date JUL 13 1994

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Dental Clinic, NAS Adak, AK</i>
Acronym(s) used in correspondence	<i>BRDENCLINIC, Adak</i>
Commonly accepted short title(s)	<i>BRDENCLINIC, Adak</i>

- Complete Mailing Address
Branch Dental Clinic
PSC 486, Box 1211
FPO, AP 96506-1211

- PLAD
BRDENCL NAVFAC AK

- PRIMARY UIC: 41911 (Plant Account UIC for Plant Account Holders)
Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No X (check one)

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

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

• Yes No (check one)

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

• Yes No (check one)

- Primary Host (current) UIC: 60462
- Primary Host (as of 01 Oct 1995) UIC: 60462
- Primary Host (as of 01 Oct 2001) UIC: 60462

● **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	N/A	

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

NO

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

Current Missions

- Direct support of Naval Air Station, Adak
- Direct support of Naval Security Group Activity
- Provide support to any operational unit embarked temporarily on NAS Adak
- Sole source of emergency dental treatment for dependents and civilians on island
-
-

Projected Missions for FY 2001

-
-
-
-
-

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 |
| <u>Naval Dental Center, Bremerton WA</u> | <u>68443</u> |
| ● Funding Source | UIC |
| <u>Naval Dental Center, Bremerton WA</u> | <u>68443</u> |

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>3</u>	<u>10</u>	<u>0</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>X 4 65A</u>	<u>X 8 65A</u>	<u>0</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
<u>LCDR David G. BARNES</u>	907-592-4288	907-592-4310	907-592-3421
● Duty Officer			[N/A]
●			
<u>LCDR David G. BARNES</u>	907-592-4288	907-592-4310	
●			

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"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Larry V. Kuhl, CAPT DC US
NAME (Please type or print)

Larry V. Kuhl
Signature

Commanding Officer
Title

27 Jan '94
Date

Naval Dental Center, Bremerton WA
Activity

41911
65A

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Donald Hagen

Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY _____
Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene Jr

Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

411

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic, NAS Adak, AK
ACTIVITY UIC: 41911

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. Staffing5

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	40581	32142	10713	10713	10713	10713	10713	10713	10713
UNMET	11565	9182	1071	1071	1071	1071	1071	1071	1071
TOTAL	52146	41325	11784	11784	11784	11784	11784	11784	11784

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

Please show all calculations and assumptions in the space below:

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	32142	10713	10713	10713	10713	10713	10713	10713
UNMET	9182	1071	1071	1071	1071	1071	1071	1071
TOTAL	41325	11784	11784	11784	11784	11784	11784	11784

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)	4	3	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	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. G. BARNES, LCDR, CD USN
NAME (Please type or print)

DGBarnes
Signature

DIRECTOR, BDC, ADAK, AK
Title

23 May 94
Date

NAS, ADAK
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 L. V. KUHL, DC, USN
NAME (Please type or print)

[Signature]
Signature

COMMANDING OFFICER
Title

27 June 94
Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC ADAK 41911
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)
CHIEF BUMED/SURGEON GENERAL

[Signature]
Signature

6-18-94
Date

Title
BUREAU OF MEDICINE AND SURGERY

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)

J. B. GREENE, JR.

NAME (Please type or print)

[Signature]
Signature

ACTING

6/20/94
Date

Title

Date

Document Separator

411

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Naval Dental Clinic, Adak AK
ACTIVITY UIC: 41911

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

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

TABLE OF CONTENTS

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

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.
PROVIDE COMPREHENSIVE DENTAL SUPPORT TO NAVY AND MARINE CORPS UNITS OF THE OPERATING FORCES, SHORE ACTIVITIES, AND OTHER AUTHORIZED PERSONNEL ABOARD NAVAL AIR STATION ADAK.

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)
NAVAL AIR STATION	63886	ADAK	599
BRANCH MEDICAL	41338	ADAK	58
NAVAL SECURITY GROUP ACTIVITY	63886	ADAK	416
NOPF	57099	ADAK	22
TSC	32175	ADAK	4
NBS	35942	ADAK	13
PSD	43141	ADAK	21
NMCB	55117	ADAK	50
ROICC	62474	ADAK	4
NEX	63339	ADAK	17
NPMOP	66453	ADAK	15
DECA	69184	ADAK	13
BRANCH DENTAL	41911	ADAK	10
COMPANY I	54040	ADAK	01

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	3457 3457 3457
B. FY1993 MET WORKLOAD (CTVs)	36633
C. FY1993 UNMET WORKLOAD (CTVs)	3663
D. TOTAL WORKLOAD (B+C)	40296
E. MET WORKLOAD PER CAPITA (B÷A)	10.60
F. UNMET WORKLOAD PER CAPITA (C÷A)	1.06
G. WORKLOAD PER CAPITA (D÷A)	11.66

740007
#1043
K
K

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.

