

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

Official name	<i>Branch Medical Clinic, Naval Weapons Station Earle, Colts Neck, New Jersey</i>
Acronym(s) used in correspondence	<i>BRMEDCLINIC COLTS NECK, NJ</i>
Commonly accepted short title(s)	<i>Branch Medical Clinic Earle</i>

- Complete Mailing Address

Branch Medical Clinic  
 Naval Weapons Station Earle  
 201 HWY 34 S  
 Colts Neck, NJ 07722-5033

- PLAD

BRMEDCLINIC COLTS NECK NJ

• PRIMARY UIC: 35654 (Plant Account UIC for Plant Account Holders) Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): NONE PURPOSE: \_\_\_\_\_

2. PLANT ACCOUNT HOLDER:

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

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

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

• Yes \_\_\_\_\_ No XX (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 XX No \_\_\_\_\_ (check one)

- Primary Host (current) UIC: 60478
- Primary Host (as of 01 Oct 1995) UIC: 60478
- Primary Host (as of 01 Oct 2001) UIC: 60478

• 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 XX (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
BRANCH MEDICAL CLINIC WATERFRONT ANNEX	35654	NAVAL WEAPONS STATION EARLE, BLDG R4-B, COLTS NECK, NJ	NAVAL WEAPONS STATION EARLE	60478

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

BRAC-88 identified requirements to increase the Clinic's staff, because additional ships were going to be homeported at Naval Weapons Station Earle.

BRAC-91 identified a requirement for us to establish an annex clinic at the waterfront area of the base to better service the increased number of sailors stationed aboard the homeported ships.

BRAC-93 identified requirements to increase the Clinic's staff, because each of the ships homported here would have mixed gender crews.

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

- Medical treatment facility for active duty, dependents, and retired personnel and their dependents.
- Acute care and routine Medical Surveillance physicals for civil service personnel.
- Monitoring of hazardous work site environments.
- Physical exams (retirement, separation, commissioning, etc.) for active duty and reserves.
- Medical/logistical support and training to Naval Reserve units.
- Family Advocacy Program for area naval commands.
- \* Health Benefits Advisor for area naval commands.
- \* Pharmacy, Lab, and x-ray services for eligible beneficiaries.
- \* Provide medical support to Coast Guard personnel stationed at Sandy Hook, US Coast Guard Station.

Projected Missions for FY 2001

- Same as above.

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

- Medical support for Navy, Army, and Coast Guard personnel and their dependents.
- Medical support for Military Sea Lift Command, visiting ships.

Projected Unique Missions for FY 2001

- Same as above.

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 Medical Clinic, Philadelphia</u> | <u>68101</u> |
| • Funding Source                          | UIC          |
| <u>Naval Medical Clinic, Philadelphia</u> | <u>68101</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 6 20 2

Authorized Positions as of 30 September 1994

Officers Enlisted Civilian (Appropriated)

- Reporting Command 87 3522 134  
USN USA

\* BRAC-91 identified Naval Medical Clinic, Philadelphia for closure in 1994. Several billets will be transferred to this Clinic upon closure.

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• OIC <u>LT Johnnie F. Johnson, MSC, USN</u>	(908)866-2300	(908)866-1116	(908)294-8760
• Leading Petty Officer <u>HM1(PJ) Charles Trantham, USN</u>	(908)866-2300	[ N/A ]	
• Administrative Director <u>HM2(SW) George Sweeney, USN</u>	(908)866-2866		

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.)
DEFENSE CRIMINAL INVESTIGATIVE SERVICE	Colts Neck, NJ	Medical support, Occupational Health and Industrial Hygiene Programs, and Corpsmen Support. This support is provided for all activities listed.
DRMO LAKEHURST	"	
PRECIOUS METALS RECOVERY FACILITY	"	
HUMAN RESOURCES DETACHMENT, EARLE	"	
COMMAND LOGISTIC SQUADRON #2	"	
NAVY RESALE ACTIVITY	"	
NAVAL EXCHANGE, COLTS NECK	"	
EXPLOSIVE ORDNANCE DISPOSAL #2, DETACHMENT EARLE	"	
NORTH NAVAL FACILITIES ENGINEERING DIVISION, EARLE	"	
NDGLBR WS, COLTS NECK	"	
NAVAL COMPUTER & TELECOMMUNICATIONS	"	
MOBILE MINE ASSEMBLY GROUP UNIT #3	"	
FEDERAL BUREAU OF INVESTIGATION	"	
NAVAL STATION NEW YORK	"	
BRANCH DENTAL CLINIC	"	
NAVAL INVESTIGATIVE SERVICE	"	
MINERALS MANAGEMENT SERVICE	"	



Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc)
AE27 BUTTE	LEONARDO, NJ	Medical support, Occupational Health and Industrial Hygiene Programs, and Corpsmen Support. This support is provided for all activities listed.
AOE3 SEATTLE	"	
AE21 SURIBACHI	"	
AOE4 DETROIT	"	
AE23 NITRO	"	
COOP MINE UNIT 2204	"	
NAVAL SUPPLY CENTER DET EARLE	"	
SIMA NEW YORK DET EARLE	"	
NAVAL LEGAL SERVICE OFFICE	"	

14. FACILITY MAPS: Host Command, Naval Weapons Station Earle, Colts Neck, NJ, will comply with the request.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

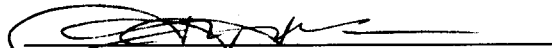
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

LT JOHNNIE F. JOHNSON, MSC, USN  
NAME (Please type or print)

  
Signature

OFFICER IN CHARGE  
Title

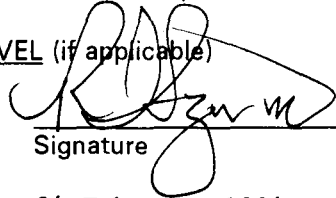
1 February 1994  
Date

BRANCH MEDICAL CLINIC EARLE  
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT R. T. Sizemore, III  
NAME (Please type or print)

  
Signature

Commanding Officer  
Title

04 February 1994  
Date

Naval Medical Clinic Phila.  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

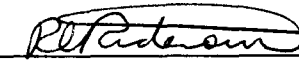
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
Signature

ACTING CHIEF BUMED

11 FEB 1994

\_\_\_\_\_  
Title

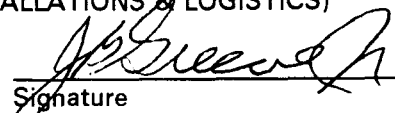
\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY  
Activity

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

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

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

  
Signature

ACTING

16 FEB 94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Document Separator

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL FACILITY: BRANCH MEDICAL CLINIC  
NAVAL WEAPONS STATION EARLE  
COLTS NECK, NEW JERSEY 07722-5033**

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

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

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**MISSION REQUIREMENTS**

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	5,372	3,067	N/A	7,172	4,867	N/A
FAMILY OF AD	11,281	6,440	N/A	15,061	10,220	N/A
SUBTOTAL	16,653	9,507	N/A	22,233	15,087	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	14,694	2,974	N/A	15,194	3,074	N/A
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	1,629	245	N/A	1,729	255	N/A
OTHER						
TOTAL	32,976	12,726	N/A	39,156	18,416	N/A

**NOTE:** Source of data is DIMS Information Center, FY-92 Population by zip code for the Fort Monmouth catchment area, 1998 is as far as we can project out into the future.

**NOTE:** THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

<sup>3</sup> IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION

(SEE TRICARE POLICY GUIDELINES).  
4 THIS SECTION MUST BE COMPLETED.



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

Operating Beds <sup>1</sup> :	NONE
Set Up Beds <sup>1</sup> :	NONE
Expanded Bed Capacity <sup>2</sup> :	NONE

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	5893	3207	147	9247
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	N/A	N/A	N/A	56,043
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	↓	↓	↓	1,709
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	↓	↓	↓	6,543
OTHER (SPECIFY)	↓	↓	↓	N/A

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

NOTE: Ancillary data not available by patient category.

BUMED-822, mll  
3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	14,490 per year	1,932 per year	644 per year	17,066 per year
ADMISSIONS	N/A	N/A	N/A	60,000 per year
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	↓	↓	↓	2,550 per year
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	↓	↓	↓	10,000 per year
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	↓	↓	↓	N/A
OTHER (SPECIFY)	↓	↓	↓	↓

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

NOTE: Ancillary data not currently maintained by patient category.

CALCULATIONS: 7 providers (1 FP, 1 GMO, 1 PA, 1 RN, 3 IDCs)  
 Each provider would take 30 days leave per year, and 14 days continuing education training per year. Providers available 322 days per year.  
 45 active duty per day X 322 days per year = 14,490  
 6 family of active duty X 322 days per year = 1,932  
 2 retired and family X 322 days per year = 644

BUMED 822, msl  
 3 Jun 94

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	3901	3361	107	7369
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	N/A	N/A	N/A	20,642
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	↓	↓	↓	850
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	↓	↓	↓	3,247
OTHER (SPECIFY)	↓	↓	↓	N/A

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

NOTE: Outpatient visits and ancillary stats are for the period Oct - Apr 94. Ancillary data not available by patient category.

BUMED-822  
 AMJ, 3 Jun 94

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE <sup>1</sup>	2	3	3	3	3	3	3	3
SPECIALTY CARE <sup>2</sup>	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS <sup>3</sup>	2	2	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	7	8	9	9	9	9	9	9

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	11,000
SPECIALTY CARE <sup>2</sup>	7,000
PHYSICIAN EXTENDER <sup>3</sup>	3,000
TOTAL	21,000

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 553,124 source Monmouth County New Jersey 1992 Government Guide

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
Patterson Army Community Hospital	Army	10 miles	20 minutes	MOU
Walson Air Force Community Hospital	Air Force	40 miles	60 minutes	MOU
Bayshore Community Hospital	Bayshore Community Health Services, Inc.	15 miles	30 minutes	None
Carrier Foundation Non-profit Psychiatric Hospital	Carrier Foundation, Inc.	15 miles	30 minutes	None
Jersey Shore Medical Center	Robert Wood Johnson Medical Schoole	10 miles	20 minutes	None
Monmouth Medical Center	Monmouth Medical Health Services	20 miles	40 minutes	None
Riverview Medical Center	Riverview Plaza Inc.	15 miles	30 minutes	None
Centra State Medical Center	Centra State Health Services, Inc.	15 miles	30 minutes	None



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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
Patterson Army Community Hospital	49	YES	40.8%	Possible downgrade to a clinic in FY-95
Walson Air Force Community Hospital	144	YES	100%	Inpatient care discontinued 1 Apr 94; possible downgrade to a clinic FY-95
Bayshore Community Hospital	225	YES	79.4%	Non Gov not for profit med/surg short term stay
Carrier Foundation	35	NO	100%	Private, non-profit, psychiatric hospital and addiction treatment center
Jersey Shore Medical Center	501	YES	93%	major teaching hospital
Monmouth Medical Center	526	YES	97%	major teaching hospital
Riverview Medical Center	500	YES	82%	Same day surgery, diabetes management
Centra State Medical Center	240	YES	80%	comprehensive healthcare services

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

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

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

A = STUDENTS PER YEAR

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

C = A x B

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

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

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

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

---

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

BRAC-95 CERTIFICATION

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

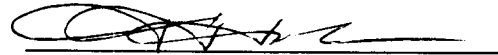
JOHNNIE F. JOHNSON  
NAME (Please type or print)

OFFICER IN CHARGE  
Title

MEDICAL  
Division

BRANCH MEDICAL CLINIC  
Department

NAVAL WEAPONS STATION EARLE  
Activity

  
Signature

25 MAY 94  
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

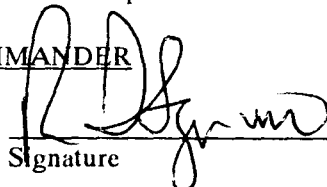
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

R. T. SIZEMORE, III, CAPT, MC, USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

5-31-94  
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Title \_\_\_\_\_  
Date \_\_\_\_\_

Activity \_\_\_\_\_

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

NEXT ECHELON LEVEL (if applicable)

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

Title \_\_\_\_\_  
Date \_\_\_\_\_

Activity \_\_\_\_\_

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

CHIEF BUMED/SURGEON GENERAL

Title \_\_\_\_\_  
Date \_\_\_\_\_

BUREAU OF MEDICINE & SURGERY

Activity \_\_\_\_\_

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

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

J. S. GREENE JR

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

NAVY

Title \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_

8 June 1994

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**DATA CALL 64  
CONSTRUCTION COST AVOIDANCES**

**Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).**

<b>Installation Name:</b>		Earle NWS		
<b>Unit Identification Code (UIC):</b>		35654		
<b>Major Claimant:</b>		Defense Agencies (DMFO)		
<b>Project FY</b>	<b>Project No.</b>	<b>Description</b>	<b>Appn</b>	<b>Project Cost Avoid (\$000)</b>
1998		Medical/Dental Clinic	MCON	5,800
		<b>Sub -Total 1998</b>		<b>5,800</b>
		<b>Grand Total</b>		<b>5,800</b>



BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery  
\_\_\_\_\_  
NAME (Please type of print)  
Director, DMFO  
\_\_\_\_\_  
Title  
OASD (HA)  
\_\_\_\_\_  
Activity

*Gordon K. Dowery*  
\_\_\_\_\_  
Signature  
7/8/94  
\_\_\_\_\_  
Date

Document Separator

DATA CALL 66  
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC EARLE
UIC:	35654
Host Activity Name (if response is for a tenant activity):	NAVAL WEAPONS STATION EARLE COLTS NECK, NJ 07722
Host Activity UIC:	60478

**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

DATA CALL 66  
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC EARLE		UIC: 35654	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair	0		0
1b. Minor Construction	0		0
<b>1c. Sub-total 1a. and 1b.</b>	0		0
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	76		76
2b. Transportation	10		10
2c. Environmental	0		0
2d. Facility Leases	0		0
2e. Morale, Welfare & Recreation	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	180	90	270
2j. Other (Specify) Communications/Refuse	23	209	232
<b>2k. Sub-total 2a. through 2j:</b>	289	299	588
<b>3. Grand Total (sum of 1c. and 2k.):</b>	289	299	588

DATA CALL 66  
INSTALLATION RESOURCES

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

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

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

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

DATA CALL 66  
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC EARLE		UIC: 35654	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000) N/A		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<=\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
<b>1e. Sub-total 1a. through 1d.</b>			
<b>2. Other Base Operating Support Costs:</b>			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
<b>2m. Sub-total 2a. through 2l:</b>			

DATA CALL 66  
INSTALLATION RESOURCES

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

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH MEDICAL CLINIC EARLE	UIC: 35654
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	52
Material and Supplies (including equipment):	377
Industrial Fund Purchases (other DBOF purchases):	0
Transportations:	5
Other Purchases (Contract support, etc.):	564
<b>Total:</b>	<b>998</b>

DATA CALL 66  
INSTALLATION RESOURCES

**3. Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name: BRANCH MEDICAL CLINIC EARLE	UIC: 35654
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	1
Mission Support:	4
Procurement:	0
Other:*	0
<b>Total Workyears:</b>	<b>5</b>

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



DATA CALL 66  
INSTALLATION RESOURCES

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

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

3

2) Estimated number of workyears which would be eliminated:

2

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):

0

DATA CALL 66  
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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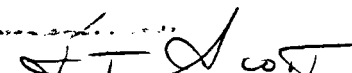
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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

\_\_\_\_\_  
F. T. SCOTT  
\_\_\_\_\_  
NAME (Please type or print)

Signature 

\_\_\_\_\_  
COMMANDING OFFICER  
\_\_\_\_\_  
Title

Date

19 July 94

\_\_\_\_\_  
NAVAL MEDICAL CLINIC, PHILADELPHIA  
\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

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

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

04 AUG 1994

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**MILITARY VALUE ANALYSIS:  
DATA CALL WORKSHEET FOR:  
MEDICAL FACILITY: BRANCH MEDICAL CLINIC  
NAVAL WEAPONS STATION EARLE, COLTS NECK,  
NEW JERSEY, 07722-5033  
ACTIVITY UIC: 35654**

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

**April 4, 1994**

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

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## MISSION REQUIREMENTS

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

GENERAL: Provide quality and responsive medical support to Naval Weapons Station Earle (NWS), primarily for active duty personnel, and work related injuries and illnesses to civilian employees. On a space and resource available basis, medical services will be provided to active duty dependents, military retirees and their dependents and other eligible beneficiaries.

GOALS: Protect and enhance the health status of patients. Provide appropriate medical intervention to correct or alleviate medical conditions, illnesses and injuries. Support other NWS Earle departments and activities which require medical support for fulfillment of their workplace objectives.

SCOPE OF SERVICES: Our Clinic's normal times of operation are Monday - Friday, 0730 - 1600, holidays excluded. During normal operations, the following services are routinely available: Treatment for acute illnesses/injuries; sickcall; ambulance services; occupational health services; medical surveillance programs; basic laboratory, pharmacy, and x-ray services; audiometric testing; preventive medicine; and health benefits counseling. Other services include: Overseas screening; immunizations; routine gynecological care; well-baby checks; smoking cessation programs; wellness/fitness assessments; patient education; and pulmonary function testing.

CLINIC: Branch Medical Clinic Earle is divided into two clinics, pierside and mainside, which are 17 miles apart. The two clinics are connected by a private road and railroad. The Mainside Clinic is housed in an old building, C-3 and occupies about 6,000 square feet of useable floor space. The Pierside Clinic is newer, and is housed in building R-4B where it occupies about 900 square feet of space.



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 Weapons Station Earle	60478	Colts Neck, NJ	897
USS Seattle (AOE-3)	05848	Leonardo, NJ	616
USS Detroit (AOE-4)	20120	Leonardo, NJ	609
USS Suribachi (AE-21)	08821	Leonardo, NJ	373
USS Nitro (AE-23)	08391	Leonardo, NJ	402
USS Butte (AE-27)	05839	Leonardo, NJ	397
SIMA New York Detachment Earle	47080	Leonardo, NJ	301
Northern Naval Facilities Div, Earle	44208	Colts Neck, NJ	15
Human Resources Satellite Office	00109	Colts Neck, NJ	13
Naval Exchange	30651	Colts Neck, NJ	13
Naval Criminal Investigative Services	63054	Colts Neck, NJ	13
Engineering Training Group	49393	Leonardo, NJ	12
Explosive Ordnance Disposal Group Two	30704	Colts Neck, NJ	5

Naval Computer and Telecommunications	48784	Colts Neck, NJ	2
Mobile Mine Assembly Group Unit Three	52771	Colts Neck, NJ	48
Customer Service Desk Earle	35562	Colts Neck, NJ	6
Defense Criminal Investigative Service	HF1029	Colts Neck, NJ	6
DFAS	HQ0103	Colts Neck, NJ	5
COOP Mine Unit 2204	47116	Leonardo, NJ	4
Naval Supply Center Detachment Colts Neck	47906	Leonardo, NJ	7
Branch Dental Clinic	48081	Leonardo, NJ	7
SUPSHIP	62794	Leonardo, NJ	10
Naval Supply Center Detachment, Earle	47906	Leonardo, NJ	7

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	13,000	N/A	100
ACTIVE DUTY NON N/MC				
TOTAL ACTIVE DUTY	0	13,000		100
FAMILY OF AD	0	8,000	N/A	25
RETIRED AND FAMILY MEMBERS UNDER 65	0	300	N/A	1
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER				
TOTAL	0	21,300		126

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

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	25,000	30,000	30,000	30,000	30,000	30,000	30,000
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

- ASSUMPTIONS:
1. Patterson Army Community Hospital will downsize to a clinic FY-95.
  2. Walson Air Force Community Hospital will downsize to a clinic FY-95.

CALCULATIONS: 5 providers with 15 appointments per day times 322 days per year = 24,150 OPVs + 1000 sickcall OPVs = 25,000

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections	300	2
Fitness Tests Standby	6	2
Field Training	24	2
Rifle Range Details	40	2
MWR Supporting Events Standby	30	2
Award Ceremonies	5	2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions. N/A

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME): N/A

PROGRAM	STATUS <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
N/A			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

**FACILITIES**

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
550-10	C-3	6,000	40	S
550-10	R-4B	1,000	40	A

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

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

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

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



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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME : BRANCH MEDICAL CLINIC, NAVAL WEAPONS STATION EARLE					
2. UIC: 35654	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS:2			
5. SIZE: 7,000 SQ FT	A. GSF	B. NORMAL BEDS:NONE		C.DTRS	
6. LOCATION: Naval Weapons Station Earle	A. CITY: Colts Neck and Leonardo	B. STATE: New Jersey			
<b>7. FACILITY ASSESSMENT</b>					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING			60%		
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.			60%		
(4) DENTAL					
(5) EMERGENCY SVCS.			60%		
(6) FOOD SERVICES					
(7) LABORATORIES	100%				
(8) LOGISTICS			60%		
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					
(D) ELECTRICAL SVCS.		95%			

(E) ELECTRICAL DISTRIBUTION					
(F) EMERGENCY POWER		95%			

#### FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

#### DEFINITIONS

**CATEGORY CODE** - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

**CONSTRUCTION TYPE** - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

**% ADEQUATE** - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

**% SUBSTANDARD** - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration, the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility or portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character

- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

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

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

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

DATE OF SURVEY: N/A

FULL ACCREDITATION: Yes/No

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

**LOCATION:**

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

a. What is the importance of your location relative to the clients supported? Our clients supported are within walking distance to our facility.

b. What are the nearest air, rail, sea and ground transportation nodes? Newark International Airport is 40 miles west, McQuire Air Force Base is 40 miles south, New Jersey Transit operates trains from 9 miles west, commercial bus service is available outside the pierside gate to major cities, and a major sea port is located about 15 miles east.

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

Distance (in miles): 40

d. What is the importance of your location given your mobilization requirements? We are within a reasonable commuting distance to all major transportation nodes.

e. On the average, how long does it take your current clients/customers to reach your facility? We have more than 500 housing units located within 3 minutes from our Mainside Clinic, and five ships located within 5 minutes from our Pierside Clinic.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? We are located in a very high cost area, this hinders our hiring of qualified civilian personnel.

**FEATURES AND CAPABILITIES**

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

If our capabilities were lost the impact on the Active Duty population would be minimal. There are several civilian health care facilities within 15 miles of our population.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Yes, the local civilian health care infrastructure consist of two military and six civilian hospitals.



10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes, the local civilian community health care system would be able to care for the residual population, because there is excess capacity and beds in the local hospitals.

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

We do not have inpatient capability.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
Fleet Hospital #3		10
2ND MARDIV		10
T-AH 20 USNS COMFORT		4
US NAVAL HOSPITAL NAPLES		3

**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. This requirement has minimal impact on our ability to provide additional workload.

c. Please provide the total number of your expanded beds<sup>1</sup> that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds<sup>1</sup>: 0

<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	0	0	0
OUTPATIENT	0	0	0

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	NO.	COST	NO.	COST
AD			78	400K	100	500K
AD FAMILY						
OTHER						
TOTAL			78	400K	100	500K

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

<sup>2</sup> The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1,058,717	962,034	N/A
TOTAL OUTPATIENT VISITS	6576	10,681	17,000
AVERAGE COST PER VISIT	159.21	85.41	N/A

Table C: N/A

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

Table D: N/A

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

15. Quality of Life.

Completed by Host Command: Naval Weapons Station, Earle,  
Colts Neck, N.J., UIC 60478, Data Call # 54

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

BRAC-95 CERTIFICATION

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

JOHNNIE F. JOHNSON

NAME (Please type or print)

OFFICER IN CHARGE

Title

MEDICAL

Division

BRACON MEDICAL CLINIC

Department

NAVAL WEAPONS STATION EARLE

Activity

[Signature]

Signature

25 MAY 94

Date



BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

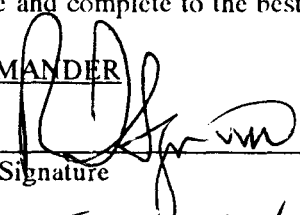
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

R. T. SIZEMORE, III, CAPT, MC, USN  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

COMMANDING OFFICER

\_\_\_\_\_  
Title

5-31-94  
\_\_\_\_\_  
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

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

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*6-6-94*

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

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

*J.B. Greene Jr*  
\_\_\_\_\_  
Signature

*Acting*  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*10 Jun 1994*

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 U.S. Naval Branch Medical Clinic, NCTAMS, Guam, Mariana Islands

Official name	U.S. Naval Branch Medical Clinic, NCTAMS, Guam
Acronym(s) used in correspondence	NCTAMSBRMEDCL, GU
Commonly accepted short title(s)	NCTAMSBRMEDCL, GU

- Complete Mailing Address:

Commanding Officer  
 U.S. Naval Hospital,  
 Guam, MI  
 FPO AP 96538-1600

- PLAD: NCTAMSBRMEDCL, GU

● PRIMARY UIC: 32592 (Plant Account UIC for Plant Account Holders)

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

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

2. **PLANT ACCOUNT HOLDER:**

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

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

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

• Yes \_\_\_\_\_ No  X  (check one)

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

• Yes  X  No \_\_\_\_\_ (check one)

- Primary Host (current) UIC: 70243
- Primary Host (as of 01 Oct 1995) UIC: 70243
- Primary Host (as of 01 Oct 2001) UIC: N/A

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

• Yes \_\_\_\_\_ No  X  (check one)

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

Name	Location	UIC
N/A	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	N/A	N/A	N/A	N/A

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

Yes. Naval Air Station (NAS) Agana was selected by BRAC 93 for closure in FY 95. This action also eliminated BRMEDCL NAS Agana, Guam (UIC 32589).

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

- General outpatient and ambulatory care to authorized military and civilian personnel.
- Military sick call for NCTAMS and its tenant commands.
- Medical support for weapons training on pistol/rifle ranges and field training conducted by Marine Barracks and Security department.
- Custody and maintenance of military medical records.
- Medical support to the Naval Facility, and attached units of the Army and Coast Guard, as required.

Projected Missions for FY 2001

- Same as current missions.

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   |
| Commanding Officer, U.S. Naval Hospital, Guam | 68096 |
| ● Funding Source                              | UIC   |
| Commanding Officer, U.S. Naval Hospital, Guam | 68096 |

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

On Board Count as of 01 January 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
● Reporting Command	<u>2</u>	<u>8</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	C i v i l i a n
(Appropriated)			
● Reporting Command	<i>M.A.A.</i> <u>3</u> ○	<i>M.A.A.</i> <u>10</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.

Title/Name Home	Office	Fax
CO/OI		
● <u>J.M. Ricciardi, MC, USN</u>	<u>344-9234</u>	
● Executive Officer		
● <u>CAPT J.W. Moran, NC, USN</u>	<u>344-9325</u>	
● Director for Administration		
● <u>CDR C.A. Jimerfield, MSC, USN</u>	<u>344-9703</u>	
● Director for Resources		
● <u>LT J. Nalewaiski, MSC, USNR</u>	<u>344-9720</u>	
● Head, Manpower Management Department		
● <u>LT G. Kiplinger, MSC, USN</u>	<u>344-9614</u>	
● Head, Management Information Department		
● <u>LT V. LINDSEY, MSC, USNR</u>	<u>344-9791</u>	



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.

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

• Tenants (Other than those identified previously)

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

• 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).

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

• Tenants residing on main complex (homeported units.)

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

• Tenants residing on main complex (shore commands)

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.)

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

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

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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. M. RICCIARDI, CAPT, MC, USN  
NAME (Please type or print)

COMMANDING OFFICER  
Title

U. S. NAVAL HOSPITAL, GUAM  
Activity

J M Ricciardi  
Signature  
01 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)

E. K. KRISTENSEN  
Name (Please type or print)  
Rear Admiral, U.S. Navy  
Title  
COMNAVMARIANAS GUAM  
Activity

*E. K. Kristensen*  
Signature  
February 8, 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

RADM R. I. Ridenour  
Name (Please type or print)  
ACTING CHIEF BUMED  
Title  
BUREAU OF MEDICINE & SURGERY  
Activity

X *R. I. Ridenour*  
Signature  
23 FEB 1994  
Date

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

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

\_\_\_\_\_  
Name (Please type or print)  
\_\_\_\_\_  
Title

*[Signature]*  
Signature  
22 March 1994  
Date

Document Separator

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**CAPACITY ANALYSIS:**  
**DATA CALL WORK SHEET FOR: Brac 95, #26**  
**MEDICAL FACILITY: NCTAMS BRMEDCL Guam (UIC 32592)**

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

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

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**MISSION REQUIREMENTS**

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	10,639	945	N/A	10,320	916	N/A
FAMILY OF AD (AD * 1.2)	11,447	1,134	N/A	11,103	1,100	N/A
SUBTOTAL	22,086	2,079	N/A	21,423	2,016	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	3,452	N/A	N/A	3,348	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	90	N/A		87	N/A	N/A
OTHER (est. based on level of O/P visits - .017)	229	35	N/A	222	34	N/A
TOTAL	25,857	2,114	N/A	25,080	2,050	N/A

- Catchment Area is for island of Guam, tri-service and federal agencies.
- Air Force Active Duty = 2550, Dependents = 4131.
- Assigned population: NCTAMS Westpac Base only.
- FY 2001 projections based on beneficiary population projections to FY 1999 by Defense Medical Information Systems (DMIS) Resource Analysis and Planning System (RAPS) Report.

SOURCE: COMMANDER U.S. NAVAL FORCES, MARIANAS and NCTAMS Westpac Admin.



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

Operating Beds <sup>1</sup> :	N/A <sup>3</sup>
Set Up Beds <sup>1</sup> :	N/A <sup>3</sup>
Expanded Bed Capacity <sup>2</sup> :	N/A <sup>3</sup>

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

<sup>3</sup> N/A - Outpatient Medical Treatment Facility (MTF) Only.

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHERS	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,149	160	5	112	6,426
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	56,211	1,347	0	995	58,553
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	2,495	60	0	44	2,599
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	4,741	114	0	84	4,939
OTHER (SPECIFY)	N/A				

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

BU MFP 822  
mjs 22 Jul 94

SOURCE: USNHG MID MGMT ANALYSIS DIVISION-USING MICRO-WORS REPORTS.

1. OTHER INCLUDES CIVILIAN/HUMANITARIAN, COAST GUARD, VA, DOD, NOAA, PHS AND FEDERAL AGENCIES.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	8,651	160	5	123	8939
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	71,110	1,704	0	1,259	74,073
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	3,259	78	0	58	3,395
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	6,143	147	0	109	6,399
OTHER (SPECIFY)	N/A				

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

BUMFD82  
M2, 22J48

Includes 25% of current workload of NAS Agana Branch Medical Clinic, scheduled to close in FY94/95; To provide this level of service would require minimal additional staffing.

DATA SOURCE: Micro-Wors.

Projected capacity based on assessment of Director for Branch Medical Clinics (BMC) and Head, NCTAMS Westpac BMC.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	8,651	160	5	123	8,939
ADMISSIONS	0	0	0	0	0
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	71,110	1,704	0	1,259	74,073
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	3,259	78	0	58	3,395
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	6,143	147	0	109	6,399
OTHER (SPECIFY)	N/A				

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

BUMED 82  
RVA, 22 Jul 94

- Includes 25% of current workload of NAS Agana Branch Medical Clinic, scheduled to close in FY94/95; To provide this level of service would require minimal additional staffing.

