5-23-MED-0389

35949

NAVHOSP TWENTYNINE PALMS
BUMED
Medical
PERSONNEL SUPPORT/OTHER

DCN 1189

389

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, 29 PALMS, CA
ACTIVITY UIC: 35949

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.

Naval Hospital, Twentynine Palms, CA has a forty bed inpatient capability which includes a Close Observation Unit that can monitor more serious conditions. The hospital supports 9,462 active duty Marines and Sailors stationed at the Marine Corps Air Ground Combat Center. The hospital has two Operating Rooms and two Delivery Rooms which perform General, Orthopedic, OB/GYN and Same Day Surgery. There are four Labor and Delivery Rooms and a Nursery which handle approximately fifty births each month. There are a full range of Laboratory, Pharmacy and Radiology services which include Ultrasound, Mammography and CT Scan capabilities. The hospital offers a full range of outpatient clinic services (for active duty and supernumerary patients), including Family Practice, Internal Medicine, Pediatrics, Mental Health, Immunizations, Optometry, Physical Therapy, OB/GYN, Orthopedics and General Surgery. The Mental Health Clinic provides services for adults, adolescents and children. An Occupational Health and Preventive Medicine Department performs inspections and other necessary services that support the operations of the Marine Corps Air Ground Combat Center. The Emergency Room operates 24 hours a day and sees between fifty and one hundred patients each day.

The Emergency Room is the initial MEDIVAC point for injuries sustained by servicemen and women involved in the Combined Armed Exercises that occur year round at the Marine Corps Air Ground Combat Center. Many of these injuries are traumatic due to the "live fire" used during most of these exercises. We do not have a trauma unit and we have only one board certified Emergency Room Physician on staff. The Emergency Room also sees many Civilian Humanitarians who become injured or ill in the local community. This is due to our isolated location in the high desert and the limited civilian medical care available in the local community. The nearest civilian inpatient hospital is 25 miles away from the base and the closest major tertiary care facilities are 60 miles away in Palm Springs, CA.

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)
MARINE CORPS COMMUNICATIONS AND ELECTRONICS SCHOOL	67399	MCAGCC	1826
1ST TANK BN, 7TH MAR, 1ST MAR DIV, I MEF	21410	MCAGCC	964
3RD LAI, 7TH MAR, 1ST MAR DIV, I MEF	20470	MCAGCC	943
2ND BN, 7TH MAR, 1ST MAR DIV, I MEF	11210	MCAGCC	938
3RD BN, 7TH MAR, 1ST MAR DIV, I MEF	11230	MCAGCC	937
1ST BN, 7TH MAR, 1ST MAR DIV, I MEF	13160	MCAGCC	937
3RD BN, 11TH MAR, 1ST MAR DIV, I MEF	11330	MCAGCC	674
CSSG-1, 1ST FSSG, I MEF	28349	MCAGCC	531
AGSE, MWSG-17, 3RD MAW, I MEF	00173	MCAGCC	424
HQ CO, 7TH MAR, 1ST MAR DIV, I MEF	11204	MCAGCC	334
NAVAL HOSPITAL	35949	MCAGCC	293
D CO, 3RD AAV BN, 1ST MAR DIV, I MEF	21825	MCAGCC	205

DET A, 1ST SRIG, HQ CO, I MEF	21671	MCAGCC	189
23RD DENTAL CO	47367	MCAGCC	49
FT IRWIN VETERINARY SERVICES	W4FF15	MCAGCC	7
NAVFAC ENG CMD, SW DIV	44265	MCAGCC	3
DFAS	QO144	MCAGCC	2

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	679	57,150	1.77	4.60
ACTIVE DUTY NON N/MC	10	34	3.66	.17
TOTAL ACTIVE DUTY	689	57,184		4.77
FAMILY OF AD	1,672	82,766	2.04	8.55
RETIRED AND FAMILY MEMBERS UNDER 65	75	7,234	3.20	2.03
RETIRED AND FAMILY MEMBERS OVER 65	23	3,300	3.56	2.10
OTHER	63	0	1.17	.24
TOTAL	2,521	150,484		17.69

What is your occupancy rate for FY 1994 to date? 61%

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	155,000	160,000	165,000	165,000	165,000	165,000	165,000
ADMISS.	2,550	2,600	2,600	2,600	2,600	2,600	2,600

Please show all assumptions and calculations in the space below:

Projected workload is based on current actual workload and population figures. A moderate increase in workload in the out years in anticipated based on increases in providers and population.

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 RANGE	65 DAYS	1
EXPLOSIVE ORDINANCE DIVISION	65 DAYS	1.5
MWR EVENTS	5 DAYS	2
COMBINED ARMED EXERCISES	27 DAYS	1
JROTC	2.5 DAYS	1
PHYSICAL READINESS TESTING	39 DAYS	1
GAS TRAINING	13 DAYS	1
SANITATION INSPECTIONS	65 DAYS	1
WATER SAMPLING	13 DAYS	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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[1]	CERT.[2]	COMMENTS[3]
N/A	N/A	N/A	N/A

[1] Use F for fully accredited, P for probation, and N for not accredited.

[2] List the percentage of program graduates that achieve board certification.

[3] 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	HOSPITAL	163,000	1	ADEQUATE

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

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

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: N/A - None Indicated.

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
P-804	HOSPITAL REPLACEMENT PROJECT	1990	33M

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
P-295	BACHELOR ENLISTED QUARTERS	1999	6.4M

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: NAVAL HOSPITAL, 29 PALMS					
2. UIC: 35949	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 163,000		B. NORMAL BEDS 40		C.DTRS
6. LOCATION	A. CITY 29 PALMS			B.STATE CA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	60	40		C35, G35	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(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 Citing 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: 12/94

FULL ACCREDITATION: NO SURVEY TO DATE

LIFE SAFETY MANAGEMENT SCORE: N/A (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?

The hospital is located directly on the base ahich is home to the clients we support.

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

Air: March Air Force Base (90 miles)
Rail: DLA-Barstow, CA (100 miles)
Sea: Pt Hueneme, CA (150 miles)
Ground: TMO-MCAGCC (local)

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 (local)

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

Many of the medical mobilization units we augment support Marine Corps units that would be deployed from this base.

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

The majority of the clients/customers we serve are located on this base or in the adjacent community (0-30 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?

Due to our isolated location, we experience great difficulty in recruiting and hiring qualified health care professionals. This particularly true for Physicians, Nurses and Medical Technicians.

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?

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

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Rail: DLA-Barstow, CA (100 miles)
Sea: Pt Hueneme, CA (150 miles)
Ground: TMO-MCAGCC (local)

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): 0 (local)

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

Many of the medical mobilization units we augment support Marine Corps units that would be deployed from this base.

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

The majority of the clients/customers we serve are located on this base or in the adjacent community (0-30 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?

Due to our isolated location, we experience great difficulty in recruiting and hiring qualified health care professionals. This particularly true for Physicians, Nurses and Medical Technicians.

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.

There would be no military medical support within 150 miles of this base. Medical care would have to be provided by Naval Hospital, Camp Pendleton (150 miles) or Naval Medical Center, San Diego (180 miles). The nearest civilian treatment facilities that could handle the workload are located in Palm Springs, CA (60 miles).

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.

No, there is no OB/GYN capabilities in the local area. This would require patients to travel to Palm Springs, CA which is a minimum of one hour away. The local community hospital (Hi Desert Medical Center) does not have the capacity or capabilities to service the beneficiary population located in our catchment area.

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 small remaining retired population (approximately 5,000) could be absorbed by the local community hospital or could receive non-emergent care in the Palm Springs area.

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:

No, OB/GYN and Orthopedic cases account for the majority of our inpatient stays. These services are not available in the local community and it would not be medically appropriate or economically feasible to transport these patients to other facilities. The nearest capable civilian inpatient services are over one hour away and military inpatient services are three hours away. Current patient transport costs are $200,000 per year with our current inpatient capability. The lack of local OB/GYN services make it impossible to close the inpatient care at this facility.

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
NEPMU 6 PEARL HARBOR, HI	0545A	1
USS BELLEAU WOOD LHA-3	20633	1
3RD MAW CAMP PENDLETON, CA	31053	2
DET 3RD MAW YUMA, AZ	31055	4
USNS MERCY T-AH 19	46245	24
7TH MAR EXPEDITIONARY	55356	1
1ST MAW	57079	1
3RD MAW	57081	5
NAVMEDCLINIC PEARL HARBOR, HI	68098	9
US NAVHOSP YOKOSUKA	68292	30
1ST MAR DIV	67448	4
FLEET HOSPITAL 6	68686	26
US NAVHOSP GUAM	68096	25
US NAVDENCEN YOKOSUKA	68495	1
US NAVDENCEN GUAM	62328	1
US NAVHOSP OKINAWA	68470	18
3RD FSSG ADV ELEMENT	MPS3F	13
FLEET HOSPITAL 1	68681	8
3RD FSSG	67436	11

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HQ FMFPAC CAMP SMITH, HI	67025	2
FLEET HOSPITAL 2	68682	8
1ST MAW ADV ELEMENT	MPS3W	7
1ST FSSG ADV ELEMENT	MPS1F	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, these mobilization requirements do not significantly impact the normal operations of this hospital.

c. Please provide the total number of your expanded beds[1] 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[1]: 40 R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

Revised pg

1ST FSSG	67446	11
HQ FMFPAC CAMP SMITH, HI	67025	2
FLEET HOSPITAL 2	68682	8
1ST MAW ADV ELEMENT	MPS3W	7
1ST FSSG ADV ELEMENT	MPS1F	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, these mobilization requirements do not significantly impact the normal operations of this hospital.

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Number of "stubbed" expanded beds[1]: ~~40~~ 29

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

1ST FSSG	67446	11
HQ FMFPAC CAMP SMITH, HI	67025	2
FLEET HOSPITAL 2	68682	8
1ST MAW ADV ELEMENT	MPS3W	7
1ST FSSG ADV ELEMENT	MPS1F	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, these mobilization requirements do not significantly impact the normal operations of this hospital.

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Number of "stubbed" expanded beds[1]: 40

[1] 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	227	316	183
OUTPATIENT	60	119	120

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL	1125	2,277	780	1,405	686	956

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] 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	~~3,235,240~~ 7,742,914	6,684,834	N/A
TOTAL OUTPATIENT VISITS	~~126,117~~ 100,593	129,363	N/A
AVERAGE COST PER VISIT	~~25.65~~ 76.97	51.67	N/A

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MSS, 1 Jun 94

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). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	10,060,395	17,337,519	N/A

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Table B:

See page

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	N/A	N/A	N/A
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	245,807	1,668,906	N/A
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	245,807	1,668,906	N/A
E. TOTAL E EXPENSES (ALL ACCOUNTS)	1,923,448	6,319,165	N/A
F. % SELECTED E EXPENSES (D÷E)[1]	0.127794	0.264102	N/A

[1] Record as a decimal to 6 digits.