3581

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	1400 3581	1000	1000	1000	1000	1000	1000	1000
A: TOTAL MET CTVs	37947	10713	10713	10713	10713	10713	10713	10713
B: TOTAL UNMET CTVs	3794	1071	1071	1071	1071	1071	1071	1071
C: TOTAL WORKLOAD REQUIREMENT (A+B)	41741	11784	11784	11784	11784	11784	11784	11784
DENTISTS (MIL AND CIV)	3	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

940607
MCA3
KQ

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
NONE	NA	NA	NA	NA	NA	NA	NA	NA

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 substandard². 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
54010	PATIENT CARE	3240	23	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 1994	UIC	41911
FACILITY	BRANCH DENTAL CLINIC, BOX 1211, FPO AP 96506-1211		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BRANCH DENTAL CLINIC ADAK, AK	1	54' X 60'	BLDG # 72049
2. DENTAL TREATMENT ROOM	5	10' X 12'	
3. STERILIZATION ROOM	1	10' X 12'	
4. X-RAY EXPOSURE ROOM	1	10' X 16'	
5. DARKROOM	1	6' X 12'	
6. PROSTHETIC LAB	1	12' X 16'	
7. STOREROOM/ SUPPLY ROOM	2 1	4' X 5' 10' X 12'	GEAR LOCKER & BULK STORAGE OLD OFFICERS LOCKER ROOM
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	1	8' X 11'	
10. DENTAL OFFICER'S OFFICE	1	10' X 12'	

NAVMED 6750/4 (Rev. 5/91)

DISP. 0209(7)

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	30' X 42'	SHARE WITH MEDICAL
13. RECORDS CONTROL OFFICE	1	8' X 16'	WHAT USED TO BE THE SUPPLY ROOM
14. LOCKER ROOM (MALE)	1	10' X 12'	CO-ED
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	1	3½' X 6½'	CO-ED NO SHOWER
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	1	10' X 12'	ALL HANDS LOUNGE

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE MODEL 2071	5	A4(5)
2. DENTAL OPERATING CHAIR	ADEC PRIORITY MODEL 1005	5	A4 (5)
	RELIANCE MODEL 6100L (X-RAY)	1	A4 (1)

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(7)

3. DENTAL OPERATING LIGHT	ADEC MODEL 6300	5	A4(5)
4. CENTRAL VACUUM SYSTEM	RAMVAC	1	A4(1)
5. AIR COMPRESSOR DEHYDRATOR	NONE		WE RUN OFF MEDICAL
6. STERILIZER	NONE		
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	COX RAPID HEAT TRANSFER	1	A4

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE		
2. VACUUM PORCELAIN FURNACE	JELENSO TRUFIRE VPF	1	A4(1)
	JELENSO JELCRAFT GLAZING OVEN	1	A4(1)
3. BURNOUT OVEN	JELENSO ACCU-THERM 250	1	A5(1)
4. OTHER PROSTHETIC EQUIPMENT	HANAU CURING UNIT	1	A5(1)
	PINDEX SYSTEM MARK II	1	A5(1)
	CHROMALOX BOIL OUT TANK	1	A4(1)

NAVMED 6750/4 (Rev. 5/91)

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 JANUARY 1994	UIC	41911
FACILITY	NSGA ANNEX, BRANCH DENTAL CLINIC, ADAK, PSC 486, BOX 1211 FPO AP 96506-1211		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT NSGA ANNEX CLINIC	1	10' X 22'	
2. DENTAL TREATMENT ROOM	1	8' X 10'	
3. STERILIZATION ROOM	0		
4. X-RAY EXPOSURE ROOM	1	8' X 11'	
5. DARKROOM	0		
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	0		
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	0		

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(8)

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	9' X 6'	SHARE WITH MEDICAL
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	0		
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 705	1	A5(1)
2. DENTAL OPERATING CHAIR	DENTAL-EZ E1B RITTER (X-RAY)	1	A5(1)
		1	A5(1)

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(8)

3. DENTAL OPERATING LIGHT	PELTON AND CRANE I.G	1	A6(1)
4. CENTRAL VACUUM SYSTEM	NONE		
5. AIR COMPRESSOR DEHYDRATOR	NONE		
6. STERILIZER	NONE		
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	NONE		