SOURCE: MICRO-WORS.

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

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

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Sub-specialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

- STAFFING PROJECTION: FY95 (PROJECTED ONBOARD STAFFING) USED AS BASE TO CALCULATE SIMPLE GROWTH OF 5.5% ANNUALLY THROUGH FY96.

- NO CNO PROJECTION AFTER FY96.

SOURCE: FY94/95 STAFFING-USNHG MANPOWER MGMT DEPT.

**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	82
SPECIALTY CARE <sup>2</sup>	61
PHYSICIAN EXTENDER <sup>3</sup>	0
TOTAL	143

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

SOURCE: GUAM HEALTH PROFESSIONAL LICENSING OFFICE. 6/94.

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

Region Population: 133,152 (FOR THE ISLAND OF GUAM)

SOURCE: COMMANDER U.S. NAVAL FORCES, MARIANAS AND GUAM BUREAU OF PLANNING.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
GUAM MEMORIAL HOSPITAL	GOVERNMENT OF GUAM	8 MILES	25 MINUTES	(SA) COOPERATIVE DISASTER/EMERGENCY SUPPORT
				(MOU) EXCHANGE EMERGENT
				CAT SCAN SERVICES
				(MOU) EXCHANGE OF BLOOD SERVICES
U.S. NAVAL HOSPITAL, GUAM	U.S. NAVY	9 MILES	40 MINUTES	PARENT HOSPITAL OF THIS BRANCH CLINIC

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility



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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
GUAM MEMORIAL HOSP.	198	NO	71.9%	ECHOCARDIOGRAPHY
				KIDNEY DIALYSIS
				ARTERIOGRAPHY
				NEONATAL INTENSIVE CARE
				ADOLESENT PHYSICAL THERAPY
U.S. NAVAL HOSPITAL, GUAM	55	YES	50.9%	NUCLEAR MEDICINE; DOD BLOOD BANK

U.S. NAVAL HOSPITAL GUAM is the only JCAHO accredited Medical Facility, military or civilian, within 1500 miles.

SOURCE: GUAM MEMORIAL HOSPITAL AUTHORITY PATIENT CARE STATISTICS, 4/93.

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

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

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A <sup>1</sup>								
N/A <sup>1</sup>								

N/A<sup>1</sup> Reference U.S. Naval Hospital, Guam (UIC 68096)BRAC 95 Data Call 26 as providing training and authorization for training done at Branch Medical Clinics. Training is monitored and reported by parent command, U.S. Naval Hospital Guam.

- Occasional training is provided for University of Guam (UOG) undergraduate Nursing students, as part of Memorandum of Understanding (MOU) between U.S. Naval Hospital, Guam and University of Guam.

A = STUDENTS PER YEAR

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

C = A x B

SOURCE: USNHG STAFF EDUCATION AND TRAINING DEPARTMENT.

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN) <sup>1</sup>	Capacity (Student HRS/YR)
N/A <sup>2</sup>			
N/A <sup>2</sup>			

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

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

N/A<sup>2</sup> Reference U.S. Naval Hospital, Guam (UIC 68096) BRAC 95 Data Call 26 as providing training and authorization for training done at Branch Medical Clinics. Training is monitored and reported by parent command, U.S. Naval Hospital Guam.

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR C. A. ROMINE, NC, USNR  
NAME (Please type or print)

*C. A. Romine*  
Signature

DIRECTOR, BRANCH MEDICAL CLINICS  
Title

11 Oct 94  
Date

NCTAMS WESTPAC, BRANCH MEDICAL CLINIC  
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT J. M. RICCIARDI, MC, USN  
NAME (Please type or print)

J M Ricciardi  
Signature

COMMANDING OFFICER  
Title

19 July 94  
Date

U. S. NAVAL HOSPITAL, GUAM  
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

8/3/94  
Date

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**DATA CALL 64  
CONSTRUCTION COST AVOIDANCES**

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**Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).**

<b>Installation Name:</b>		Guam NAVCAMS		
<b>Unit Identification Code (UIC):</b>		32592		
<b>Major Claimant:</b>		Defense Agencies (DMFO)		
<b>Project FY</b>	<b>Project No.</b>	<b>Description</b>	<b>Appn</b>	<b>Project Cost Avoid (\$000)</b>
2001		Medical/Dental Clinic	MCON	6,000
		<b>Sub -Total 2001</b>		<b>6,000</b>
		<b>Grand Total</b>		<b>6,000</b>

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

Gordon K. Dowery  
\_\_\_\_\_  
NAME (Please type of print)  
Director, DMFO  
\_\_\_\_\_  
Title  
OASD(HA)  
\_\_\_\_\_  
Activity

*Gordon K. Dowery*  
\_\_\_\_\_  
Signature  
7/8/94  
\_\_\_\_\_  
Date



Document Separator

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DATA CALL 66  
INSTALLATION RESOURCES

Activity Information:

Activity Name:	U. S. Branch Medical Clinic, Naval Computer & Telecommunications Area Master Station WestPac, Guam
UIC:	<del>68096</del> 32592 <sup>BUMED GSA</sup> MED-825 7/29/94
Host Activity Name (if response is for a tenant activity):	<del>N/A</del> NCTMS GUAM VR BUMED 824 7/29/94
Host Activity UIC:	<del>N/A</del> 70243 VR BUMED 824 7/29/94

**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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

<b>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b>			
Activity Name: U. S. Branch Medical Clinic, Naval Computer & Telecommunications Area Master Station WestPac, Guam			UIC: 68096
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair	20	0	20
1b. Minor Construction	0	0	0
<b>1c. Sub-total 1a. and 1b.</b>	20	0	20
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	0	0	0
2b. Transportation	5	0	5
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	1	20	21
2j. Other (Specify) Communications	20	0	20
<b>2k. Sub-total 2a. through 2j:</b>	26	20	46
<b>3. Grand Total (sum of 1c. and 2k.):</b>	46	20	66

3  
VR Bureau 824 7/24/94

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DATA CALL 66  
INSTALLATION RESOURCES

**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>
DHP, O&M	46
MPN	20

**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**

<b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b>			
<b>Activity Name:</b> U. S. Branch Medical Clinic, Naval Computer & Telecommunications Area Master Station WestPac, Guam		<b>UIC:</b> 68096	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
<b>1c. Sub-total 1a. through 1d.</b>	N/A	N/A	N/A
<b>2. Other Base Operating Support Costs:</b>			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
<b>2m. Sub-total 2a. through 2l:</b>	N/A	N/A	N/A
<b>3. Depreciation</b>	N/A	N/A	N/A

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

<b>Table 2 - Services/Supplies Cost Data</b>	
<b>Activity Name:</b> U. S. Branch Medical Clinic, Naval Computer & Telecommunications Area Master Station WestPac, Guam	<b>UIC:</b> 68096
Cost Category	FY 1996 Projected Costs (\$000)
<b>Travel:</b>	3
<b>Material and Supplies (including equipment):</b>	15
<b>Industrial Fund Purchases (other DBOF purchases):</b>	0
<b>Transportation:</b>	5
<b>Other Purchases (Contract support, etc.):</b>	1
<b>Total:</b>	24

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

<b>Table 3 - Contract Workyears</b>	
<b>Activity Name:</b> U. S. Branch Medical Clinic, Naval Computer & Telecommunications Area Master Station WestPac, Guam	<b>UIC:</b> 68096
<b>Contract Type</b>	<b>FY 1996 Estimated Number of Workyears On-Base</b>
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
<b>Total Workyears:</b>	N/A

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



**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66  
INSTALLATION RESOURCES**

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

N/A

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

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

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

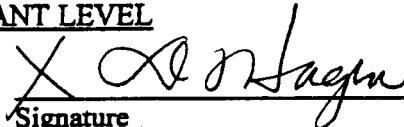
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Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X   
Signature

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

CHIEF BUMED/SURGEON GENERAL

8-1-94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

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

  
Signature

\_\_\_\_\_  
Title

8/26/94  
\_\_\_\_\_  
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. M. RICCIARDI, CAPT, MC, USN  
NAME (Please type or print)  
COMMANDING OFFICER  
Title  
U. S. BRANCH MEDICAL CLINIC,  
NAVAL COMPUTER & TELECOMMUNICATIONS  
Activity AREA MASTER STATION WESTPAC, GUAM

J M Ricciardi  
Signature

21 July 94  
Date

Document Separator



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## MISSION REQUIREMENTS

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

SOURCE: SORM, USNHGUAMINST. 5450.4F

Branch Medical Clinic, Naval Communication & telecommunications Area Master Station (NCTAMS)

- (1) General outpatient and first aid/acute care to authorized personnel.
- (2) Military sick call for NCTAMS and its tenant commands, as well as patient referral, as necessary, to Naval Hospital Specialty Clinics.
- (3) Medical support for weapons training on pistol/rifle ranges and field training conducted by Marine Barracks and Security Department.
- (4) Custody and maintenance of military medical records.
- (5) Medical support to the Naval Facility, and attached units of the Army and Coast Guard, as required.



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)
NCTAMS	70243	DEDEDO, GU	*
NAVY VRC-50	09612	YIGO, GU	*
NAVY HC-5	09823	YIGO, GU	*
U.S. Coast Guard	*	GUAM	*
Army Reserve	*	GUAM	*
Guam National Guard	*	GUAM	*
Naval Reserve Unit #120	*	Santa Rita, GU	*

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

\* INFORMATION NOT CURRENTLY AVAILABLE. PER COMNAVMARIANAS MILITARY AFFAIRS SECTION, CAN PROVIDE AT A LATER DATE VIA THIS COMMAND.

- This clinic provides (Military Entrance Processing Services) for Reserve Units on Guam.

- Source: Director, Branch Clinics.

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	5,335	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	847	N/A	N/A
TOTAL ACTIVE DUTY	N/A	6,182		N/A
FAMILY OF AD	N/A	148	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	109	N/A	N/A
TOTAL	N/A	6,439 <sup>1</sup>		N/A

What is your occupancy rate for FY 1994 to date? N/A; OUTPATIENT CLINIC ONLY

<sup>1</sup> REFLECTS YTD DATA THROUGH THE MOST CURRENT MONTH (MAY) PLUS PROJECTED MONTHLY TOTALS FOR JUN-SEP.

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	10,358	10,102	9,845	9,589	9,332	9,075	8,819
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

FORMULA = PROJECTED OPV's OF ALL CLINICS, USNH GUAM X 46.4%.

SOURCE: USNHG MID, MANAGEMENT ANALYSIS DIVISION.

N/A - THIS CLINIC IS AN OUTPATIENT MEDICAL TREATMENT FACILITY (MFT) ONLY.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections		
Water Quality Analysis		
Entymology		
Insect Trap Collect & Analysis		
Food Service Sanitation Instruction		
TOTAL	379 hrs	1
Industrial Hygiene Support	294 hrs	1

Source: Director, Occupational Health & Preventive Medicine.

- Services provided on NCTAMS WESTPAC Base.

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR					
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999
NO GME						

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
NO GME			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

## FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
55010	NCTAMS BMC	12800	28	C03

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
95333	C11-93 Backup Generator	93	145,800

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
95323	Construct Storage Facility	97	95,000

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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



DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)		DD-H(A)1707		DMIS ID NO
1. FACILITY NAME - NCTAMS BRANCH MEDICAL CLINIC				
2. UIC N70243	3. CATEGORY CODE55010	4. NO. OF BUILDINGS 1		
5. SIZE 192LX32W	A. GSF 12468	B. NORMAL BEDS N/A	C. DTRS	
6. LOCATION GUAM	A. CITY NCTAMS STATION	B. STATE GU		
7. FACILITY ASSESSMENT				
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES
				WEIGHT FACTOR
(1) ACCESS & PARKING	70	30		CO3
(2) ADMINISTRATION		100		CO3
(3) CENTRAL STERILE SVCS.		100		CO3
(4) DENTAL	N/A			
(5) EMERGENCY SVCS.	40	60		CO3
(6) FOOD SERVICES	N/A			
(7) LABORATORIES		100		CO3
(8) LOGISTICS	40	60		CO3
(9) INPATIENT NURSING UNITS	N/A			
(10) LABOR-DEL-NURSERY	N/A			
(11) OUTPATIENT CLINICS	40	60		CO3
(12) PHARMACY	40	60		CO3
(13) RADIOLOGY	100			
(14) SURGICAL SUITE	40	60		CO3
(15) BUILDING				
(A) STRUCTURAL/SEISMIC			100	CO3
(B) HVAC	95	5		CO3
(C) PLUMBING	100			
(D) ELECTRICAL SVCS.	100			
(E) ELECTRICAL DISTRIBUTION	100			
(F) EMERGENCY POWER	25	75		CO4

## FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

### DEFINITIONS

**CATEGORY CODE** - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

**CONSTRUCTION TYPE** - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

**% ADEQUATE** - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

**% SUBSTANDARD** - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit or severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration, the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

**% INADEQUATE** - Percent Inadequate is the capacity of a facility or portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical

deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character

- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

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

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

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

DATE OF SURVEY: NOV 92

FULL ACCREDITATION: Yes; CONDITIONAL, TYPE 1 LIFE SAFETY SCORE

LIFE SAFETY MANAGEMENT SCORE: 1

**LOCATION:**

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

a. What is the importance of your location relative to the clients supported? VERY CRITICAL TO KEEP CLINIC, WHICH CUTS DOWN ON LOST TIME FROM WORK FOR NCTAMS COMM WORKERS. ONE HR VICE 4 HRS TO GO TO U.S. NAVAL HOSPITAL GUAM.

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

AIR - ANDERSEN AFB, 11.6 MI  
NAS GUAM, 8.5 MI

RAIL - NONE

SEA - 20 MI

GROUND - AVAILABLE NEARBY, BUT MUST STILL GO VIA AIR.

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

Distance (in miles): 8.5

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

THIS CLINIC IS FORWARD DEPLOYED AND DOES NOT MOBILIZE. OUR GEOGRAPHIC LOCATION IS STRATEGIC FOR MOBILIZATION IN THE PACIFIC RIM.

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

5-10 MINUTES.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

The pool of candidates is limited for critical skills like physicians, nurses, computer programmers, medical technologist and medical records personnel. Due to Guam's remote, isolated geographic location, it is also difficult to attract other qualified candidates from stateside.

## FEATURES AND CAPABILITIES

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

MOST IMPORTANT WOULD BE THE LOST MANHOURS AT WORK. WE SEE THE PATIENT AND EITHER SIQ THEM OR SEND THEM BACK TO WORK. PATIENT WAITS AN AVERAGE OF 30-45 MINUTES FROM THE TIME THEY CHECK-IN. IF THEY HAD TO GO TO U.S. NAVAL HOSPITAL, GUAM, THEY WOULD LOSE 35-45 MINUTES EACH WAY IN TRANSPORTATION TIME DEPENDING ON TRAFFIC. ALSO THE AVERAGE WAITING TIME AT THE U.S. NAVAL HOSPITAL, GUAM, IS 45 - 60 MINUTES. THUS THE AVERAGE TIME LOST FOR A PERSON FROM NCTAMS TO GO TO THE U.S. NAVAL HOSPITAL, GUAM FOR SICK CALL WOULD BE APPROX. 3-4 HRS.

NCTAMS WESTPAC HAS A RELATIVELY SMALL POPULATION, BUT THE WORK IS MISSION CRITICAL WITH SPECIAL SECURITY CLEARANCE FOR ALL COMMUNICATIONS WORK IN THE WESTERN PACIFIC. SECURITY CLEARANCE WORK REQUIRES SERVICE MEMBERS TO BE IMMEDIATELY AVAILABLE FOR MANY OF NCTAMS WESTPAC'S CRITICAL OPERATIONS.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

YES, U.S. NAVAL HOSPITAL, GUAM COULD ABSORB THE ADDITIONAL OUTPATIENT WORKLOAD WITH A PROPORTIONATE INCREASE IN STAFFING.

HOWEVER, PLEASE REFER TO QUESTION #10 FOR CONCERNS ABOUT LOST MANHOURS AND PRODUCTIVE HOURS FROM THE WORKCENTER FOR TIME SPENT TRANSITING TO AND FROM AND WAITING TO BE SEEN IN SICK CALL.

CLOSING THIS CLINIC COULD RESULT IN A SEVERE NEGATIVE IMPACT ON THE NAVY IN HUNDREDS OF THOUSANDS OF DOLLARS FOR LOST MANHOURS AND PRODUCTIVITY FOR SUCH A SENSITIVE, MISSION CRITICAL REGIONAL COMMUNICATIONS OPERATION.

WE DO DEPENDENCY SCREENINGS FOR OVERSEAS, APPROX. 100 PHYSICAL EXAMS MONTHLY, FOR NAVY ACTIVE DUTY & RESERVE, ARMY, ARMY NATIONAL GUARD, COAST GUARD. THIS IS IN ADDITION TO DAILY SICKCALL AND PRIMARY CARE.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

If the U.S. Naval Hospital, Guam remained on the island, the answer is yes. It would be able to support outpatient services to the residual eligible population.

The U.S. Naval Hospital, Guam and its branch clinics are the only JCAHO accredited facilities, military or civilian, within a 1500 mile radius. The only other hospital on the island is a civilian hospital, Guam Memorial Hospital.



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

WE DON'T PROVIDE INPATIENT CARE.

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

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

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

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

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

c. Please provide the total number of your expanded beds<sup>1</sup> that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds<sup>1</sup>:

<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

- NOT APPLICABLE, THIS IS AN OUTPATIENT BRANCH MEDICAL CLINIC.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

- N/A - NO NAS'S FOR THIS BRANCH CLINIC

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	NO.	COST	NO.	COST
AD	N/A	N/A	N/A	N/A	N/A	N/A
AD FAMILY	N/A	N/A	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	N/A	N/A	N/A	NA/	N/A	N/A

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

<sup>2</sup> The total cost in thousands of dollars.

- N/A - NO SUPPLEMENTAL CARE THIS IS A BRANCH CLINIC.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	553,177	191,972	88,013 <sup>1</sup>
TOTAL OUTPATIENT VISITS	6,655	6,426	1,397
AVERAGE COST PER VISIT	83.12	29.87	63.00

<sup>1</sup> FY94 IS FOR 1st QUARTER ONLY. MOST ACCURATE INFORMATION AVAILABLE AT REPORT PREPARATION DATE.

SOURCE: MICRO-WORS, MEPRS

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

Table A:

- N/A - OUTPATIENT MEDICAL TREATMENT FACILITY ONLY

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

Table B:

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

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

Table C:

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

Table D:

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

**15. Quality of Life**

(FOR QUESTION 15, SEE ENCLOSURE (1), NCTAMS WESTPAC (UIC 70243) BRAC 95 MILITARY VALUE DATA CALL, QUESTION #12, QUALITY OF LIFE SECTION. PER VERBAL INSTRUCTIONS OF LT M. SCHAFFER, BUMED-822, OF 11 MAY 94, TENANT ACTIVITIES CAN REFER TO HOST BASE DATA CALLS FOR QUALITY OF LIFE RESPONSES.)

**Military Housing**

(1) Family Housing:

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

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

Table 15.1

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	57	57	0	0
Officer	3	82	82	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	231	231	0	0
Enlisted	3	269	269	0	0
Enlisted	1 or 2	258	258	0	0
Mobile Homes		0	N/A	N/A	N/A
Mobile Home lots		0	N/A	N/A	N/A

. All military married family housing is assigned to PWC, Guam's plant account (UIC: 62395). The following information represents the housing NCTAMS WESTPAC's personnel reside in, and property that NCTAMS WESTPAC takes responsibility for, in regards to security.

(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: **\*\*N/A\*\***  
 What makes it inadequate? **\*\*N/A\*\***  
 What use is being made of the facility? **\*\*N/A\*\***  
 What is the cost to upgrade the facility to substandard? **\*\*N/A\*\***  
 What other use could be made of the facility and at what cost? **\*\*N/A\*\***  
 Current improvement plans and programmed funding:

## Quality of Life

## 12. Military Housing

## a. Family Housing:

(1) Do you have mandatory assignment to on-base housing? (circle) **no**

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

Table 15.1

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	57	57	0	0
Officer	3	82	82	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	231	231	0	0
Enlisted	3	269	269	0	0
Enlisted	1 or 2	258	258	0	0
Mobile Homes		0	N/A	N/A	N/A
Mobile Home lots		0	N/A	N/A	N/A

● All military married family housing is assigned to the Public Works Command, Guam plant account (UTC: 62395). The above information represents the housing NCTAMS WESTPAC's personnel reside in, and property that NCTAMS WESTPAC takes responsibility for, in regards to security.

(3) In accordance with NAVFACINST 11010.44F, 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: **\*\*N/A\*\***

What makes it inadequate? **\*\*N/A\*\***

What use is being made of the facility? **\*\*N/A\*\***

What is the cost to upgrade the facility to substandard? **\*\*N/A\*\***

What other use could be made of the facility and at what cost? **\*\*N/A\*\***

Current improvement plans and programmed funding: **\*\*N/A\*\***

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



12.a.(4) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List	Average Wait
O-6/7/8/9	1	0	0
	2	0	0
	3	0	0
	4+	1	1MO.
O-4/5	1	0	0
	2	2	1MO.
	3	12	1MO.
	4+	0	0
O-1/2/3/CWO	1	0	0
	2	8	1MO.
	3	12	1MO.
	4+	5	1-2MO.
E7-E9	1	0	0
	2	0	0
	3	18	1-2MO.
	4+	6	1-2MO.
E1-E6	1	100	2-3MO.
	2	89	2-3MO.
	3	45	2-3MO.
	4+	8	1-2MO.

As of 31 March 1994

The above chart represents total island numbers.

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12.a.(5) 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	High cost of local housing.
2	Limited amount of housing available in the local community.
3	Utilities included.
4	Quality of housing.
5	Security and safety considerations.

(6) 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)?

- 100%

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

Type of Quarters	Utilization Rate
Adequate	98%
Substandard	N/A
Inadequate	N/A

(8) 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?

- No change noted.

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Communication Facility Military Value Data Call

UIC: 70243

## 12.b. BEQ:

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

Type of Quarters	Utilization Rate
Adequate	80 %
Substandard	97 %
Inadequate	0 %

(2) 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?

- No notable change between FY 1993 and FY 1994.

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

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

- AOB=0. Per paragraph 1105 of NAVPERS 15606 Guam does not meet the criteria for geographic bachelor status.

(4) 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.)	0	0	Guam does not meet the criteria for geographic bachelor status.
Spouse Employment (non-military)	0	0	N/A
Other	0	100	N/A
<b>TOTAL</b>	<b>0</b>	<b>100</b>	

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

- N/A

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● N/A

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	0	0	Guam does not meet the criteria for geographic bachelor status
Spouse Employment (non-military)	0	0	N/A
Other	0	100	N/A
<b>TOTAL</b>	<b>0</b>	<b>100</b>	

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

● AOB=0. Per paragraph 1105 of NAVPERS 15606 Guam does not meet the criteria for geographic bachelor status.

365

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

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

● No notable change between FY 1993 and FY 1994. Most officers choose to live off-base.

(2) 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?

Type of Quarters	Utilization Rate
Adequate	67%
Substandard	0%
Inadequate	0%

(1) Provide the utilization rate for BQs for FY 1993.

12.c. BQ:

On Base MWR Facilities

13. For on-base MWR facilities 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: GOLF COURSE DISTANCE: 10 MILES

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	7	N
	Outdoor Bays	N/A	N/A
Arts/Crafts	SF	N/A	N/A
Wood Hobby	SF	N/A	N/A
Bowling	Lanes	10	Y
Enlisted Club	SF	12.5K	Y
Officers Club	SF	N/A	N/A
Library	SF	2K	N/A
Library	Books	17K	N/A
Theater	Seats	N/A	N/A
ITT	SR	N/A	N/A
Museum/Memorial	SF	N/A	N/A
Pool (indoor)	Lanes	N/A	N/A
Pool (outdoor)	Lanes	6	N
Beach	LF	N/A	N/A
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	5	N/A

Spaces designated 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	2	N/A
Basketball CT (outdoor)	Each	1	N/A
Racquetball CT	Each	2	N/A
Golf Course	Holes	18/9	Y
Driving Range	Tee Boxes	20	Y
Gymnasium	SF	16.5K	N/A
Fitness Center	SF	1.5K	N/A
Marina	Berths	—	N/A
Stables	Stalls	—	N/A
Softball Fld	Each	1	N/A
Football Fld	Each	1	N/A
Soccer Fld	Each	1	N/A
Youth Center	SF	5K	Y

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

- NO

18. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	1100	990
E2	1100	990
E3	1100	990
E4	1111	999.90
E5	1200	1080
E6	1200	1080
E7	1200	1080
E8	1340	1206
E9	1400	1260
W1	1500	1350
W2	1500	1350
W3	1550	1395
W4	1550	1395
O1E	1500	1350
O2E	1550	1395
O3E	1550	1395
O1	1500	1350
O2	1500	1350
O3	1550	1395
O4	1550	1395
O5	1550	1395
O6	1550	1395
O7	1550	1395

Guam personnel are authorized OHA vice VHA. OHA is computed as follows:  
 Monthly rent/rental ceiling (whichever is less) + average util/recurring maint allow  
 - gross total - BAQ = monthly OHA

The above chart represents the average OHA rate for each pay grade.

## 19. a. Off-base housing rental and purchase

a. 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	1200	830	150-200
Apartment (1-2 Bedroom)	1300	750	175-250
Apartment (3+ Bedroom)	1400	1150	200-250
Single Family Home (3 Bedroom)	1500	1300	250-300
Single Family Home (4+ Bedroom)	2000	1600	300-400
Town House (2 Bedroom)	1300	1100	200-250
Town House (3+ Bedroom)	1600	1200	250-300
Condominium (2 Bedroom)	1300	1100	200-250
Condominium (3+ Bedroom)	2000	1750	250-300



19.b. What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	20%
Apartment (1-2 Bedroom)	60%
Apartment (3+ Bedroom)	30%
Single Family Home (3 Bedroom)	20%
Single Family Home (4+ Bedroom)	5%
Town House (2 Bedroom)	20%
Town House (3+ Bedroom)	10%
Condominium (2 Bedroom)	10%
Condominium (3+ Bedroom)	20%

- Table reflects position of military occupants which share these rentals with others in the community.

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	\$228,800
Single Family Home (4+ Bedroom)	\$254,700
Town House (2 Bedroom)	\$211,700
Town House (3+ Bedroom)	\$250,000
Condominium (2 Bedroom)	\$177,000
Condominium (3+ Bedroom)	\$275,000

19.d. 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	6	0	0
February	3	0	0
March	2	0	0
April	4	0	0
May	6	0	0
June	5	0	0
July	3	0	0
August	4	0	0
September	5	0	0
October	6	0	0
November	4	0	0
December	2	0	0

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

- Cost. For example, the 2 bedroom condominium listed above is affordable only to those in paygrades of O1E and above with down payments ranging from \$26,000 TO \$55,000.
- Lack of infrastructure (water/sewer/electricity)
- High cost of materials (shipped to the island)
- High cost of labor

20. 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 billet in the Local Area
Radioman	296	N/A
Electronics Technician	110	N/A
Interior Communications	6	N/A
Mess Management	8	N/A
Engineman	3	N/A

- The above numbers represent NCTAMS WESTPAC only.
- Billets on Guam are designated as sea billets, type 3 and 4 for rotation purposes.

21. 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)
South Finnegayan Housing	72	0.5	5
Dededo	1	5	15
NAS Agana	1	7	25
Tumon	1	5	25
Barrigada	1	7	25

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
23 Public Elementary Schools	Public	K-5	Yes	\$5920	N/A	N/A	Guam public school system
6 Public Middle Schools	Public	6-8	Yes	\$5920	N/A	N/A	Same as above
George Washington HS	Public	9-12	Yes	\$5920	865	N/A	Same
Inarajan HS	Public	9-12	Yes	\$5920	991	N/A	Same
John F. Kennedy HS	Public	9-12	Yes	\$5920	750	N/A	Same
Oceanview HS	Public	9-12	Yes	\$5920	854	N/A	Same
Simon Sanchez HS	Public	9-12	Yes	\$5920	1104	N/A	Same

22. 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:
- 22.a. 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.
- All direct and related special education services are currently available and can be accessed through the public school system. Some private schools receive special education services by an itinerant service provider (listing of which schools unavailable). Guam does not have a resident treatment center for emotionally or behaviorally disturbed youth requiring residential care.
  - The Department of Defense provides approximately 5000 dollars tuition to the Government of Guam for each military child attending Guam public Schools.

Academy of Our Lady	School	Parochial	9-12	N/A	\$2500	N/A	N/A	N/A
Anada Margo	School	Parochial	Pre-K	N/A	\$2860	N/A	N/A	N/A
Bishop Baumgartner	School	Parochial	6-8	N/A	\$2000	N/A	N/A	N/A
Cathedral Grade School	School	Parochial	1-5	N/A	\$2000	N/A	N/A	N/A
Dominican Child Center	School	Private	K-12	N/A	\$2100	N/A	N/A	N/A
Evangelical Christian	School	Parochial	9-12	N/A	\$3100	N/A	N/A	N/A
Father Duenas HS	School	Private	K-12	N/A	\$3050	N/A	N/A	N/A
Guam Adventist Academy	School	Private	K-12	N/A	\$3300	N/A	N/A	N/A
Harvest Christian Academy	School	Parochial	PRE-K	N/A	\$2250	N/A	N/A	N/A
Infant of Prague Nursery	School	Private	PRE-K	N/A	\$1500	N/A	N/A	N/A
Maria Artero Nursery	School	Private	PRE-K	N/A	\$2250	N/A	N/A	N/A
Mercy Heights Preschool	School	Private	PRE-K	N/A	\$2200	N/A	N/A	N/A
Montessori School	School	Parochial	K-8	N/A	\$2350	N/A	N/A	N/A
Mount Carmel	School	Parochial	9-12	N/A	\$2150	800	85%	N/A
Notre Dame HS	School	Parochial	1-8	N/A	\$2850	N/A	N/A	N/A
Saint Anthony's	School	Parochial	PRE-K-K-8	N/A	\$2000	N/A	N/A	N/A
San Vicente	School	Parochial	K-8	N/A	\$1900	N/A	N/A	N/A
Santa Barbara	School	Parochial	K-8	N/A	\$1700	N/A	N/A	N/A
St. Francis	School	Private	PRE-K-K-8	N/A	\$8110	1112	100%	N/A

22. b. 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	Adult High School	Vocational/ Technical	Program Type(s)	
				Undergraduate	Degree Program
University of Guam	Day	NO	NO	YES	YES
	Night	NO	NO	YES	YES
Guam Community College	Day	YES	YES	NO	NO
	Night	YES	YES	YES	YES
University of Alabama	Day	NO	NO	NO	YES
	Night	NO	NO	NO	YES
University of Maryland	Day	NO	NO	NO	NO
	Night	NO	NO	NO	NO

22.c. 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	
N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A

- NCTAMS WESTPAC currently does not host any on-base education. Classes are generally held at Anderson, AFB and NAVSTA Guam.