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Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	1,923,448	6,319,165	N/A
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	245,807	1,668,906	N/A
I. AREA REFERENCE LABORATORIES (FAA)	0	0	N/A
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	N/A
K. TOTAL SELECTED F (I+J)	0	0	N/A
L. CONTINUING HEALTH EDUCATION (FAL)	94,315	209,114	N/A
M. DECEDENT AFFAIRS (FDD)	2,974	3,494	N/A
N. INITIAL OUTFITTING (FDE)	174,020	3,871	N/A
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	N/A
P. TOTAL (L+M+N+O)	271,309	216,479	N/A
Q. E EXPENSES INCLUDED IN ROW P	2,974	3,494	N/A
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	380	922	N/A
S. OTHER F'S LESS E (P-R)	270,929	215,557	N/A

See Page 26R (provided by BUMED)
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Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	1,482	1,564	N/A
U. TOTAL WORK UNITS (MWU)[2]	4,544	5,096	N/A
V. PERCENT INPATIENT (IWU÷AWU)	48	44	N/A
W. FINAL OTHER F EXPENSES (S×V)	130,045	94,845	N/A
X. FINAL F EXPENSES (K+W)	9,944,631	15,763,458	N/A
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS	2,624	2,347	N/A
BB. ADJUSTED DISPOSITIONS (Z÷AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

See page 26R (provided by BUMED)
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1 Jun '94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

See page E6R (provided by BUMED)
BUMED-822, mss
1 Jun 94

TABLE A: 29 PALMS

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	4326871		

COMPLETE INFORMATION NOT AVAILABLE FOR FY 93 & 94

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0		
C. EDUCATION AND TRAINING (EBF)	245807		
D. TOTAL EXP EBE AND EBF	245807	0	0
E. TOTAL E EXPENSES	5216406		
F. % SELECTED E EXPENSES (D/E)	0.047122	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	1212051		
H. E EXPENSES TO REMOVE FROM A (FxG)	57114.15	ERR	ERR
I. AREA REF LABS (FAA)	0		
J. CLINICAL INVEST (FAH)	0		
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	94315		
M. DECEDENT AFFAIRS (FDD)	2974		
N. INITIAL OUTFITTING (FDE)	174020		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	271309	0	0
E EXPENSE (FAL)	0		
E EXPENSE (FDD)	2974		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	2974	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	140.1406	ERR	ERR
S. OTHER F'S LESS E (P-R)	271168.9	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. WU	1682.22		
U MWU	4529.67		
V PERCENT INPATIENT	0.371378	ERR	ERR
W. FINAL OTHER F EXP (SxV)	100706.2	ERR	ERR
X FINAL F EXP (K+W)	100706.2	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	4370463	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	2598		
AA. TOTAL MEPRS DISP	2699		
BB. ADJ DISPOS (Z/AA)	0.962579	ERR	ERR
CC ADJ MERPS EXP (YxBB)	4206915	ERR	ERR
DD. TOTAL RWP	1393.098		
EE COST PER RWP (CC/DD)	3019.827	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	3.0435		
(PAS)	343.9714		
(ADELS)	3.0423		
FF. TOTAL CAT II RWPS	350.0572	0	0
GG. TOTAL CAT II COST (EExFF)	1057112	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	3149803	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	1043.041	0	0
JJ. COST PER CAT III RWP (HH/II)	3019.827	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	4086		
CAT II OBDS			
(DXNNH)	12		
(PAS)	577		
(ADELS)	46		
LL TOTAL CAT II OBD	635	0	0
MM CAT III OBDS (KK-LL)	3451	0	0
NN. AVG DAYS/RWP (MM/II)	3.308595	ERR	ERR
OO. ADD ON PER RWP (NNx77)	254.7618	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3274.589	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	491.1883	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	1833.77	ERR	ERR
SS. OTHER COSTS (PPx.29)	949.6307	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	524.4903	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	1932.996	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	771.0008	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	801.8408	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2010.316	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	987.616	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1069.588	ERR	ERR
ADJ CAT III COST/RWP	3881.745	ERR	ERR

26R

BUMED-822, MM
1 Jun 94

15. Quality of Life. UIC: 67399, Marine Corps Air Ground Combat Center, BSAT Data Call #23 will provide this "Quality of Life" information as the "host" activity.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR facilities[2] 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		

[2]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					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

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)			
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			

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, BLDG. #1466, 721-11	90	30	90	308/ROOM				
BEQ, BLDG. #1466, 721-12	10	5	10	308/ROOM				

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:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. S. CHITWOOD — C S Chitwood
NAME (Please type or print) — Signature

COMMANDING OFFICER — 9/9/94
Title — Date

NAVAL HOSPITAL TWENTYNINE PALMS
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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
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)

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

Signature

Title

9/21/94
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."

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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

C. S. CHITWOOD
NAME (Please type or print)

C S Chitwood
Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, 29 PALMS, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

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)

J.B. GROENE JR.

NAME (Please type or print) | Signature

ACTING

Title | 6/9/94 Date

Revised pg 23

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] Signature

CHIEF BUMED/SURGEON GENERAL 6-21-94

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)

R. R. SAREERAM [signature]

NAME (Please type or print) Signature

ACTING 28 JUN 1994

Title Date

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

C. S. CHITWOOD	C S Chitwood
NAME (Please type or print)	Signature
COMMANDING OFFICER	9/24/94
Title	Date

NAVAL HOSPITAL TWENTYNINE PALMS
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) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 10/3/94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 11 OCT 1994

R

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

C. S. CHITWOOD — NAME (Please type or print)

C S Chitwood — Signature

COMMANDING OFFICER — Title

1/23/95 — Date

NAVAL HOSPITAL TWENTYNINE PALMS
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

HAROLD M. KOENIG, RADM, MC, USN	X [signature]
NAME (Please type or print)	Signature
ACTING CHIEF BUMED	X 1-26-95
Title	Date
BUREAU OF MEDICINE AND SURGERY	
Activity	

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

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

W. A. EARNER	[signature]
NAME (Please type or print)	Signature
	2/6/95
Title	Date

Document Separator

3891

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL HOSPITAL TWENTYNINE PALMS
UIC:	35949
Host Activity Name (if response is for a tenant activity):	MARINE CORPS AIR GROUND COMBAT CENTER
Host Activity UIC:	67399

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.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL HOSPITAL 29 PALMS		**UIC:** 35949	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repai	459	139	598
1b. Minor Construction	9	0	9
1c. Sub-total 1a. and 1b.	468	139	607
2. Other Base Operating Support Costs:			
2a. Utilities	400	0	400
2b. Transportation	49	0	49
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	1	0	1
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	124	1321	1445
2j. Other (Specify)	271	464	735
2k. Sub-total 2a. through 2j:	845	1785	2630
3. Grand Total (sum of 1c. and 2k.):	1313	1924	3237

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

Appropriation	Amount ($000)
N/A	

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NAVAL HOSPITAL 29 PALMS		**UIC:** 35949	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: NAVAL HOSPITAL 29 PALMS	**UIC:** 35949
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	180
Material and Supplies (including equipment):	2309
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	74
Other Purchases (Contract support, etc.):	2371
Total:	4934

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: NAVAL HOSPITAL 29 PALMS	**UIC:** 35949
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	2
Mission Support:	1
Procurement:	0
Other:*	0
Total Workyears:	3

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

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)):

ONE

2) Estimated number of workyears which would be eliminated:

TWO

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

NONE

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

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

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

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

C. S. CHITWOOD — C S Chitwood
NAME (Please type or print) — Signature

COMMANDING OFFICER — 7/12/94
Title — Date

NAVAL HOSPITAL TWENTYNINE PALMS
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print) — Signature

Officer in Charge, Acting — 14 July 1994

Title — Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) — Signature

Title — Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL — 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

ENCLOSURE(1)

Document Separator

389

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, 29 PALMS, CA
ACTIVITY UIC: 35949

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[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	10420	10420	N/A	11500	11500	N/A
FAMILY OF AD	10474	10474	N/A	11500	11500	N/A
SUBTOTAL	20894	20894	N/A	23000	23000	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	3021	3021	N/A	3500	3500	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1511	1511	N/A	1750	1750	N/A
OTHER	0	0	N/A	0	0	N/A
TOTAL	25426	25426	N/A	28250	28250	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] 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.
[2] 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.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

Revised pg

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

Operating Beds[1]:	30	R
Set Up Beds[1]:	40	R
Expanded Bed Capacity[2]:	40	R

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] 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.

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

Operating Beds[1]:	~~30~~ 29
Set Up Beds[1]:	~~40~~ 0
Expanded Bed Capacity[2]:	~~40~~ 29

BUMED-822, mss
1 Jun 94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] 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	49,240	71,212	8,463	129,363
ADMISSIONS	631	1,534	102	2,267
LABORATORY TESTS (WEIGHTED)[1]	550,000	700,000	210,000	1,460,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	19,000	24,000	9,800	52,827
PHARMACY UNITS (WEIGHTED)[1]	70,000	120,000	31,000	221,000
OTHER (SPECIFY)	0	0	0	0

[1] 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.

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	63,840	92,400	11,760	168,000
ADMISSIONS	739	1,795	106	2,640
LABORATORY TESTS (WEIGHTED)[1]	729,600	921,600	268,800	1,920,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	71,280	89,100	37,620	198,000
PHARMACY UNITS (WEIGHTED)[1]	115,200	194,400	50,400	360,000
OTHER (SPECIFY)	0	0	0	0

[1] 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.

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	57,184	82,766	10,534	150,484
ADMISSIONS	689	1,672	98	2,459
LABORATORY TESTS (WEIGHTED)[1]	652,080	823,680	240,240	1,716,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	64,298	80,372	33,935	178,605
PHARMACY UNITS (WEIGHTED)[1]	95,680	161,460	41,860	299,000
OTHER (SPECIFY)	0	0	0	0

[1] 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.

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[1]	14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14
SPECIALTY CARE[2]	~~8~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7
PHYSICIAN EXTENDERS[3]	~~7~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2
INDEPENDENT DUTY CORPSMEN	~~8~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7
TOTAL	~~37~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

BUMED -822, mls
1 Jun 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[1]	15
SPECIALTY CARE[2]	26
PHYSICIAN EXTENDER[3]	3
TOTAL	44

[1] This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] 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: 39,400

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[1]	DRIVING TIME	RELATIONSHIP[2]
HI DESERT MEDICAL CENTER	SELF-OWNED CORPORATION	25	30	NONE
DESERT HOSPITAL	SELF-OWNED CORPORATION	60	75	NONE
EISENHOWER MEDICAL CENTER	SELF-OWNED CORPORATION	75	90	NONE

[1] Distance in driving miles from your facility
[2] 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[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
HI DESERT MEDICAL CENTER	56	YES	50-65%	NO OBSTETRICS, ORTHOPEDICS OR PEDIATRIC CARE AVAILABLE
DESERT HOSPITAL	400	YES	45-65%	ONLY TRAUMA CENTER IN THE AREA. PERINATAL UNIT (NICU)
EISENHOWER MEDICAL CENTER	236	YES	75-95%	DRUG/ALCOHOL REHAB, CHILD SEXUAL & PHYSICAL ABUSE CENTER

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] 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	N/A	N/A						
N/A	N/A	N/A						
N/A	N/A	N/A						
N/A	N/A	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)[1]	Capacity (Student HRS/YR)
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	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

[1] 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

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

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

ACTIVITY COMMANDER

C. S. CHITWOOD
NAME (Please type or print)

C S Chitwood
Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, 29 PALMS, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

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)

J. B. GREENE JR | J B Greene Jr

NAME (Please type or print) | Signature

ACTING | 8 JUNE 1994

Title | 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."

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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

C. S. CHITWOOD — NAME (Please type or print)

C S Chitwood — Signature

COMMANDING OFFICER — Title

9/29/94 — Date

NAVAL HOSPITAL TWENTYNINE PALMS
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) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X OCT 3 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 10 OCT 1994 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	*Naval Hospital Twentynine Palms, CA*
Acronym(s) used in correspondence	*NHTP*
Commonly accepted short title(s)	*NAVHOSP 29 Palms, CA*

- Complete Mailing Address
  Naval Hospital
  Marine Corps Air Ground Combat Center
  Box 788250
  Twentynine Palms, CA 92278-8250

- PLAD
  NAVHOSP Twentynine Palms, CA

- PRIMARY UIC: 35949_____ (Plant Account UIC for Plant Account Holders)
  Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): _____ PURPOSE: _____
  _____ _____
  _____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No __X__ (check one)

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: 67399
- Primary Host (as of 01 Oct 1995) UIC: 67399
- Primary Host (as of 01 Oct 2001) UIC: 67399

• 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		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

The Naval Hospital is receiving additional officer and enlisted billets due to the closing of Naval Hospital Long Beach. A total of 14 officer and 43 enlisted billets have been realigned from Naval Hospital Long Beach to Naval Hospital Twentynine Palms. These additional billets are necessary in order to support the expansion of services provided at our new facility which we occupied in July, 1993.