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	MANUFACTURED MARCH 1981 GENDEX 1000	1	A5(1)	28 MAY 1993
2. MOBILE INTRA-ORAL	NONE			
3. PANORAMIC	NONE			
4. CEPHALOMETRIC	NONE			
5. FILM PROCESSOR	AIR TECHNIQUES PERI PRO	1	A5(1)	

PART III - UTILITIES

1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC	<input type="checkbox"/>	a. VOLTAGE: 110/220	b. CYCLE: 60
2. GAS:		NATURAL		COMMERCIAL	
NONE				BOTTLE	ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

ALL DENTAL DIAGNOSTIC X-RAY UNITS MEET FEDERAL PERFORMANCE STANDARDS, BASED ON 28 MAY 1993 SURVEY

DATE <i>16 Nov 93</i>	TYPED NAME AND GRADE K. STURDY, CDR, DC, USN	SIGNATURE <i>K. Sturdy</i>
--------------------------	---	-------------------------------

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE	NA	NA	NA

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
NONE	NA	NA	NA

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
NONE	NA	NA	NA

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?

THE GEOGRAPHIC LOCATION IS CONSISTENT WITH OUR MISSION. WE ARE AN ISOLATED FACILITY WITH A DEFINED PATIENT POPULATION AND AREA RESPONSIBILITY.

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

CLINIC IS CENTRALLY LOCATED, ON BASE, WITHIN 2 MILES OF ALL BUILDINGS AND HOUSING

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

ANCHORAGE, AK - 2100 AIR MILES

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

OCONUS FACILITY. NO MOBILIZATION REQUIREMENT

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

5 - 15 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?

AS OF JULY 1994 NO CIVILIANS WILL BE STATIONED ON ADAK

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?

NO OTHER DENTAL FACILITY WITHIN 2100 MILES

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.

DENTAL SERVICE WOULD BE CONTRACTED OUT. THIS WOULD REQUIRE CIVILIANS TO LIVE ON AND BE SUPPORTED BY THE NAVAL STATION ADAK. THIS WILL NOT LONGER BE ALLOWED AFTER JULY 1994.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NA	NA	NA

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

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

13. Quality of Life.

a. Military Housing

(1) Family Housing: **AS OF JULY 1994 DEPENDENTS WILL NO LONGER BE ALLOWED TO LIVE ON ADAK. ALL ACTIVE DUTY WILL BE ORDERED INTO UNACCOMPANIED TOURS.**

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

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

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	NA	NA	NA	
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	NA	NA
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

¹As of 31 March 1994.

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

Top Five Factors Driving the Demand for Base Housing	
1	NA
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	NA
Substandard	NA
Inadequate	NA

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

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: **AS OF JULY 1994 ALL ACTIVE DUTY PERSONNEL WILL BE ORDERED IN UNACCOMPANIED**

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	2	N
	Outdoor Bays	0	NA
Arts/Crafts	SF	1	N
Wood Hobby	SF	1	N
Bowling	Lanes	10	N
Enlisted Club	SF	2	N
Officer's Club	SF	0	NA
Library	SF	0	NA
Library	Books	?	N
Theater	Seats	350	N
ITT	SF	0	NA
Museum/Memorial	SF	0	NA
Pool (indoor)	Lanes	4	N
Pool (outdoor)	Lanes	0	NA
Beach	LF	0	NA
Swimming Ponds	Each	0	NA
Tennis CT	Each	0	NA

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

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	0	NA
Basketball CT (outdoor)	Each	1	0
Racquetball CT	Each	2	N
Golf Course	Holes	0	NA
Driving Range	Tee Boxes	0	NA
Gymnasium	SF	0	NA
Fitness Center	SF	2	N
Marina	Berths	0	NA
Stables	Stalls	0	NA
Softball Fld	Each	2	N
Football Fld	Each	0	NA
Soccer Fld	Each	0	NA
Youth Center	SF	0	NA

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

d. Base Family Support Facilities and Programs

THIS SECTION IS NOT APPLICABLE - NO DEPENDENTS ALLOWED AFTER JULY 1994

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

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

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

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

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

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

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

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

Service	Unit of Measure	Qty
Exchange	SF	1
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	1
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	2
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	1
FSC Classrm/Auditorium	PN	

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

THIS SECTION NOT APPLICABLE

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
UNIV OF ALASKA	Day	0	0	0	0	
	Night	0	0	0	YES	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991		FY 1992		FY 1993	
5. Customs (6M)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
6. Burglary (6N)	20		7		11	
Base Personnel - military	S/1	V/10	V/1		S/4	V/6
Base Personnel - civilian	S/5	V/6	V/2		S/2	
Off Base Personnel - military						
Off Base Personnel - civilian						
7. Larceny - Ordnance (6R)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
8. Larceny - Government (6S)	44		15		29	
Base Personnel - military	S/6	V/13	S/2	V/4	S/3	
Base Personnel - civilian	S/7		S/4	V/1	S/3	
Off Base Personnel - military						