23. 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	*	*	106	**
Manufacturing	*	*	3	**
Clerical	*	*	228	**
Service	*	*	59	**
Other	*	*	71	**

- Information for 1991 and 1992 is no longer available. Data for 1993 represents all SEAP clients island-wide. Statistical records for SEAP clients do not include information on command. Therefore, data specific to NCTAMS WESTPAC clients is not available.
- Local community unemployment rates are not kept by skill level. The yearly rates were:  
 1991: 3.5%  
 1992: 3.9%  
 1993: 5.5%

24. 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.

- No. NAVHOSP Guam provides all routine care. Certain specialized care is referred to Tripler Army Hospital. All service members are treated through the military health care system on Guam.

25. 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.

- No. Access to medical care is the same for dependents as for active duty service members. Dependents receive dental care through civilian health care providers under the Delta Dental Program (DDP) System.



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

26. 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.

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Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)	4	2	4
Base Personnel - military	4	2	4
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - (Ordinance) (6R)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)	29	54	48
Base Personnel - military	28	54	48
Base Personnel - civilian	0	0	0
Off Base Personnel - military	1	0	0
Off Base Personnel - civilian	0	0	0

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Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	50	56	51
Base Personnel - military	50	56	51
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
10. Wrongful Destruction (6U)	164	205	80
Base Personnel - military	59	151	60
Base Personnel - civilian	105	54	20
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)	6	24	1
Base Personnel - military	5	24	1
Base Personnel - civilian	1	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)	6	0	0
Base Personnel - military	6	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

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Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)	63	42	26
Base Personnel - military	44	25	18
Base Personnel - civilian	19	17	8
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
15. Death (7H)	1	4	0
Base Personnel - military	0	3	0
Base Personnel - civilian	1	1	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

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Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)	0	4	1
Base Personnel - military	0	4	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)	63	54	41
Base Personnel - military	40	40	32
Base Personnel - civilian	19	12	8
Off Base Personnel - military	1	2	1
Off Base Personnel - civilian	3	0	0

ENCL (1), p. 23

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	1	0	1
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)	3	0	0
Base Personnel - military	3	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)	2	0	1
Base Personnel - military	1	0	1
Base Personnel - civilian	1	0	0
25. Sodomy (8G)	1	0	0
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR C. A. ROMINE, NC, USNR  
NAME (Please type or print)

Carol A Romine  
Signature

DIRECTOR, BRANCH MEDICAL CLINICS  
Title

18 July 94  
Date

NCTAMS WESTPAC, BRANCH MEDICAL CLINIC  
Activity

BRAC 95, DATA CALL 27

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 J. M. RICCIARDI, MC, USN  
NAME (Please type or print)

J M Ricciardi  
Signature

COMMANDING OFFICER  
Title

22 July 94  
Date

U. S. NAVAL HOSPITAL, GUAM  
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

04 AUG 1994  
Date



Document Separator

**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

Activity Name:	Boone Branch Medical Clinic
UIC:	32529
Host Activity Name (if response is for a tenant activity):	Naval Amphibious Base, Little Creek, Norfolk, VA
Host Activity UIC:	61414

**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>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b>			
<b>Activity Name: Boone Branch Medical Clinic</b>			<b>UIC: 32529</b>
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair	8	0	8
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	8	0	8
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	236	0	236
2b. Transportation	9	0	9
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 SAG FN	22	0	22
2k. Sub-total 2a. through 2j:	267	0	267
<b>3. Grand Total (sum of 1c. and 2k.):</b>	<b>275</b>	<b>0</b>	<b>275</b>

**DATA CALL 66  
INSTALLATION RESOURCES**

<b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b>			
Activity Name: Boone Branch Medical Clinic			UIC: 32529
TABLE IS "N/A" Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
<b>1c. Sub-total 1a. through 1d.</b>			
<b>2. Other Base Operating Support Costs:</b>			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
<b>2m. Sub-total 2a. through 2l:</b>			
<b>3. Depreciation</b>			
<b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>			

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: Boone Branch Medical Clinic	UIC: 32529
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	29
Material and Supplies (including equipment): T&W	4,909
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	7
Other Purchases (Contract support, etc.):	8178
<b>Total:</b>	<b>13,123</b>

**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: Boone Branch Medical Clinic	
UIC: 32529	
FY 1996 Estimated Number of Workyears On-Base	Contract Type
	Construction:
	Facilities Support:
21	Mission Support:
	Procurement:
	Other:*
21	Total Workyears:

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

Construction and facility support contracts are provided under a MOU with Public Works Center and are not direct contract services. Janitorial and Guard Service are also provided through PWC and are not included on this exhibit.

BumE0822  
mms 18 Jul 9

BRAC-95 CERTIFICATION

Data Call 66

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

W. J. MCDANIEL

NAME (Please type or print)



Signature

COMMANDER

Title

7/14/94

Date

NAVAL MEDICAL CENTER, PORTSMOUTH, VA

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

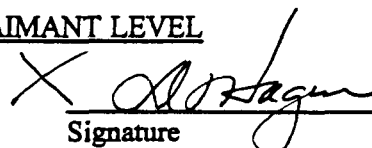
Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

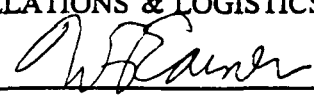
BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER



NAME (Please type or print)

Signature

04 AUG 1994

Title

Date



Document Separator

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

● Name

Official name	<i>Adm. Joel T. Boone Branch Medical Clinic, NAB Norfolk, VA.</i>
Acronym(s) used in correspondence	<i>BOONE BRMEDCL</i>
Commonly accepted short title(s)	<i>Boone Clinic</i>

● Complete Mailing Address

Officer In Charge  
Branch Medical Clinic Lcreek  
1035 Nider Blvd STE 100  
Norfolk, Va 23521-2371

● PLAD: BRMEDCLINIC NAVPHIBASE LITTLE CREEK VA

● PRIMARY UIC: 32529 (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): 32804 PURPOSE: Satellite Clinic in  
Support of  
NavalSecurityActivity  
Northwest

2. PLANT ACCOUNT HOLDER:

● Yes  No XXXX (check one)

ADM. Joel T. Boone Branch Medical Clinic, NAB, Norfolk VA. UIC: 32529

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 XXXX (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 XXXX No  (check one)

• Primary Host (current) UIC: 61414

• Primary Host (as of 01 Oct 1995) UIC: 61414

• Primary Host (as of 01 Oct 2001) UIC: 61414

● **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 XXXX (check one)

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

Name	Location	UIC
NONE		

ADM. Joel T. Boone Branch Medical Clinic, NAB, Norfolk VA. UIC: 32529

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

Name	UIC	Location	Host name	Host UIC
BRMEDCL NORTHWEST	32804	Chesapeake, Va.	Naval Security Group Activity Northwest	63891

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

- Provide ambulatory health care services to active duty members of the Federal Uniformed Services.
- Ensure military personnel are properly trained to perform assigned contingency and wartime duties.
- Ensure command maintain proper state of materials and personnel readiness.
- Provide health care services in support of units of the operating forces.
- Provide ambulatory health care services for other authorized persons as prescribed by Title 10, U. S. Code.
- 

Projected Missions for FY 2001

- N/A
- 
- 
- 
- 
-

ADM. Joel T. Boone Branch Medical Clinic, NAB, Norfolk VA. UIC: 32529

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  
Naval Medical Center, Portsmouth 00183
- Funding Source UIC  
\_\_\_\_\_

ADM. Joel T. Boone Branch Medical Clinic, NAB, Norfolk VA. UIC: 32529

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>24</u>	<u>95</u>	<u>69</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>18</u>	<u>100</u>	<u>66</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>E.J. WOLSKI, CAPT, MC, OIC</u>	(804)677-7307	(804)677-7450	(804)-453-6781
● Duty Officer			[ N/A ]
●			
<u>R.D. LEWIS, CAPT, MC, AIOC</u>	(804)677-7306	(804)677-7450	(804)488-5590
●			

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 homported 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)

N/A				
Tenant Command Name	UIC	Officer	Enlisted	Civilian

- Tenants residing on main complex (homported units.)

N/A				
Tenant Command Name	UIC	Officer	Enlisted	Civilian

- 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).

N/A				
Tenant Command Name	UIC	Location	Officer	Enlisted
				Civilian

- Tenants (Other than those identified previously)

N/A				
Tenant Command Name	UIC	Location	Officer	Enlisted
				Civilian



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>Branch Medical Clinic Northwest See attached list</i>	<i>Chesapeake Virginia</i>	<i>Medical Support-MOU</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, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

N/A

**BRAC 95 Data Call**

**Item #13.**

**Admiral J. T. Boone, Branch Medical Clinic, Naval Amphibious Base Norfolk**

**This Clinic provides primary and occupational health services to the attached activities.**

UIC ASSIGNMENT BY CINCLANTFLT  
 BASED ON LTR DTD 22 MARCH 1993  
 INDEX=CINPCMS.NDX, SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES  
 REPORT FORMAT=PCMSCINC

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT TOTAL AD
** CINCLANTFLT *				
63055	NAVINSERV MIDLANTREG NORFOLK VA	VIRGINIA BEACH (INDEPENDENCE BLVD)	23462-5460	* 4
42248	STU CDP ST LEO TWTRCEN	NORFOLK	23529-0120	* 4
45086	NISFTSUPDT NOR	VIRGINIA BEACH (293 INDEPENDENCE BLVD)	23462-2901	* 5
** Subtotal **				
				13
** CINCLANTFLT B				
<u>08842</u>	<u>SEAL DEL. VEH. TEAM 2</u>	<u>LITTLE CREEK</u>	<u>09501-4665 FPO AE</u>	<u>U</u> 195 <sup>2,3</sup>
<u>08943</u>	<u>SEAL TEAM 4</u>	<u>LITTLE CREEK</u>	<u>09501-4638 FPO AE</u>	<u>U</u> 239 <sup>2,3</sup>
09807	VTC 21	LITTLE CREEK	09501-6541 FPO AE	B 67
09812	VTC 22	LITTLE CREEK	09501-6542 FPO AE	B 69
14806	USS DYNAMIC AFDL 6	LITTLE CREEK	23520-5250	B 30
<u>30121</u>	<u>UCT ONE</u>	<u>LITTLE CREEK</u>	<u>23521-5055</u>	<u>U</u> 42 <sup>3</sup>
31524	NPHIBSCH	LITTLE CREEK	23521-5290	B 14
32732	SIMA LITTLE CREEK	LITTLE CREEK	23521-5250	B 517
33318	NPHIBSCH L C S	LITTLE CREEK	23521-5290	B 22
35044	PHBASE BDENC N	LITTLE CREEK	23521-5450	B 32
35392	NAVY BAND WASH DC FLT SUPP	LITTLE CREEK	23521-5240	B 7
39045	USNS RIGEL MIL DEPT TAF 58	NORFOLK	09586-4051 FPO AE	B 20
41515	NTCC LITTLE CR	LITTLE CREEK	23521-5415	B 18
41649	FDGL SEA DUTY	LITTLE CREEK	23520-5209	B 90
<u>42043</u>	<u>PHIB CB2 SEADU</u>	<u>LITTLE CREEK</u>	<u>23521-5270</u>	<u>U</u> 250 <sup>1,3</sup>
<u>42055</u>	<u>BCHMSTR UN 2</u>	<u>LITTLE CREEK</u>	<u>23521-5380</u>	<u>U</u> 48 <sup>1</sup>
<u>42056</u>	<u>ACU 2 SHORE C</u>	<u>LITTLE CREEK</u>	<u>23520-5200</u>	<u>U</u> 120 <sup>1</sup>
42112	SCHMUSIC PB LC	LITTLE CREEK	23521-5240	B 27
42152	NPHIBSCH L C G	LITTLE CREEK	23521-5290	B 136
<u>42223</u>	<u>SPECBOATU 20</u>	<u>LITTLE CREEK</u>	<u>23521-5230</u>	<u>U</u> 80 <sup>2</sup>
<u>42224</u>	<u>SPECBOATU 21</u>	<u>LITTLE CREEK</u>	<u>23521-5450</u>	<u>U</u> 30 <sup>2</sup>
42575	PERSUPP DET, LITTLE CREEK VA	LITTLE CREEK	23521-5450	B 53
43594	NSURFLNT CSMIT	LITTLE CREEK	23521-5000	B 100

UIC ASSIGNMENT BY CINCLANTFLT  
 BASED ON LTR DTD 22 MARCH 1993  
 INDEX=CINPCMS.NDX, SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES  
 REPORT FORMAT=PCMSCINC

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
43689	CNAVBASE NORVC	LITTLE CREEK (BOX 999)	23520-5231	B	26
45188	NIS LE&PSAT NO	LITTLE CREEK	23521-5440	B	5
46063	SURTASS SCEN	LITTLE CREEK	23521-5450 (PSD)	B	3
<u>46985</u>	<u>SEAL TEAM 8</u>	<u>LITTLE CREEK</u>	<u>23521-5201</u>	<u>U</u>	<u>200<sup>2,3</sup></u>
47163	NPB L CRK SECD	LITTLE CREEK	23521-5450 (PSD)	B	42
47195	CONUS STIN ATW	LITTLE CREEK	23521-5450 (PSD)	B	113
<u>47419</u>	<u>FLTSURGTEAM TWO</u>	<u>LITTLE CREEK</u>	<u>09501-7028 FPO AE</u>	<u>U</u>	<u>25<sup>3</sup></u>
<u>47421</u>	<u>FLTSURGTEAM FOUR</u>	<u>LITTLE CREEK</u>	<u>09501-7029 FPO AE</u>	<u>U</u>	<u>24<sup>3</sup></u>
48802	DECA E C LCRK	LITTLE CREEK	23521-5450 (PSD)	B	14
49027	DECA L CREEK	LITTLE CREEK	23521-5450 (PSD)	B	17
52738	COMSPECBOTRON	LITTLE CREEK	23521-5230	U	47 <sup>2,3</sup>
<u>53211</u>	<u>BMU 2 (BEACH MASTER)</u>	<u>LITTLE CREEK</u>	<u>23520-5200</u>	<u>U</u>	<u>145<sup>1</sup></u>
53863	SURFWARDEVGRU	LITTLE CREEK	23521-5160	B	85
<u>55105</u>	<u>PHIB CB2</u>	<u>LITTLE CREEK</u>	<u>23521-5270</u>	<u>U</u>	<u>218<sup>1,3</sup></u>
<u>55322</u>	<u>COMEODGRU TWO</u>	<u>LITTLE CREEK</u>	<u>23520-5320</u>	<u>U</u>	<u>35<sup>2,3</sup></u>
55333	COMPHEBGRU 2	NORFOLK	09501-6007 FPO AE	B	77
55421	COMSUPPRON EIGHT	LITTLE CREEK	23521-5130	U	30 <sup>3</sup>
<u>55496</u>	<u>MOBDIVSALU TWO</u>	<u>LITTLE CREEK</u>	<u>09506-7006 FPO AE</u>	<u>U</u>	<u>90<sup>1,2,3</sup></u>
55722	FLTACDECEPTGRU LANT	LITTLE CREEK	23520-5209	B	69
<u>55778</u>	<u>SEAL TEAM 2</u>	<u>LITTLE CREEK</u>	<u>09501-4633 FPO AE</u>	<u>U</u>	<u>221<sup>2,3</sup></u>
<u>57034</u>	<u>COMCBLANT</u>	<u>LITTLE CREEK</u>	<u>23521-5070</u>	<u>U</u>	<u>28<sup>3</sup></u>
57067	COMNAVBEACHGRU TWO	LITTLE CREEK	23521-5260	B	23
61414	NAVPHIBASE LITTLE CREEK VA	LITTLE CREEK	23521-5210	B	439
62152	RESALEACT LITTLE CREEK VA	LITTLE CREEK	23521-5300	B	4
63021	NPHIBSCH LITTLE CREEK	LITTLE CREEK	23521-5290	B	11
<u>63438</u>	<u>NMCRRC NORFOLK VA</u>	<u>LITTLE CREEK</u>	<u>23520-5230</u>	<u>U</u>	<u>10<sup>3</sup></u>
68652	MAPRAGLANT	LITTLE CREEK	23521-5450 (PSD)	B	10
68916	LANTFLTCLARIT	NORFOLK (N. MILITARY HIWAY)	23502-5000	B	1
70297	COMBINED SVCSUPPSCOLSLANT	FT STORY	23459-5031	B	1
82631	EODMU TEN	FT STORY	23459-5031	B	2
0022A	FLETRAULANT	LITTLE CREEK	23521-5150	B	119
<u>0031A</u>	<u>COMNAVSPECWARGRU TWO</u>	<u>LITTLE CREEK</u>	<u>23521-5340</u>	<u>U</u>	<u>131<sup>2,3</sup></u>
0245A	PHIBRON 10	LITTLE CREEK	23521-5120	B	31

UIC ASSIGNMENT BY CINCLANTFLT  
BASED ON LTR DTD 22 MARCH 1993  
INDEX=CINPCMS.NDX,SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES  
REPORT FORMAT=PCMSCINC

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD	
0379A	COMTACGRU 2	LITTLE CREEK	09501-4413 FPO AE	B	8	
0618A	SCHOOL OF MUSIC	LITTLE CREEK	NORFOLK	23521-5240	B	0
31471	NPB L CRK OTY	LITTLE CREEK (PSD)	23521-5450	B	215	
35232	UCT 1 SHORDU C	LITTLE CREEK	23511-5055	B	11	
41930	USS APACHE MIL DEPT TATF 172 (MSL)	LITTLE CREEK	09564-4003 FPO AE	B	4	
41935	USNS MOHAWK MIL DEPT TATF 170	NORFOLK	23512-5200 FPO AE	B	6	
<u>43504</u>	<u>EOB MOB UN TWO</u>	<u>LITTLE CREEK</u>	<u>23520-5321</u>	<u>U</u>	<u>224<sup>1,2</sup></u>	
43823	PLN DEV UNIT	LITTLE CREEK (WASHINGTON DC)	20370-5412	B	0	
44135	STU MED DEPT OST NORFOLK	LITTLE CREEK	23521-5450 (PSD)	B	16	
44281	NPHIBSCH L C F	LITTLE CREEK	23521-5290	B	0	
<u>44392</u>	<u>SPECBOARU 20 S</u>	<u>LITTLE CREEK</u>	<u>23521-5230</u>	<u>U</u>	<u>147<sup>2</sup></u>	
<u>44394</u>	<u>SPECBOATU 24</u>	<u>LITTLE CREEK</u>	<u>23521-5450 (PSD)</u>	<u>U</u>	<u>43<sup>2,3</sup></u>	
45129	FDGL DET NORFOLK	LITTLE CREEK	23521-5450 (PSD)	B	0	
45359	I&I STF4TH NPTN	LITTLE CREEK	23520-5310	B	1	
45626	LFTCLANT STUDENTS	LITTLE CREEK	23521-5350 (PSD)	B	0	
45810	LNTNVFCENGCV P	LITTLE CREEK	23521-5147	B	5	
45897	FLTIMAGCENLANT OCEANA DET	LITTLE CREEK	23521-5008	B	0	
46077	TAGOS SUPPU LANT (CIVS)	LITTLE CREEK	23521-5599	B	1	
<u>46407</u>	<u>SEAL TEAM 6</u>	<u>LITTLE CREEK</u>	<u>23521-5281</u>	<u>U</u>	<u>0<sup>2</sup></u>	
46991	PINSUR SD D NO	LITTLE CREEK	23521-5450 (PSD)	B	26	
47696	NAVINTACT FDGL	LITTLE CREEK	23520-5209	B	2	
48014	COMCBLAND SDC	LITTLE CREEK	23521-5070	B	3	
48669	NPB L CREEK FSC	LITTLE CREEK	23521-5450 (PSD)	B	4	
48901	NPHIBXCH LCRKT	LITTLE CREEK	23521-5450 (PSD)	B	2	
49081	PC MST TWO	LITTLE CREEK	23521-5450 (PSD)	B	0	
49083	PC MST FOUR	LITTLE CREEK (PSD NORFOLK)	23521-5450 (PSD)	B	0	
49085	NAVSRLT NVT	LITTLE CREEK (PSD NORFOLK)	23521-5450 (PSD)	B	3	
<u>49093</u>	<u>NSPECWARCEN LC</u>	<u>LITTLE CREEK</u>	<u>23521-5000</u>	<u>U</u>	<u>14<sup>2,3</sup></u>	
49128	COMPHIBRON 10	LITTLE CREEK	23521-5450 (PSD)	B	0	
52839	CNSWGRU 2 DUC	LITTLE CREEK	23521-5340	B	32	
53999	SEAL TEAM 6	NORFOLK (INCOMPLETE INFO MLS)	23521-5180	<u>U</u>	<u>0<sup>2</sup></u>	
<u>55536</u>	<u>COMSPECBOATRON 2</u>	<u>LITTLE CREEK</u>	<u>23521-5230</u>	<u>U</u>	<u>0<sup>2</sup></u>	

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UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
<u>55570</u>	<u>NAVSPECWARUNIT SIX</u>	<u>LITTLE CREEK</u>	<u>23521-5340</u>	<u>U</u>	<u>0<sup>2</sup></u>
62896	INSURVLANT NORFOLK VA	LITTLE CREEK	23521-5300	B	2
67355	LFTCLANT	NORFOLK	23521-5350	B	0
<u>68769</u>	<u>EODMU 3 SDC</u>	<u>LITTLE CREEK</u>	<u>23520-5321</u>	<u>U</u>	<u>41<sup>1,2</sup></u>
68913	NISCOM LANT AR	VIRGINIA BEACH	23462-54000	B	1
81372	PERSMOBTM 3106	LITTLE CREEK	23520-5230	B	0
81991	MIUWU 206	LITTLE CREEK	23520-5230	B	1
30457	NPHIBSCH LCR	LITTLE CREEK	23521-5290	B	90
30636	SCHMUSICPBLC	LITTLE CREEK, VA	23521-5240	B	63
53530MA2	NAVY ALCH REHAB CENTER	LITTLE CREEK	23521	B	1
56011J88	SCHOOL OF MUSIC HQ COMPANY	LITTLE CREEK	23521	B	13
56011J9T	NAVAL AMPHIB SCHOOL PERMINANT	LITTLE CREEK	23521	B	14
56011029	HQ COM LFTC LANT	LITTLE CREEK	23521	B	131
56011425	STF ALL NAV BEACH GROUP 2	LITTLE CREEK	23521	B	1
56011478	FLAG ALL COMPHIB GROUP 2	LITTLE CREEK	23521	B	7
56011724	COMMANDER PHIBRON 2	LITTLE CREEK	23521	B	3
56011728	COMMANDER PHIBRON 4	LITTLE CREEK	23521	B	2
56011732	COMMANDER PHIBRON 6	LITTLE CREEK	23521	B	2
56011736	COMMANDER PHIBRON 8	LITTLE CREEK	23521	B	2
56011746	CCO USS SAIPAN LHA 2	LITTLE CREEK	23521	B	4
56011751	CCO USS WASP LHD 1	LITTLE CREEK	23521	B	7
56011782	STAFF ALL TACRON 21	LITTLE CREEK	23521	B	1
56011784	STAFF ALL TACRON 22	LITTLE CREEK	23521	B	2
56011786	TAC COMMAND/CONTROL SYSTEMS	LITTLE CREEK	23521	B	5
56011U20	NAVAL CONSTRUCTION BATTALION ATLANTIC	LITTLE CREEK	23520	B	1
56011420	MCLNO SURFACE WARFARE DELIVERY GROUP	LITTLE CREEK	23521	B	3
56011771	TAC AIR CONTROL GROUP 2	LITTLE CREEK	23521	B	1
82229C92	I&I STAFF COMPANY A 4TH ASSUALT	LITTLE CREEK	23520	B	14
56011K28	DEGREE COMP PROGRAM SNCO	VA BEACH	23451	B	1
56011K9T	SCHOOL OF MUSIC	LITTLE CREEK	23521	B	53

** CINCLANTFLT FS							
43505	EODTEU TWO	FT STORY	23459-5029		FS		47
56011MB4	JOINT SERVICE SCHOOL INSTRUCTOR	FT STORY	23459		FS		1
** Subtotal **							
20012	USS PORTLAND LSD 37	LITTLE CREEK	09582-1725	FPO AE	U		360
20013	USS PENSACOLA LSD 38	LITTLE CREEK	09582-1726	FPO AE	U		369
20019	USS MANITOWOC LST 1180	LITTLE CREEK	09578-1801	FPO AE	U		259
20020	USS SUMTER LST 1181	LITTLE CREEK	09587-1802	FPO AE	U		270
20027	USS SAGINAW LST 1188	LITTLE CREEK	09587-1809	FPO AE	U		277
20029	USS BOULDER LST 1190 (NRF)	LITTLE CREEK	09565-1811	FPO AE	U		83
20031	USS SPARTANBURG COUNTY LST 1192	LITTLE CREEK	09587-1813	FPO AE	U		270
20032	USS FAIRFAX COUNTY	LITTLE CREEK	09569-1814	FPO AE	U		262
20033	USS LA MOURE COUNTY LST-1194	LITTLE CREEK	09577-1815	FPO AE	U		261
<del>20042</del>	<del>USS SILVERSIDES SSN-679</del>	<del>NORFOLK</del>	<del>09587-2359</del>	<del>FPO AE</del>	<del>U</del>		<del>140</del>
<del>20055</del>	<del>USS MCCANDLESS FF 1084 (NRF)</del>	<del>INVERSIDES</del>	<del>09578-1444</del>	<del>FPO AE</del>	<del>U</del>		<del>249</del>
56011K9U LAND FORCE TRAINING							
56011	738 CCO FLAG ALLOW COMDR	LITTLE CREEK	23521		B		37
	PHIBRON 10	LITTLE CREEK	23521		B		1
20151	USS EDENTON ATS-1	LITTLE CREEK	09568-3217		U		121
20203	USS BATON ROUGE SSN-689	NORFOLK	09565-2369	FPO AE	U		153
20222	USS HARLAN COUNTY LST-1196	LITTLE CREEK	09573-1817	FPO AE	U		265
20223	USS BA COUNTY LST-1197	LITTLE CREEK	09565-1818	FPO AE	U		255
20588	USS ARTHUR W RADFORD DD-968	NORFOLK	09586-1206	FPO AE	U		373
** CINCLANTFLT U							
<del>00183</del>	<del>NAVHQB PORTSMOUTH</del>	<del>PORTSMOUTH</del>	<del>23700-5100</del>		<del>U</del>		<del>1071</del>
02535	USS HOIST ARS-40	LITTLE CREEK	09573-3203	FPO AE	U		110
02536	USS OPPORTUNE ARS-41	LITTLE CREEK	09581-3204	FPO AE	U		114
02538	USS RECOVERY ARS-43	LITTLE CREEK	09586-3206	FPO AE	U		113
20034	DRS HQ 4TH MEB	LITTLE CREEK	23521		Z		113
07159	USS PAUTE ATF-159	LITTLE CREEK	09582-3215	FPO AE	Z		83
07160	USS PAPAGO ATF-160	LITTLE CREEK	09582-3216	FPO AE	Z		80
07170	USS RALEIGH LPD-1	NORFOLK	09586-1705	FPO AE	Z		7
07976	USS FORTIFY MSO-446 (NRF)	LITTLE CREEK	09569-1909	FPO AE	Z		131
08157	USS ADROIT MSO-509 (NRF)	LITTLE CREEK	09564-1919	FPO AE	Z		8
<del>21467</del>	<del>USS GRASP ARS-53</del>	<del>LITTLE CREEK</del>	<del>09570-3220</del>	<del>FPO AE</del>	<del>U</del>		<del>105</del>
21487	USS ARLEIGH BURKE DDG-51	NORFOLK	09565-1269	FPO AE	U		333
21531	USS ASHLAND LSD 48	LITTLE CREEK	09564-1736	FPO AE	U		334
21560	USS WASP LHD-1	NORFOLK	09556-1660	FPO AE	U		1228
21562	USS TORTUGA LSD 46	LITTLE CREEK	09588-1734	FPO AE	U		372
<del>21625</del>	<del>USS KENNEDY SSN-588</del>	<del>NORFOLK</del>	<del>09575-2415</del>	<del>FPO AE</del>	<del>U</del>		<del>1127</del>
21422	USS GUNSTON HALL LSD 44	LITTLE CREEK	09573-1732	FPO AE	U		346
<del>21218</del>	<del>USS WHIDBY ISLAND LSD 41</del>	<del>LITTLE CREEK</del>	<del>09591-1729</del>	<del>FPO AE</del>	<del>U</del>		<del>324</del>

**BRAC 95 Data Call**

**Item #13.**

**Branch Medical Clinic, North West, Chesapeake VA**

**This Clinic provides primary and occupational health services to the attached activities.**



UIC ASSIGNMENT BY CINCLANTFLT  
BASED ON LTR DTD 22 MARCH 1993  
INDEX=CINPCMS.NDX, SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES  
REPORT FORMAT=PCMSCINC

ACTIVITY: 32804

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
43330	PERSUPP DET NORTHWEST VA	CHESAPEAKE (NORTHWEST)	23322-5150	N	5
45158	NSGA NW/ECCM	CHESAPEAKE (NORTHWEST)	23322-5000	N	58
45854	FLTSURVSC NW V	CHESAPEAKE (NORTHWEST)	23322-5010	N	36
45855	FSSC DET 1	CHESAPEAKE (NORTHWEST)	23322-5011	N	162
47155	CINCLANTFLT DET EWOPFAC	CHESAPEAKE (NORTHWEST)	23322-5000	N	10
47437	FCTCLNT ROTHER	CHESAPEAKE (NORTHWEST)	23322-5002	N	7
63410	NAVMAC NORFOLK VA	CHESAPEAKE	23320-2840	N	100
63891	NAVSECGRUACT NORTHWEST VA	CHESAPEAKE	23322-5000	N	218
66536	ROCLNT NATO CH	CHESAPEAKE (BOX 698 NW MOU 1)	23322-2599	N	24
44596	NSGA NW CSS	CHESAPEAKE (NORTHWEST)	23322-5000	N	11
45856	FSSC DET 2	CHESAPEAKE (NORTHWEST)	23322-5010	N	7
46066	FSSC DET 5	CHESAPEAKE (NORTHWEST)	23322-5150 (PSD)	N	0
200011CY	FLEET ASST GROUP ATLANTIC	CHESAPEAKE	23320	N	13
53531226	MCSF TRAINING CENTER PERMINANT	CHESAPEAKE	23322	N	96
53531JAZ	MCSF TRAINING CENTER	CHESAPEAKE	23322	N	70
** Subtotal **					

** CINCLANTFLT N					
32716	NSGA NW CC CHE	CHESAPEAKE (NORTHWEST)	23322-5000	N	68
35014	NSGA NW COMBRE	CHESAPEAKE	23322-5000	N	22
35049	NDCLBR SG NORV	CHESAPEAKE (NORTHWEST)	23322-5000	N	2
35454	NSGA NW DS CHE	CHESAPEAKE (NORTHWEST)	23322-5000	N	96
41523	NAVSATCOMMDDET	CHESAPEAKE BOX 777 NORTHWEST	23322-5200	N	1
42063	NAVSATCOMMDDET	CHESAPEAKE (NORTHWEST BOX 777)	23322-5200	N	50

ACTIVITY:

3252B

**BRAC-95 CERTIFICATION**

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

**ACTIVITY COMMANDER**

R. D. LEWIS, CAPT, NC, USN

NAME (Please type or print)

R. D. Lewis  
Signature

ASSISTANT OFFICER IN CHARGE

28 JAN 94  
Date

Title  
ADM JOEL T BOONE  
BRANCH MEDICAL CLINIC

Activity

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

NEXT ECHELON LEVEL (if applicable)

RADM W.J. MCDANIEL, MC, USN  
NAME (Please type or print)

*W.J. McDaniel*  
Signature

COMMANDER  
Title

3 FEB 94  
Date

NAVAL MEDICAL CENTER, PORTSMOUTH VA  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

*R. I. Ridenour*  
Signature

ACTING CHIEF BUMED  
Title

10 FEB 1994  
Date

BUREAU OF MEDICINE & SURGERY  
Activity

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

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

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

*J. B. Greene, Jr*  
Signature

ACTING  
Title

18 FEB 1994  
Date

Document Separator

/ 3

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL FACILITY: BRANCH MEDICAL CLINIC,  
NAVAL AMPHIBIOUS BASE,  
NORFOLK, VA  
ACTIVITY: 32529**

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

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

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**MISSION REQUIREMENTS**

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	118,273	6,292		106,404	5,653	
FAMILY OF AD	151,931	22,242		136,612	19,988	
SUBTOTAL	270,204	28,534		243,016	25,641	
RETIRED AND FAMILY MEMBERS UNDER 65	83,450	6,942		81,386	6,768	
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	20,991	3,537		27,388	4,623	
OTHER	10,018	1,119		9,498	1,073	
TOTAL ****	384,663 269	40,132 31		361,288 244	38,105 27	

**NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.**

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

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

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

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

\*\*\*\*AD DEPS OVER 65/NATIONAL GUARD & RES DEPS OVER 65

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

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

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

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



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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	69,153	46,819	14,040	5,129	135,141
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) <sup>1*</sup>					1,714,162
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1*</sup>					64,987
PHARMACY UNITS (WEIGHTED) <sup>1*</sup>					439,697
OTHER (SPECIFY)					

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

\*Ancillary workload is not reported by patient category. Total figure is reported.