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

- 40 bed inpatient capability which includes a Close Observation Unit that can monitor more serious conditions.

- 2 Operating Rooms and 2 Delivery Rooms which perform General, Orthopedic, OB/GYN and Same Day Surgery.

- 4 Labor and Delivery Rooms and a Nursery which handle approximately 50 births each month.

- A full range of Laboratory, Pharmacy and Radiology services which include Ultrasound, Mammography and CT Scan capabilities.

- Supports 9,462 Active Duty Marines and Sailors stationed at the Marine Corps Air Ground Combat Center.

- Offers a full range of outpatient clinic services (for active duty and supernumerary patients), including Family Practice, Internal Medicine, Pediatrics, Mental Health, Immunizations, Optometry, Physical Therapy, OB/GYN, Orthopedics and General Surgery. The Mental Health Clinic provides services for adults, adolescents and children.

- An Occupational Health and Preventative Medicine Department which performs inspections and other necessary services that support the operations of the Marine Corps Air Ground Combat Center.

- An Emergency Room which operates 24 hours a day and sees between 50 and 100 patients each day.

Projected Missions for FY 2001

- All of our current missions listed above and an expansion of our outpatient clinic capabilities which would provide greater access to our retired and dependent populations. The hospital has submitted a request to expand the outpatient clinic area to double its current capacity.

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

- Our Emergency Room is the initial MEDIVAC point for injuries sustained by servicemen and women involved in the Combined Armed Exercises that occur year round at the Marine Corps Air Ground Combat Center. Many of these injuries are traumatic due to the "live fire" used during most of these exercises. We do not have a trauma unit and we have only one board certified Emergency Room Physician on staff.

- Our Emergency Room also sees many Civilian Humanitarians who become injured or ill in the local civilian community. This is due to our isolated location in the high desert and the limited civilian medical care available in the local community. The nearest civilian inpatient hospital is 20 miles from the base and the closest major tertiary care facilities are 60 miles away in Palm Springs, CA.

Projected Unique Missions for FY 2001

- We do not project any major changes to our current unique missions by the year 2001.

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

• Operational name	UIC
Marine Corps Air Ground Combat Center	67399

• Funding Source	UIC
Bureau of Medicine and Surgery	00018

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

Or. Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	92	182	134
• Contracted	0	0	10.5*
• Tenants (total)	0	4	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	91	202	143
• Contracted	0	0	10.5*
• Tenants (total)	0	50	0

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

Title/Name	Office	Fax	Home
• CO/OIC	(619) 830-2188	(619) 830-2182	(619) 368-9811
C. S. Chitwood, CAPT, MSC, USN			
• Duty Officer	(619) 830-2574	(619) 830-2603	[N/A]
• D. N. Breier, LT, MSC, USNR			
• T. Z. Monaco, ENS, CEC, USN	(619) 830-2732	(619) 830-2604	[N/A]

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
Personnel Support Detachment	45091	0	2	0
DEPMEDS	47545	0	2	0
DEPMEDS	46866	0	46	0

- 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.)
AETNA Health Plans	*Naval Hospital, Twentynine Palms, CA*	*Family Practice, Mental Health and Emergency Medicine Providers - MOU*

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.)

UIC: 35949

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

C. S. CHITWOOD
NAME (Please type or print)

C S Chitwood
Signature

Commanding Officer
Title

1/24/94
Date

Naval Hospital, Twentynine Palms, CA
Activity

UIC: 35949

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

NEXT ECHELON LEVEL (if applicable)

R. H. SUTTON
NAME (Please type or print)

R.H. Sutton
Signature

Commanding General
Title

26 Jan 94
Date

Marine Corps Air Ground Combat Center
Activity

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

NEXT ECHELON LEVEL (if applicable)

J. SMITH
NAME (Please type or print)

J. Potts (acting)
Signature

Officer In Charge
Title

10 FEB 94
Date

Naval Healthcare Support Office, San Diego, CA
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)

x R.I. Ridenour
Signature

ACTING CHIEF BUMED
Title

23 FEB 1994
Date

Bureau of Medicine and Surgery
Activity

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

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

S. F. Loftus
Vice Admiral, U.S. Navy
NAME (Please type or print)
Deputy Chief of Naval Operations (Logistics)

Signature

Title

3-11-94
Date

Document Separator

5-23-MED-0390

00183

NAVMEDCEN PORTSMOUTH
BUMED
Medical
PERSONNEL SUPPORT/OTHER

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL MEDICAL CENTER, PORTSMOUTH
ACTIVITY: 00183

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*		
NAVMEDCEN, PORTSMOUTH	CATCHMNT**	ASSIGNED[2]	REGION[3]	CATCHMNT**[1]	ASSIGNED[2]	REGION[3]
AD	125,660	109,647	232,874	112,887	105,895	222,556
FAMILY OF AD	162,914	123,441	309,000	146,265	120,889	295,654
SUBTOTAL	288,574	223,088	541,874	259,152	226,784	518,210
RETIRED AND FAMILY MEMBERS UNDER 65	90,659	60,492	171,674	88,446	59,010	167,470
RETIRED AND FAMILY MEMBERS OVER 65[4]	23,145	16,308	41,669	30,160	21,245	54,288
OTHER (INCLUDES NG/RES)	10,717	8,159	21,562	10,163	7,759	19,919
TOTAL	413,095	318,047	776,779	387,921	314,798	759,887
***	282/3	212/2	455/6	213/3	209/2	437/6

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] 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.
[2] 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.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION
[4] THIS SECTION MUST BE COMPLETED.
*RAPS ONLY PROJECTS TO YEAR 1999
**BASELINE 1992, RAPS V5.12; OTHER INFORMATION BASELINE 1993, RAPS V6.01
***AD DEPS OVER 65/NATIONAL GUARD & RES DEPS OVER 65
NOTE: EXCEPT AS NOTED, ALL OTHER INFORMATION BASELINE 1993, RAPS V6.01

Revised pg

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

Operating Beds[1]:	~~346~~ 431 R
Set Up Beds[1]:	~~0~~ 6 R
Expanded Bed Capacity[2]:	176 R 9/26/94 VR BUMED 824 9/29/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] 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 expanded beds was revised by MED 822. (Second revision 7/23/94)

R

5R (9/26/94) VR BUMED 824 9/29/94

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

Operating Beds[1]:	346	431	BUMED MED-825 GSA 6/1/94
Set Up Beds[1]:	0	6	
Expanded Bed Capacity[2]:	773	627	

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] 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 199[illegible] 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:

NAVMEDCEN PORTSMOUTH	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER ***	TOTAL OF EACH ROW
OUTPATIENT VISITS*	351,055	438,892	212,140	8,482	1,010,569
ADMISSIONS	9,935	8,569	5,563	137	24,204
LABORATORY TESTS (WEIGHTED)[1]**					16,959,479
RADIOLOGY PROCEDURES (WEIGHTED)[1]**					1,035,101
PHARMACY UNITS (WEIGHTED)[1]**					1,593,803
OTHER (SPECIFY)					

R USS/Med
R 824 9/29/94

[1] 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.

* NAVCARE IS INCLUDED
** ANCILLARY WORKLOAD IS NOT REPORTED BY PATIENT CATEGORY. TOTAL FIGURE IS REPORTED.
*** OTHER INCLUDES NOAA, PHS, CIVILIANS, FOREIGN MILITARY, OWCP, SECNAVDESG, NON-NATO, VETERANS, DOD OCCUPATIONAL
SOURCE: AQCESS, MICRO-WORS FY93

6 R (9/26/94) VR Bumed 824 9/29/94

Revised FY

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:

NAVMEDCEN PORTSMOUTH	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	402,642*	409,744	207,718	7,892	1,027,996
ADMISSIONS	9,910	8,569	5,523	202	24,205
LABORATORY TESTS (WEIGHTED)[1]**					16,959,479
RADIOLOGY PROCEDURES (WEIGHTED)[1]**					1,035,101
PHARMACY UNITS (WEIGHTED)[1]**					1,593,803
OTHER (SPECIFY)					

[1] 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.

*NAVCARE IS INCLUDED
**ANCILLARY WORKLOAD IS NOT REPORTED BY PATIENT CATEGORY. TOTAL FIGURE IS REPORTED.

SOURCE: AQCESS, MICRO-WORS FY93

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.

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.**

NAVMEDCEN PORTSMOUTH	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	352,055	438,892	212,140	8,482	1,010,569
ADMISSIONS	9,935	8,569	5,563	137	24,204
LABORATORY TESTS (WEIGHTED)[1]**					16,959,479
RADIOLOGY PROCEDURES (WEIGHTED)[1]**					1,035,101
PHARMACY UNITS (WEIGHTED)[1]**					1,593,803
OTHER (SPECIFY)					

R UR Burned 824 9/29/94
R
R

[1] 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: FY93 workload represents maximum capacity that can be supported with existing facility restrictions and staffing/funding constraints. As directed, new programs and BRAC plus-ups were not considered.

7R(9/26/94) VR Burned 824 9/29/94

Revised pg

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.

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.**

NAVMEDCEN PORTSMOUTH	ACTIVE DUTY 402 642	FAMILY OF ACTIVE DUTY 409 744	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW 1,027,996
OUTPATIENT VISITS	~~403,937~~	~~1,074,955~~	~~585,563~~ 207 718	7,892	~~2,073,140~~
ADMISSIONS	~~9,932~~ 9,910	~~21,166~~ 8 569	~~9,441~~ 5 523	202	~~40,793~~ 24,205
LABORATORY TESTS (WEIGHTED)[1]**					~~20,708,864~~ 16.959.476
RADIOLOGY PROCEDURES (WEIGHTED)[1]**					~~1,723,589~~ 1.035.101
PHARMACY UNITS (WEIGHTED)[1]**					~~2,809,652~~ 1,593,803
OTHER (SPECIFY)					

BUMED MED 825 GSA 6/1/94

[1] 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: FY93 workload represents maximum capacity that can be supported with existing facility restrictions and staffing/funding constraints. As directed, new programs and BRAC plus-ups were not considered.

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	352,350 R 9/26/94	1,104,103 R 9/26/94	806,168 R 9/26/94	2,262,621 R 9/26/94
ADMISSIONS	9,957 R 9/26/94	21,166	9,618 R 9/26/94	40,741 R 9/26/94
LABORATORY TESTS (WEIGHTED)[1] *				20,708,864
RADIOLOGY PROCEDURES (WEIGHTED)[1] *				1,723,589
PHARMACY UNITS (WEIGHTED)[1] *				2,809,652
OTHER (SPECIFY)				

VR Burned 824 9/29/94

[1] 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 not reported by patient category.
Source: CHAMPUS DATA, MCQA; FY92 data used because most complete MTF data, AQCESS & MICRO-WORS FY93

8 R(9/26/94) VR Burned 824 9/29/94

Revised PG

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	404,730	1,074,955	585,563	7,892	2,073,140
ADMISSIONS	9,984	21,166	9,441	202	40,793
LABORATORY TESTS (WEIGHTED)[1] *					20,708,864
RADIOLOGY PROCEDURES (WEIGHTED)[1] *					1,723,589
PHARMACY UNITS (WEIGHTED)[1] *					2,809,652
OTHER (SPECIFY)					

[1] 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 not reported by patient category.
Source: CHAMPUS DATA, MCQA; FY92 data used because most complete MTF data, AQCESS & MICRO-WORS FY93

Assumptions/Calculations:

MCQA for FY92 (most complete CHAMPUS year on file) was used to extract the number of admissions and outpatient visits for the Portsmouth Catchment Area (DMIS ID 0124). These CHAMPUS totals were then multiplied times the DOD Trade Off Factors to determine the equivilant MTF workload. Current MTF ancillary service ratios pwe OPV and Admission calculated from MEPRS data were multipies times the MTF equivilant workload to project laboratory, radiology, and pharmacy workload. The results were added to current MTF workload. The following example applies:

	CHAMPUS/DOD TRADE-OFF		SUPP CARE	TOTALS
Active Duty (OPV)	351,055		1,295	352,350
Active Duty Dep (OPV)	1,103,854		249	1,104,103
Retired & Family (OPV)	805,870	298	806,168	
Retired & Family				

Revised pg

8-A-R VR BUMED 824 9/29/94
(9-26-94)

Naval Medical Center - Portsmouth

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[1]	98	98	98	98	97	95	95	95
SPECIALTY CARE[2]	141	144	144	144	137	125	125	125
PHYSICIAN EXTENDERS[3]	15	15	15	15	15	15	15	15
ALLIED SCIENCE MED SERVICE CORPS OFFICER[4]	39	40	41	41	41	37	37	37
INDEPENDENT DUTY CORPSMEN	9	9	9	9	9	9	9	9
TOTAL	302	306	307	307	299	281	281	281

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.
[4] This includes Podiatrist, Optometrist, Occupational/Physical Therapists, Radiology Specialist/Radiology Health, Clinical Psychologist, Microbiologist.