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

Crime Definitions	FY 1991		FY 1992		FY 1993	
9. Larceny - Personal (6T)	48		51		60	
Base Personnel - military	S/5	V/37	S/9	V/21	S/14	V/32
Base Personnel - civilian	S/3	V/12	S/15	V/17	S/5	V/8
Off Base Personnel - military						
Off Base Personnel - civilian						
10. Wrongful Destruction (6U)	86		47		85	
Base Personnel - military	S/24	V/31	S/7	V/15	S/18	V/33
Base Personnel - civilian	S/7	V/8	S/15	V/3	S/4	V/7
Off Base Personnel - military						
Off Base Personnel - civilian						
11. Larceny - Vehicle (6V)	1				1	
Base Personnel - military	V/1					
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
12. Bomb Threat (7B)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						

Crime Definitions	FY 1991		FY 1992		FY 1993	
13. Extortion (7E)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
14. Assault (7G)	71		66		66	
Base Personnel - military	S/91	V/42	S/77	V/27	S/69	V/33
Base Personnel - civilian	S/16	V/9	S/19	V/13	S/26	V/17
Off Base Personnel - military						
Off Base Personnel - civilian						
15. Death (7H)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
16. Kidnapping (7K)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						

Crime Definitions	FY 1991		FY 1992		FY 1993	
18. Narcotics (7N)					9	
Base Personnel - military					S/9	
Base Personnel - civilian					S/3	
Off Base Personnel - military						
Off Base Personnel - civilian						
19. Perjury (7P)						
Base Personnel - military						
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
20. Robbery (7R)	1					
Base Personnel - military	S/1	V/1				
Base Personnel - civilian						
Off Base Personnel - military						
Off Base Personnel - civilian						
21. Traffic Accident (7T)	62		77		107	
Base Personnel - military	S/31	V/24	S/56	V/39	S/62	V/62
Base Personnel - civilian	S/15	V/15	S/11	V/10	S/22	V/22
Off Base Personnel - military						
Off Base Personnel - civilian						

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			3
Base Personnel - military			S/8 V/3
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)		1	1
Base Personnel - military		S/1 V/1	S/1 V/1
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. G. BARNES, LCDR, DC, USN
NAME (Please type or print)


Signature

DIRECTOR, BDC, ADAK, AK
Title

23 MAY 94
Date

NAS, ADAK
Activity

Document Separator

4/11

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC ADAK AK
UIC:	41911
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION ADAK AK
Host Activity UIC:	60462

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

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC ADAK AK		UIC: 41911	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair		1	1
1b. Minor Construction			
1c. Sub-total 1a. and 1b.		1	1
2. Other Base Operating Support Costs:			
2a. Utilities		17	17
2b. Transportation		2	2
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)			
2k. Sub-total 2a. through 2j:		19	19
3. Grand Total (sum of 1c. and 2k.):		20	20

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M:	92
SUBTOTAL DIRECT	92
MILITARY PERSONNEL:	
MPN	72
SUBTOTAL MPN	72
GRAND TOTAL	164

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: BRANCH DENTAL CLINIC ADAK AK		UIC: 41911	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	N/A	N/A	N/A
1a. Real Property Maintenance (> \$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (< \$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:	N/A	N/A	N/A
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC ADAK AK	UIC: 41911
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	18
Material and Supplies (including equipment):	47
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	2
Other Purchases (Contract support, etc.):	5
Total:	72

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC ADAK AK	UIC: 41911
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	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

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

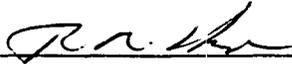
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity


Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity


Signature

8-8-94
Date

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

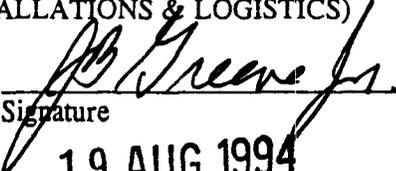
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title


Signature

19 AUG 1994
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

L. V. KUHL, CAPT, DC, USN
NAME (Please type or print)

L.V. Kuhl
Signature

COMMANDING OFFICER
Title

12 July 94
Date

NAVAL DENTAL CENTER BREMERTON WA
for BRANCH DENTAL CLINIC BANGOR
Activity