SOURCE: MICRO-WORS FY93

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY / OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	72,125	56,412	16909 / 6178	151,624
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) <sup>1</sup>				1,919,861*
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				72,785*
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				492,460*
OTHER (SPECIFY)				

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

Maximum capacity computed as follows: Providers X Appts. X Number of work days = Totals

Weekdays	20 x 21 x 258 = 108,360
JSA contract weekdays	4 x 29 x 258 = 29,928
JSA contract evenings	2 x 16 x 258 = 8,256
JSA contract evenings	1 x 8 x 258 = 2,064
JSA contract weekends	2 x 29 x 52 = 3,016
	<u>151,624</u>

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\* Ancillary tests and procedures were increased by 12% to accommodate maximum capacity patient increase.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY / OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	72,125	46,819	14040 / 5129	139,113
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) <sup>1</sup>				1,714,162
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				64,987
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				439,697
OTHER (SPECIFY)				

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

The information provided is the total beneficiary population and is not broken into categories of dependents and retirees. Because the question asks to assume the same amount of facility, staff, equipment and supplies we currently have, this makes our maximum capacity rate lower than expected in the years to come. At present, our Pediatric Partnership/Contract is under revision which eliminates 25,861 patients seen.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	69,153	46,819	14,040	5,129	135,141
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) <sup>1</sup>					1,714,162
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>					64,987
PHARMACY UNITS (WEIGHTED) <sup>1</sup>					439,697
OTHER (SPECIFY)					

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

Unable to break out CHAMPUS and supplemental care for clinics. Information included in NAVMEDCEN Portsmouth submission.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE <sup>1</sup>	<del>11</del> 12	<del>11</del>	<del>11</del>	<del>11</del>	<del>11</del>	<del>11</del>	<del>11</del>	<del>11</del> → 12
SPECIALTY CARE <sup>2</sup>	<del>3</del> 2	<del>3</del>	<del>3</del>	<del>3</del>	<del>3</del>	<del>3</del>	<del>3</del>	<del>3</del> → 2
PHYSICIAN EXTENDERS <sup>3</sup>	<del>9</del> 10	<del>9</del>	<del>9</del>	<del>9</del>	<del>9</del>	<del>9</del>	<del>9</del>	<del>9</del> → 10
ALLIED SCIENCE MED	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	7	7	7	7	7	7	7	7
TOTAL	<del>30</del> 32	<del>30</del>	<del>30</del>	<del>30</del>	<del>30</del>	<del>30</del>	<del>30</del>	<del>30</del> → 32

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

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**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	749
SPECIALTY CARE <sup>2</sup>	1169
PHYSICIAN EXTENDER <sup>3</sup>	*
TOTAL	1918**

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

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Note: Source for a and b: Blue Cross/Blue Shield from State of Va

\* Physician Extenders total not broken down for the Tidewater Area, State of Virginia

\*\* Total does not include Physician Extenders

9 R (9/22/94) VR Bumed 824 9/29/94

**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	237
SPECIALTY CARE <sup>2</sup>	1,246
PHYSICIAN EXTENDER <sup>3</sup>	*
TOTAL	1,483**

Note: Source for a and b: Blue Cross/Blue Shield from State of Va

\* Physician Extenders total not broken down for the Tidewater Area, State of Virginia

\*\* Total does not include Physician Extenders

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

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

Region Population: (1990) 1,417,907

Source: Hampton Roads Planning District Commission (9/92)



7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME***	RELATIONSHIP <sup>2</sup>
CHESAPEAKE HOSP GENERAL HOSP	DISTRICT	16	24	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES
MCDONALD ARMY COMMUNITY HOSP	ARMY	35	52	
PPH PENINSULA HOSP	CORPORATION	19	33	
SENTARA HAMPTON GENERAL HOSP	NON-GOVERN NOT-FOR-PROFIT	18	30	
VETERANS AFFAIRS MEDICAL CENTER	VA	12	22	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPITAL	AIR FORCE	20	33	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	30	47	
NEWPORT NEWS GENAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	21	35	
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNMENT NOT-FOR-PROFIT	27	42	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES
CHILDREN'S HOSP OF THE KING'S DAUGHTERS	NON-GOVERNMENT NOT-FOR-PROFIT	11	20	INTEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS

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7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME***	RELATIONSHIP <sup>2</sup>
CHESAPEAKE HOSP GENERAL HOSP	DISTRICT	8	16	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES
MCDONALD ARMY COMMUNITY HOSP	ARMY	26	52	
HCA PENINSULA HOSP	CORPORATION	17	34	
SENTARA HAMPTON GENERAL HOSP	NON-GOVERN NOT-FOR-PROFIT	15	30	
VETERANS AFFAIRS MEDICAL CENTER	VA	13	26	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPITAL	AIR FORCE	22	44	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	24	48	
NEWPORT NEWS GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	15	30	
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNT NOT-FOR-PROFIT	18	36	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES
CHILDREN'S HOSP OF THE KING'S DAU	NON-GOVERNT NOT-FOR-PROFIT	3	6	INTEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS

DEPAUL MEDICAL CENTER	CHURCH OPER	9	16	NON FEDERAL; NURSE ANESTHETISTS
LAKE TAYLOR HOSP	HOSP DISTRICT	6	9	
NORFOLK COMM HOSP	CHURCH OPER	9	15	
SENTARA LEIGH HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	6	10	
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	11	20	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING
MARYVIEW MEDICAL CENTER	CHURCH OPER	15	35	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	13	31	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	32	55	
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	4	6	
VIRGINIA BEACH HOSP	VA	10	17	

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<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility

**Note:**

These distances and times were computed using the Hampton Roads Transportation Network and submitted by the Hampton Roads Planning District Commission. Some treatment facilities are most easily reached by using tunnels often adding significant time to a commute.

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DEPAUL MEDICAL CENTER	CHURCH OPER	6	12	NON FEDERAL; NURSE ANESTHETISTS
LAKE TAYLOR HOSP	HOSP DISTRICT	6	12	
NORFOLK COMM HOSP	CHURCH OPER	3	6	
SENTARA LEIGH HOSP	NON-GOVERNT NOT-FOR-PROFIT	6	12	
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	3	6	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING
MARYVIEW MEDICAL CENTER	CHURCH OPER	2	4	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	1	2	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	18	36	
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	10	20	
VIRGINIA BEACH HOSP	VA	16	32	

**Note:**

\*Source: 1993 AHA Guide

\*\*Source: AHA 1991 - Strategic Mapping, Inc (in nautical miles)

\*\*\*Calculations based on a 30 mph average speed which may not be accurate in city driving, all hospitals except Portsmouth General and Maryview require driving through a tunnel often adding significant time to a commute

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility

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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
CHESAPEAKE GENRAL HOSP	260	YES	75.3%	
MCDONALD ARMY COMM HOSP	58	YES	58.6%	
HCA PENINSULA HOSP	125	YES	50.4%	
SENTARA HAMPTON GENERAL HOSP	211	YES	74.9%	
VETERANS AFFAIRS MEDICAL CENTER	312	YES	71.1%	
US AIR FORCE HOSP	53	YES	61.4%	
MARY IMMACULATE HOSP	110	YES	69.1%	
NEWPORT NEWS GENERAL HOSP	35	YES	N/R	
RIVERSIDE REGION MEDICAL CENTER	576	YES	N/R	
CHILDREN'S HOSP OF THE KING'S DAUGHTER	156	YES	84.8%	
DEPAUL MEDICAL CENTER	274	YES	68%	
LAKE TAYLOR HOSPITAL	104	YES	41.3%	

NORFOLK COMM HOSPITAL	96	YES	28.1%	
SENTARA LEIGH HOSP	224	YES	63.2%	
SENTARA NORFOLK GENERAL HOSP	641	YES	76.3%	TRAUMA CENTER/GME
MARYVIEW MEDICAL CENTER	321	YES	59.8%	
PORTSMOUTH GENERAL HOSP	184	YES	55.4%	
LOUISE OBICI MEMORIAL HOSP	191	YES	63.4%	
SENTARA BAYSIDE HOSP	150	YES	N/R	
VIRGINIA BEACH GENERAL HOSP	280	YES	63.2%	

N/R = Not reporting  
Source: 1993 AHA Guide

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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c. Training Facilities:

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

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

A = STUDENTS PER YEAR

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

C = A x B

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN) <sup>1</sup>	Capacity (Student HRS/YR)

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

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



BRAC-95 CERTIFICATION

DATA CALL 26

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

E. J. WOLSKI, CAPT, MC, USNR

NAME (Please type or print)

  
Signature

OFFICER IN CHARGE

Title

17 MAY 94

Date

ADM JOEL T. BOONE BRANCH CLINIC

Activity

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

NEXT ECHELON LEVEL (if applicable)

B. B. POTTER

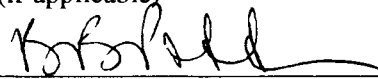
NAME (Please type or print)

ACTING

Title

NAVAL MEDICAL CENTER, PORTSMOUTH

Activity



Signature

5 E MAY 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

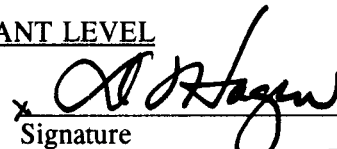
NAME (Please type or print)

~~CHIEF BUMED/SURGEON GENERAL~~

Title

BUREAU OF MEDICINE AND SURGERY

Activity



Signature

6-2-94

Date

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

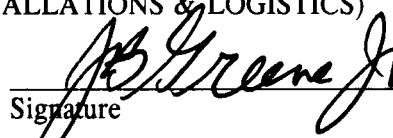
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)  
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR

NAME (Please type or print)

ACTING

Title



Signature

8 June 1994

Date

BRAC-95 CERTIFICATION

DATA CALL #26

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

E. J. WOLSKI, CAPT, MC, USNR  
NAME (Please type or print)

*E. J. Wolski*  
Signature

OFFICER IN CHARGE  
Title

22 Sept 94  
Date

ADMIRAL JOEL T. BOONE BRANCH CLINIC  
Activity

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

NEXT ECHELON LEVEL (if applicable)

RADM W. J. MCDANIEL  
NAME (Please type or print)  
COMMANDER, NAVAL MEDICAL CENTER  
Title PORTSMOUTH, VA  
NAVMEDCEN PORTSMOUTH, VA  
Activity

*W J McDaniel*  
Signature  
26 Sept 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

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

*D F Hagen*  
Signature  
10/3/94  
Date

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)  
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)  
**J. B. GREENE, JR.**

\_\_\_\_\_  
NAME (Please type or print)  
**ACTING**  
\_\_\_\_\_  
Title

*J B Greene Jr*  
Signature  
10 OCT 1994  
Date

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MILITARY VALUE ANALYSIS:  
DATA CALL WORKSHEET FOR:  
MEDICAL FACILITY: BRANCH MEDICAL CLINIC,  
NAVAL AMPHIBIOUS BASE,  
NORFOLK, VA  
ACTIVITY UIC: 32529

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

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

Encl (4)

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## MISSION REQUIREMENTS

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

### Our mission is to:

- Provide high quality primary health care to the greatest number of beneficiaries.

- Provide support, training, and assistance to units of the Navy and Marine Corps to prepare personnel for operational contingencies.

- Train our personnel to perform duties worldwide in times of peace and operational commitments.

- Conduct ongoing education programs for our beneficiaries in the prevention of illness, disease, and injury.



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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
ACU FOUR (SEA)	45472	LCREEK	389
SIMA LITTLE CREEK	32732	"	362
PCU LSD 9101	L9220	"	343
PCU USS CARTER HALL (LSD-50)	21880	"	337
USS WHIDBEY ISLAND (LSD-41)	21218	"	323
USS PENSACOLA (LSD-38)	20013	"	322
PCU LSD 9101	L9220	"	343
USS PORTLAND (LSD-37)	20012	"	322
USS ASHLAND (LSD-48)	21531	"	320
USS TORTUGA (LSD-46)	21562	"	317
USS GUNSTON HALL (LSD-44)	V21422	"	317
USS LAMOURE COUNTY	20033	"	264
USS HARLAN COUNTY	20222	"	263
EODMU TWO (SEA)	43504	"	253
SEAL TEAM 4	08943	"	229
SEAL TEAM 8	46985	"	227
SEAL TEAM TWO	55778	"	226
SDV TEAM 2	08842	"	207
ACU TWO (SEA)	53210	"	196
ACU FOUR (SHORE)	47106	"	191
PHIBCB TWO (SEA)	55105	"	177
PHIBCB TWO (SHORE)	42043	"	169
COM SECOND NCB	57034	"	167

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NAVPHIBSCOL SCREEK	63021	"	133
LFTCLANT	56011	"	132
BMU TWO (SEA)	53211	"	127
COMNAVSPECWARGRU 2	0031A	"	119
BRMEDCLINIC LCREEK	32529	"	118
USS EDENTON (ATS-1)	20151	"	118
SPECBOATU 20 (SEA)	44392	"	116
USS GRASP (ARS-51)	21467	"	110
USS GRAPPLE (ARS-53)	21441	"	110
USS RECOVERY (ARS-43)	02538	"	110
FLETACREADGRU	41649	"	91
COMSPECBOATRON TWO	52738	"	87
MOBDIVSALU TWO	55496	"	86
USS BOULDER	20029	"	78
PERSUPPDET LCREEK	42575	"	76
2ND NCB HQ DET	83387	"	73
ARMY ELM SCOL OF MUSIC	IMUAA	"	73
SPECBOATU 20 (SHORE)	42223	"	71
COMSURFWARDEVGRU	53863	"	71
VTU 0607	0607G	"	70
NMCB 23 DET 0123	85276	"	68
FF1072 BLAKELY 7206	83267	"	65
NAVHOSP PORTS 106	88300	"	65
MIUWU 206	80991	"	64
NAB LCREEK SEC	83384	"	59
TACRON 21	09807	"	58
TACRON 22	09812	"	57
COMPHIBGRU TWO	55333	"	57
MOBDIVSALV TWO (SEA)	42838	"	57
ACU TWO (SHORE)	42056	"	56

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FLETRAGRU DET	47705	"	56
COMNAVSPECWARGRU SEA	52839	"	55
FLETACREADGRU (SHORE)	55722	"	55
EODMU (SHORE)	68769	"	54
SIMA LC COORD 106	89891	"	54
USS ESTOCIN FFG-15	83434	"	54
USS CLARK FFG-11	83431	"	51
COMPHIBRON 10	0245A	"	50
SPECWARGRU 2 DET	88031	"	49
FLECOMPRON 6 DET LCRK	32019	"	47
UCT ONE (SEA DUTY)	30121	"	47
SEAL TEAM 4	85490	"	44
NAVMARCORESCEN	63438	"	41
NDCL NORVA 106	89093	"	40
COMEODGRU TWO	55322	"	40
FCDIT	43594	"	35
MDSU 2 DET 606	85606	"	34
INSURVLANT (SEA)	46991	"	32
FLETACREADGRU	87484	"	33
BMU TWO (SHORE)	42055	"	31
PHIBCB 2 DET 206	82685	"	31
NAVSPECWAR CTR DET	49093	"	29
BRDENCLINIC LCREEK	35044	"	29
USS TEMPTEST (PC-2)	21931	"	28
USS CYCLONE (PC-5)	21930	"	28
USS SIROCCO (PC-6)	21917	"	28
USS TYPHOON (PC-5)	21926	"	28
PERSMOBTM 3106	81372	"	27
PRESINSURV (SEA)	46990	"	25
DYNAMIC (AFDL-6)	14806	"	24

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SCHOOL OF MUSIC	42112	"	24
CG LIFEBOAT STATION	30277	"	23
COMNAVBEACHGRU TWO	57067	"	23
MAPRAGLANT	68652	"	23
COMSUPPRON EIGHT	55421	"	19
NAVPHIBSCOL LCRK TQL	48901	"	16
SPECBOATRON 2	52738	"	16
MARINE ELM SCOL OF MUSIC	56011	"	15
SURFWARDEVGRU 106	82641	"	15
FSSG 15TH DNTL DET	88782	"	14
PCMSUPPTM 4	49083	"	13
PCMSUPPTM 2	49081	"	13
NTCC LCREEK	41415	"	11
UCT ONE (SHORE)	35232	"	11
COMPHIBRON TEN NEUDU	49128	"	11
PRESINSURV	63023	"	11
USCGC POINT HERON	13257	"	10
USCGC POINT ARENA	13246	"	10
USNS CAPABLE (TAGOS-16)	49889	"	9
USNS INDOMITABLE	42488	"	9
USNS STALWART	42428	"	9
FLTTRAGRU DET SEC/WEPS	31506	"	9
NAVY BANK FLTSUPPUNIT	35392	"	8
PSD LCREEK 106	89308	"	8
MIUW 206	81991	"	8
ENGTRAGRU DET LCREEK	41616	"	8
COMTACGRU 2	0379A	"	8
FLETRAGRU DET/SMALL ARMS	53929	"	8

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DECA COMMISSARY STORE	49027	"	7
NAVY EXCHANGE LCREEK	66263	"	6
DECA CENTRAL REGION	48802	"	6
COMINEDIV 123	42749	"	6
NSL OHSAT/PSAT/RSGTSU	53825	"	5
ROICC LCREEK	45810	"	5
NCIS LEPS AST TEAM	45188	"	5
USNS MOHAWK (TAFT-170)	21051	"	4
USNS POWHATAM (TAFT-166)	21010	"	4
USS APACHE (TAFT-172)	20191	"	4
IUSS OPS SUPP CTR	46063	"	4
FLTIMAGCENLANT OCEANA DET L CREEK	45897	"	3
TAGOS SUPPU LANT LCREEK	46077	"	3
PWC SITE LCREEK	00187	"	3
CINCLANT REL 0623A	86231	"	2
VTU DENTAL 106	2016R	"	1
COM 22 NCR	55614	"	1
INSURVLANT	62896	"	1
FISC DET LCREEK	00187	"	1

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY: N/MC		71,780		
ACTIVE DUTY: NON N/MC		4,735		
TOTAL ACTIVE DUTY		76,515		
FAMILY OF AD		49,501		
RETIRED AND FAMILY MEMBERS UNDER 65 *		16,215		
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		7,563		
TOTAL		149,794		

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

\* Outpatient visits cannot be broken down by "under 65" and "over 65". R

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC		71,780		
ACTIVE DUTY NON N/MC		4,735		
TOTAL ACTIVE DUTY		76,515		
FAMILY OF AD		49,501		
RETIRED AND FAMILY MEMBERS UNDER 65		16,215		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		7,563		
TOTAL		149,794		

What is your occupancy rate for FY 1994 to date? \_\_\_\_\_



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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	139,000	139,200	139,400	139,600	139,800	140,000	140,200
ADMISS.							

Please show all assumptions and calculations in the space below:

**Assumptions:**

- \* Based on 1st and 2nd quarter, FY94, actual workload and previous Fiscal years workload. Small increases are expected due to Tricare Prime enrollees in addition to regular workload.
- \* Previous data call information determined full capacity at 139,113 based on provider staff. Provider staff remains about the same.

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	139,000	139,200	139,400	139,600	139,800	140,000	140,200
ADMISS.							

Please show all assumptions and calculations in the space below:

Based on 1st and 2nd quarter, FY94, actual workload and previous Fiscal years workload. Small increases are expected due to Tricare Prime enrollees in addition to regular workload.

Previous data call information determined full capacity at 139,113 based on provider staff. Provider staff remains about the same.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
RIFLE / PISTOL RANGE	504 hrs	1
FOOD SERVICE INSPECTION	1008 hrs	2
LFTCLANT OPS (RECON, RAPPELL)	1008 hrs	2
NAVPHIBSCOL OPS	504 hrs	1

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
RIFLE / PISTOL RANGE	100%	1
FOOD SERVICE INSPECTION	100%	2
LFTCLANT OPS (RECON, RAPPELL)	100%	2
NAVPHIBSCOL OPS	100%	1

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
N/A			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

**FACILITIES**

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
	BOONE CLINIC / PATIENT CARE	125,000	22	ADEQUATE*

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

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

**\* The present facilities are adequate but efficiency could be improved with additional examination rooms for 14 providers (currently using one examination room vice two); an additional 2,000 square feet would be required.**

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P3505R2	ROOF REPLACEMENT	FY94	\$697,400

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
30936	REPLACE CHILLER	FY95/96	\$151,728
	PAINTING INSIDE ENTIRE BUILDING		75,000
	CARPETING ADMIN AND LOBBY AREAS		15,000
	CURTAINS		5,000

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			



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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO	
1. FACILITY NAME: ADMIRAL JOEL T. BOONE BRANCH MEDICAL CLINIC					
2. UIC; 32529	3. CATEGORY CODE	4. NO. OF BUILDINGS; 1			
5. SIZE	A. GSF	B. NORMAL BEDS		C. DTRS	
6. LOCATION: 1035 NIDER BLVD	A. CITY: VIRGINIA BEACH	B. STATE: VIRGINIA			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	100%				
(3) CENTRAL STERILE SVCS.	100%				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100%				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	90%	10%		B20	
(8) LOGISTICS	100%				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	100%				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	100%				
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				

(F) EMERGENCY POWER	100%				
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#### FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

#### DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit or severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration, the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility or portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous

location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

- (1) Deficient Status of Condition Types - first character
  - A - Physical Condition
  - B - Functional or Space Criteria
  - C - Design Criteria
  - D - Location or Siting Criteria
  - E - Nonexistence
  - F - Total Obsolescence or Deterioration
- (2) Facility Components or Related Items - last two characters
  - 01 - Heating, Ventilating and Air Conditioning (HVAC)
  - 02 - Plumbing Fixtures
  - 03 - Fire Protection/Life Safety Code
  - 04 - Medical Gases
  - 05 - Lighting Fixtures
  - 06 - Power Capacity
  - 07 - Emergency Generators
  - 08 - Communications
  - 09 - Building or Structure (total)
  - 10 - Seismic Design
  - 11 - Roof/Ceiling
  - 12 - Building Interior/Configuration
  - 13 - Sound Proofing/Excessive Noise
  - 14 - Compliance of Installation with Master Plan
  - 15 - OSHA Deficiency
  - 16 - JCAH Deficiency
  - 17 - Functionality
  - 18 - Site Location
  - 19 - Mission of the Base
  - 20 - None

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

DATE OF SURVEY: OCT 91

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: \_\_\_\_\_ (Record as 1,2,3,4,or 5)  
(SCORED UNDER NAVMEDCEN PTSVA)

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**LOCATION:**

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

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

**Provide medical support to the operating forces assigned and training exercises for Naval Amphibious Base Little Creek resident and tenant commands.**

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

**Air - Norfolk International Airport (5 miles).**

**Rail - Amtrak Terminal, Newport News.**

**Sea - Naval Base, Norfolk.**

**Ground - Greyhound Bus Line, Norfolk.**

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

**Distance (in miles): 5**

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

**None.**

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

**15-30 minutes**

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

**No.**

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**LOCATION:**

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

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

Provide medical support to the operating forces assigned and training exercises for Naval Amphibious Base Little Creek resident and tenant commands.

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

Air - Norfolk International Airport (5 miles).

Rail - Amtrak (20 miles). Bus transportation (from Norfolk Howard Johnson Hotel, 8-10 miles from base) is available to Amtrak station in Hampton, Newport News.

Sea transportation available via air travel to point of debarkation.

Ground transportation (bus, taxi) are available locally.

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

Distance (in miles): 5

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

Same as above

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

15-30 minutes

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

No.

## FEATURES AND CAPABILITIES

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

Outpatient visits and related medical services and support would probably be absorbed through the existing military facilities or local health care infrastructure.



10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Ambulatory care capacity probably could be absorbed by the local health care infrastructure. Ambulatory care capacity is very difficult to measure because excess capacity of medical practices are not standardized or reported.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Although ambulatory capacity is difficult to determine, the fact the active duty dependent population was no longer in the area consuming care, the care for the remaining beneficiaries should be available.

Another unknown is the number of active duty spouses that are currently employed in both inpatient and outpatient facilities. The departure of these health care providers would reduce, and in some cases severely limit the capacity of the facility to maintain their same level of care delivery.

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

N/A

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLTHOSP #5	68685	17
2D MAR DIV	08321	14
FLTHOSP #20	46977	9
FLTHOSP #3	68683	7
T-AH 20 USNS COMFORT	46246	6
NAVHOSP GUANTANAMO BAY CUBA	61564	3
1ST MAR DIV	MPS2D	3
2D FSSG	68408	2
U. S. NAVHOSP NAPLES	66096	2
USS INCHON	20009	1
FLTHOSP #8	45392	1
1ST MAR DIMAG 29 MCAS JACKSONVILLE	52841	1

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

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

Seven providers are assigned to augmentation billets which would decrease outpatient workload by 37,926 outpatient visits per year.

TOTAL NUMBER OF PROVIDERS X AVAILABLE VISITS/APPOINTMENTS X  
NUMBER OF WORKDAYS.

$$7 \times 21 \times 258 = 37,926$$

c. Please provide the total number of your expanded beds<sup>1</sup> that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds<sup>1</sup>: N/A

<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	NO.	COST	NO.	COST
AD	208	84K	148	87K	67	48K
AD FAMILY						
OTHER	6	16K	2	1K		
TOTAL	214	100K	150	88K	67	48K

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

<sup>2</sup> The total cost in thousands of dollars.

R

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	\$6,697,669	\$7,888,303	\$3,157,642
TOTAL OUTPATIENT VISITS	130,647	135,141	58,442
AVERAGE COST PER VISIT	\$51.27	\$58.37	\$54.03

R  
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RECORDED 8/24/94  
9/24/94

R

R

25 25R (9/22/94) VERIFIED 825 9/24/94

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	\$6,697,669	\$8,035,786	\$3,157,642
TOTAL OUTPATIENT VISITS	130,647	135,141	58,442
AVERAGE COST PER VISIT	\$51.27	\$59.46	\$54.03



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

Table A: N/A

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

Table B: N/A

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

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

Table C: N/A

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

Table D: N/A

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

*See Total  
QA Revision  
at end of  
files*

15. Quality of Life.

NOTE: INFORMATION PROVIDED PER HOST'S RESPONSE, HOST UIC: 61414, HOST  
COMMAND: NAVAL AMPHIBIOUS BASE LITTLE CREEK, DATA CALL #37.

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?

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

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

(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			
<b>TOTAL</b>		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			
<b>TOTAL</b>		100	

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

b. For on-base MWR facilities<sup>2</sup> available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION \_\_\_\_\_ DISTANCE \_\_\_\_\_

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

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



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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)



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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			9Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

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

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

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

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

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

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

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



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

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

26 28 R (9/22/94) VR 8/29/94

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Copy attached

Total Received  
995  
Information being provided by Naval  
Amphibious Base Little Creek - VIC 61414  
in BSAT Data Call #37.

15. Quality of Life.

Quality of Life

47. Military Housing

a. Family Housing:

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

(2) 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+	31	31	0	0
Officer	3	58	58	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	238	238	0	0
Enlisted	3	467	455	12 <sup>1</sup>	0
Enlisted	1 or 2	202	126	70 <sup>1</sup>	0
Mobile Homes	N/A				
Mobile Home lots	N/A				

<sup>1</sup>88 Wellings Court units are substandard because the quarters contain less than the minimum net floor area allowed for adequate quarters. The units are utilized for family housing assignment and are needed for this use due to the deficit of Family Housing in the Norfolk Naval Complex. A \$6.9M Revitalization Project is programmed for FY97/98 to bring the neighborhood up to current standards.

Each two existing 768 Gross Square Feet (GSF) units will be combined into single 1536 GSF three-bedroom units. Work includes reducing unit density, providing adequate storm drainage, rebuilding the roadway and parking areas, upgrading electrical service and feeding the buildings underground, providing privacy fencing, patios and storage sheds for each unit, landscaping and total interior renovation including new electric, mechanical and wall and floor surfaces. Project replaces windows, siding and roofs and constructs new entrance porches on all units.

47.a. continued

(3) 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?

There are no inadequate units.

47.a.(4) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	Average Wait
O-6/7/8/9	1	0	0
	2	0	0
	3	0	0
	4+	11	06-09 mo.
O-4/5	1	0	0
	2	0	0
	3	30	03-09 mo.
	4+	12	08-14 mo.
O-1/2/3/CWO	1	0	0
	2	0	0
	3	30	08-12 mo.
	4+	26	12-16 mo.
	1	0	0
	2	0	0
	3	0	0
	4+	0	0
E1-E9 <sup>2</sup>	1	0	0
	2	798	12-20 mo.
	3	880	10-14 mo.
	4+	553	20-22 mo.