Encl (1)

Naval Medical Center - Portsmouth

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[1]	98	98	98	98	97	95	95	95
SPECIALTY CARE[2]	141	144	144	144	137	125	125	125
PHYSICIAN EXTENDERS[3]	15	15	15	15	15	15	15	15
ALLIED SCIENCE MED SERVICE CORPS OFFICER[4]	29	30	31	31	31	27	27	27
INDEPENDENT DUTY CORPSMEN	9	9	9	9	9	9	9	9
TOTAL	292	296	297	297	289	271	271	271

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.
[4] This includes Podiatrist, Optometrist, Occupational/Physical Therapists, Radiology Specialist/Radiology Health, Clinical Psychologist, Microbiologist.

Revised PJ

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[1]	749 Rev'd 9/26/94
SPECIALTY CARE[2]	1,169 Rev'd 9/26/94
PHYSICIAN EXTENDER[3]	*
TOTAL	1,918** Rev'd 9/26/94

VR Burned 824 9/29/94

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[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] 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**

16 R (9-26-94) VR Burned 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[1]	237
SPECIALTY CARE[2]	1,246
PHYSICIAN EXTENDER[3]	*
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

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] 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[1]	DRIVING TIME***	RELATIONSHIP[2]
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 GENRAL 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 HOSPTIAL	AIR FORCE	22	44	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLODD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	24	48	
NEWPORT NEWS GENRAL 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	INEGRAL 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	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**

[1] Distance in driving miles from your facility
[2] 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[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]	
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 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	126	YES	25%		R
RIVERSIDE REGION MEDICAL CENTER	576	YES	55.4%		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%		

Encl (1)

14R 19 Oct 94
SW Burns-823

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

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
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%	

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	175	YES	51%	
VIRGINIA BEACH GENERAL HOSP	280	YES	63.2%	

R

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

N/R = Not reporting
Source: 1993 AHA Guide

15R 19 Oct 94
94W BUMED-823

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

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] 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. 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

(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)[1]	Capacity (Student HRS/YR)

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

[1] 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

B. B. POTTER
NAME (Please type or print)

Signature

ACTING
Title

25 MAY 1994
Date

NAVAL MEDICAL CENTER, PORTSMOUTH
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) | 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

Acting

Title | 8 June 1994

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

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

W J McDaniel
Signature

COMMANDER, NAVAL MEDICAL CENTER, PORTSMOUTH, VA
Title

26 Sept 94
Date

NAVMEDCEN 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

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 10 OCT 4994 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

CAPTAIN B B POTTER
NAME (Please type or print)

Signature

DEPUTY COMMANDER
Title

04 OCT 1994
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

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Oct 6, 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 13 OCT 1994 Date

R

BRAC-95 CERTIFICATION

Data Call 26 Revision To Item 7a

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

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

Signature

COMMANDER, NAVAL MEDICAL CENTER
Title

19 Oct 94
Date

NAVMEDCEN 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

NAME (Please type or print) X D. F. Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Oct 26, '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 11/2/94 Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	HSO NORFOLK
UIC:	68908
Host Activity Name (if response is for a tenant activity):	NAVAL MEDICAL CENTER, PORTSMOUTH, VA
Host Activity UIC:	00183

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: HSO NORFOLK		**UIC: 68908**	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	6	0	6
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	6	0	6
2. Other Base Operating Support Costs:			
2a. Utilities	20	0	20
2b. Transportation	12	0	12
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	29	122	151
2j. Other (Specify)			
Engineering Support	12	0	12
Supply Operations	28	0	28
Communication	76	0	76
Physical Security	24	0	24
2k. Sub-total 2a. through 2j:	201	122	323
3. Grand Total (sum of 1c. and 2k.):	207	122	329

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

Appropriation	Amount ($000)
O & M	$329

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) N/A			
Activity Name: HSO NORFOLK		**UIC: 68908**	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: HSO NORFOLK	**UIC: 68908**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	621
Material and Supplies (including equipment):	249
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	12
Other Purchases (Contract support, etc.):	285
Total:	1167

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: HSO NORFOLK	**UIC: 68908**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	1
Other:*	0
Total Workyears:	1

* **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)): NONE

2) Estimated number of workyears which would be eliminated: 0

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): NO IMPACT

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DATA CALL 66
INSTALLATION RESOURCES
Naval Healthcare Support Office, Norfolk, VA (UIC: 68908)

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)): 0

2) Estimated number of workyears which would be eliminated: 0

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

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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	NONE

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	NONE

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL 8-1-94

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) Signature

8/25/94

Title Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT R. L. FINKE, MSC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

18 JUL 1994
Date

NAVAL HEALTHCARE SUPPORT OFFICE, NORFOLK
Activity

Document Separator

NMC PORTSMOUTH

390

ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Ativities

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ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., **1993** base loading, **1993** base-wide Endangered Species Survey, **1993** letter from USFWS, **1993** Base Master Plan, **1993** Permit Application, **1993** PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response.
(Amendment two of 18 May 94)

68551 Personnel Support Activity
68845 Human Resources Office
68908 Healthcare Support Office/MCLO
68911 Officer in Charge of Construction
00187 Navy Public Works Center (Portsmouth Site)
0622A Naval School of Health Sciences, Bethesda Det.

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
N/A				

Source Citation: **N/A**

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use. **N/A**	**NO** **NO**
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints. **N/A**	**NO**

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

N/A

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	**NO** **N/A**

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	**NO** **N/A**

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	**YES**
Has a wetlands survey in accordance with established standards been conducted for your base?	**YES**
When was the survey conducted or when will it be conducted? **11/15/90**	**1990**
What percent of the base has been surveyed?	**100**
What is the total acreage of jurisdictional wetlands present on your base?	**<10**

Source Citation: On-site delineation, NOV 1990

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map. Area & map available.

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? **NO** If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	**YES**

Original Hospital (Building 1)
Historic cemetery
"Commanding Officer's" Quarters
Old building "I/J"
Districts within base.

3b.

Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	**YES**

Old Commanding Officer's residence was relocated from its original site to a new location on base. Old building I/J was to be demolished, but is being held as is pending additional study.

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	**YES**

An historical cemetery is located on base. A small burial site, of unknown remains, was found near relocation of Commanding Officer's residence (above); site was marked.

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					**NO**
ID/Location of Landfill	**Permitted Capacity (CYD)**		**Maximum Capacity (CYD)**	**Contents[1]**	**Permit Status**
	TOTAL	**Remaining**			

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

N/A

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

N/A

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					**YES**
Facility/Type ofOperation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**
Autoclave	N/A	1,000 lb/day	2,000 lb/day	Operator Certified	State Regs.to be more stringent.

List any permit violations and projects to correct deficiencies or improve the facility.

We have no permits or violations. Improvements will be included in future facilities (MILCON).

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					**NO**
ID/Location of WWTP	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**	**Level of Treatment/Year Built**

List permit violations and discuss any projects to correct deficiencies. **N/A**

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

We are in full compliance with Hampton Roads Sanitation District permit; in addition, we recently received an award for commendable performance in 1993.

Average discharge rate - 365,000 GPD
Discharge limits - 450,000; Silver - 0.25 mg/l per day; other parameters similar.

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					NO
ID/Location of IWTP	**Type of Treatment**	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**

List any permit violations and projects to correct deficiencies or improve the facility. **N/A**

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system. **N/A**

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					NO
ID/Location of WTP	**Operating (GPD)**		**Method of Treatment**	**Maximum Capacity**	**Permit Status**
	Permitted Capacity	**Daily Rate**			

List permit violations and projects/actions to correct deficiencies or improve the facility. **N/A**

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

Potable water purchased from the City of Portsmouth.
Capacity is adequate, quality is good.
Terms/limits on capacity are flexible.

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain. Adequate, high quality, city water is utilized.	**NO**

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	**NO**
If NO, why not and provide explanation of plan to achieve permitted status. No permit required at this time.	

4l.

Does your base have bilge water discharge problem?	**NO**
Do you have a bilge water treatment facility?	**NO**

Explain: **N/A**

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain. Expected future regulations are being taken under consideration now.	**None known**

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.

Ref. 4c.: Additional sterilizer capacity is planned, and an incinerator is specified for patholigical waste in the future.

Ref. 4e.: Incremental improvements, over significant MILCON improvements, are in the planning stage.

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. **NO, N/A**

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? **Hampton Roads, Virginia (Region 6)**
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? **NO**. List site, location and name of AQCA. **N/A**

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: Naval Medical Center, Portsmouth AQCA: (Region 6)

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO	X				
Ozone		X			**(See 5f note)**
PM-10	X				
SO_2	X				
NO_2	X				
Pb	X				

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

Note: Air emissions study is underway; details not yet available. However, a new Air Permit from the State Department of Environmental Quality, as well as vehicle inventories and respective emission factors (including air and construction equipment), are available for inspection if necessary.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: _____

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

Note: Air emissions inventory being conducted via LANTDIV contract.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: **See note in 5c. above..**

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

See comments in 5c. above.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

Naval Medical Center, Portsmouth is in a marginal ozone, non-attainment area. There are no other non-attainment areas or national parks within 100 miles.

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.

NO, N/A

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?

NO, N/A

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the combined total for those two FY's.

Note: All existing practices are currently in compliance. In addition to Air program noted below, MILCON underway will provide Solid Waste improvements to meet impending/proposed new State regulations.

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	No	60	70	60			
Hazardous Waste	Yes						
Safe Drinking Water Act	Yes						
PCBs	Yes						
Other (non-PCB) Toxic Substance Control Act	Yes						
Lead Based Paint	Yes						
Radon	Yes						
Clean Water Act	Yes						
Solid Waste	note						
Oil Pollution Act	Yes						
USTs	Yes	40	20				
Other							
Total		100	90	60			

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date. Air Survey - underway, see above Air Program.

6b. Does your base have structures containing asbestos? **YES** What % of your base has been surveyed for asbestos? **90%** Are additional surveys planned? **NOT AT THIS TIME** What is the estimated cost to remediate asbestos ($K) **$2,000 min.** Are asbestos survey costs based on encapsulation, removal or a combination of both? **BOTH**.

R

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN (FT+FX) $K	237	270	R 9/27/94 364	R 9/27/94 360	R 9/27/94 320	250	500	500
HA								
PA								
Other (specify)			R 9/27/94	R 9/27/94	R 9/27/94			
TOTAL $K	237	270	364	360	320	250	500	500

VR Burned 824 9/29/94

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. **No, nothing major.**

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	**YES**
Is your base an NPL site or proposed NPL site?	**NO**

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments
1 (misc)	CERCLA	NO	NO	NO	0	SI Complete
2 (pcb)	CERCLA	NO	NO	NO	0.06/1994	SI Complete

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

14 R(9/27/94) VR Burned 824 9/29/94

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN (FT+FX) $K	237	270	264	270	260	250	500	500
HA								
PA								
Other (specify)								
TOTAL $K	237	270	264	270	260	250	500	500

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. **No, nothing major.**

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	**YES**
Is your base an NPL site or proposed NPL site?	**NO**

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments
1 (misc)	CERCLA	NO	NO	NO	0	SI Complete
2 (pcb)	CERCLA	NO	NO	NO	0.06/1994	SI Complete

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. **N/A**

7d.

Is there a groundwater treatment system in place?	**NO**
Is there a groundwater treatment system planned?	**NO**

State scope and expected length of pump and treat operation. **N/A**

7e.

Has a RCRA Facilities Assessment been performed for your base?	**NO**

7f. Does your base operate any conforming storage facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions. **YES**

Facility consists of 3 bays in a new Haz/Flam Material storage building. Each bay is secured, bermed, ventilated and monitored. They are not permitted.

7g. Does your base operate any conforming storage facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions. **YES**

Facility consists of 1 bay in above special building. It is restricted to 90 days interim storage; no permit is required.

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

NO, N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	**NO**

7J. Have any base operations or development plans been restricted due to Installation Restoration considerations? **NO**

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions. **N/A**

8. LAND/AIR/WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

(Note: Leasing of Holiday Inn rooms not included.)

Parcel Descriptor	Acres	Location
NAVMEDCEN	110.5	Portsmouth, VA.

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		**104.1**
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: **2.4**
		All Others:
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		**N/A**
Total Undeveloped land considered to be without development constraints		**0**
Total Off-base lands held for easements/lease for specific purposes		**None**
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	**N/A**
	HERF	"
	HERP	"
	HERO	"
	AICUZ	"
	Airfield Safety Criteria	**4.0**
	Other	**N/A**

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. **NONE**

8d. What is the date of your last AICUZ update? **N/A** Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below. **NO, N/A**

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use. **N/A**

Acreage/Location/ID	Zones 2 or 3	Land Use	Compatible/ Incompatible

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

N/A (Note: Channel on north side, dredged for barges providing sand and rock for construction of new facility, is not considered pertinent.)

Navigational Channels/ Berthing Areas	Location / Description	Maintenance Dredging Requirement			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth. **N/A**

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	**N/A**
Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations.	**N/A**
Are the dredged materials considered contaminated? List known contaminants.	**N/A**

8i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans**.

There are none affecting us.

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion.

Nothing major or significant.

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	**NO N/A**

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. **N/A**

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? **NO**

9b. Are there any **<u>other</u> environmental permits** required for base operations, include any relating to industrial operations. **NOT INTRINSICALLY**

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections. **N/A**

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

NONE KNOWN

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."

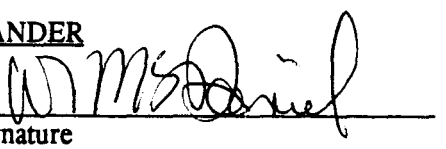
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

W. J. MCDANIEL
NAME (Please type or print)


Signature

RADM, MC, USN
COMMANDER
Title

31MAY94
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

NAME (Please type or print) X _____ Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-7-94 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)

P.W. DRENNAN

NAME (Please type or print) _____ Signature

ACTING

Title 6/24/94 Date

BRAC-95 CERTIFICATION

BRAC DATA CALL #33

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

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

Signature

COMMANDER, NAVAL MEDICAL CENTER
Title PORTSMOUTH, VA

27 September 94
Date

NAVMEDCEN 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

NAME (Please type or print) X Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-29-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) Signature

ACTING

Title 13 OCT 1994 Date

Document Separator

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	**Naval Medical Center, Portsmouth**
UIC:	**00183**
Major Claimant:	**Bureau of Medicine and Surgery (BUMED)**

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates. Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	**$30,352.22**

Source of Data (1.a. Salary Rate): Provided by Tana Knapp, Budget Department, Resource Directorate, NAVMEDCEN. Source used - 6/25/94 employee labor listing/FY96 FMIS.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence NAVMEDCEN, PORTSMOUTH (LISTED BY CITY)	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
Virginia Beach	VA	536	329	22%	20	30
Chesapeake	VA	517	277	21%	10	20
Portsmouth	VA	1065	326	36%	0	0
Hampton	VA	28	32	2%	20	30
Newport News	VA	26	26	1%	20	30
Norfolk	VA	231	144	10%	7	15
Suffolk	VA	50	69	3%	20	30
Other	VA	19	20	1%	25	45
Other	NC	6	24	1%	50	60
Undeclared		50	55	3%	N/A	N/A
				= 100%		

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

The following Unit Identification Codes (UICs) were included in the Residency Table:

00183 - NAVMEDCEN, Portsmouth
46876 - NMCD DEPMEDS
46891 - NMCSD DEPMEDS

Portsmouth Compound Tenants:

48460 - NMCP TRAINING (OFFICER)
68845 - HUMAN RESOURCES OFFICE
35976 - NAVAL SCHOOL OF HEALTH SCIENCES (STAFF)
30496 - NAVAL SCHOOL OF HEALTH SCIENCES (STUDENTS)
00187 - PUBLIC WORKS CENTER
63055 - NAVAL INVESTIGATIVE SERVICE

Lafayette River Tenants:

68908 - HEALTHCARE SUPPORT OFFICE (HSO)
46737 - NAVAL MEDICAL MANAGEMENT INFORMATION CENTER (NMMIC)

The following UICs were not included in the Residency Table:

68551 - PSA (LOCATED ON PORTS. COMPOUND - COMNAVBASE REPORTING
68911 - OICC (LOCATED ON PORTS. COMPOUND - LANTDIV REPORTING
62470 - TENANTS ON LAFAYETTE RIVER ANNEX - LANTDIV REPORTING

2) **Location of Government (DoD) Housing.** If some employees of the base live in government housing, identify the county(s) where government housing is located:

Government Housing exist in Virginia Beach, Norfolk, Chesapeake, Hampton, and Portsmouth. The data base does not specifically identify if employees that work on this installation reside in government housing. We do, however, know that several employees live in government housing in Portsmouth.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.b. 1) & 2) Residence Data): 1.b. Civilian information provided by Sharon Knowles, Human Resources Office Norfolk. Source - Defense Civilian Personnel System. 1.b. military information provided by LCDR Hoffman, Head Military Personnel, Naval Medical Center, Portsmouth. Source SPMS system maintained in Military Personnel. Information for 2 provided by LCDR Hoffman.

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Chesapeake	N/A	10
Hampton	N/A	20
Newport News	N/A	20
Norfolk	N/A	7
Portsmouth	N/A	0
Virginia Beach	N/A	20

Source of Data (1.c. Metro Areas): Facility Planner, NNSY, Code 914

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's **civil service** workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0
20 - 24 Years	23	2
25 - 34 Years	256	20
35 - 44 Years	445	34
45 - 54 Years	394	30
55 - 64 Years	171	13
65 or Older	13	1
TOTAL	1302	100 %

Source of Data (1.d.) Age Data): Information was provided by Sharon Knowles, Human Resources Office Norfolk. Information was retrieved from Defense Civilian Personnel Data System.

Revised pg

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. Education Level of Civilian Workforce

1) **Education Level Table.** Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	3	Less than 1%
9th through 11th Grade	37	3%
12th Grade or High School Equivalency	617	47%
1-3 Years of College	317	24%
4 Years of College * (Bachelors Degree)	216	17%
5 or More Years of College (Graduate Work)	112	9%
TOTAL	1302	100 %

*** This figure includes persons with 4 yrs of college but may not have Bachelors.**

2) **Degrees Achieved.** Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	149
Associate Degree	105
Bachelor Degree	197
Masters Degree	88
Doctorate	6

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	3	Less than 1%
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12th Grade or High School Equivalency	617	47%
1-3 Years of College	317	24%
4 Years of College * (Bachelors Degree)	216	17%
5 or More Years of College (Graduate Work)	112	9%
TOTAL	1302	100 %

*** This figure includes persons with 4 yrs of college but may not have Bachelors.**

2) Degrees Achieved. Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	149
Associate Degree	105
Bachelor Degree	197
Masters Degree	64
Doctorate	6

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Source of Data (1.e.1) and 2) Education Level Data): Information was provided by Sharon Knowles, Human Resources Office Norfolk. Information was retrieved from Defense Civilian Personnel Data System.

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by **civil service** employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09		
2. Construction (includes facility maintenance and repair)	15-17	**62**	**4%**
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34		
3b. Aircraft (includes engines and missiles)	3721 et al		
3c. Ships	3731		
3d. Other Transportation (includes ground vehicles)	various		

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Industry	SIC Codes	No. of Civilians	% of Civilians
3e. Other Manufacturing not included in 3a. through 3d.	various		
Sub-Total 3a. through 3e.	20-39		
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40		
4b. Motor Freight Transportation & Warehousing (includes supply services)	42		
4c. Water Transportation (includes organizational level maintenance)	44		
4d. Air Transportation (includes organizational level maintenance)	45		
4e. Other Transportation Services (includes organizational level maintenance)	47		
4f. Communications	48		
4g. Utilities	49		
Sub-Total 4a. through 4g.	40-49		
5. Services	70-89		
5a. Lodging Services	70		
5b. Personal Services (includes laundry and funeral services)	72		
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73		
5d. Automotive Repair and Services	75		
5e. Other Misc. Repair Services	76		
5f. Motion Pictures	78		

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Industry	SIC Codes	No. of Civilians	% of Civilians
5g. Amusement and Recreation Services	79		
5h. Health Services	80	**1231**	**95%**
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83		
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87		
5n. Other Misc. Services	89	**9**	**1%**
Sub-Total 5a. through 5n.:	70-89		**96%**
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91		
6b. Justice, Public Order & Safety (includes police, fire fighting and emergency management)	92		
6c. Public Finance	93		
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL		1302	100 %

Source of Data (1.f.) Classification By Industry Data): Information was provided by Sharon Knowles, Human Resources Office Norfolk. Information was retrieved from Defense Civilian Personnel Data System.

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Industry	SIC Codes	No. of Civilians	% of Civilians
5g. Amusement and Recreation Services	79		
5h. Health Services	80	**1207**	**93%**
5i. Legal Services	81		
5j. Educational Services	82		
5k. Social Services	83		
5l. Museums	84		
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	**24**	**2%**
5n. Other Misc. Services	89	**9**	**1%**
Sub-Total 5a. through 5n.:	70-89		**96%**
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91		
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92		
6c. Public Finance	93		
6d. Environmental Quality and Housing Programs	95		
Sub-Total 6a. through 6d.			
TOTAL		1302	100 %

Source of Data (1.f.) Classification By Industry Data): Information was provided by Sharon Knowles, Human Resources Office Norfolk. Information was retrieved from Defense Civilian Personnel Data System.

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g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by **civil service** employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	**162**	**12%**
2. Professional Specialty		
2a. Engineers	**4**	**1/4%**
2b. Architects and Surveyors		
2c. Computer, Mathematical & Operations Research	**23**	**1 1/2%**
2d. Life Scientists	**6**	**1/2%**
2e. Physical Scientists		
2f. Lawyers and Judges		
2g. Social Scientists & Urban Planners	**2**	**1/4%**
2h. Social & Recreation Workers	**49**	**4%**
2i. Religious Workers		
2j. Teachers, Librarians & Counselors	**8**	**1/2%**
2k. Health Diagnosing Practitioners (Doctors)		
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	**323**	**25%**

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Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	**3**	**1/4%**
2n. Visual Arts		
Sub-Total 2a. through 2n.:		**32 1/4%**
3. Technicians and Related Support		
3a. Health Technologists and Technicians	**82**	**6%**
3b. Other Technologists	**39**	**3%**
Sub-Total 3a. and 3b.:		**9%**
4. Administrative Support & Clerical	**506**	**39%**
5. Services		
5a. Protective Services (includes guards, firefighters, police)		
5b. Food Preparation & Service	**1**	**1/4%**
5c. Dental/Medical Assistants/Aides		
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	**2**	**1/4%**
Sub-Total 5a. through 5d.		**1/2%**
6. Agricultural, Forestry & Fishing		
7. Mechanics, Installers and Repairers	**48**	**4%**
8. Construction Trades	**23**	**1 1/2%**
9. Production Occupations	**1**	**1/4%**
10. Transportation & Material Moving	**8**	**1/2%**
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	**12**	**1%**
TOTAL	1302	100 %

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Source of Data (1.g.) Classification By Occupation Data): Information was provided by Sharon Knowles, Human Resources Office Norfolk. Information was retrieved from Defense Civilian Personnel Data System.