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

<sup>2</sup>All enlisted quarters are designated E1-E9.

Adequate 99.0%  
 Substandard 98.3%

31 MAR 94 utilization rate:

Yes. Low utilization in FY93 resulted from problems with the Housing Maintenance Service Contract.

(8) 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?

Utilization Rate	96.9%
Type of Quarters	Adequate
	Substandard
	Inadequate

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

100%

(6) 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)?

Top Five Factors Driving the Demand for Base Housing	
1 Financial relief	
2 Medical facilities	
3 Base support facilities	
4 Schools	
5 Military necessity	

47.a.(5) 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.

Activity VIC: 614144

47.b. BEQ:

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

Type of Quarters	Utilization Rate
Adequate	Transient 53%, Permanent Party 88%
Substandard	0
Inadequate	0

(2) 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?

No. The Transient Personnel Department plays a major role in calculating our transient percentage due to individuals awaiting ships. Also, some of the difference is due to ongoing renovations.

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

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

365

$$\text{AOB} = \frac{12 \times 365}{365} = 12$$

(4) 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.)	8	67	None
Spouse Employment (non-military)	0	0	None
Other	4	33	SERD/Retirements
<b>TOTAL</b>	<b>12</b>	<b>100</b>	



R

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

This information cannot be provided accurately due to the fact that not all geographical bachelors check into the barracks and we have no way of tracking them.

47.c. BOQ:

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

Type of Quarters	Utilization Rate
Adequate	Transient 68%, Permanent Party 69%
Substandard	0
Inadequate	0

(2) 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?

Yes. Room renovations by self-help.

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

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

365

$$\text{AOB} = \frac{12 \times 365}{365} = 12$$

(4) 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.)	11	92	None
Spouse Employment (non-military)	0		None
Other	1	8	Medical
TOTAL	12	100	

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

This information cannot be provided accurately due to the fact that not all geographical bachelors check into the barracks and we have no way of tracking them.

## On Base MWR Facilities

48. For on-base MWR facilities<sup>1</sup> available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION NAVPHIBASE Little Creek DISTANCE 0

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	6	Y
	Outdoor Bays	4	Y
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	4000	Y
Bowling	Lanes	32	Y
Enlisted Club	SF	20,860	Y
CPO Club	SF	20,842	Y
Officer's Club	SF	25,512	Y
Library	SF	4,128	N/A
Library	Books	17,300	N/A
Theater	Seats	1,400	N
ITT	SF	1,000	Y
Museum/Memorial	SF	N/A	N/A
Pool (indoor)	Lanes	N/A	N/A
Pool (outdoor) (2)	Lanes	18	Y
Beach (2)	LF	700	N
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	14	N

<sup>1</sup>Spaces designated 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	5	N
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	5	N
Golf Course	Holes	18	Y
Driving Range	Tee Boxes	30	Y
Gymnasium MAIN	SF	50,000	N
WEST SIDE		8,750	N
Fitness Center	SF	4,000	N
Marina	Berths	151	Y
Stables	Stalls	N/A	N/A
Softball Fld	Each	8	N/A
Football Fld	Each	2	N/A
Soccer Fld	Each	2	N/A
Youth Center	SF	8,000	N/A
Bargain Shop, Bldg 3530	SF	4,000	N/A

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

No. The Base library does use ALA Interlibrary loan procedures with area and state libraries.

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## 50. Base Family Support Facilities and Programs

a. 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	8	0	0	1,548	27	180
6-12 Mos	16	0	0	774	67	180
12-24 Mos	20	0	0	1,936	55	180
24-36 Mos	63	4,740	0	0	58	90
3-5 Yrs	92	6,921	0	0	51	90

b. 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: CCN 740-40, Child Development Center, Bldg. 3363.

What makes it inadequate? Building is a one story WWII wood frame building that is deteriorated beyond economic rehabilitation. In addition, building is not functionally designed to support Child Care functions.

What use is being made of the facility? Child Care Center/Family Home Care.

What is the cost to upgrade the facility to substandard?  
Not applicable. Building 3363 has deteriorated beyond economic rehabilitation.

What other use could be made of the facility and at what cost?  
Storage at no cost.

Current improvement plans and programmed funding: Unprogrammed: MILCON project P-426, Child Care Center addition, at \$2.10 million would construct a 16,330 SF child care addition to building 3364 and demolish building 3363.

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

Identified as a C3 Facility Condition on FY93 BASEREP. NAVPHIBASE does not currently have enough child care assets to support the projected personnel loading.

c. 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.

This is a very dense military area; therefore, most facilities capable of providing quality child care for the active duty dependent are operating at full capacity.

CHARACTERISTICS OF CHILD CARE CENTERS IN HAMPTON ROADS

	<u>Child Care Centers</u>			<u>FDC Homes</u>			<u>License</u>	<u>Nursery Schools</u>	<u>Special Needs</u>	<u>Church-Based</u>
	<u>Total</u>	<u>Capacity</u>	<u>Infant Care</u>	<u>Total</u>	<u>Capacity</u>	<u>Infant Care</u>	<u>Exempt Care</u>			
Chesapeake	38	3201	10	48	656	38	2	15	1	5
Norfolk	54	4762	5	143	1248	96	7	24	3	15
Portsmouth	33	2661	7	30	234	16	3	10	1	6
Suffolk	9	922	3	21	654	9	1	6	1	5
Virginia Beach	71	8101	29	177	2100	93	6	47	5	11
Hampton	30	3298	7	18	286	11	3	22	2	7
Newport News	30	2734	11	24	210	13	3	23	2	6
Poquoson	1	165	1	0	0	0	0	1	0	0
Williamsburg & James City County	12	1133	4	7	53	3	0	6	0	0
York County	1	200	0	4	35	3	0	1	0	0

Source: Hampton Roads Planning District Commission

d. How many "certified home care providers" are registered at your base? 23

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

Navy: Naval Station, Norfolk 300 children 6 wks-5 yrs.  
 Army: Fort Story, Va. Beach 60 children 6 wks-12 yrs.

Service	Unit of Measure	Qty
Exchange	SF	111,606
Gas Station	SF	3,120
Auto Repair	SF	8,511
Auto Parts Store	SF	4,926
Commissary	SF	100,389
Mini-Mart	SF	7,757
Package Store	SF	10,000
Fast Food Restaurants	Each	1
Bank/Credit Union	Each	2
Family Service Center	SF	5,731
Laundromat	SF	1,328
Dry Cleaners	Each	None
ARC	PN	None
Chapel	PN	660
FSC Classrm	PN	20
Theater	PN	1,400
Hobby Shop	SF	8,035
Rec Center	SF	16,095
Child Dev Ctr	SF	15,919
Library	SF	4,128
Post Office	SF	4,990

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

Activity UIC: 61414

Source: Hampton Roads Planning District Commission from Rand-McNally Road Atlas

City	Distance (Miles)
Norfolk-Virginia Beach-Newport News, VA	0
Richmond, VA	93
Charlottesville, VA	166
Raleigh, NC	188

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

Activity UIC: 61414

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## 53. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	127.43	71.30
E2	116.47	73.25
E3	111.42	82.10
E4	139.18	97.14
E5	155.24	108.39
E6	175.73	119.62
E7	191.50	133.03
E8	176.39	133.35
E9	165.28	125.47
W1	281.03	213.43
W2	247.26	193.94
W3	240.16	195.22
W4	176.30	156.31
O1E	306.00	226.98
O2E	251.41	200.45
O3E	238.87	202.08
O1	181.59	133.81
O2	186.47	145.75
O3	228.14	192.08
O4	205.30	178.53
O5	222.77	184.23
O6	228.47	189.11
O7	158.54	128.81

## 54. Off-base housing rental and purchase

a. 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	\$500	\$358	Included in rent
Apartment (1-2 Bedroom)	\$424	\$380	\$141
Apartment (3+ Bedroom)	\$490	\$350	\$201
Single Family Home (3 Bedroom)	\$525	\$443	\$213
Single Family Home (4+ Bedroom)	\$650	\$578	\$260
Town House (2 Bedroom)	\$419	\$416	\$130
Town House (3+ Bedroom)	\$500	\$425	\$180
Condominium (2 Bedroom)	\$416	\$392	\$123
Condominium (3+ Bedroom)	\$500	\$417	\$192

Source: PWC Norfolk. Information from PWC Norfolk for Average Monthly Rent has been divided by 12 to show high and low figures.

54.b. What was the rental occupancy rate in the community as of 31 March 1994?

Activity UIC: 61414

Type Rental	Percent Occupancy Rate
Efficiency	92.16%
Apartment (1-2 Bedroom)	96.00%
Apartment (3+ Bedroom)	96.00%
Single Family Home (3 Bedroom)	96.00%
Single Family Home (4+ Bedroom)	99.00%
Town House (2 Bedroom)	92.00%
Town House (3+ Bedroom)	92.00%
Condominium (2 Bedroom)	88.00%
Condominium (3+ Bedroom)	88.00%

Source: PWC Norfolk

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	\$ 94,884
Single Family Home (4+ Bedroom)	\$117,786
Town House (2 Bedroom)	\$ 67,018
Town House (3+ Bedroom)	\$ 80,438
Condominium (2 Bedroom)	\$ 59,400
Condominium (3+ Bedroom)	\$ 96,990

Source: PWC Norfolk

54.d. 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	14	27	4
February	17	26	5
March	20	45	4
April	28	53	9
May	25	49	6
June	49	58	13
July	48	62	8
August	32	69	16
September	56	51	18
October	38	54	12
November	40	61	10
December	37	11	16

Source: PWC Norfolk

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

Location, number of bedrooms, siding type (brick, vinyl, wood), school system crime rates, BAQ, VHA alignment with payment amount.

55. 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
EM	209	70
BM	403	76
MM	84	61
OS	290	50
QM	127	12
TOTAL <sup>1</sup>	1,113	339

<sup>1</sup> Data is for activities, units and ships located at NAVPHIBASE LCREEK per CINCLANTFLT N95A guidance.

SOURCE: COMNAVSHORLANT N4412, Mr. Ken Mabry

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

Location <sup>1</sup>	% Employees <sup>1</sup>	Distance (mi) <sup>2</sup>	Time(min) <sup>3</sup>
Virginia Beach VA	63	8	22.7
Norfolk VA	25	10	25.0
Chesapeake VA	8	20	32.5
Hampton VA	2	15	36.4
Newport News VA	2	17	50.1

<sup>1</sup>Sources: HRO Norfolk for civilians. PSD LCREEK for military. Figures are based on 100% of civilian personnel and 64% of military personnel. 36% of military personnel did not list an address or listed "Little Creek".

<sup>2</sup>Source: In-house estimate.

<sup>3</sup>Source: Hampton Roads Planning District Commission.

## 56. continued

Figures used are from central intersections located in Virginia Beach, Norfolk and Chesapeake. Figures used for Hampton and Newport News are distance provided by the commission to Naval Station, Norfolk plus 15 minutes.

57. 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:

57.a. 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 <sup>1</sup>	% HS Grad to Higher Educ	Source of Info <sup>2</sup>
Chesapeake Elem (26)	Pub	Elem	None	Unknown	N/A	N/A	
Chesapeake Middle (7)	Pub	Middle	Unknown	Unknown	N/A	N/A	
Chesapeake High (5)	Pub	High	Unknown	Unknown	831	71%	
Norfolk Elem (36)	Pub	Elem	Unknown	Unknown	N/A	N/A	
Norfolk Middle (8)	Pub	Middle	Unknown	Unknown	N/A	N/A	
Norfolk High (5)	Pub	High	Unknown	Unknown	769	66%	
Portsmouth Elem (16)	Pub	Elem	Unknown	Unknown	N/A	N/A	
Portsmouth Middle (4)	Pub	Middle	Unknown	Unknown	N/A	N/A	

							Portsmouth High (4)	Pub	High	Unknown	Unknown	744	71%
							VA Beach Elem (52)	Pub	Elem	Unknown	Unknown	N/A	N/A
							VA Beach Middle (14)	Pub	Middle	Unknown	Unknown	N/A	N/A
							VA Beach High (10)	Pub	High	Unknown	Unknown	889	77%
							Suffolk Elem (10)	Pub	Elem	Unknown	Unknown	N/A	N/A
							Suffolk Middle (3)	Pub	Middle	Unknown	Unknown	N/A	N/A
							Suffolk High (2)	Pub	High	Unknown	Unknown	742	44%
							Hampton Elem (24)	Pub	Elem	Unknown	Unknown	N/A	N/A
							Hampton Middle (5)	Pub	Middle	Unknown	Unknown	N/A	N/A
							Hampton High (4)	Pub	High	Unknown	Unknown	833	74%
							Newport News Elem (25)	Pub	Elem	Unknown	Unknown	N/A	N/A
							Newport News Middle (7)	Pub	Middle	Unknown	Unknown	N/A	N/A
							Newport News High (5)	Pub	High	Unknown	Unknown	862	78%
							Poquoson Elem (2)	Pub	Elem	Unknown	Unknown	N/A	N/A
							Poquoson Middle (1)	Pub	Middle	Unknown	Unknown	N/A	N/A
							Poquoson High (1)	Pub	High	Unknown	Unknown	916	85%
							Williamsburg & James City County Elem (5)	Pub	Elem	Unknown	Unknown	N/A	N/A

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Williamsburg & James City County Middle (3)	Pub	Middle	Unknown	Unknown	N/A	N/A	
Williamsburg & James City County High (1)	Pub	High	Unknown	Unknown	911	77%	
York County Elem (10)	Pub	Elem	Unknown	Unknown	N/A	N/A	
York County Middle (3)	Pub	Middle	Unknown	Unknown	N/A	N/A	
York County High (3)	Pub	High	Unknown	Unknown	899	88%	
Academy of Early Learning	PV	Pre K-K	None	\$3536	N/A	N/A	
Alliance Christian Schools, Inc.	PV	Unknown	Unknown	Unknown	Unknwn	Unknwn	
Atlantic Shores Christian School	PV	Unknown	Unknown	Unknown	Unknwn	Unknwn	
Azalea Garden Christian School	PV	All	None	\$925 - \$1570	1000	31%	
Baylake Pines Private School	PV	Unknown	Unknown	Unknown	Unknwn	Unknwn	
Bayview Christian School	PV	Unknown	Unknown	Unknown	Unknwn	Unknwn	
Bethel Christian School	PV	All	None	\$1100 - \$1900	1000	75%	
Brentwood Forest Day School	PV	Pre K-K	None	Unknown	N/A	N/A	
Cape Henry Collegiate School	PV	All	None	\$6500 - \$7500	1000	100%	



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Cathedral of Faith Christian School	PV	K-First	None	\$2182	N/A	N/A	
Central Baptist Church School	PV	Unknown	Unknown	Unknown	Unknown	Unknown	
Central Baptist School	PV	K-6	None	\$700 - \$1300	N/A	N/A	
Chesapeake Bay Academy	PV	Unknown	Handicapped	\$6900	N/A	N/A	
Christ the King School	PV	Pre K-8	None	\$1550 - \$1925	N/A	N/A	
Collinswood Church School	PV	Unknown	Unknown	Unknown	Unknown	Unknown	
Cornerstone Christian School	PV	K-6	None	\$1350 - \$2580	N/A	N/A	
Court Street Academy	PV	Unknown	Unknown	Unknown	Unknown	Unknown	
Gateway Christian School	PV	Unknown	Unknown	Unknown	Unknown	Unknown	
Gloria Dei Lutheran School	PV	K-5	None	Unknown	N/A	N/A	
Greenbriar Christian Academy	PV	All	Wheel chair	\$2400 - \$3500	1000	89%	
Hampton Roads Seventh Day Adventist School	PV	K-8	None	\$1780	N/A	N/A	
Hebrew Academy of Tidewater	PV	Unknown	Unknown	Unknown	Unknown	Unknown	
Holy Trinity Elem & Jr. High	PV	3 Yrs - 8th Grade	None	\$1300 - \$2300	N/A	N/A	
Hunterdale Baptist School	PV	All	None	\$650 - \$1440	Unknown	50%	
Indian Creek-Welcome Baptist Church School	PV	All	None	\$1075 - \$1300	Unknown	Unknown	

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McLea School	PV	2.5 Yrs - 3	None	\$3300 - \$4800	N/A	N/A	
Montessori Laboratory School	PV	1 - 3	Depends on Child	\$1900 - \$4000	N/A	N/A	
Mt. Pleasant Christian School	PV	K - 8	Learning Disabled	\$1950	Unkno wn	Unknow n	
Nansemond Suffolk Academy	PV	All	None	\$3300 - \$4800	950	100%	
Norfolk Academy	PV	All	None	\$6450 - \$7440	1160	100%	
Norfolk Catholic High School	PV	9-12	Wheelchai r Access	\$3700 - \$4700	947	95%	
Norfolk Christian Schools	PV	8-12	Learning & Physical Disabled	\$4855	1030	91%	
Norfolk Christian Schools	PV	4 yrs - 7	Learning & Physical Disabled	\$999 - \$4195	N/A	N/A	
Norfolk Collegiate School	PV	7 - 12	Learning Disabled	\$5600	1104	100%	
Open Door Christian Academy	PV	All	None	\$1765	Unkno wn	50%	
Our Lady of Mt. Cammel School	PV	K - 7	Minor Disabilit ies	\$1690 - \$2420	N/A	N/A	
Parkview Christian Academy	<del>PV</del>	<del>K - 3</del>	None	Unknown	N/A	N/A	
Portsmouth Catholic Elem	PV	K - 8	Attention Deficienc y	\$2000 - \$2385	N/A	N/A	
Portsmouth Christian Schools	PV	All	Learning Disabled	\$1386 - \$4150	900	94%	

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Providence Christian School	PV	All	None	\$1120 - \$1440	Unknown	Unknown	
Ryan Academy of Norfolk	PV	All	Attention Deficit	Unknown	Unknown	Unknown	
St. Andrew's Episcopal Day School	PV	K - 5	None	\$1720 - \$2680	Unknown	Unknown	
St. Christopher School	PV	Pre K - 3	None	\$1320 - \$2080	Unknown	Unknown	
St. Mary's	PV	Pre K - 8	None	\$1600 - \$2270	N/A	N/A	
St. Mary's Academy	PV	Pre K - 5	None	\$230 - \$1575	N/A	N/A	
St. Matthew's School	PV	Pre K - 8	Emotionally Disturbed	\$1530	N/A	N/A	
St. Pius X School	PV	Pre k - 8	None	\$850 - \$2050	N/A	N/A	
Star of the Sea Catholic School	PV	Pre K - 8	None	\$1300 - \$2500	N/A	N/A	
Stonebridge School	PV	Unknown	Unknown	Unknown	Unknown	Unknown	
Sweethaven Christian School	PV	Pre K - 8	None	\$170 - \$1750	N/A	N/A	
Tabernacle Baptist School of VA Beach	PV	All	None	\$1795 - \$2380	1100	75%	
Tidewater Jr. Academy	PV	K - 10	None	Unknown	N/A	N/A	
Town & Country Day School	PV	K - 5	None	\$50 wk	N/A	N/A	
Trinity Lutheran School	PV	K - 8	Handicapped	\$1380 - \$2680	N/A	N/A	
Twin Oaks School	PV	K - 3	None	\$2700	N/A	N/A	
VA Beach Country Day School	PV	K - 5	None	\$4360	N/A	N/A	

Williams School	PV	All	None	\$5200	1115	Unknow n	
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<sup>1</sup>Average SAT score for public schools reported in the table is for the class of 1993, with the exception of Suffolk Schools and Hampton Schools which are reported for the class of 1992 and 1991 respectively.

<sup>2</sup> Source: Hampton Roads Planning District Commission (each school system was contacted for this data)

PUB = Public School  
PV = Private School

57.b. 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		Graduat e
				Courses only	Degree Program	
Tidewater Community College	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No
University of Virginia	Day Yes	No	No	No	No	Yes
	Night Yes	No	No	No	No	Yes
Virginia Polytechnica l Institute	Day Yes	No	No	No	No	Yes
	Night Yes	No	No	No	No	Yes
Virginia Wesleyan College	Day Yes	No	No	No	Yes	No
	Night Yes	No	No	No	Yes	No
Norfolk State University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes
Old Dominion University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes
Regents University	Day Yes	No	No	No	No	Yes
	Night No	No	No	No	No	No
Thomas Nelson Community College	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No
Christopher Newport University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes

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George Washington University	Day	No	No	No	No	No
	Night	Yes	No	No	No	Yes
Hampton University	Day	Yes	No	No	No	Yes
	Night	Yes	No	No	No	Yes
Norfolk Adult Education Center	Day	Yes	No	Yes	No	No
	Night	Yes	Yes	Yes	No	No
Virginia Beach Adult Education Center	Day	Yes	No	Yes	No	No
	Night	Yes	Yes	Yes	No	No
Chesapeake Adult Education Center	Day	Yes	No	Yes	No	No
	Night	Yes	Yes	Yes	No	No
Electronic Computer Programming Institute	Day	Yes	No	Yes	No	Yes
	Night	Yes	No	Yes	No	Yes
ITT Electronics Technology College	Day	Yes	No	Yes	No	Yes
	Night	Yes	No	Yes	No	Yes
Johnson & Wales University	Day	Yes	No	Yes	No	Yes
	Night	Yes	No	Yes	No	Yes
Commonwealth College	Day	Yes	No	Yes	No	Yes
	Night	Yes	No	Yes	No	Yes
Tidewater Technical Institute	Day	Yes	No	Yes	No	No
	Night	Yes	No	Yes	No	No
Court Reporting Institute of Virginia	Day	Yes	No	Yes	No	No
	Night	Yes	No	Yes	No	No
Computer Dynamics Institute	Day	Yes	No	Yes	No	No
	Night	Yes	No	Yes	No	No

Source: Navy Campus Little Creek

Advanced Technology Institute	Day Yes	No	Yes	No	No	No	No
	Night Yes	No	Yes	No	No	No	No
College of William & Mary	Day Yes	No	No	No	No	Yes	Yes
	Night No	No	No	No	No	No	No

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57.c. 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.

Activity VIC: 61414

Institution	Type Classes	Adult High School	Vocational / Technical	Program Type(s)		
				Undergraduate	Degree Program	Graduate
Saint Leo College <sup>1</sup>	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	No
	Correspondence No	No	No	No	No	No
Troy State University	Day No	No	No	No	No	No
	Night Yes	No	No	No	No	Yes
	Correspondence No	No	No	No	No	No
Embry Riddle Aeronautical University <sup>2</sup>	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	Yes
	Correspondence No	No	No	No	No	No
Old Dominion University <sup>3</sup>	Day No	No	No	No	No	No
	Night Yes	No	No	No	No	Yes
	Correspondence No	No	No	No	No	No
Norfolk State University <sup>4</sup>	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	No
	Correspondence No	No	No	No	No	No



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Norfolk State University 5	Day No	No	No	No	No	No
	Night Yes	No	No	Yes	No	Yes
	Correspondence No	No	No	No	No	No
Tidewater Community College 6	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	No
	Correspondence No	No	No	No	No	No
Florida Institute of Technology 7	Day No	No	No	No	No	No
	Night Yes	No	No	No	No	Yes
	Correspondence No	No	No	No	No	No
Southern Illinois University 8	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	No
	Correspondence No	No	No	No	No	No

<sup>1</sup>Available on NAVPHIBASE Little Creek

<sup>2</sup>Available at NAS Oceana and NAS Norfolk

<sup>3</sup>Available at NAS Norfolk and FCTCLANT Dam Neck

<sup>4</sup>Available at NAS Norfolk

<sup>5</sup>Available at Naval Station Norfolk

<sup>6</sup>Available at Naval Station Norfolk and Naval Medical Center Portsmouth

<sup>7</sup>Available at Naval Station Norfolk

<sup>8</sup>Available at FCTCLANT Dam Neck, available to ACTIVE DUTY Personnel only.

Source: Navy Campus Little Creek

## 58. 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	Client Information <sup>1</sup>	37	125	2
Manufacturing	This info was not requested until 1992 & 1993, at the clients option	0	2	2
Clerical	<sup>1</sup>	26	79	2
Service	<sup>1</sup>	15	14	2
Other	<sup>1</sup>	4 <sup>3</sup>	104 <sup>3</sup>	2

<sup>1</sup>This information is provided by the clients on the Client Information Form, and it is their option to list any employment preferences. This form is filled out by clients seen on a one-on-one bases, and is encouraged by counselor since it is helpful in referring the client and in counseling.

<sup>2</sup>This data is not provided by the State Department of Labor, and is not available by professions. The local community unemployment rate is provided as follows: 1991 - 5.6%, 1992 - 6.3%, 1993 - 5.4%

<sup>3</sup>Fifty-six clients in 1992 and 109 in 1993 did not indicate any employment/career preference.

The statistics listed below are based on data from Family Support Program Management Information System (FSMIS) Reports:

SPOUSE EMPLOYMENT ASSISTANCE PROGRAM - SERVICES PROVIDED CLIENTS:	<u>1991</u>	<u>1992</u>	<u>1993</u>
Provided Employment/Career Services by phone or in person (less than 10 minutes)	2,446	1,791	1,201
Provided Employment/Career Services by one-on-one counseling, Resume, SF171 Application Reviews, Mock Interviews, etc. (1/2 hour to 1 hour appointments)	1,660	1,658	1,261
Provided Employment/Career Services by presenting workshops on employment topics.	<u>1,231</u>	<u>1,961</u>	<u>5,137</u>
Total number of clients serviced by SEAP	5,237	5,410	7,599

59. 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.

No. There are both medical and dental branch commands located just outside Gate 4 to provide health services. The Branch Medical Clinic provides thorough programs including appointment and walk-in OB/GYN services for active duty women.

60. 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.

No. There are both medical and dental branch commands located just outside Gate 4 to provide health services. The Branch Medical Clinic provides a comprehensive family program which includes same day primary health care for pediatric patients and well-baby classes. Also, the Base is located approximately 15 miles from Naval Hospital, Portsmouth, VA. Hampton Roads is a major metropolitan area with four major civilian hospitals, medical clinics and a multitude of civilian medical/dental professionals.

R

61. 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)	0	1	3
Base Personnel - military	"	"	"
Base Personnel - civilian	"	"	"
Off Base Personnel - military	"	"	"
Off Base Personnel - civilian	"	"	"
2. Blackmarket (6C)	0	0	0
Base Personnel - military	"	"	"
Base Personnel - civilian	"	"	"
Off Base Personnel - military	"	"	"
Off Base Personnel - civilian	"	"	"
3. Counterfeiting (6G)	0	0	0
Base Personnel - military	"	"	"
Base Personnel - civilian	"	"	"
Off Base Personnel - military	"	"	"
Off Base Personnel - civilian	"	"	"
4. Postal (6L)	0	1	2
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)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)	6	2	3
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)	241	229	249
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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Crime Definition	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6I)	360	290	299
Base Personnel - military			
Base Personnel - civilian			
OII Base Personnel - military			
OII Base Personnel - civilian			
10. Wrongful Destruction (6U)	309	300	297
Base Personnel - military			
Base Personnel - civilian			
OII Base Personnel - military			
OII Base Personnel - civilian			
11. Larceny - Vehicle (6V)	10	16	13
Base Personnel - military			
Base Personnel - civilian			
OII Base Personnel - military			
OII Base Personnel - civilian			
12. Bomb Threat (7B)	7	7	5
Base Personnel - military			
Base Personnel - civilian			
OII Base Personnel - military			
OII Base Personnel - civilian			

Activity UIC: 61414

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Crime Definition	FY 1991	FY 1992	FY 1993
13. Extortion (7E)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)	58	49	44
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7B)	2	1	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)	1	0	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

there was not an item 7/ on this table

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Crime Definition	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)	2	6	3
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Forgery (7P)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)	0	1	3
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7I)	314	389	348
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Activity VIC: 61414

R



1 Reflects total for the category  
 2 Data is not maintained in the segregated manner requested

Crime Definition	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (88)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)	0	5	5
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)	1	7	3
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

R

**BRAC-95 CERTIFICATION**

DATA CALL 27

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.

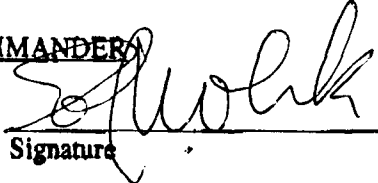
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes 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

E. J. WOLSKI, CAPT, MC, USNR

NAME (Please type or print)

  
Signature

OFFICER IN CHARGE

Title

18 MAY 94

Date

ADM JOEL T. BOONE BRANCH CLINIC

Activity

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

NEXT ECHELON LEVEL (if applicable)

B. B. POTTER

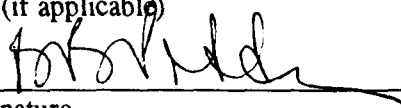
NAME (Please type or print)

ACTING

Title

NAVAL MEDICAL CENTER, PORTSMOUTH

Activity

  
Signature

25 MAY 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

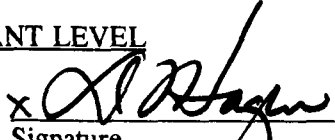
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

x   
Signature

6-2-94  
Date

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

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

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

ACTING

Title

  
Signature

6/9/94  
Date

BRAC-95 CERTIFICATION

DATA CALL #27

Reference: SECNAVNOTE 11000 of 08 December 1993

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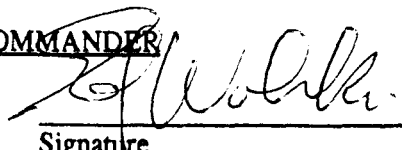
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

E. J. WOLSKI, CAPT, MC, USNR  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

OFFICER IN CHARGE  
Title

22 Sept 94  
\_\_\_\_\_  
Date

ADMIRAL JOEL T. BOONE BRANCH CLINIC  
Activity

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

NEXT ECHELON LEVEL (if applicable)

RADM W. J. MCDANIEL  
NAME (Please type or print)  
COMMANDER, NAVAL MEDICAL CENTER  
Title PORTSMOUTH, VA  
NAVMEDCEN PORTSMOUTH, VA  
Activity

W. J. McDaniel  
Signature  
26 Sept 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

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

D. F. Hagen  
Signature  
9-29-94  
Date

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

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

J. B. GREENE, JR.

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

J. B. Greene, Jr.  
Signature  
13 OCT 1994  
Date

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44

**DATA CALL 64  
CONSTRUCTION COST AVOIDANCES**

**Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).**

<b>Installation Name:</b>		Norfolk NSY		
<b>Unit Identification Code (UIC):</b>		32532		
<b>Major Claimant:</b>		Defense Agencies (DMFO)		
<b>Project FY</b>	<b>Project No.</b>	<b>Description</b>	<b>Appn</b>	<b>Project Cost Avoid (\$000)</b>
1999		Medical/Dental Clinic	MCON	11,000
		<b>Sub -Total 1999</b>		<b>11,000</b>
		<b>Grand Total</b>		<b>11,000</b>

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

<p>Activity _____ OASD(HA) _____ Title _____ Director, DMFO _____ NAME (Please type of print) _____ Gordon K. Dowery</p>	<p>Date _____ 7/8/94 Signature _____ Gordon K. Dowery</p>
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**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

Activity Name:	NNSY Branch Medical Clinic
UIC:	32532
Host Activity Name (if response is for a tenant activity):	Norfolk Naval Shipyard, Portsmouth, VA
Host Activity UIC:	00181

**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, c.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>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b>			
<b>Activity Name: NNSY Branch Medical Clinic</b>			<b>UIC: 32532</b>
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair	4	0	4
1b. Minor Construction			
<b>1c. Sub-total 1a. and 1b.</b>	4	0	4
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	54	0	54
2b. Transportation	5	0	5
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) SAG FN	26	0	26
<b>2k. Sub-total 2a. through 2j:</b>	85	0	85
<b>3. Grand Total (sum of 1c. and 2k.):</b>	89	0	89

**DATA CALL 66  
INSTALLATION RESOURCES**

<b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b>			
<b>Activity Name: NNSY Branch Medical Clinic</b>		<b>UIC: 32532</b>	
<b>TABLE IS "N/A" Category</b>	<b>FY 1996 Net Cost From UC/FUND-4 (\$000)</b>		
	<b>Non-Labor</b>	<b>Labor</b>	<b>Total</b>
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
<b>1c. Sub-total 1a. through 1d.</b>			
<b>2. Other Base Operating Support Costs:</b>			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
<b>2m. Sub-total 2a. through 2l:</b>			
<b>3. Depreciation</b>			
<b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>			

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.

<b>Table 2 - Services/Supplies Cost Data</b>	
<b>Activity Name:</b> NNSY Branch Medical Clinic	<b>UIC:</b> 32532
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	6
Material and Supplies (including equipment): T&W	96
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	3
Other Purchases (Contract support, etc.):	2026
<b>Total:</b>	<b>2131</b>

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

<b>Table 3 - Contract Workyears</b>	
<b>Activity Name: NNSY Branch Medical Clinic</b>	<b>UIC: 32532</b>
<b>Contract Type</b>	<b>FY 1996 Estimated Number of Workyears On-Base</b>
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
<b>Total Workyears:</b>	<b>N/A</b>

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

BRAC-95 CERTIFICATION

Data Call 66

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

W. J. MCDANIEL

NAME (Please type or print)

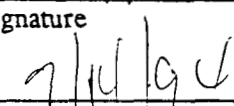


Signature

COMMANDER

Title

Date



NAVAL MEDICAL CENTER, PORTSMOUTH, VA

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

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

CHIEF BUMED/SURGEON GENERAL

*7-19-94*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

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

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

*04 AUG 1994*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



Document Separator

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

Official name	<i>Branch Medical Clinic Norfolk Naval Shipyard</i>
Acronym(s) used in correspondence	<i>Branch Medical Clinic NNSY</i>
Commonly accepted short title(s)	<i>NNSY Clinic</i>

- Complete Mailing Address  
Branch Medical Clinic (Code 100M)  
Norfolk Naval Shipyard  
Portsmouth, VA. 23709-5000

- PLAD BRMEDCLINIC NAVSHIPYD NORFOLK VA

- PRIMARY UIC: 32532 (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): 00183 PURPOSE: NAVMEDECEN PORTSMOUTH  
00181 Norfolk Naval Shipyard

2. PLANT ACCOUNT HOLDER:

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

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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 XXXX (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 XXXX No \_\_\_\_\_ (check one)

- Primary Host (current) UIC: 00181
- Primary Host (as of 01 Oct 1995) UIC: 00181
- Primary Host (as of 01 Oct 2001) UIC: 00181

● **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 XXXX (check one)

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

Name	Location	UIC
NONE		

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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

Name	UIC	Location	Host name	Host UIC
NONE				

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

NONE

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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 occupational and preventive medical care to employees of the industrial complex for occupationally induced illnesses or injuries.
- Provide ambulatory health care to active duty military.
- Provide 24-hour emergency ambulance service to the shipyard, ships present, St. Juliens Creek Annex, tenant commands, and New Gosport and Stanley Court housing areas.
- Provide biomedical monitoring physical examinations under the auspices of 44 medical surveillance program physical examinations for personnel employed in hazardous trades and/or exposed to hazardous substances.
- Provide the initial care and transport for radiation casualties.
- Conduct medical validity studies for compensation cases.

Projected Missions for FY 2001

- Continue present mission.
- Biomedical monitoring increased due to mandated NAVOSH programs.
- Increased clinical support to ships undergoing repair in the shipyard.
- Increased clinical support to all beneficiaries due to implementation of composite health care.
-

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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

Current Unique Missions

- Provide medical support for inactive ship movements.
- Provide medical support for NNSY radiological drills.
- First Aid/CPR training for NNSY and tenant activities.

Provide medical support for NNSY Security Force.

Projected Unique Missions for FY 2001

- Continue current support.
- Increase support for NNSY Health Promotions
- 

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  
Commander, NAVMEDCEN, Portsmouth VA 00183
- Funding Source UIC  
\_\_\_\_\_

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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>01</u>	<u>23</u>	<u>32</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>01</u>	<u>24</u>	<u>33</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 J. C. MATUS</u>	(804)396-3200	(804)396-3209	(804)483-3837
● Duty Officer	(804)396-3268	(804)396-3209	[N/A]
● <u>HMCS D. J. NOVAK</u>	(804)396-3230	(804)396-3209	(804)421-2808
● _____			

Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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
NONE				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NONE				

- 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
NONE					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NONE					



Branch Medical Clinic, Norfolk Naval Shipyard UIC: 32532

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>See attached list.</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, 8½"x 11".)

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

N/A

**BRAC 95 Data Call**

Item #13.

Norfolk Naval Ship Yard, Branch Medical Clinic, Portsmouth VA

This Clinic provides primary and occupational health services to the attached activities.

INDEX=CINPCMS.NDX, SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES  
REPORT FORMAT=PCMSCINC

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
32865	SSCO NCAMSLN	CHESAPEAKE (BOX 958)	23322-5000	P	4
39147	NTCC PORTSMOUTH	PORTSMOUTH	23709-6898	P	22
42306	NH EPOS DT NOR	PORTSMOUTH	23508-1297	P	0
45179	STU INSERV ADV DEN ED NORV	PORTSMOUTH	23708-5150 (PSD)	P	1
45808	LNTNVFCEGDV S	NORFOLK (PORTSMOUTH PSD)	23708-5150 (PSD)	P	0
<del>46876</del>	<del>DMEDS NH PTHS</del>	<del>PORTSMOUTH (NHP)</del>	<del>23708-5000</del>	<del>P</del>	<del>176</del>
<del>46881</del>	<del>DEPMEDS 3 NH SAN DIEGO</del>	<del>PORTSMOUTH (PNH)</del>	<del>23708-5150 (PSD)</del>	<del>P</del>	<del>14</del>
47403	SIMA PTSMV ALR	PORTSMOUTH	23709	P	0
48166	NORVA NSYD PTM	PORTSMOUTH (SYD)	23708-5150 (PSD)	P	8
<del>48423</del>	<del>USCG COM 5TH DIST PORTSMOUTH</del>	<del>PORTSMOUTH</del>	<del>23708-5150 (PSD)</del>	<del>P</del>	<del>1</del>
<del>48460</del>	<del>NAVHOSP TRNG PORTSMOUTH VA</del>	<del>PORTSMOUTH</del>	<del>23708-5150 (PSD)</del>	<del>P</del>	<del>210</del>
49243	FLTILOTEAM PTV	PORTSMOUTH	23708-5150 (PSD)	P	0
55631	NAVSEA DET NISMF PORTSMOUTH VA	PORTSMOUTH	23709-5000	P	0
68773	NMASSO NDUT CO	CHESAPEAKE (CROSSWAY BLVD)	23320-2843	P	75
<del>68811</del>	<del>DICC NAVHOSP PORTSMOUTH VA</del>	<del>PORTSMOUTH</del>	<del>23708-5310</del>	<del>P</del>	<del>5</del>
31653	DCOUNSELOR PTM	PORTSMOUTH (PNH)	23708-5000	P	2
48614	NAVAL ELECTRONIC SYSTEMS ENG. CENT.	PORTSMOUTH	23708-5150 (PSD)	P	0

\*\* Subtotal \*\*

1608

\*\* CINCLANTFLT P/SY

00181	NAVSHIPYD NORFOLK	PORTSMOUTH	23709-5000	P/SY	135
35045	SHPYD BDENCL	PORTSMOUTH (NSY)	23709-5000	P/SY	12
35355	NSEASYCOM N PT	PORTSMOUTH (ST JULIANS CREEK)	23702-5002	P/SY	6
<del>44436</del>	<del>COMSUBLANT SHIPYARD REP</del>	<del>NEWPORT NEWS</del>	<del>23607-2787</del>	<del>Y</del>	<del>4</del>
62678	SUPSHIP PORTSMOUTH VA	PORTSMOUTH (P. O. BOX 215)	23705-0215	P/SY	26
30028	PTSMV NSYD SCR	PORTSMOUTH	23077-5000	P/SY	34
45405	PERA NORFOLK, VA	PORTSMOUTH (NSY)	23709-5000	P/SY	1
45807	LNTNVFCEGDV NO	PORTSMOUTH (NSY)	23709-5000	P/SY	6

\*\* CINCLANTFLT P

<del>20496</del>	<del>NSHS BETH D</del>	<del>PORTSMOUTH</del>	<del>23708-5200</del>	<del>P</del>	<del>246</del>
31654	NH PTSMV PAT	PORTSMOUTH (PNH) (PSD)	23708-5150	P	111
33341	SIMA PORTSMOUTH VA	PORTSMOUTH (ST. JULIAN CREEK)	23702-5001	P	340
<del>25876</del>	<del>NSHS DET PORTSMOUTH VA</del>	<del>PORTSMOUTH (PNH)</del>	<del>23708-5200</del>	<del>P</del>	<del>78</del>
44617	DOE NREACTRO P	PORTSMOUTH (BOX 848)	23705-0848	P	14
47622	NORVA NSTD P N	PORTSMOUTH	23708-5150 (PSD)	P	43
49031	DECA PORTSMOUTH	PORTSMOUTH	23709-5000	P	1
<del>60673</del>	<del>RESALEACT PORTSMOUTH VA</del>	<del>PORTSMOUTH</del>	<del>23709-5000</del>	<del>P</del>	<del>19</del>
65580	NAVELEXCEN PORTSMOUTH VA	PORTSMOUTH (P. O. BOX 55)	23705-0055	P	15
65912	NAVSEACENLANT PORTSMOUTH VA	PORTSMOUTH (ST JULIAN CREEK)	23702-5098	P	41
68551	PERSUPP DET PORTSMOUTH VA	PORTSMOUTH	23708-5150	P	32
68561	NAVMASSO CHESAPEAKE VA	CHESAPEAKE (1441 CROSSWAY BLVD)	23320-2843	P	82
30629	CRYPG PTSMTH	PORTSMOUTH	23702-5000	P	38
31163	SPECCOMMDIV NC	CHESAPEAKE BOX 958	23322-5000	P	30

ACTIVITY: 32532

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. C. MATUS

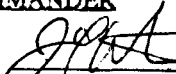
NAME (Please type or print)

Officer in Charge

Title

Branch Medical Clinic NNSY

Activity

  
Signature

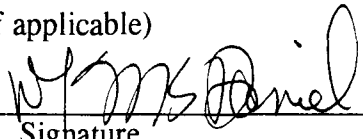
29 JAN 1994

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)

RADM W.J. MCDANIEL, MC, USN  
NAME (Please type or print)

  
Signature

COMMANDER  
Title

3 FEB 94  
Date

NAVAL MEDICAL CENTER, PORTSMOUTH VA  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title


\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
Signature

ACTING CHIEF BUMED  
Title

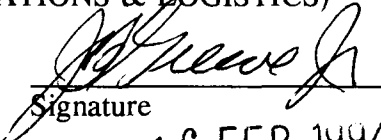
10 FEB 1994  
Date

BUREAU OF MEDICINE & SURGERY  
Activity

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

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

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

  
Signature

ACTING  
Title

16 FEB 1994  
Date

Document Separator

34

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL FACILITY: Branch Medical Clinic  
NNSY  
Portsmouth Va. 23709  
UIC: 32532

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

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

Encl (5)

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**MISSION REQUIREMENTS**

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	117,886	6,785		106,055	6,100	
FAMILY OF AD	139,736	23,683		125,724	21,280	
SUBTOTAL	257,622	30,468		231,179	27,380	
RETIRED AND FAMILY MEMBERS UNDER 65	72,890	17,320		71,092	16,889	
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	19,264	3,332		25,134	4,344	
OTHER	9,311	1,029		8,858	977	
TOTAL	359,087 244	52,149 51		336,863 221	49,590 46	

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

Above information provided by Naval Medical Center Portsmouth

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

Operating Beds <sup>1</sup> :	NONE
Set Up Beds <sup>1</sup> :	NONE
Expanded Bed Capacity <sup>2</sup> :	NONE

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,484 <i>R 9/21/94</i>	14	0	<i>R 9/21/94</i> 47,541	<i>R 9/21/94</i> 57,039
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) <sup>1*</sup>					152,416
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1*</sup>					15,945
PHARMACY UNITS (WEIGHTED) <sup>1*</sup>					6,795
OTHER (SPECIFY)					

*VR Bumed 824  
R 9/21/94  
R 9/21/94*

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

**\*Ancillary workload is not reported by patient category. Total figure is reported.**

SOURCE: MICRO-WORS FY93

*5 R (9/21/94) VR Bumed 824 9/21/94*

*R*

*R*

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,655	14	0	48,375	58,044
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) <sup>1*</sup>					152,416
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1*</sup>					15,945
PHARMACY UNITS (WEIGHTED) <sup>1*</sup>					6,795
OTHER (SPECIFY)					

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

\*Ancillary workload is not reported by patient category. Total figure is reported.

SOURCE: MICRO-WORS FY93

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	CIVIL SERVICE	TOTAL OF EACH ROW
OUTPATIENT VISITS	10,906 R 9/21/94		59,426 R 9/21/94	70,332 R 9/21/94
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) <sup>1</sup>				187,471 R 9/21/94
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				19,612 R 9/21/94
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				8,357 R 9/21/94
EKG'S (WEIGHTED)				1,453 R 9/21/94
PULM FUNCTIONS (WEIGHTED)				10,009 R 9/21/94
IMMUNIZATIONS (WEIGHTED)				1,471 R 9/21/94

VR BUMED 824 9/21/94

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

6 R(9/21/94) VR BUMED 824 9/29/94

R

R

3b. Workload (continued)

Assumptions/Calculations:

Active Duty: Based on under utilization of available appointments and current manpower, MILMED could increase patient count by 15%: See calculation below:

R VRBUMED  
824  
9/29/94

9,484	Total visits FY 93
<u>x.15</u>	
1,422	Maximum capacity increase
<u>9,484</u>	
10,906	

Civil Service: The no show rate for PE's, Audiology, Optometry is 25% and civilian sickcall is currently under utilized\* during afternoon hours and could increase patient count by 25% during these hours. Considering these two factors, maximum capacity could increase by 25%. See calculation below:

R VRBUMED  
824  
9/29/94

47,541	Total visits FY 93
<u>x.25</u>	
11,885	Maximum capacity increase
<u>47,541</u>	
59,426	

\* NNSY has experienced a civilian reduction in force which has decreased the Shipyard workload; therefore, increasing maximum capacity potential to 25%.

Ancillary Services: The maximum capacity overall increase for patient visits is 23%. This percentage was used to calculate a corresponding increase in ancillary totals in relation to patient visits. With the exception of lab, which is currently operating with a minus one under established Statement of Manpower Requirements (SMR), the present staff and facility could accommodate this 23% increase.

R VR  
BUMED  
824  
9/29/94

6-A-  
JR (9/21/94) VRBUMED 824 9/29/94

AS

R

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	CIVIL SERVICE	TOTAL OF EACH ROW
OUTPATIENT VISITS	13,000		67,000	80,000
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	46,800		265,200	312,000
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	3,975		22,525	26,500
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	3,375		4,125	7,500
EKG'S (WEIGHTED)	135		1,365	1,500
PULM FUNCTIONS (WEIGHTED)	650		12,350	13,000
IMMUNIZATIONS (WEIGHTED)	1,600		400	2,000

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

Data is based on all patients keeping appointments, no cancellations or no shows.  
 Used 2% increase based on no show and cancellation rates.  
 Staffing: 2 GMOs, 1 NP, 2 IDCs.  
 Other: Is for Occupational Health civilian visits, foreign military and NOAA.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,484	14	0	47,541	57,039
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) <sup>1</sup>					152,416
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>					15,945
PHARMACY UNITS (WEIGHTED) <sup>1</sup>					6,795
OTHER (SPECIFY)					

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

Unable to break out CHAMPUS and supplement care for clinics. Information included in NAVMEDCEN Portsmouth submission.

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,655	14	0	48,375	58,044
ADMISSIONS					
LABORATORY TESTS (WEIGHTED) <sup>1</sup>					20,708,864
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>					1,723,589
PHARMACY UNITS (WEIGHTED) <sup>1</sup>					2,809,652
OTHER (SPECIFY)					

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

Unable to break out CHAMPUS and supplement care for clinics. Information included in NAVMEDCEN Portsmouth submission.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE <sup>1</sup>	4	4	4	4	4	4	4	4
SPECIALTY CARE <sup>2</sup>	1	1	1	1	1	1	1	1
PHYSICIAN EXTENDERS <sup>3</sup>	1	1	1	1	1	1	1	1
ALLIED SCIENCE MED SERVICE CORPS OFFICER <sup>4</sup>	4	4	4	4	4	4	4	4
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	13	13	13	13	13	13	13	13

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

<sup>4</sup> This includes Podiatrist, Optometrist, Occupational/Physical Therapists, Radiology Specialist/Radiology Health, Clinical Psychologist, Microbiologist.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE <sup>1</sup>	4	4	4	4	4	4	4	4
SPECIALTY CARE <sup>2</sup>	1	1	1	1	1	1	1	1
PHYSICIAN EXTENDERS <sup>3</sup>	1	1	1	1	1	1	1	1
ALLIED SCIENCE MED SERVICE CORPS OFFICER <sup>4</sup>	4	4	4	4	4	4	4	4
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	13	13	13	13	13	13	13	13

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

<sup>4</sup> This includes Podiatrist, Optometrist, Occupational/Physical Therapists, Radiology Specialist/Radiology Health, Clinical Psychologist, Microbiologist.

**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	749
SPECIALTY CARE <sup>2</sup>	1,169
PHYSICIAN EXTENDER <sup>3</sup>	*
TOTAL	1,918**

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

Note: Source for a and b: Blue Cross/Blue Shield from State of Va

\* Physician Extenders total not broken down for the Tidewater Area, State of Virginia

\*\* Total does not include Physician Extenders

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**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	237
SPECIALTY CARE <sup>2</sup>	1,246
PHYSICIAN EXTENDER <sup>3</sup>	*
TOTAL	1,483**

Note: Source for a and b: Blue Cross/Blue Shield from State of Va

\* Physician Extenders total not broken down for the Tidewater Area, State of Virginia

\*\* Total does not include Physician Extenders

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

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

Region Population: (1990) 1,417,907  
Source: Hampton Roads Planning District Commission (9/92)

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

Region Population: (1990) 1,417,907  
Source: Hampton Roads Planning District Commission (9/92)





7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME***	RELATIONSHIP
CHESAPEAKE HOSP GENERAL HOSP	DISTRICT	8	16	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES
MCDONALD, ARMY COMMUNITY HOSP	ARMY	26	52	
HCA PENINSULA HOSP	CORPORATION	17	34	
SENTARA HAMPTON GENERAL HOSP	NON-GOVERN NOT-FOR-PROFIT	15	30	
VETERANS AFFAIRS MEDICAL CENTER	VA	13	26	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPITAL	AIR FORCE	22	44	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	24	48	
NEWPORT NEWS GENERAL HOSP	NON-GOVERN NOT-FOR-PROFIT	15	30	
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERN NOT-FOR-PROFIT	18	36	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES
CHILDREN'S HOSP OF THE KING'S DAU	NON-GOVERN NOT-FOR-PROFIT	3	6	INTEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS



DEPAUL MEDICAL CENTER	CHURCH OPER	6	12	NON FEDERAL; NURSE ANESTHETISTS
LAKE TAYLOR HOSP	HOSP DISTRICT	6	12	
NORFOLK COMM HOSP	CHURCH OPER	3	6	
SENTARA LEIGH HOSP	NON-GOVERNT NOT-FOR-PROFIT	6	12	
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	3	6	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING
MARYVIEW MEDICAL CENTER	CHURCH OPER	2	4	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	1	2	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	18	36	
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	10	20	
VIRGINIA BEACH HOSP	VA	15	32	

**Note:**

\*Source: 1993 AHA Guide

\*\*Source: AHA 1991 - Strategic Mapping, Inc (in nautical miles)

\*\*\*Calculations based on a 30 mph average speed which may not be accurate in city driving, all hospitals except Portsmouth General and Maryview require driving through a tunnel often adding significant time to a commute

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility

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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
CHESAPEAKE GENERAL HOSP	260	YES	75.3%	
MCDONALD ARMY COMM HOSP	58	YES	58.6%	
PPH PENINSULA HOSP	125	YES	50.4%	
SENTARA HAMPTON GENERAL HOSP	211	YES	74.9%	
VETERANS AFFIRS MEDICAL CENTER	312	YES	71.1%	
US AIR FORCE HOSP	53	YES	61.4%	
MARY IMMACULATE HOSP	110	YES	69.1%	
NEWPORT NEWS GENERAL HOSP	35	YES	N/R	
RIVERSIDE REGION MEDICAL CENTER	576	YES	N/R	
CHILDREN'S HOSP OF THE KING'S DAUGHTER	156	YES	84.8%	
DEPAUL MEDICAL CENTER	274	YES	68%	
LAKE TAYLOR HOSPITAL	104	YES	41.3%	

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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
CHESAPEAKE GENRAL HOSP	260	YES	75.3%	
MCDONALD ARMY COMM HOSP	58	YES	58.6%	
HCA PENINSULA HOSP	125	YES	50.4%	
SENTARA HAMPTON GENERAL HOSP	211	YES	74.9%	
VETERANS AFFIRS MEDICAL CENTER	312	YES	71.1%	
US AIR FORCE HOSP	53	YES	61.4%	
MARY IMMACULATE HOSP	110	YES	69.1%	
NEWPORT NEWS GENERAL HOSP	35	YES	N/R	
RIVERSIDE REGION MEDICAL CENTER	576	YES	N/R	
CHILDREN'S HOSP OF THE KING'S DAUGHTER	156	YES	84.8%	
DEPAUL MEDICAL CENTER	274	YES	68%	
LAKE TAYLOR HOSPITAL	104	YES	41.3%	

NORFOLK COMM HOSPITAL	96	YES	28.1%	
SENTARA LEIGH HOSP	224	YES	63.2%	
SENTARA NORFOLK GENERAL HOSP	641	YES	76.3%	TRAUMA CENTER/GME
MARYVIEW MEDICAL CENTER	321	YES	59.8%	
PORTSMOUTH GENERAL HOSP	184	YES	55.4%	
LOUISE OBICI MEMORIAL HOSP	191	YES	63.4%	
SENTARA BAYSIDE HOSP	150	YES	N/R	
VIRGINIA BEACH GENERAL HOSP	280	YES	63.2%	

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

N/R = Not reporting  
Source: 1993 AHA Guide

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NORFOLK COMM HOSPITAL	96	YES	28.1%	
SENTARA LEIGH HOSP	224	YES	63.2%	
SENTARA NORFOLK GENERAL HOSP	641	YES	76.3%	TRAUMA CENTER/GME
MARYVIEW MEDICAL CENTER	321	YES	59.8%	
PORTSMOUTH GENERAL HOSP	184	YES	55.4%	
LOUISE OBICI MEMORIAL HOSP	191	YES	63.4%	
SENTARA BAYSIDE HOSP	150	YES	N/R	
VIRGINIA BEACH GENERAL HOSP	280	YES	63.2%	

N/R = Not reporting  
Source: 1993 AHA Guide

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

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

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

A = STUDENTS PER YEAR  
 B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED  
 C = A x B



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

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

Type Training Facility/CEN	Total Number	Design Capacity (PN)	Capacity (Student HRS/YR)

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

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

BRAC-95 CERTIFICATION

BRAC DATA CALL #26

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."

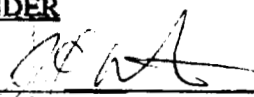
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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. C. MATUS  
NAME (Please type or print)  
Officer in Charge  
Title  
BRMEDCLINIC NNSY  
Activity

  
Signature  
5/19/94  
Date



BRAC-95 CERTIFICATION

BRAC DATA CALL #26

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

LCDR R McNeil, MSC, USN  
NAME (Please type or print)

R B McNeil  
Signature

Officer in Charge  
Title

21 Sept 94  
Date

BRMEDCLINIC NNSY  
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)

RADM W. J. MCDANIEL  
NAME (Please type or print)  
COMMANDER, NAVAL MEDICAL CENTER  
Title PORTSMOUTH, VA  
NAVMEDCEN PORTSMOUTH, VA  
Activity

WMS Daniel  
Signature  
26 Sept 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

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

D. F. Hagen  
Signature  
29 Sept 94  
Date

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

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

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

J. B. Greene, Jr.  
Signature  
13 OCT 1994  
Date

Document Separator

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MILITARY VALUE ANALYSIS:  
DATA CALL WORKSHEET FOR:  
MEDICAL FACILITY: Branch Medical Clinic  
Norfolk Naval Shipyard  
Portsmouth, VA 23709

ACTIVITY UIC: 32532

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

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

Encl (5)

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## MISSION REQUIREMENTS

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

- Provide occupational and preventive health care to the employees of a Naval Shipyard, ensuring service to the fleet through a physically qualified workforce.
- Provide ambulatory medical care to the active duty of ships in the yard and station.
- Provide twenty-four hour basic life support and emergency ambulance service to our customers.
- Ensure the professional development of our military and civilian staff
- Educate our customers in the prevention of occupational injury and related illness, promoting fitness and well-being through healthy life-styles.

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)
SIMA PORTSMOUTH	33341	St. Juliens Creek, Annex	350
NNSY	00181	NNSY	220
NAVELEX PORTSMOUTH	65580	St. Juliens Creek, Annex	150
NAVSEA PORTSMOUTH	35355	St. Juliens Creek, Annex	130
SUPSHIP PORTSMOUTH	43737	NNSY	85
SERVICE CRAFT PORTSMOUTH	30028	NNSY	35
DECA PORTSMOUTH	49031	NNSY	22
BRANCH DENTAL NNSY	35045	NNSY	08

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

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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC		10,698		
ACTIVE DUTY NON N/MC				
TOTAL ACTIVE DUTY		10,698		
FAMILY OF AD				
RETIRED AND FAMILY MEMBERS UNDER 65 *				
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		38,444		
TOTAL		49,142		

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

Above information provided by Naval Medical Center Portsmouth

\* Outpatient visits cannot be broken down by "under 65" and "over 65". R

<sup>5</sup> R (9/21/94) VR Burned 824 9/29/94  
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3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC		10,698		
ACTIVE DUTY NON N/MC				
TOTAL ACTIVE DUTY		10,698		
FAMILY OF AD				
RETIRED AND FAMILY MEMBERS UNDER 65				
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		38,444		
TOTAL		49,142		

Above information provided by Naval Medical Center Portsmouth

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

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GSA  
6/1/94

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	45,900	41,500	41,500	41,500	41,500	41,500	41,500
ADMISS.							

Please show all assumptions and calculations in the space below:

An estimated 38% decrease in outpatient workload is expected because of present and expected reduction in force for the Norfolk Naval Shipyard. This decrease is only an educated guess based on expected reductions.

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	45,900	41,500	41,500	41,500	41,500	41,500	41,500
ADMISS.	N/A						

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GSA  
6/1/94

Please show all assumptions and calculations in the space below:

A decrease in outpatient is directly related to the present and expected reduction in force for the Norfolk Naval Shipyard.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
INACT Ship Movement	40 Hours	One
Security Support (Rifle Range)	24 Hours	One
PRT Standby	8 Hours	One
Radiation Control Training	6 Hours	Five
NNSY "I" Division	2 Hours	One

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
None at this facility								



6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
None at this facility			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

**FACILITIES**

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
	Branch Medical Clinic NNSY/Buliding 277	19.435 KSF	52	Inadequate

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

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

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

1. Facility Type/Code: Branch Medical Clinic
2. What makes it inadequate? The entire facility requires total renovation. Building systems which are inadequate include electrical, mechanical, HVAC, windows, doors, insulation, fire alarms, sprinklers, lighting, physical layout, etc.
3. What use is being made of the facility? Branch Medical Clinic.
4. What is the cost to upgrade the facility to substandard? Not available.
5. What other use could be made of the facility and at what cost? In its present condition, no other use is possible.
6. Current improvement plans and programmed funding: Renovation of entire building if funding is available is expected in FY 95.
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-93	Clinic Renovation / Unfunded		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

**DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)**

DD-H(A)1707

DMIS ID NO

1. FACILITY NAME Branch Medical Clinic, Norfolk Naval Shipyard

2. UIC32532

3. CATEGORY CODE

4. NO. OF BUILDINGS One

5. SIZE

A. GSF 19.43 KSF

B. NORMAL BEDS None

C. DTRS

6. LOCATION

A. CITY Portsmouth

B. STATE VA

**7. FACILITY ASSESSMENT**

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING			100%	B10, B17, B19	
(2) ADMINISTRATION			100%	A01,02,06,09	
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.			100%	A01,02,06,09	
(6) FOOD SERVICES					
(7) LABORATORIES			100%	A01,02,06,09	
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS			100%	A01,02,06,09	
(12) PHARMACY			100%	A01,02,06,09	
(13) RADIOLOGY			100%	A01,02,06,09	
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100%		
(B) HVAC			100%		
(C) PLUMBING			100%		
(D) ELECTRICAL SVCS.			100%		
(E) ELECTRICAL DISTRIBUTION			100%		
(F) EMERGENCY POWER		75%	25%		

## FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

## DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit or severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration, the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility or portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

- (1) Deficient Status of Condition Types - first character
  - A - Physical Condition
  - B - Functional or Space Criteria
  - C - Design Criteria
  - D - Location or Siting Criteria
  - E - Nonexistence
  - F - Total Obsolescence or Deterioration
- (2) Facility Components or Related Items - last two characters
  - 01 - Heating, Ventilating and Air Conditioning (HVAC)
  - 02 - Plumbing Fixtures
  - 03 - Fire Protection/Life Safety Code
  - 04 - Medical Gases
  - 05 - Lighting Fixtures
  - 06 - Power Capacity
  - 07 - Emergency Generators
  - 08 - Communications
  - 09 - Building or Structure (total)
  - 10 - Seismic Design
  - 11 - Roof/Ceiling
  - 12 - Building Interior/Configuration
  - 13 - Sound Proofing/Excessive Noise
  - 14 - Compliance of Installation with Master Plan
  - 15 - OSHA Deficiency
  - 16 - JCAH Deficiency
  - 17 - Functionality
  - 18 - Site Location
  - 19 - Mission of the Base
  - 20 - None

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

DATE OF SURVEY: October 91

FULL ACCREDITATION: Yes

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

SCORED UNDER NAVMEDCEN PORTSMOUTH

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**LOCATION:**

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

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

The Branch Medical Clinic is in a building within walking distance of the waterfront. The proximity to the workforce provides a service whose cost would significantly increase cost if moved off site.