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.

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11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

There is no retrieval method for this information in the Defense Civilian Personnel Data System.

1. Percentage of Military Employees Who Are Married:	
2. Percentage of Military Spouses Who Work Outside of the Home:	
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	
3b. Employed "On-Base" - Non-Appropriated Fund:	
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	

Source of Data (1.h.) Spouse Employment Data): Information cannot be retrieved from the DCPDS system.

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2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

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a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the **A - B - C** rating system described above, complete the table below. **These ratings were made based on total base loading at the facility of 3,830.**

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	B
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	B
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	NA	NA	NA
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply	A	A	B
Water Distribution	A	A	B
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	B
Wastewater Treatment	A	A	B
Storm Water Collection	A	A	B
Solid Waste Collection and Disposal	A	A	B
Hazardous/Toxic Waste Disposal	A	A	B
Recreational Activities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

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2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

There were no "C" ratings assigned to any of the infrastructure categories.

Source of Data (2.a. 1) & 2) - Local Community Table): Information was provided by Hampton Roads Planning District Commission (HRPDC) using in-house knowledge and expertise of subject matter. No data base or reference source was used.

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b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below. **For this table, the Norfolk-Virginia Beach Newport Metropolitan Statistical Area (MSA) (as defined by OMB after the 1990 Census) is defined to be the economic region.**

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	B
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	B
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	NA	NA	NA
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply	A	A	B
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	B
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	B
Solid Waste Collection and Disposal	A	A	B
Hazardous/Toxic Waste Disposal	A	A	B
Recreation Facilities	A	A	A

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Remember to mark with an asterisk any categories which are wholly supported on-base.

"NA" indicates that the category is not applicable for the activity.

2) For each rating of **"C"** identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

There were no "C" ratings assigned to any of the infrastructure categories.

Source of Data (2.b. 1) & 2) - Regional Table): Information was provided by HRPDC using in-house knowledge and expertise of subject matter. No data base or reference source was used.

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3. Public Facilities Data:

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units:

Number of Bedrooms	Vacant Units for Rent	Vacancy Rate (Percent)
1 Bedroom	4,254	9.4
2 Bedroom	11,884	11.4
3 Bedroom	3,208	6.2
4+ Bedrooms	107	0.9
Total for the Region	19,453	10.0

Units for Sale:

City	Vacant Units For Sale	Vacancy Rate (Percent)
Virginia Beach	5,043	3.3
Norfolk	5,862	6.2
Portsmouth	2,292	5.5
Chesapeake	1,552	2.4
Newport News	3,340	4.6
Hampton	2,099	3.5
Williamsburg	766	3.7

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Total for the Region	20,954	4.5

Source of Data (3.a. Off-Base Housing): Information was provided by HRPDC. Their sources were: Rental units - Metro Market Trends, Inc., who had conducted a survey at the request of the Navy. Units for sale - 1993-94 HUD Housing Survey.

NOTE from the HRPDC to BSAT:

Be sure to coordinate this answer with housing data provided previously for the military value data call.

The HRPDC coordinated this housing data with data provided in response to a previous data call. However, we do not know what data was actually submitted in response to the data call questions. Consequently, we cannot be sure the housing data presented above is consistent with the housing data provided previously for the military value data call.

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b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Virginia Beach		53	11	10	74,880	**	20.0	25	Yes
Norfolk		37	8	5	36,450	**	20.7	25	Yes
Chesapeake		26	7	5	33,182	**	21.0	25	No
Portsmouth		16	4	4	17,921	**	23.0	25	Yes
Suffolk		10	3	2	9,443	**	21.2	25	No
Newport News		25	7	4	31,894	**	19.1	25	Yes
Hampton		24	5	4	22,991	**	19.6	25	Yes
Poquoson		2	1	1	2,403	**	20.0	25	No
Williamsburg/James City County		6	3	1	6,637	**	17.7	25	Yes
York County		10	3	3	10,619	**	20.4	25	Yes
Gloucester County		5	2	1	6,235	**	17.4	25	No

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

**This figure is unavailable because capacity fluctuates due to the following reasons:

Note: The Pupil-to-Teacher ratio includes special education classes which may sometimes have as little as 5 students per class. Averaging in the smaller classes to get an overall average will tend to skew the data.

1. Mobile trailers can be used for classrooms if a school needs additional capacity.
2. Some schools are currently being renovated or additions are under construction.
3. Reconfiguration, rescheduling, and redistricting are all possible solutions for school systems if additional space is needed.
4. Classroom sizes vary according to the needs of the students. (example: If additional special education students are registered in a school the "capacity" can decrease due to the State requirement of smaller pupil to teacher ratios for special education students.

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Source of Data (3.b.1) Education Table): This information was gathered and consolidated by HRPDC with the assistance of local schools who provided required information pertaining to their district.

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

There are no on-base Section 6 schools.

Source of Data (3.b.2) On-Base Schools): Provided by HRPDC.

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3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees:

Institution Name	Certificate	Associate Degree	Bachelor Degree	Graduate Degree
College of William and Mary	No	No	Yes	Yes
Christopher Newport University	No	No	Yes	Yes
Old Dominion University	No	No	Yes	Yes
Norfolk State University	No	No	Yes	Yes
Thomas Nelson Community College	Yes	Yes	No	No
Commonwealth College	No	Yes	No	No
Eastern Virginia Medical School	No	No	No	Yes
Hampton University	No	No	Yes	Yes
Virginia Wesleyan College	No	No	Yes	Yes

Both Old Dominion University and Tidewater Community College offer courses during the spring and fall semesters as well as during the summer sessions on NOB Norfolk, and NAS Oceana. Additionally, George Washington University, Emory Riddle Aeronautical, Southern Illinois University, and St. Leo 's College have extension campuses located in Hampton Roads. These educational institutions offer classes and programs designed especially for active duty military personnel stationed in the area.

One program of special interest available on-base to service members and their adult family members is the Military Career Transition Program offered by Old Dominion University. This program offers senior enlisted and officers due to retire or separate from the military a course of study resulting in a Masters of Science in Education and teaching certification by the Commonwealth of Virginia. Classes are offered at Dam Neck, NAS Norfolk, the Virginia Beach Graduate Center, Langley AFB, and Fort Monroe.

Source of Data (3.b.3) Colleges): HRPDC provided data using the Hampton Roads Statistical Digest and the Hampton Roads Consortium Guide to Higher Education.

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4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Advanced Technology, Inc
Automotive Training Institute
Career Development Institute
Career Works, Inc.
Careercom
Centec Learning
Charm Associates Inc.
Commonwealth Technical Institute
Community Alternatives, Inc.
Comptrain
Computer Dynamics, Inc.
Computron
Dalfort Aircraft Tech
Danny's Barber College
Deen's Beauty School
Eastern School of Technology
Electronic Computer Programming Institute
Electronic Institute of Technology
Emost training Academy
Financial Systems Academy
Gibson World Travel School
Glick & Glick Tax Consultants
Green Thumb Employment & Training
Hitek Learning Systems, Inc.
International Air Academy, Inc.
ITT Employment and Training Systems, Inc.
Jenkins Barber College
Johnson and Whales College
Kee Business College Campus
Lucas Travel School
Mansfield School of Business
MTA School
Norfolk School of Boat Building
OIE Learning Inc.
Paralegal Institute of America
Performance Training Inc.
Platt Career School
Portsmouth School of Beauty Culture
Productivity Computer Training Inc.

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Pruden Vo-Tech Center
Reporting Academy of Va., LTD
Rice Aviation Aircraft
School of Practical Nursing
Step-Up, Inc.
Stop Organization
The Wackenhut Institute
Tidewater Builders Association
Tidewater Maritime Training Institute
Tidewater School of Navigation
Tidewater Tech
Training and Development Service
Tri-State Semi-Driver Training Inc.
USA Training Academy
Virginia Beach Beauty Academy
Virginia Institute of Technology
Virginia School of Polygraph
Wards Corner Beauty Academy
Ymlth Unlimited

Source of Data (3.b.4) Vo-tech Training): Information generated by HRPDC.

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c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	X	
Rail:		X
Subway:		X
Ferry:		X

Source of Data (3.c.1) Transportation): Information provided by HRPDC. Source - maps and other transportation sources available to Planning Commission.

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

Amtrak - 9304 Warwick Blvd., Newport News - 27 miles

Source of Data (3.c.2) Transportation): HRPDC

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., US AIR, United, etc.) and the distance from the activity to the airport.

Norfolk International Airport - 12 miles

Source of Data (3.c.3) Transportation): HRPDC

4) How many carriers are available at this airport?

There are 8 carriers which service this airport. They are American Airlines, Continental Airlines, Delta Airlines, Northwest Airlines, Trans World Airlines, US Air, United Airlines, and Southeast Airlines.

Source of Data (3.c.4) Transportation): HRPDC

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate 264 less than 1 mile

Source of Data (3.c.5) Transportation): HRPDC

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

Four lane divided highway and interstate systems service the facility. All roads are adequate in condition and capacity to handle peak traffic flows except as noted in 6d below.

b) Do access roads transit residential neighborhoods?

Yes, if entering through back gate. No, if entering through main gate.

c) Are there any easements that preclude expansion of the access road system?

No.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

Traffic back-up and congestion sometimes occur due to an unexpected bridge lift at the Berkley Bridge which accesses the underground tunnel leading to the facility. This occurrence only impedes traffic flow during peak commute times in the morning and afternoon.

Source of Data (3.c.6) Transportation): Information provided by Bob Wall, Facilities Management Department, Naval Medical Center, Portsmouth. Information is based on general knowledge of the area.

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d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

1) **Mutual aid agreement with the city of Portsmouth, Virginia effective 1 October 1984.**

2) **Mutual aid agreement with the city of Suffolk, Virginia effective 31 January 1991.**

3) **Mutual aid agreement with the city of Chesapeake, Virginia effective 1 October 1984.**

4) **Intraservice Support Agreement #N00181-91274-023 between NAVMEDCEN Portsmouth and Norfolk Naval Shipyard.**

Source of Data (3.d. Fire/Hazmat): G. F. Hurley, Acting Fire Chief, Norfolk Naval Shipyard

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

Concurrent legislative jurisdiction with the Commonwealth of Virginia. Federal, state and local laws are in effect.

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

Security Department is primary law enforcement onboard compound. Portsmouth Police Department assists when requested. No written agreement exist.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

No.

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

No others exist.

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

No others exist.

Source of Data (3.e. 1) - 5) - Police): Information provided by Michael A. Wawer, Security Officer, Naval Medical Center Portsmouth.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Naval Medical Center Portsmouth has agreements (or contracts) with the local community (or utility companies) for all typical utility services. These are detailed below.

Water is purchased from the City of Portsmouth. Supply is adequate and quality is good. Cost is based on use.

Sewage treatment is accomplished by Hampton Roads Sanitation District (HRSD). The City of Portsmouth sewage system is used for transfer. Bills are paid to both HRSD and the City based on an adjusted usage.

Refuse disposal is handled via contract with Holland Company, who transports trash dumpsters to the Southeastern Public Service Authority with costs based primarily on the number of "hauls".