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

Air - Norfolk International Airport R

Rail - Amtrack Terminal, Newport News R

Sea - Naval Base, Norfolk R

Ground - Greyhound Bus Line, Portsmouth R

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

Distance (in miles): 10

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

Mobilization of personnel would result in a 50% deployment of military staff.

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

10 Minutes.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

The location has no significant impact on this medical clinic.

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25 16R (9/21/94) VR BUN 824 9/29/94



**LOCATION:**

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

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

The Branch Medical Clinic is in a building within walking distance of the waterfront. The proximity to the workforce provides a service whose cost would significantly increase cost if moved off site.

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

Provided by Norfolk Naval Shipyard, UIC 00181, in previous BRAC data calls.

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

Distance (in miles): 10

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

Mobilization of personnel would result in a 50% deployment of military staff.

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

10 Minutes.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

The location has no significant impact on this medical clinic.

## FEATURES AND CAPABILITIES

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

The host activity is a shipyard which requires the ability to answer emergency injuries in a specialized industrial environment. The risk to health and life would be considerably increased. In addition, occupational health services would have to be transferred at a considerably higher cost to the host activity.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Yes, but at an increased cost to the host activity.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes, but at an increased cost to the residual population.

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

This facility does not possess inpatient capability.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLTHOSP #3	68693	1
T-AH USNH COMFORT	46246	3
ASWBPL II	81737	1
USS GUADALCANAL	07352	1
2ND MARDIV	08321	2
FLTHOSP #5	68685	1
1ST MARDIV	MPS2D	2

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. None.

c. Please provide the total number of your expanded beds<sup>1</sup> that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition. None.

Number of "stubbed" expanded beds<sup>1</sup>: None

<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

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

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

<sup>2</sup> The total cost in thousands of dollars.  
Above information is to be provided by Naval Medical Center Portsmouth.

\* Cannot be broken out for clinics. Numbers included in NAVMEDCEN Portsmouth submission.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	\$1,932,657	\$2,358,193	\$805,556
TOTAL OUTPATIENT VISITS	56,223	58,044	19,617
AVERAGE COST PER VISIT	\$34.37	\$40.63	\$41.06

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23R (9/21/94) VERBUMED 824 9/29/94



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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	\$1,932,657	\$2,248,626	\$805,556
TOTAL OUTPATIENT VISITS	56,223	56,541	19,617
AVERAGE COST PER VISIT	\$34.37	\$39.77	\$41.06

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

Table A: N/A

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

Table B: N/A

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

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

Table C: N/A

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

Table D: N/A

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

*See Total  
QOL Revision  
at end of  
this*

Note: All "Quality of Life" issues have been answered by the HOST Command Norfolk Naval Shipyard, UIC 00181 in previous BRAC Data Calls.

15. 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	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+		

As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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			
<b>TOTAL</b>		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			
<b>TOTAL</b>		100	

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



b. For on-base MWR facilities<sup>2</sup> available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION \_\_\_\_\_ DISTANCE \_\_\_\_\_

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 50 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)

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		

F. Standard Rate VHA Data for Cost of Living:

Type Rental	Average Monthly Rent		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)			

9. 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.

(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)	

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

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

(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 ES BAQ and VHA for your 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 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)			
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			

FY 1993	FY 1992	FY 1991	Crime Definitions
			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 - Ordinance (6R) Base Personnel - military
			Base Personnel - civilian
			Off Base Personnel - military
			Off Base Personnel - civilian
			8. Larceny - Government (6S) Base Personnel - military
			Base Personnel - civilian
			Off Base Personnel - military
			Off Base Personnel - civilian

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



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

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

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

Total QOL  
Revisions

15. Quality of Life.

All "Quality of Life" issues have been answered by the HOST Command Norfolk Naval Shipyard, UIC 00181 in BRAC Data Call 42.

Copy attached

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## 15. Military Housing - Family Housing

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

Mandatory housing on base is required of the Shipyard Commander of the host activity, Norfolk Naval Shipyard, Portsmouth, Virginia. All on-base housing is the property of the Public Works Center Norfolk---NOT the Norfolk Naval Shipyard or its tenants. PWC Norfolk coordinates all housing assignments throughout this area as required by previous consolidations.

15.2 For military family housing in your locale the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4 +	199	199	0	0
Officer	3	198	198	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4 +	868	868	0	0
Enlisted	3	881	857	24	0
Enlisted	1 or 2	899	676	223	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

15.3 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: Housing at the New Gosport Site, Junior Enlisted, at the Norfolk Naval Shipyard. This housing is the property and under the control of the Public Works Center Norfolk--NOT the Norfolk Naval Shipyard or its tenants.

What makes it inadequate? Size and age.

What use is being made of the facility? Family Housing of Navy Families

What is the cost to upgrade the facility to substandard? \$25 million

What other use could be made of the facility and at what cost? None

Current improvement plans and programmed funding: Demolish in

FY99 (POM'd)

Has this facility condition resulted in C3 or C4 designation on your BASEREP? C-3 on BASEREP of PWC Norfolk

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## 15. Military Housing - Family Housing, continued

15.4 Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	Average Wait
O-6/7/8/9	1	0	0
	2	0	8-10 months
	3	0	8-10 months
	4+	14	12-14 months
O-4/5	1	0	0
	2	1	9-12 months
	3	62	12-15 months
	4+	33	10-16 months
O-1/2/3/CWO	1	0	4-9 months
	2	3	4-9 months
	3	3	6-15 months
	4+	16	12-14 months
E7-E9 and E1-E6 all maintained on the same list	1		2-9 months
	2		6-14 months
	3		7-13 months
	4+		12-24 months
	Total+	3,031	
E1-E6	1	N/A	
	2	N/A	
	3	N/A	
	4+	N/A	

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

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15. Military Housing - Family Housing, continued

15.5 What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? Somewhat. If so provide details. See item 1 in table.

Table 15.5: Housing Demand Factors

Top Five Factors Driving the Demand for Base Housing	
1	High cost for junior enlisted, 3 or more bedrooms
2	Travel Time/distance
3	Convenience to Base facilities/child care
4	Sense of safety/security (undesirable high crime areas)
5	Area has large deployable sector. Shared comraderie/problems/expenses.

15.6. 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)?

32%

15.7 Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	98.2%
Substandard	97.4%
Inadequate	97.0%

15.8 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?

Yes. Six hundred substandard units in Ben Morrell are being demolished and will be rebuilt. Some quarters have been taken offline in Camp Allen and Torgerson sites, for planned revitalization projects scheduled FY95-97 timeframe. Some units have been taken offline in Carper Housing due to unsafe structural conditions, as identified by engineering structural inspections.

16. Military Housing - Bachelor Quarters

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16.1 Provide the utilization rate for BEQs for FY 1993.

Table 16.1: BEQ Utilization

Type of Quarters	Utilization Rate
Adequate	91%
Substandard	100%
Inadequate	N/A

16.2 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?

As of 31 March 1994, utilization of adequate quarters is 98%. Utilization is dependent on ships availabilities.

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

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

AOB = 13

16.4 Indicate in the following chart the percentage of Geographic Bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Table 16.4: Reasons for Geographic Separation (BEQ)

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	3	23%	
Spouse Employment (non-military)			
Other	10	77%	
<b>TOTAL</b>	<b>13</b>	<b>100</b>	

16.5 How many Geographic Bachelors do not live on base?

# GB Off-Base = 0



16. Military Housing - Bachelor Quarters, continued

16.6 Provide the utilization rate for Bachelor Officers Quarters (BOQs) for FY 1993. R

Table 16.6: BOQ Utilization

Type of Quarters	Utilization Rate
Adequate	71%
Substandard	N/A
Inadequate	N/A

16.7 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?

As of 31 March 1994, utilization is 93%. Utilization is dependent on ships availabilities.

16.8 Calculate the Average on Board (AOB) for Geographic Bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ GB} \times \text{average \# days in barracks})}{365}$$

AOB = 2

16.9 Indicate in the following chart the percentage of Geographic Bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Table 16.9: Reasons for Geographic Separation (BOQ)

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)	2	100%	
Other			
<b>TOTAL</b>	<b>2</b>	<b>100</b>	

16.10 How many geographic bachelors do not live on base?

# GB Off-Base = 0

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## Quality of Life

## 17. MWR Facilities

17. For on-base MWR facilities available, complete the following table for each separate location. These are space designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

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 Norfolk Naval Shipyard, Portsmouth, VA DISTANCE 0 = ON BASE

TABLE 17.1.a: MWR Facilities Summary

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	9	Y
	Outdoor Bays	0	
Arts/Crafts	SF	0	
Wood Hobby	SF	0	
Bowling	Lanes	24	Y
Enlisted Club-----ALL HANDS	SF		
Officer's Club-----CLUB	SF	19,318	N
Library	SF	0	
Library	Books	0	
Theater	Seats	0	
ITT	SF	120	N/A
Museum/Memorial	SF	0	
Pool (indoor)	Lanes	0	
Pool (outdoor)	Lanes	17	N/A
Beach	LF	0	
Swimming Ponds	Each	0	
Tennis CT	Each	10	N/A

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17. MWR Facilities, continued

Table 17.1.b: MWR Facilities Summary

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball court (outdoor)	Each	2	N/A
Basketball court (outdoor)	Each	2	N/A
Racquetball court	Each	3	N/A
Golf Course	Holes	0	
Driving Range	Tee Boxes	0	
Gymnasium	SF	6,400	N/A
Fitness Center	SF	9,434	N/A
Marina	Berths	0	
Stables	Stalls	0	
Softball Field	Each	3	N/A
Football Field	Each	1	N/A
Soccer Field	Each	1	N/A
Youth Center	SF	3,110 **700	N/A Community Center; Office

\*\* Currently utilize housing as a Youth Center and one housing unit as the Youth Office.

17.2 Is your library part of a regional interlibrary loan program? Yes / No

Not applicable. No facility dedicated solely to library function.



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## Quality of Life

## 18. Base Family Support Facilities and Programs.

18.1 Complete the following table on the availability of child care in a child care center on your base.

Table 18.1: Child Care Availability

Age Category	Capacity (# of Children)	SF 5,591			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Months	8	560 SF*			27	240
6-12 Months	9				16	240
12-24 Months	10	780 SF			36	240
24-36 Months	10	349 SF			22	240
3-5 Years	20	741 SF			37	240
Other space: admin, restrooms, etc.		3,161				

Note:

\* Data is not available for these groups separately. This space is only the rooms actually utilized by the children.

18.2 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:

Not applicable. No inadequate facilities listed.

June 24, 1994

Activity Norfolk Naval Shipyard  
UIC 00181

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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?

18. Base Family Support Facilities and Programs, continued.

18.3 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.

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Referrals are made to other civilian and military child care centers. In addition, Norfolk Naval Shipyard has submitted MILCON P-333 which provides an addition to the existing Child Care Center which will then accommodate 110 more children.

18.4 How many "certified home care providers" are registered at your base?# + \_\_\_\_\_

Not applicable at the Norfolk Naval Shipyard. The register is maintained by the Naval Station Norfolk.

18.5 Are there other military child care facilities within 30 minutes of the base? No  
State owner and capacity (i.e., 60 children, 0-5 yrs).

18. Base Family Support Facilities and Programs, continued.

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

Table 18.6: Available Services

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Service	Unit of Measure	Qty
Exchange	SF	52,866*
Gas Station	SF	4,704
<del>Auto Repair</del> AUTO HOBBY	SF	
<del>Auto Parts Store</del> SHOP	SF	5,460
Commissary	SF	55,152
Mini-Mart	SF	0
Package Store	SF	3,000
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	4,142
Family Service Center	SF	190
Laundromat	SF	2,243
Dry Cleaners	Each	1**
ARC	PN	0
Chapel	PN	110
FSC Classrm/Auditorium	PN	0
Post Office	SF	2,968

- \* Includes retail, exchange administration, cafeteria, snack stand, service outlets (Barber Shop) in Bldg 1560 and various other shipyard facilities.
- \*\* SF included in exchange figure

19. Metropolitan Areas

19.1 Identify proximate major metropolitan areas closest to your base (provide at least three):

Table 19.1: Proximate Metropolitan Areas

City	Distance (Miles)
Chesapeake, VA	10
Hampton, VA	20
Norfolk, VA	7
Portsmouth, VA	0
Suffolk, VA	15
Virginia Beach, VA	20

## 20. VHA Rates.

20.1 Identify the Standard Rate VHA Data for Cost of Living in your area:

Table 20.1: VHA Rates

Paygrade	With Dependents	Without Dependents
E1	\$127.43	\$ 71.30
E2	\$116.47	\$ 73.25
E3	\$111.42	\$ 82.10
E4	\$139.18	\$ 97.14
E5	\$155.24	\$108.39
E6	\$175.73	\$119.62
E7	\$191.50	\$133.03
E8	\$176.39	\$133.35
E9	\$165.28	\$125.47
W1	\$281.03	\$213.43
W2	\$242.26	\$193.94
W3	\$240.16	\$195.22
W4	\$176.30	\$156.31
O1E	\$306.00	\$226.98
O2E	\$251.41	\$200.45
O3E	\$238.87	\$202.08
O1	\$181.59	\$133.81
O2	\$186.47	\$145.75
O3	\$228.14	\$192.08
O4	\$205.30	\$178.53
O5	\$222.77	\$184.23
O6	\$228.47	\$189.11
O7	\$158.54	\$128.81



Quality of Life 21. Off-base Housing Rental and Purchase

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

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Table 21.1: Recent Rental Rates

Type Rental	Average Monthly Rent ALL \$409.00		Average Monthly Utilities Cost \$160.00
	High	Low	
Efficiency	\$500	\$358	0 (included with most efficiency rentals)
Apartment (1-2 Bedroom)	\$424	\$380	\$141.00
Apartment (3+ Bedroom)	\$490	\$350	\$201.00
Single Family Home (3 Bedroom)	\$525	\$443	\$213.00
Single Family Home (4+ Bedroom)	\$650	\$578	\$260.00
Town House (2 Bedroom)	\$419	416\$	\$130.00
Town House (3+ Bedroom)	\$500	\$425	\$180.00
Condominium (2 Bedroom)	\$416	\$475	\$123.00
Condominium (3+ Bedroom)	\$500	\$417	\$192.00

21.2 What was the rental occupancy rate in the community as of 31 March 1994?  
96.1%

Table 21.2: Rental Occupancy Rate

Type Rental	Percent Occupancy Rate
Efficiency	92.16%
Apartment (1-2 Bedroom)	96.00%
Apartment (3+ Bedroom)	96.00%
Single Family Home (3 Bedroom)	96.00%
Single Family Home (4+ Bedroom)	99.00%
Town House (2 Bedroom)	92.00%
Town House (3+ Bedroom)	92.00%
Condominium (2 Bedroom)	88.00%
Condominium (3+ Bedroom)	88.00%

21. Off-base Housing Rental and Purchase, continued

21.3 What are the median costs for homes in the area? \$121,000

Table 21.3: Regional Home Costs

Type of Home	Median Cost (Monthly)
Single Family Home (3 Bedroom)	\$625.00
Single Family Home (4+ Bedroom)	\$700.00
Town House (2 Bedroom)	\$550.00
Town House (3+ Bedroom)	\$600.00
Condominium (2 Bedroom)	\$550.00
Condominium (3+ Bedroom)	\$626.00

21.4 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.

Table 21.4: Housing Availability

Month	Number of Bedrooms		
	2	3	4+
January	14	27	4
February	17	26	5
March	20	45	4
April	28	53	9
May	25	49	6
June	49	58	13
July	48	62	8
August	32	69	16
September	56	51	18
October	38	54	12
November	40	61	10
December	37	11	16

The small number of homes available is due to the fact that the E1-E5 rate for this and other large metropolitan areas is too small and makes housing purchases difficult due to monthly payment and utility costs. At E-6 BAQ/VHA rates, more homes are available.

21.5 Describe the principle housing cost drivers in your local area.

Location, Number of Bedrooms, Siding type (brick, vinyl, wood), School system, Crime rates, BAQ, VHA alignment with payment amount.

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22. Sea-Shore Opportunities

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

Table 22.1: Sea Shore Opportunities

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area
MS	0	38
BM	0	13
EN	0	9
MM	0	8
EM	0	6

23. Commuting Distances

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

Table 23.1: Commuting Distances

Location	% Employees	Distance (mi)	Time(min)
Chesapeake, VA	29%	10	10-45
Norfolk, VA	7%	7	10-35
Portsmouth, VA	26%	0	5-25
Suffolk, VA	9%	15	20-60
Virginia Beach, VA	16%	20	20-50

## 24. Regional Educational Opportunities

Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the installation (to include any outlying sites) and their dependents:

24.1 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/ACT 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.

Table 24.1: Educational Opportunities

Institution	Type	Grade Level(s) Shown by numbers of schools			Special Educa- tion Avail- able Note 1	Annual Enroll- ment Cost per Student Note 2	1993 Avg SAT/ ACT Score (SAT Total)	% HS Grad to Higher Educ Note 3	Source of Info Note 4
		Elem	Middle	High					
Chesapeake, VA	Public	26	7	5	Yes	\$4,589	831	71%	
Hampton, VA	Public	24	5	4	Yes	\$4,498	833	74%	Note 5a
Norfolk, VA	Public	36	8	5	Yes	\$5,164	769	64%	Note 5b
Portsmouth, VA	Public	16	4	4	Yes	\$4,712	744	71%	
Suffolk, VA	Public	10	3	2	Yes	\$4,365	742	44%	Note 5c
Virginia Beach, VA	Public	52	14	10	Yes	\$3,942	889	77%	
Nonpublic schools: Note 6		Grades	Students Enrolled & as % of Total Enrolled in Specified Grades 1992						Note 7
Chesapeake, VA	Private	1-8	1,198 (6%)						
Hampton, VA	Private	1-8	982 (6%)						
Norfolk, VA	Private	1-8	2,173 (8%)						
Portsmouth, VA	Private	1-8	878 (6%)						
Suffolk, VA	Private	1-8	650 (10%)						
Virginia Beach, VA	Private	1-8	2,820 (6%)						

Note 1: Federal law requires accommodation of special needs students. In 1992-93, 2.2% of students in Virginia (22,310 of 1,030,004) were identified with special needs and were accommodated. [Virginia Statistical Series. Projection of Educational Statistics to 2012. Center of Public Service, University of Virginia, September, 1993]

Note 2: Figure is the average expenditure per student found in the 1993-94 Fall Membership in Virginia's Public Schools, Virginia Department of Education, Division of Information Systems.

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- Note 3: The figure for number of students enrolled in college is not an actual count, but rather is the results of a survey completed by each school system prior to graduation.
- Note 4: Each school system was contacted by the Hampton Roads Planning District Commission for the information.
- Note 5a: Published 1992 data is used for Hampton's SAT and % HS grads to higher education.
- Note 5b: Published 1992 data is used for Norfolk %HS grads to higher education.
- Note 5c: Data for Suffolk City School is for the class of 1992.
- Note 6: Data is provided in aggregate for the private schools in the cities most representative of the host, Norfolk Naval Shipyard. Although the private schools account for a relatively small number of students, they provide opportunities for diversity of educational opportunities. Examples of these include: Norfolk Academy (one of the country's oldest private schools, founded in 1728, emphasizes leadership and college preparation skills); Hebrew Academy (offering Judaic education), and the Chesapeake Bay Academy (offering curriculum aimed at student with learning disabilities and attention deficit disorders).
- Note 7: "Input Data: Population Estimates" Center for Public Service, University of Virginia, November 24, 1993

24.2 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 applicable boxes.

Table 24.2: Off-Base Educational Programs

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Christopher Newport University	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
College of William & Mary	Day	No	No	No	Yes	Yes
	Night/Weekend	No	No	No	Yes	Yes
Commonwealth College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No
Eastern Virginia Medical School	Day	No	No	No	No	Yes
	Night	No	No	No	No	Yes
Hampton University	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Norfolk State University	Day	No	Yes	Yes	Yes	Yes
	Night	No	Yes	Yes	Yes	Yes
Old Dominion University	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
Patrick Henry College	Day	Yes	Yes	Yes	Yes	No
	Night	Yes	Yes	Yes	Yes	No
Regent University	Day	No	No	No	No	Yes
	Night	No	No	No	No	Yes
Thomas Nelson Community College	Day	Yes	Yes	Yes	Yes	No
	Night	Yes	Yes	Yes	Yes	No
Tidewater Community College	Day	Yes	Yes	Yes	Yes	No
	Night	Yes	Yes	Yes	Yes	No
Virginia Wesleyan College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No
Extension Campuses targeting Hampton Roads Large Military Population						
George Washington University	Day	No	No	No	No	No
	Night/Weekend	No	No	No	No	Yes
Southern Illinois University	Day	No	No	No	No	No
	Night/Weekend	No	No	No	Yes	No
St. Leo's College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No

OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL**

# of pages = 7

To <u>Maple</u>	From <u>John</u>
Dept./Agency	Phone # <u>396-2407</u>
Fax # <u>464-8087</u>	Fax # <u>396-7498</u>

NSN 7540-01-317-7368

5099-101

GENERAL SERVICES ADMINISTRATION

24.3 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.

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Table 24.3: On-Base Educational Programs

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Central Michigan University	Day	No	No	No	No	No
	Night/ Weekend	No	No	No	No	Yes
	Correspondence	No	No	No	No	No
Old Dominion University	Day	No	No	No	No	No
	Night	No	No	No	No	Yes
	Correspondence	No	No	No	No	No
Tidewater Community College	Day	No	No	No	No	No
	Night	No	No	Yes	Yes	No
	Correspondence	No	No	No	No	No
	Day					
	Correspondence					
	Day					
	Night					
	Correspondence					

## 25. Spousal Employment Opportunities

25.1 Provide the following data on spousal employment opportunities.

Table 25.1: Spouse Employment

Skill Level	# of Military Spouses Served by FSC Spouse Employment Assistance*			Local Community Unemployment Rate [Not available by categories listed]
	1991	1992	1993	
Professional	8	7	0	Not available
Manufacturing	1	3	0	Not available
Clerical	10	8	0	Not available
Service	0	0	0	Not available
Other	1**	0	0	Not available
	0	0	0	Feb, 94 by Community: 5.7 Chesapeake 6.7 Hampton 6.8 Norfolk 9.3 Portsmouth 7.5 Suffolk 4.8 Virginia Beach

\* The host activity, Norfolk Naval Shipyard, does not perform this service through a Family Service Center. The item shows the number of individuals assisted for registration or placement by the Human Resources Office, Norfolk Naval Shipyard, during the reporting period.

The Spousal Employment Opportunities function is administered as the DOD Military Spouse Preference Program (Program S), which is a part of the DPD Priority Placement Program (PPP). The Spouse Preference Program is covered by Appendix I of DOD 1400.20-1-M, DOD Program for Stability of Civilian Employment Policies, Procedures and Programs Manual.

Eligible spouses may be registered by either an A-coded activity in the "losing" or an A-coded activity in the "gaining" area. An "A-coded" activity is a servicing Human Resources Office responsible for effective administration of the Priority Placement Program. The Family Services Center does not administer the Spouse Preference Program in this area.

Program S registrants are offered spousal priority for appropriate vacancies at DOD activities within the commuting area of the duty station of the military sponsor. The job offers also are made by an A-coded activity.

\*\* Supply technician

## 26. Medical/Dental.

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



MEDICAL: NO. The Branch Medical Clinic located inside the Norfolk Shipyard provides a "same day" appointment system for our active duty personnel. Should medical care be beyond the capabilities of the Branch Medical Clinic, active duty personnel are referred to the Naval Medical Center Portsmouth (located within five minutes of the shipyard) for further specialty evaluation. Medical treatment for active duty personnel within the civilian health care system is customary only required on an emergency basis, with no difficulty with access.

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DENTAL: Yes, there is a continuing disparity between the number of appointment slots available, due to manpower constraints and the number of requests for dental appointments. The forecasted realignment in homeporting of ships and other activities to Norfolk area may increase the disparity in appointment availability. There is an abundance of civilian dentists in the Tidewater area, however, most active duty seek military care due to the high cost of civilian dental care. Emergency dental care is available 24 hours a day 7 days a week at the Naval Base Norfolk Branch Dental Clinic.

26.2 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.

MEDICAL: No. Within the past 24 months accessibility to local Military Treatment Facilities (Naval Medical Center Portsmouth, Fort Eustis, and Langley AFB) has dramatically improved. A military dependent needs only to call one phone number for an appointment at one of the three major Medical Treatment Facilities. If an appointment is not available, the dependent is offered an appointment with a civilian "preferred provider" where their cost share is less than the standard CHAMPUS cost share. Dependents have full access to all local civilian health care facilities, but they are strongly encouraged to seek a CHAMPUS participating facility.

DENTAL: Yes, in the military system dental care to dependents is on a space available basis only. The Delta Dental Insurance Program provides dependents with an alternative choice for dental care, on a cost share basis. Dependents presenting themselves at military dental treatment facilities for emergency treatment during normal working hours are screened via the DEERS system for Delta Dental enrollment. If enrolled, they are referred to a civilian provider. If not enrolled, they are treated for their emergency condition. After normal working hours, dependents presenting emergency problems are treated at the Branch Dental Clinic, Naval Base Norfolk. There is an abundance of civilian dentists located in the area with no difficulty to access.

27. Crime Rate

27.1 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.

Table 27.1.a: Local Crime Rate

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

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)	20	10	12
Base Personnel - military	14	5	10
Base Personnel - civilian	1	5	2
Off Base Personnel - military	2	0	0
Off Base Personnel - civilian	3	0	0
7. Larceny - Ordinance (6R)	0	0	
Base Personnel - military	0	0	
Base Personnel - civilian	0	0	
Off Base Personnel - military	0	0	
Off Base Personnel - civilian	0	0	
8. Larceny - Government (6S)	144	165	219
Base Personnel - military	5	20	17
Base Personnel - civilian	128	142	200
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	11	3	2

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Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	215	335	200
Base Personnel - military	103	199	110
Base Personnel - civilian	104	114	70
Off Base Personnel - military	6	16	18
Off Base Personnel - civilian	2	6	2
10. Wrongful Destruction (6U)	165	201	152
Base Personnel - military	75	105	75
Base Personnel - civilian	78	77	60
Off Base Personnel - military	4	17	12
Off Base Personnel - civilian	7	2	5
11. Larceny - Vehicle (6V)	38	38	31
Base Personnel - military	19	22	21
Base Personnel - civilian	15	9	5
Off Base Personnel - military	0	4	4
Off Base Personnel - civilian	4	3	1
* 12. Bomb Threat (7B)	12	13	8
Base Personnel - military	4	7	4
Base Personnel - civilian	7	6	4
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	1	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)	26	28	25
Base Personnel - military	15	19	14
Base Personnel - civilian	10	7	5
Off Base Personnel - military	1	2	4
Off Base Personnel - civilian	0	0	2
15. Death (7H)	4	3	0
Base Personnel - military	0	1	0
Base Personnel - civilian	1	1	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	3	1	0
16. Kidnapping (7K)	1	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	1	0	0
Off Base Personnel - civilian	0	0	0

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Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)	3	3	0
Base Personnel - military	2	1	0
Base Personnel - civilian	1	2	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
* 20. Robbery (7R)	3	3	2
Base Personnel - military	0	1	2
Base Personnel - civilian	0	0	0
Off Base Personnel - military	3	1	0
Off Base Personnel - civilian	0	1	0
21. Traffic Accident (7T)	164	182	194
Base Personnel - military	47	59	61
Base Personnel - civilian	107	120	122
Off Base Personnel - military	5	0	5
Off Base Personnel - civilian	5	3	6

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Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	0	0	1
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)	1	1	0
Base Personnel - military	0	1	0
Base Personnel - civilian	1	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)	2	0	2
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	2	0	1
Off Base Personnel - civilian	0	0	1
25. Sodomy (8G)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

\*

\*

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**BRAC-95 CERTIFICATION**

BRAC DATA CALL #27

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. C. MATUS

NAME (Please type or print)

Signature

Officer in Charge

Title

Date

BRMEDCLINIC NNSY

Activity

*JCM*  
5/19/94





BRAC-95 CERTIFICATION

BRAC DATA CALL #27

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

LCDR R. McNeil, MSC, USN  
NAME (Please type or print)

R B McNeil  
Signature

Officer in Charge  
Title

21 Sept 94  
Date

BRMEDCLINIC NNSY  
Activity



Document Separator

345

**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

Activity Name:	Branch Medical Clinic, NRL Washington
UIC:	32567
Host Activity Name (if response is for a tenant activity):	Commanding Officer Naval Research Laboratory Washington, DC
Host Activity UIC:	00173

**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

**DATA CALL 66  
INSTALLATION RESOURCES**

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.

<b>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b>			
<b>Activity Name:</b> Branch Medical Clinic, NRL Washington		<b>UIC:</b> 32567	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair			
1b. Minor Construction			
<b>1c. Sub-total 1a. and 1b.</b>	0	0	0
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	6	0	6
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			

			2i. Administration
			2j. Other (Specify) Engineering Hazardous Waste
6	0	6	2k. Sub-total 2a. through 2j:
6	0	6	3. Grand Total (sum of 1c. and 2k.):

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INSTALLATION RESOURCES**

**1363b. 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>
----------------------	-----------------------

NA

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

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



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INSTALLATION RESOURCES**

<b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b>			
<b>Activity Name:</b> Branch Medical Clinic, NRL Washington		<b>UIC:</b> 32567	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non- Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (>\$15K)			NA
1b. Real Property Maintenance (<\$15K)			NA
1c. Minor Construction (Expensed)			NA
1d. Minor Construction (Capital Budget)			NA
<b>1c. Sub-total 1a. through 1d.</b>			NA
<b>2. Other Base Operating Support Costs:</b>			
2a. Command Office			NA
2b. ADP Support			NA
2c. Equipment Maintenance			NA
2d. Civilian Personnel Services			NA
2e. Accounting/Finance			NA
2f. Utilities			NA
2g. Environmental Compliance			NA

**DATA CALL 66  
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2h. Police and Fire			NA
2i. Safety			NA
2j. Supply and Storage Operations			NA
2k. Major Range Test Facility Base Costs			NA
2l. Other (Specify)			NA
<b>2m. Sub-total 2a. through 2l:</b>			NA
<b>3. Depreciation</b>			NA
<b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>			NA

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

<b>Table 2 - Services/Supplies Cost Data</b>	
<b>Activity Name:</b> Branch Medical Clinic, NRL Washington	<b>UIC:</b> 32567

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FY 1996 Projected Costs (\$000)	Cost Category
1	Travel: (399)
3	Material and Supplies (including equipment): (499 & 599)
9	Industrial Fund Purchases (other DBOF purchases): (699)
0	Transportation: (799)
19	Other Purchases (Contract support, etc.): (999) * See Below
32	Total:

\*OP32 Line 999 Includes purchase of medical supplies and equipment.

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

**Table 3 - Contract Workyears**

**Activity Name:** Branch Medical Clinic, NRL Washington  
**UIC:** 32567

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

\* 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)):

NA

2) Estimated number of workyears which would be eliminated:

NA

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):

NA

**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.)
0	

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

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

  
Signature

Commander  
Title  
National Naval Medical Center  
Bethesda  
Activity

19 JUL 94  
Date

Above certification is for NNMC  
Bethesda & all subordinate branches.

BUMED-822  
MMA, 19 Jul 94

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

x   
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

9-19-94  
\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

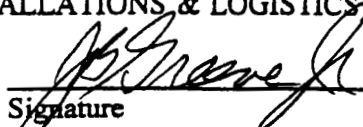
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Activity

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

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

J. B. GREENE, JR.

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

  
Signature

ACTING

\_\_\_\_\_  
Title

16 AUG 1994  
\_\_\_\_\_  
Date



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DATA CALL #26  
CAPACITY ANALYSIS

BRANCH MEDICAL CLINIC NAVAL RESEARCH NAVAL RESEARCH LABORATORY  
UIC 32567

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**MISSION REQUIREMENTS (BRMEDCL NRL WASH DC) DMIS 259 UIC 32567**

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	53,472	447	NA	48,084	404	NA
FAMILY OF AD	76,448	6,395	NA	68,590	5,764	NA
SUBTOTAL	129,920	6,842	NA	116,674	6,168	NA
RETIRED AND FAMILY MEMBERS UNDER 65	81,874	7,191	NA	79,694	7,656	NA
RETIRED AND FAMILY MEMBERS OVER 65	26,678	2,989	NA	33,878	2,524	NA
OTHER	20,320	1,495	NA	22,184	1,645	NA
TOTAL	258,792	18,517	NA	252,430	18,468	

**NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.**

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

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

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

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

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

Operating Beds <sup>1</sup> :	NA
Set Up Beds <sup>1</sup> :	NA
Expanded Bed Capacity <sup>2</sup> :	NA

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	CIVILIAN	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	136	1849	1	1986
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	NA	NA	NA	12279
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	NA	NA	NA	426
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	NA	NA	NA	36
OTHER (SPECIFY)	NA	NA	NA	NA

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

**NOTE: UNABLE TO BREAK DOWN LAB, RADIOLOGY, OR PHARMACY BY BENEFICIARY CATEGORY.**

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	58	1891	3	1952
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED)	NA	NA	NA	16117
RADIOLOGY PROCEDURES (WEIGHTED)	NA	NA	NA	440
PHARMACY UNITS (WEIGHTED)	NA	NA	NA	46
OTHER (SPECIFY)	NA	NA	NA	NA

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

**NOTE:**

1. UNABLE TO BREAK DOWN LAB, PHARMACY, AND RADIOLOGY BY BENEFICIARY CATEGORY.
2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NNMIC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.
3. FY 94 WORKLOAD THROUGH APRIL/7 (MONTHS)\*12 (MONTHS)=PROJ FY 94 WORKLOAD

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

	ACTIVE DUTY	CIVILIANS	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	58	1891	3	1952
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	NA	NA	NA	16117
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	NA	NA	NA	440
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	NA	NA	NA	46
OTHER (SPECIFY)	NA	NA	NA	NA

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

**NOTE:**

1. UNABLE TO BREAK DOWN LAB, PHARMACY, AND RADIOLOGY BY BENEFICIARY CATEGORY.
2. CHAMPUS AND SUPPLEMENTAL CARE FIGURES ARE INCLUDED IN NPMC DATA AND CAN NOT BE BROKEN OUT FOR CLINICS.
3. FY 94 WORKLOAD THROUGH APRIL/7 (MONTHS)\*12 (MONTHS)=PROJ FY 94 WORKLOAD



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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE <sup>1</sup>	.4	.4	.4	.4	.4	.4	.4	.4
SPECIALTY CARE <sup>2</sup>	NA	NA	NA	NA	NA	NA	NA	NA
PHYSICIAN EXTENDERS <sup>3</sup>	NA	NA	NA	NA	NA	NA	NA	NA
INDEPENDENT DUTY CORPSMEN	NA	NA	NA	NA	NA	NA	NA	NA
TOTAL	.4	.4	.4	.4	.4	.4	.4	.4

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

<sup>2</sup>This is all other physician providers not included in the primary care category.

<sup>3</sup>This includes Physician Assistants and Nurse Practitioners.

**ASSUMPTION: NO INCREASE IN STAFFING THROUGH FY 2001.**

**LOCATION**

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

PROVIDER TYPE	CURRENT
PRIMARY CARE <sup>1</sup>	734
SPECIALTY CARE <sup>2</sup>	11402
PHYSICIAN EXTENDER <sup>3</sup>	73
TOTAL	12209

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

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

**ASSUMPTIONS:**

1. GEOGRAPHIC BOUNDARY IS THE WASHINGTON DC METROPOLITAN STATISTICAL AREA.
2. PRIMARY CARE ONLY INCLUDES FAMILY AND GENERAL PRACTICE PHYSICIANS AND ALL OTHER PROVIDERS ARE INCLUDED UNDER SPECIALTY CARE.
3. ONLY NONFEDERAL PHYSICIANS INVOLVED IN PATIENT CARE HAVE BEEN COUNTED.
4. UNDER PHYSICIAN EXTENDERS, ONLY PHYSICIAN ASSISTANT NUMBERS FOR WASHINGTON DC WERE AVAILABLE.

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

**Region Population: 4,360,349**

**ASSUMPTIONS:**

**1. SOURCE: US BUREAU OF CENSUS, 1992 POPULATION BASED ON 1990 CENSUS DATA**

**2. GEOGRAPHIC BOUNDARY IS THE WASHINGTON METROPOLITAN STATISTICAL AREA DUE TO BE LOCATED IN WASHINGTON DC.**

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

**ASSUMPTION: DISTANCES AND DRIVING TIMES ARE APPROXIMATED**

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
WASHINGTON		0 MILES	0 MIN	
CHILDREN'S NATIONAL MEDICAL CENTER	NOT-FOR-PROFIT (NFP)			
COLUMBIA HOSPITAL FOR WOMEN MEDICAL CARE	NFP			
DISTRICT OF COLUMBIA GENERAL HOSPITAL	CITY			
GEORGE WASHINGTON UNIVERSITY HOSPITAL	NFP			
GEORGETOWN UNIVERSITY HOSPITAL	CHURCH OPERATED			
GREATER SOUTHEAST COMMUNITY HOSP	NFP			
HADLEY MEMORIAL HOSP	CHURCH			
HOSPITAL FOR SICK CHILDREN	NFP			
HOWARD UNIVERSITY HOSP	NFP			
NATIONAL REHABILITATION HOSP	NFP			
PROVIDENCE HOSP	NFP (CHURCH OPERATED)			
PSYCHIATRIC INSTITUTE OF WASHINGTON	CORPORATION			
SAINT ELIZABETHS HOSPITAL	CITY			
SIBLEY MEMORIAL HOSP	NFP			
VETERANS AFFAIRS MEDICAL CENTER	VETERANS ADMINISTRATION			

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
WALTER REED ARMY MEDICAL CENTER	ARMY			
WASHINGTON HOSPITAL CENTER	NFP			
MARYLAND				
ANDREWS AFB		15 MILES	25 MIN	
MALCOLM GROW USAF MED CTR	AIR FORCE			
ANNAPOLIS		30 MILES	45 MIN	
ANNE ARUNDEL MED CTR	NFP			
BALTIMORE		42 MILES	55 MIN	
BON SECOURS HOSP	NFP			
CHILDREN'S HOSP AND CTR FOR RECONSTRUCTIVE SURGERY	NFP			
CHURCH HOSPITAL CORP	NFP			
DEATON HOSP	NFP			

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
FRANCIS SCOTT KEY MED CTR	NFP			
FRANKLIN SQ HOSP CTR	NFP			
GOOD SAMARITAN HOSP	NFP			
GREATER BALTIMORE MED CTR	NFP			
HARBOR HOSP CTR	NFP			
JAMES LAWRENCE KERNAN HOSP	NFP			
JOHNS HOPKINS HOSP	NFP			
KENNEDY KRIEGER INSTITUTE	NFP			
LEVINDALE HEBREW GERIATRIC CTR AND HOSP	NFP			
LIBERTY MED CTR	NFP			
MARYLAND GEN HOSP	NFP			
MERCY MED CTR	CHURCH			
MONTEBELLO REHAB HOSP	NFP			
MT WASHINGTON PEDIATRIC HOSP	NFP			
SHEPPARD AND ENOCH PRATT HOSP	NFP			
SINAI HOSP OF BALTIMORE	NFP			

FACILITY NAME	OWNER	DISTANCE <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
ST AGNES HOSP	CHURCH			
UNION MEM HOSP	NFP			
UNIV OF MD MEDICAL SYSTEM	NFP			
VETERANS AFFAIRS MEDICAL CTR	VETERANS ADMIN			
BETHESDA		2 MILES	5 MIN	
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	PUBLIC HEALTH SERVICE			
SUBURBAN HOSP	NFP			
CATONSVILLE		33 MILES	50 MIN	
SPRING GROVE HOSP CTR	STATE			
CHEVERLY		22 MILES	30 MIN	
PRINCE GEORGE'S HOSP CTR	NFP			
CLINTON				
SOUTHERN MD HOSP	CORPORATION			
COLUMBIA		25 MILES	35 MIN	
HOWARD COUNTY GEN HOSP	NFP			
CROWNSVILLE		40 MILES	50 MIN	
CROWNSVILLE HOSP CTR	STATE			
ELLIOT CITY		30 MILES	40 MIN	
TAYLOR MANOR HOSP	CORPORATION			
EMMITSBURG		60 MILES	60 MIN	





ROCKVILLE		4 MILES	7 MIN	
CHESTNUT LODGE HOSP	CORPORATION			
PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	CORPORATION			
SHADY GROVE ADVENTIST HOSP	CHURCH			
SILVER SPRING		5 MILES	10MIN	
HOLY CROSS HOSP OF SILVER SPRING	CHURCH			
SUITLAND		NA	NA	
ST LUKE INSTITUTE	NFP			
SYKESVILLE		46 MILES	55 MIN	
SPRINGFIELD HOSP CTR	STATE			
TAKOMA PARK		14 MILES	23 MIN	
WASHINGTON ADVENTIST HOSP	CHURCH			
TOWSON		55 MILES	75 MIN	
ST JOSEPH HOSP	CHURCH			
VIRGINIA				
ALEXANDRIA		4 MILES	12 MIN	
ALEXANDRIA HOSP	NFP			
MT VERNON HOSP	NFP			
ARLINGTON		4 MILE	12 MIN	
ARLINGTON HOSP	NFP			
HOSPICE OF NORTHERN VIRGINIA	NFP			

NATIONAL HOSP FOR ORTHOPAEDICS AND REHABILITATION	NFP			
NORTHERN VIRGINIA DOCTORS' HOSP	CORPORATION			
FAIRFAX		12 MILES	20 MIN	
FAIR OAKS HOSP	NFP			
FALLS CHURCH				
FAIRFAX HOSP	NFP			
HCA DOMINION HOSP	CORPORATION			
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	STATE			
LEESBURG		NA	NA	
GRAYDON MANOR	NFP			
LOUDOUN HOSP CTR	NFP			
SPRINGWOOD PSYCHIATRIC INSTITUTE	CORPORATION			
MANASSAS		23 MILES	30 MIN	
PRINCE WILLIAM HOSP	NFP			
RESTON		10 MILES	15 MIN	
HCA RESTON HOSP CTR	CORPORATION			
WOODBIDGE		17 MILES	25 MIN	
POTAMAC HOSP	NFP			

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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
WASHINGTON				
CHILDREN'S NATIONAL MED CTR	279	YES (Y)	73.8	BURN CARE UNIT
COLUMBIA HOSP FOR WOMEN MEDICAL CARE	141	Y	65.4	
DISTRICT OF COLUMBIA GEN HOSPITAL	435	Y	68	NEONATAL ICU
GEORGE WASHINGTON UNIV HOSP	425	Y	82.8	ONCOLOGY CTR
GEORGETOWN UNIV HOSP	500	Y	97.8	BURN CARE UNIT
GREATER SOUTHEAST COMM HOSP	470	Y	NA	
HADLEY MEM HOSP	81	Y	NA	
HOSP FOR SICK CHILDREN	80	Y	96.3	PEDIATRIC REHABILITATION
HOWARD UNIV HOSP	437	Y	70.6	COMPLICATED OBSTETRICS
NATIONAL REHAB HOSP	160	Y	76.9	REHABILITATION
PROVIDENCE HOSP	342	Y	76	
PSYCHIATRIC INSTITUTE OF WASHINGTON	210	Y	NA	PSYCHIATRIC
ST ELIZABETHS HOSP	1221	NO	99	PSYCHIATRIC
SIBLEY MEM HOSP	362	Y	61.6	

VETERANS AFFAIRS MED CTR	577	Y	NA	
WALTER REED ARMY MED CTR	793	Y	80.6	
WASH HOSP CTR	874	Y	76.7	TRAUMA CTR
MARYLAND				
ANDREWS AFB				
MALCOLM GROW USAF MED CTR	291	Y	57	
ANNAPOLIS				
ANNE ARUNDEL MED CTR	303	Y	67	
BALTIMORE				
BON SECOURS HOSP	156	Y	94	
CHILDREN'S HOSP AND CTR FOR RECONSTRUCTIVE SURGERY	76	Y	42.1	
CHURCH HOSP CORP	216	Y	68.5	
DEATON HOSP	360	NO	NA	
FRANCIS SCOTT KEY MED CTR	347	Y	NA	BURN CARE UNIT
FRANKLIN SQ HOSP CTR	427	Y	76.1	NEONATAL ICU
GOOD SAMARITAN HOSP	269	Y	83.6	
GREATER BALTIMORE MED CTR	386	Y	78.2	TRAUMA CENTER
HARBOR HOSP CTR	287	Y	74.2	
JAMES LAWRENCE KERNAN HOSP	69	Y	53.6	

JOHNS HOPKINS HOSP	959	Y	80.9	BONE MARROW TRANSPLANTS
KENNEDY KRIEGER INSTITUTE	51	Y	74.5	
LEVINDALE HEBREW GERIATRIC CTR AND HOSP	76	Y	NA	
LIBERTY MED CTR	260	Y	76.9	
MARYLAND GEN HOSP	247	Y	75.7	
MERCY MED CTR	302	Y	68.5	WOMEN'S HEALTH CTR
MONTBELLO REHAB HOSP	137	Y	67.2	
MT WASHINGTON PEDIATRIC HOSP	130	Y	89.2	
SHEPPARD AND ENOCH PRATT HOSP	260	Y	83.8	
SINAI HOSP OF BALTIMORE	487	Y	78.9	TRAUMA CTR
ST AGNES HOSP	396	Y	79.8	NEONATAL ICU
UNION MEM HOSP	344	Y	NA	
UNIV OF MD MED SYSTEM	713	Y	78.5	ORGAN/TISSUE TRANSPLANTS
VETERANS AFFAIRS MED CTR	184	Y	80.4	
BETHESDA				
CLINICAL CTR, NATIONAL INSTITUTE OF HEALTH	415	Y	57.8	RESEARCH
SUBURBAN HOSP	277	Y	NA	
CATONSVILLE				

SPRING GROVE HOSP CTR	508	Y	100	
CHEVERLY				
PRINCE GEORGE'S HOSP CTR	356	Y	79.2	
CLINTON				
SOUTHERN MD HOSP	328	Y	71.6	
COLUMBIA				
HOWARD COUNTY GEN HOSP	213	Y	66.7	
CROWNSVILLE				
CROWNSVILLE HOSP CTR	327	Y	76.5	
ELLIOT CITY				
TAYLOR MANOR HOSP	96	Y	66.7	
EMMITSBURG				
MOUNTAIN MANOR TREATMENT CTR FOR ALCOHOLISM	88	NO	NA	
FREDRICK				
FREDRICK MEM HOSP	188	Y	98.4	
WOMEN'S HEALTH CTR				
GLEN BURNIE				
NORTH ARUNDEL HOSP	329	Y	77.2	

JESSUP				
CLIFTON T PERKINS HOSP CTR	220	Y	17.7	FORENSIC PSYCHIATRY
LA PLATA				
PHYSICIAN'S MEM HOSP	104	Y	74	
LANHAM				
DOCTORS COMM HOSP	250	Y	64	
LAUREL				
GREATER LAUREL BELTSVILLE HOSP	176	Y	67	
OLNEY				
MONTGOMERY GEN HOSP	229	Y	59.4	
PATUXENT RIVER	20	NO	25	
NAVAL HOSP				
RANDALLSTOWN				
NORTHWEST HOSP CTR	227	Y	85.9	
ROCKVILLE				
CHESTNUT LODGE HOSP	100	Y	60	

PSYCHIATRIC INSTITUTE OF MONTGOMERY COUNTY	92	Y	63	
SHADY GROVE ADVENTIST HOSP	243	Y	73.3	
SILVER SPRING				
HOLY CROSS HOSP OF SILVER SPRING	414	Y	76.8	BONE MARROW TRANSPLANTS
SUITLAND				
ST LUKE INSTITUTE	24	NO	NA	
SYKESVILLE				
SPRINGFIELD HOSP CTR	619	Y	NA	
TAKOMA PARK				
WASHINGTON ADVENTIST HOSP	300	Y	78	
TOWSON				
ST JOSEPH HOSP	415	Y	77.1	NEONATAL ICU
VIRGINIA				
ALEXANDRIA				
ALEXANDRIA HOSP	363	Y	64.5	TRAUMA CTR
MT VERNON HOSP	229	Y	62.9	
ARLINGTON				



ARLINGTON HOSP	389	Y	62.7	NEONATAL ICU
HOSPICE OF NORTHERN VIRGINIA	13	Y	NA	
NATIONAL HOSP FOR ORTHOPAEDICS AND REHABILITATION	105	Y	49.5	
NORTHERN VIRGINIA DOCTORS' HOSP	211	Y	44.1	
FAIRFAX				
FAIR OAKS HOSP	144	Y	67.8	ORGAN/TISSU E TRANSPLANTS
FALLS CHURCH				
FAIRFAX HOSP	656	Y	86.4	
HCA DOMINION HOSP	100	Y	55	
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	114	Y	91.2	
LEESBURG				
GRAYDON MANOR	61	NO	72.1	
LOUDOUN HOSP CTR	103	Y	34.8	
SPRINGWOOD PSYCHIATRIC INSTITUTE	77	Y	74	
MANASSAS				
PRINCE WILLIAM HOSP	170	Y	50	

RESTON				
HCA RESTON HOSP CTR	135	Y	NA	
WOODBIDGE				
POTAMAC HOSP	158	Y	49.4	NEONATAL ICU

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

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

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

A = STUDENTS PER YEAR

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

C = A x B

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN) <sup>1</sup>	Capacity (Student HRS/YR)
NA	NA	NA	NA

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

---

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCOR MARK C. OLSON  
NAME (Please type or print)

[Signature]  
Signature

Head  
Title

16 May 94  
Date

Occupational Health Clinic, NRE Branch  
Activity

ENCL (1)

(1)

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

NEXT ECHELON LEVEL (if applicable)

D. M. LICHTMAN  
NAME (Please type or print)  
COMMANDER  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA  
Title  
BRMEDCL NRL (UIC 32567)  
Activity

Signature  
16 JUN 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

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.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

Document Separator



**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

Official name	<i>Branch Medical Clinic, Naval Research Laboratory</i>
Acronym(s) used in correspondence	<i>BRMEDCLINIC, Naval Research Laboratory</i>
Commonly accepted short title(s)	<i>BRMEDCLINIC, NRL</i>

- Complete Mailing Address

Naval Research Laboratory  
Occupational Health Clinic  
Bldg 72, Code 9005  
4555 Overlook Ave., S.W.  
Washington, DC 20375

- PLAD  
BRMEDCLINIC NRL WASHINGTON DC

- PRIMARY UIC: 32567 (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: 00173

• Primary Host (as of 01 Oct 1995) UIC: 00173

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

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

• Yes  No  (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	UIC
N/A				

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

N/A

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

#### Current Missions

- Medical Surveillance Program: Periodic medical examination of host and tenant command employees who must keep physical qualifications both military and civilian. a) Surveillance: detecting adverse effects of toxic exposure. b) Certification: able to perform certain risky work tasks.

- Emergency Care: Initial care of medical emergencies, pending transfers to nearest treatment unit.

- Acute Care: Occupational injuries and illnesses; complete treatment if possible, referral if required.

- Industrial Hygiene: Assists the host and tenant commands in compliance with DoD, Navy, Federal, and State regulations, instructions and guidelines. Work includes: baseline and annual industrial hygiene surveys of all work spaces; development and implementation of work place monitoring plans and sampling; consulting safety and environmental offices on areas relating to exposures, training and hazardous materials; program audits as required or needed (e.g.; respirator protection program, hearing conservation); design reviews (i.e., new building or processes); contract reviews (e.g.; asbestos, lead abatement contracts); assisting in resolutions of trouble calls and indoor air quality problems.

- Non-occupational sick call and medical call for military and civilian personnel.

- Training and Education: (a) Health Promotion.

Projected Missions for FY 2001

- Same as above.

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>NNMC</u>	<u>00168</u>
• Funding Source	UIC
<u>NNMC</u>	<u>00168</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>0</u>	<u>4</u>	<u>5</u>
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>0</u>	<u>4</u>	<u>7</u>
• Tenants (total)	_____	_____	_____

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• Division Officer			
<u>LCDR MARK C. OLESEN, MC, USN</u>	<u>(301) 295-1202/1249</u>	<u>(301) 295-0636</u>	

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	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."

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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

Don D. Wilson

NAME (Please type or print)

Acting

Title

National Naval Medical Center

Activity

BRMEDCL NRL

Don D. Wilson  
Signature

940207  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
\_\_\_\_\_  
Signature

ACTING CHIEF BUMED  
Title

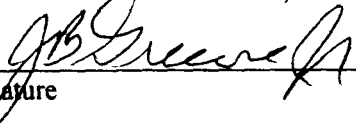
10 FEB 94  
\_\_\_\_\_  
Date

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. D. GREENE JR  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

ACTING  
Title

16 FEB 94  
\_\_\_\_\_  
Date

Document Separator

345

BRAC DATA CALL #27  
MILITARY VALUE ANALYSIS

BRANCH MEDICAL CLINIC NAVAL RESEARCH LABORATORY  
UIC 32567

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## MISSION REQUIREMENTS

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

The Branch Medical Clinic, Naval Research Laboratory provides Occupational Health/Industrial Hygiene services ONLY, serving 3,200 civilian employees. NRL has an active duty population of 160. Medical services for military personnel are provided by the Branch Medical Clinic, Washington Navy Yard.

NRL assists the host and tenant commands in compliance with DoD, Navy, Federal, and State regulations, instructions and guidelines. Work includes: baseline and annual industrial hygiene surveys of all work spaces; development and implementation of work place monitoring plans and sampling; consulting safety and environmental offices on areas relating to exposures, training and hazardous materials; program audits as required or needed (e.g. respirator protection program, hearing conservation); design reviews (i.e., new building or processes); contract reviews (e.g. asbestos and lead abatement contracts); assisting in resolutions of trouble calls and indoor air quality problems.



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

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	NA	58	NA	NA
ACTIVE DUTY NON N/MC	NA	-	NA	NA
TOTAL ACTIVE DUTY	NA	58		NA
FAMILY OF AD	NA	-	NA	NA
RETIRED AND FAMILY MEMBERS UNDER 65	NA	3	NA	NA
RETIRED AND FAMILY MEMBERS OVER 65	NA	-	NA	NA
OTHER	NA	1891	NA	NA
TOTAL	NA	1952		NA

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



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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	1952	1952	1952	1952	1952	1952	1952
ADMISS.	NA	NA	NA	NA	NA	NA	NA

Please show all assumptions and calculations in the space below:

**NOTE:**

**1. PROJECTED OUTPATIENT VISITS ARE BASED ON FY 94.**

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
SEMI ANNUAL PRT	4HRS	01

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NA								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
NA			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

REFER TO NAVAL RESEARCH LABORATORY (UIC 00173) BRAC DATA CALL #4  
FOR FURTHER INFORMATION.

**FACILITIES**

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
NA	BMC, NRL, BR, MED CL	3652	51	

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NA			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NA			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
01	XRAY UNIT, PHASE 3 TYPE KODAK MODEL	FY96	150K

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO	
1. FACILITY NAME NRL BRANCH MEDICAL CLINIC					
2. UIC 32567	3. CATEGORY CODE		4. NO. OF BUILDINGS 01		
5. SIZE 3652 SQ FT	A. GSF	B. NORMAL BEDS		C. DTRS	
6. LOCATION	A. CITY WASHINGTON		B. STATE DC		
<b>7. FACILITY ASSESSMENT</b>					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	NA				
(3) CENTRAL STERILE SVCS.	NA				
(4) DENTAL	NA				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	NA				
(7) LABORATORIES	100				
(8) LOGISTICS	NA				
(9) INPATIENT NURSING UNITS	NA				
(10) LABOR-DEL-NURSERY	NA				
(11) OUTPATIENT CLINICS	NA				
(12) PHARMACY	NA				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	NA				
(15) BUILDING	NA				
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	80		20	BO1	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				



## FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.
2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.
3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.
4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.
5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.
6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.
7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

## DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE ~~Type is~~ either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of

severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration, the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

- (1) Deficient Status of Condition Types - first character
- A - Physical Condition
  - B - Functional or Space Criteria
  - C - Design Criteria
  - D - Location or Siting Criteria
  - E - Nonexistence
  - F - Total Obsolescence or Deterioration

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

- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality

- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

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

DATE OF SURVEY: **17 JUL 92**

FULL ACCREDITATION: **YES WITH COMMENDATION**

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

**LOCATION:**

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

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

**PHYSICAL EXAMS ARE CONDUCTED AT THE CLINIC WHICH IS LOCATED ON BASE FOR THE CIVIL SERVICE EMPLOYEES.**

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

**GROUND: I-295**

**SEA: BALTIMORE HARBOR**

**AIR: WASHINGTON NATIONAL AIRPORT**

**RAIL: UNION STATION, WASHINGTON DC**

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

Distance (in miles): **12**

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

**NO MOBILIZATION REQUIREMENTS**

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

**5-10 MINUTES**

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

**THERE ARE NO UNIQUE ASPECTS OF THE CLINIC TO HELP OR HINDER THE HIRING PROCESS.**

## FEATURES AND CAPABILITIES

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

BMC, NRL conducts occupational health physical and screenings for a staff of approximately 6700 personnel. This MTF is primarily self-contained, with the ability to process and conduct, hearing tests, pulmonary tests, x-rays, and various laboratory tests. The staff is comprised of (1) medical office, (1) leading chief petty officer (1) certified occupational health nurse, (1) x-ray technician, (1) laboratory technician, and (1) general duty corpsman. If the clinic was to close, all civil service staff would have to report to the Washington Navy Yard Branch clinic for all injuries and physicals. BMC, NRL has the unique ability to complete the mission of occupational medicine surveys without the need of outside assistance from other MTFs.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

**ASSUMPTION: BASE AND CLINIC CLOSE**

**Yes. Care for active duty members would be absorbed by the branch medical clinic at the navy yard. The occupational medicine mission of the clinic would no longer be required. Families of active duty, retired and their families would continue to seek care from their current providers.**

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

**ASSUMPTION: BASE AND CLINIC CLOSE**

**YES, Branch Medical Clinic, NRL provides no medical services to active duty dependents, retired, or retired dependents. They would continue to seek care from their current providers.**



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

**NA**

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USN COMFORT	T-AH20	1
FLT HOSP	H-20	1

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

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

**NONE, THE EFFECT ON WORKLOAD IS MINIMAL.**

c. Please provide the total number of your expanded beds<sup>1</sup> that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds<sup>1</sup>: **NA**

<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	NA	NA	NA
OUTPATIENT	NA	NA	NA

**NOTE: REFER TO NNMC, UNABLE TO BREAK DOWN BY CLINIC.**

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	NO.	COST	NO.	COST
AD	NA	NA	NA	NA	NA	NA
AD FAMILY	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA
TOTAL	NA	NA	NA	NA	NA	NA

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

<sup>2</sup> The total cost in thousands of dollars.

**NOTE: REFER TO NNMC, UNABLE TO BREAK DOWN BY CLINIC.**

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	414,443	485,180	55,032
TOTAL OUTPATIENT VISITS	209	1997	442
AVERAGE COST PER VISIT	188	243	125

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

Table A: NA

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

Table B: NA

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A1			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)1			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)1			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)1			
F. TOTAL (B+C+D+E)			

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

Table C: **NA**

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

Table D: **NA**

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

FOR QUALITY OF LIFE INFORMATION, REFER TO NAVAL RESEARCH  
LABORATORY (UIC 00173) BRAC DATA CALL #5.

15. 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	Average wait
0-6/7/8/9	1		
	2		
	3		
	4+		
0-4/5	1		
	2		
	3		
	4+		
0-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

**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.

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

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

(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:

**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.

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

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

b. For on-base MWR facilities<sup>2</sup> available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION \_\_\_\_\_ DISTANCE \_\_\_\_\_

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)



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MED BCS  
BUNBD  
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f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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



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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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 - Ordrance (6R) Base Personnel - military
			Base Personnel - civilian
			Off Base Personnel - military
			Off Base Personnel - civilian

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

Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

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

			Off Base Personnel - military
			Off Base Personnel - civilian

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



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

			Off Base Personnel - civilian
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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
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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

LCDR MARK C. OLSON  
NAME (Please type or print)

[Signature]  
Signature

Head  
Title

16 MAR 94  
Date

Occupational Health Clinic, NRE Branch  
Activity

ENCL(1)  
①

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title


\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

x   
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

6-2-94  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

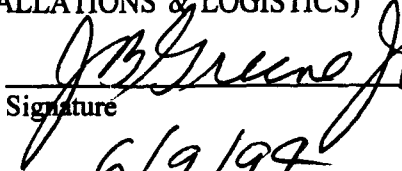
BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)  
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GROOVE JR.  
\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

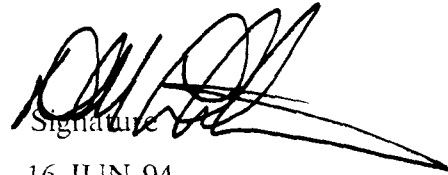
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Title

6/9/99  
\_\_\_\_\_  
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

D. M. LICHTMAN  
NAME (Please type or print)

  
Signature

16 JUN 94

COMMANDER  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA  
Title

BRMEDCL NRL (UIC 32567)  
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)