Natural Gas is purchased from Commonwealth Gas, and various "direct suppliers" with a fee paid to the local company (Commonwealth Gas) for "transportation" (use of their pipe lines). Billing may be complex; costs vary based on supply and demand.

Electricity is purchased from Virginia Power. Cost is based on use and demand.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

Although this general area has encountered periods of low rain fall, and subsequent water restrictions, none have significantly affected/impacted our operations.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/ disruption. Were activity operations affected by these situations? If so, explain extent of impact.

The Naval Medical Center has been subject to several disruptions in electrical utility service during the last five years; and these, of course, affected operations. However, the significance varies extensively - depending on the duration of the power disruption or "outage" and the effectiveness of the emergency back-up generator system. None have compromised our mission.

The three most significant disruptions are summarized below:

a. In 1991, we were unable to provide emergency power to the main hospital during a Virginia Power outage of several hours because of water in the 5,000 gallon underground fuel oil storage tank. A temporary above ground tank was obtained to provide quality fuel, the old tank removed, and a new tank installed.

b. In 1992, a planned disruption by Virginia Power for several days (to modify new electrical service equipment installed for us) was handled very well by continually running all emergency generators during that period.

c. In 1993, emergency power to the main hospital was not adequately provided due to the electrical controls malfunctioning during an outage of several hours. New controls are to be installed via a special project soon.

Source of Data (3.f. 1) - 3) Utilities): Information provided by Bob Wall, Facilities Management Department, Naval Medical Center, Portsmouth. Supporting documentation found in data logs and files maintained in Facilities Management Department.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. Naval Station Norfolk	National Defense	60,000
2. Newport News Shipbuilding and Drydock Co.	Shipbuilding/Repair	21,000
3. Fort Eustis	National Defense	14,583
4. Naval Air Station Oceana	National Defense	10,200
5. Sentara Health Systems	Health Care	9,800
6. Norfolk Naval Shipyard	Ship Repair	8,328
7. Virginia Beach Public Schools	Education	8,200
8. Farm Fresh, Inc.	Grocery Chain	8,000
9. Naval Amphibious Base Little Creek	National Defense	6,100
10. NASA Langley Research Center	Aviation/Space	5,364

Source of Data (4. Business Profile): Compiled by the HRPDC. Source Hampton Roads Statistical Digest and in-house knowledge.

Replace p. 33
with p. 33R

BUMED-822
mss, 18 Jul 94

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. Naval Station Norfolk	National Defense	60,000
2. Newport News Shipbuilding and Drydock Co.	Shipbuilding/Repair	21,000
3. Fort Eustis	National Defense	14,583
4. Langley Air Force Base	National Defense	11,600
5. Naval Amphibious Base Little Creek	National Defense	11,029
6. Naval Air Station Oceana	National Defense	10,200
7. Sentara Health Systems	Health Care	9,800
8. Virginia Beach Public Schools	Education	8,200
9. Farm Fresh, Inc.	Grocery Chain	8,000
10. Norfolk Naval Shipyard	Ship Repair	7,706

Source of Data (4. Business Profile): Compiled by the HRPDC. Source Hampton Roads Statistical Digest and in-house knowledge.

33 R BUMED-822
MSS, 18 Jul 94

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

The region has lost few major employers within the past five years. However, the Jonathan Corporation has been forced into foreclosure by a fall off in its defense business. Defense cuts have significantly impacted the area and caused defense contractors to cut back on the number of their workers. The Newport News Shipbuilding and Drydock Company has reduced its workforce from over thirty thousand a few years ago to just over twenty thousand today with a target employment level of fifteen thousand by 1996. Some four thousand jobs have also been lost at the Norfolk Naval Shipyard. Small contractors and subcontractors have also reduced their employment levels.

b. Introduction of New Businesses/Technologies:

CIGNA and USAA have recently located service centers within the area as have QVC and Lillian Vernon. CEBAF, an electronic beam accelerator, has been under construction for the past several years and will begin operations in 1994. Canon USA has also opened a facility for producing copiers.

c. Natural Disasters:

In the past 5 years, there have not been any natural disasters in the Norfolk-Virginia Beach-Newport MSA which have negatively impacted the regional economy.

d. Overall Economic Trends:

Defense cuts continue to hamper the regional economy. Employment growth rates were in the 4-7 percent per year range in the mid-1980's and are today in the 0.5-1.5 percent range. Further defense downsizing will continue to hold down growth rates and elevate the unemployment rate. The region's population continues to expand along with the associated residential construction. The regional tax base has expanded accordingly with higher levels of retail sales, personal property and real estate taxes collected. Finally, the region is growing short of water, and this has forced growth to shift to the west into Chesapeake and Suffolk and out of Virginia Beach in recent years. The growth shift is anticipated to continue. Should the region be delayed in acquiring new water supply sources, regional growth rates will deteriorate from current levels.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (5. Other Socio/Econ): Information provided by HRPDC with input from Senior Economist John Whaley employed by HRPDC.

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Commander, Naval Medical Center, Portsmouth is an active member of the Portsmouth and Hampton Roads community:

* **Member of the Hampton Roads Chamber of Commerce, Portsmouth Branch**
* **Co-sponsor, Fleet Reserve Association Annual Memorial Day Ceremony**
* **Annual grandstand participant, City of Portsmouth Memorial Day Parade**

In addition, Commander, Naval Medical Center, Portsmouth also maintains a strong relationship with the medical community in Hampton Roads, working closely with Portsmouth General Hospital, Eastern Virginia Medical School, and countless medical professional organizations in the area.

Source of Data (6. Other): J. M. Hamilton, Public Affairs Officer, Naval Medical Center, Portsmouth.

BRAC-95 CERTIFICATION

Data Call 65

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."

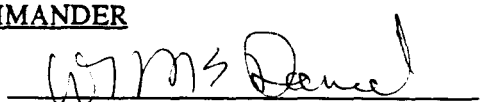
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL July 19, 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)

W. A. EARNER

NAME (Please type or print) Signature

Title Date 8/11/94

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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

X [signature] Signature

ACTING CHIEF BUMED
Title

8/15/94 Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

[signature] Signature

ACTING
Title

17 AUG 1994 Date

BRAC-95 CERTIFICATION

Data Call 65

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

B. B. POTTER, CAPT, MC, USN
NAME (Please type or print)

Signature

ACTING COMMANDER
Title

1 August 94
Date

NAVAL MEDICAL CENTER, PORTSMOUTH, VA
Activity

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

390

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	NAVMEDCEN Portsmouth VA
Unit Identification Code (UIC):	N00183
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	9.63%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	$883.6
Total Number of Officer Housing Units:	30
Total Number of Enlisted Housing Units:	61

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

The number of officer and enlisted units reflected above are this activity's share of the family housing assets in the total survey complex, based on data extracted from the FY96 Family Housing Survey (DD Form 1377) and the Current Personnel Summary. These units are not necessarily located at this particular activity. If this activity were to close, the housing assets could still be utilized by other activities located in the survey complex.

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

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Jack Buffington
Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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

7/25/94
Date

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 these certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

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

ACTIVITY COMMANDER

THOMAS A. DAMES
NAME (Please type of print)

Rear Admiral, CEC, USN
Title

LANTNAVFACENGCOM
Activity

J.B. Venable
Signature J.B. VENABLE
Acting

JUL 06 1994
Date

ENCLOSURE(2)

BRAC-95 CERTIFICATION

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

Paulette C. Brown
Name (Please type or print)

for J. R. Lindstaff
Signature

Head, Operations & Projects Branch
Title

7-6-95
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

J. Richard Grindstaff
Name (Please type or print)

J. Richard Grindstaff
Signature

Head, Requirements & Acquisition Branch
Title

7-6-95
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

Mark D. Raker
Name (Please type or print)

Mark D. Raker
Signature

Housing Management Specialist
Title

7/6/94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

for Moses L. Meadows
Name (Please type or print)

for J. Richard Grindstaff
Signature

Director
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

Document Separator

ACTIVITY: 00183

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	*Naval Medical Center, Portsmouth, VA*
Acronym(s) used in correspondence	*NAVMEDCEN Portsmouth; NAVMEDCEN PTSVA; NMCP; NAVHOSP PTSVA; NHP; PNH*
Commonly accepted short title(s)	*Naval Medical Center, Portsmouth* *Portsmouth Naval Hospital*

- Complete Mailing Address: Commander
  Naval Medical Center
  Portsmouth, Virginia 23708-5100

- PLAD: NAVMEDCEN PORTSMOUTH VA

- PRIMARY UIC: 00183 (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): 31653 PURPOSE: UNSECNAV Counselors
  32510 BR CLINIC NAVSTA NORFOLK VA
  32528 BR CLINIC NAS OCEANA
  32529 BR CLINIC NAB LITTLE CREEK
  32532 BR CLINIC NAVSHIPYARD NORFOLK
  32533 BR CLINIC NAVWPNSTA YRKTWN
  32804 BR CLINIC SECGRP NORTHWEST

ACTIVITY: 00183

1. (Continued)

• ALL OTHER UIC(s):	39170	PURPOSE: BR CLINIC NAS BERMUDA
	42306	NMCPTS EOPS DT NORVA
	45179	STU INSERV ADU DEN ED NOVA
	45588	AV PHYSIO TRNG UNIT
	46106	BR CLINIC FCTCLANT DAM NECK
	46737	NAVMEDDATA
	46876	NON MEDICAL PERSONNEL
	46881	DEPMEDS MIDLANTREG
	46886	DEPMEDS SEWELLS
	48460	NAVMEDCEN TRNG PORTSMOUTH
	68908	HEALTHCARE SUPPORT OFFICE NOR

2. PLANT ACCOUNT HOLDER:

• Yes X No _____ (check one)

ACTIVITY: 00183

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 __X__ 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 __X__ (check one)

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

• Yes ____ No __X__ (check one)

ACTIVITY: 00183

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
~~Healthcare Support Office (HSO)~~ LAFAYETTE RIVER ANNEX	Lafayette River Annex Norfolk, VA	~~68908~~ NONE
6 A ~~Naval Facility Engineering Command (NAVFAC)~~	~~Same as above~~	~~62470~~
~~Naval Medical Management Information Center (NMMIC)~~	~~Same as above.~~	~~46737~~
~~Veterans' Administration Clinic~~	~~Same as above~~	~~None~~

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

Effect as a result of BRAC-93:

* Migration of 14,000+ active duty to the Naval Medical Center's catchment area, beginning in FY 95. Of the 14,000 active duty, 353 are anticipated to be assigned to Naval Medical Center. [Currently plan to execute Project P-503T "Parking Garage" and P-502T "Bachelor Enlisted Quarters" to meet parking and berthing needs as a result of personnel increase.]

* Anticipate gain of 291 personnel in FY95/96 as a result of the closure of NH Oakland and NH Orlando.

* Expect a gain of six Family Practice staff summer of 1994 to establish a Family Practice residency at Naval Medical Center. Additional staffing increases incrementally through FY 98, when a total of approximately 30 staff and support staff and 36 residents is anticipated.

ACTIVITY: 00183

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 a prepared medical staff to support any medical contingency situation in the world (total 413 staff deployed in 1993, 7276 mandays)

- Provide state of the art medical care to active duty personnel and other Department of Defense (DoD) eligible beneficiaries in the Tidewater area of Virginia (more than 1,600,000 outpatient visits and 24,200 admissions in FY 93)

- Provide comprehensive Occupational Health, Industrial Hygiene, Environmental Health, and Audiology services to fleet and shore Navy and Marine Corps activities in the Tidewater area.

- Serve as a referral hospital and provide health care support for those DoD beneficiaries living outside the Tidewater area (see item 13 of this package)

- Coordinate with local medical treatment facilities' patient receiving capabilities and bed capabilities in conjunction with the National Disaster Medical Plan (NDMS)

- Train physician providers in medical specialties that directly support operational commitments (anesthesia, general surgery, emergency medicine, otolaryngology, internal medicine, orthopedics, urology, pathology, OB/GYN, psychiatry, and surface warfare medical officer indoctrination)

- Train non-physician medical providers that directly support operational commitments (psychology residents, dental and oral maxillofacial residents, chaplain residents, operating room technicians, pharmacy technicians, follow-on training after corps school, surface force independent duty corpsmen, advance X-ray technician, clinical nuclear medicine technicians, hemodialysis/hemophoresis technicians, physical therapy technicians, psychiatry technicians, urology technicians, advance laboratory technicians, and nurse corps anesthetists)

- Train physician providers in medical specialties that indirectly support the operational force, but are required to support other DoD beneficiaries (Pediatrics)

ACTIVITY: 00183

Current Missions (continued)

- Provide basic and advanced educational programs for the professional development of the entire staff (Basic Cardiac Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Emergency Medical Transport, and Advanced Trauma Life Support)

- Advocate health promotion, injury prevention, and promotion of wellness and fitness (smoking cessation, stress management and awareness, back injury and prevention, nutrition, socially transmitted diseases, and HIV awareness)

- Promote research to expand medical understanding of the disease process (Effect of Varicocele Repair on Hemizona Penetration, Thoracenteses Risk Factor for Pneumothorax, and Master Protocol for Hormonal Treatment of Advanced or Recurrent Carcinoma of the Endometrium)

- Actively participate in the protection and restoration of the environment and energy conservation (conform with the Chesapeake Bay Preservation Act, participate in Clean the Chesapeake Bay, and applying reflective film over exterior windows to reflect sunlight)

Projected Missions for FY 2001

- Continue all above missions

- Expand patient referral base to include most of Virginia and all of North Carolina as a result of NMCP being designated Lead Agent for DoD (Health Affairs) Region 2

- Expanding the command's capacity to handle primary care by establishing a Family Practice residency, beginning in FY 96 (impact from BRAC-93 closing of the Charleston Family Practice program)

- Expand use of ambulatory procedures to speed return of active duty personnel to their work assignment and reduce government incurred expenses for care provided to other DoD beneficiaries

ACTIVITY: 00183

Projected Missions for FY 2001 (continued)

- Expect increased acuity of patients remaining as hospital inpatients

- Plan to open any excess medical treatment facility capacity to civilian providers to further reduce government incurred expenses of non active duty patients by avoiding institutional charges

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

- Is co-located with the largest active duty Navy presence in the world, supports multi-service personnel assigned to CinClant, and serves as the referral hospital for a major Air Force command (Langley AFB) and Army training/transportation hub (Fort Monroe/Fort Eustis)

- Has been designated as the Lead Agent for the DoD (Health Affairs) Region 2, responsible for medical care of all DoD eligible beneficiaries in most of Virginia and all of North Carolina

- Is part of the Tidewater TRICARE demonstration project, a project to determine if local medical treatment facility commanders can manage and control health care costs in a given geographical area - includes establishing a common formulary, a systematic approach for care referrals, and shared appointments for Army, Navy, and Air Force facilities

- Implements an HIV program, and an Exceptional Family Member Program (EFMP) to screen family members for unique medical conditions prior to overseas transfer

- Implements a CHAMPUS triple option for health care coverage of Tidewater Virginia's non active duty beneficiaries: Standard CHAMPUS, a preferred provider network, and a health maintenance organization option

- Is one of four Navy tertiary care multidisciplinary teaching and research hospitals nationwide

ACTIVITY: 00183

Projected Unique Missions for FY 2001

- Expect to continue to support the above unique missions
- Expect a reduction in the health care systems in the area as a result of health care reform

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, Naval Base, Norfolk VA	61463

• Funding Source	UIC
Chief, Bureau of Medicine & Surgery Washington, DC	00018

ACTIVITY: 00183

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	602	1246	1099
Contracted			351.73*
• Tenants (total)	51	97	559

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~640~~ 643 CIA	1209	~~1158~~ 1351 O&A
• Tenants (total)	51	99	562

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

Title/Name	Office	Fax	Home
• Commander			
W. J. McDaniel RADM, MC, USN	(804) 398-7424	398-5166	397-6096
• Duty Officer (24-hr pager)	(804) 671-4244	[N/A]	[N/A]
Officer of the Day	(804) 398-5008	398-7935	
• Director for Resources R. Edmons CAPT, MSC, USN	(804) 398-5807	398-5489	[N/A]
• Head, Command Evaluation Mrs. Ruby L. Clark	(804) 398-7757	398-5799	[N/A]

ACTIVITY: 00183

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Naval School of Health Sciences (NSHS) Bethesda Detachment (Students)	30496	0	234	78
NSHS Bethesda Det (Staff)	35976	11	71	5
Defense Finance & Accounting Service (DFAS), Cleveland OH	60951	0	0	1
Naval Investigative Service	63055	0	0	1
Personnel Support Activity, Norfolk	68551	1	25	31
NAVRESSO (Navy Exchange)	68573	0	0	24 (NAF)
Human Resources Office (HRO), Norfolk	68845	0	0	24
Officer In Charge of Construction	68911	5	0	30
Naval Hospital Credit Union	N/A	0	0	3
U.S. Postal Service	N/A	0	0	1

ACTIVITY: 00183

- 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
Healthcare Support Office	68908	Lafayette River Annex, Norfolk VA	27	3	41
Naval Facility Engineering Command	62470	Same as above	5	0	319
Naval Medical Management Information Center	46737	Same as above	1	0	25
Veterans' Administration Clinic	N/A	Same as above	0	0	3

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

ACTIVITY: 00183

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.)
Norfolk Naval Shipyard	*Portsmouth VA*	*Environmental health sanitation; preventive medicine training; immunization program*
Naval Security Group Activity, Northwest	*Chesapeake VA*	*Environmental health sanitation; preventive medicine training; immunization program*
Camp Peary	*Williamsburg VA*	*Environmental health sanitation; preventive medicine training; technical support - ISSA*
Womach Army Medical Center	*Fort Bragg NC*	*Patient care*
Naval Hospital	*Cherry Point NC*	*Patient care*
Naval Hospital	*Camp Lejeune NC*	*Patient care*
4th Med Grp, Seymour Johnson AFB	*North Carolina*	*Patient care*
Harvey Pt Defense Testing Activity	*Hertford NC*	*Patient care*
McDonald ACH	*Fort Eustis VA*	*Patient care*
Kenner ACH	*Fort Lee VA*	*Patient care*
Southern Non-Catchment Area	*Virginia*	*Patient care*
Non-Catchment Area	*North Carolina*	*Patient care*
**Other (See attachment)*	*See attachment*	*See attachment*

ACTIVITY: 00183

13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
NAVEXCHDET CHESAPEAKE	#-122	NORTHWEST	INDUSTRIAL HYGIENE SUPPORT
CINCLANTFLT	00060	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USCINCLANT	00066	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
WPNSTA YORKTOWN	00109	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSHIPYD NORFOLK VA	00181	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NAVMEDCEN PORTSMOUTH	00183	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
FWC NORFOLK	00187	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAS NORFOLK	00188	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FISC NORFOLK	00189	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FLETRAULANT LITTLE CREEK VA	0022A	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
FCTCLANT	00281	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSPECWARGRU TWO	0031A	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
MOTU TWO	0033A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLTILOTEAM PORTSMOUTH VA	0067A	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
COMCRUDESGRU EIGHT	0107A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMDESRON TWO	0111A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
MACS TWENTY FOUR	01309	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMDESRON TWO TWO	0131A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMDESRON TWO SIX	0135A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMDESRON THREE TWO	0137A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMPHIBRON TEN	0245A	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMPHIBRON TWELVE	0246A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS HOIST (ARS 40)	02535	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS OPPORTUNE (ARS 41)	02536	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS RECOVERY (ARS 43)	02538	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ENTERPRISE (CVN 65)	03365	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS AMERICA (CV 66)	03366	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS JOHN F. KENNEDY (CV 67)	03367	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS EISENHOWER (CVN 69)	03369	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMTACGRU TWO	0379A	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
HELSUPPRON SIX NORFOLK VA	0381A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NMITC	0387A	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS KITTIWAKE (ASR 13)	04712	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SUNFISH (SSN 649)	05136	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS HAMMERHEAD (SSN 663)	05144	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS BERGALL (SSN 667)	05149	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SPADEFISH (SSN 668)	05150	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS FINBACK (SSN 670)	05152	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS FLYING FISH (SSN 673)	05154	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS PUGET SOUND (AD 38)	05837	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS L. Y. SPEAR (AS 36)	05851	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
OFFCAM SER NORFOLK VA	0597A	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
SCHOOL OF MUSIC	0618A	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVMINEWARENGACT	0708A	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS AUSTIN (LPD 4)	07175	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS GUAM (LPH 9)	07178	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SHREVEPORT (LPD 12)	07195	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS NASHVILLE (LPD 13)	07196	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS TRENTON (LPD 14)	07200	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS PONCE (LPD 15)	07201	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS GUADALCANAL (LPH 7)	07352	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SDV TEAM TWO	08842	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING

ACTIVITY: 00183

13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
SEAL TEAM FOUR	08943	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSECONDFLT	08961	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMCAEWWING TWELVE NORFOLK VA	09052	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF32	09053	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF74	09060	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ATKRON VA42	09062	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF101	09067	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ATKRON VA34	09070	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF14	09084	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF142	09097	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON SEVEN EIGHT	09102	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMRESPATWINGLANT NORFOLK VA	09158	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
HELMINERON TWELVE NORFOLK VA	09206	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELSUPPRON TWO NORFOLK VA	09212	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMFITWING ONE	09216	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF84	09224	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ATKRON VA85	09225	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMMATWING ONE	09254	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMFITMATAEWWINGSLANT	09273	OCEANA	INDUSTRIAL HYGIENE SUPPORT
FITRON VF143	09281	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLELOGSUPPRON FOUR ZERO NORFOLK VA	09303	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FASOTRAGRULANT DET OCEANA	09333	OCEANA	INDUSTRIAL HYGIENE SUPPORT
CARAEWRON ONE TWO ONE	09467	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF31	09473	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON ONE TWO TWO	09476	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON ONE TWO THREE	09477	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON ONE TWO FOUR	09526	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON ONE TWO ZERO	09527	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF11	09560	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARGRU TWO	09576	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARGRU FOUR	09577	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ATKRON VA75	09628	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF102	09717	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF103	09718	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ATKRON VA35	09728	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARAIRWING THREE	09731	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARAIRWING ONE	09732	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARAIRWING SEVEN	09736	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARAIRWING EIGHT	09748	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FITRON VF41	09774	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLECOMPRON SIX	09806	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
TACRON TWO ONE	09807	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FASOTRAGRULANT NORFOLK VA	09810	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
TACRON TWO TWO	09812	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON ONE TWO FIVE	09922	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ATKRON VA36	09941	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CARAEWRON ONE TWO SIX	09963	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SUSTAIN (AFDM 7)	13863	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
RESOLUTE (AFDM 10)	13867	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
DYNAMIC (AFDL 6)	14806	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
USS MT. WHITNEY (LCC 20)	20001	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS EL PASO (LKA 117)	20004	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING

ACTIVITY: 00183

13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
USS INCHON (LPH 12)	20009	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS PORTLAND (LSD 37)	20012	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS PENSACOLA (LSD 38)	20013	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SAGINAW (LST 1188)	20027	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SPARTANBURG COUNTY (LST 1192)	20031	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS FAIRFAX COUNTY (LST 1195)	20032	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS LA MOURE COUNTY (LST 1194)	20033	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SILVERSIDES (SSN 679)	20042	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS THOMAS C. HART (FF 1092)	20070	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SAVANNAH (AOR 4)	20123	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS KALAMAZOO (AOR 6)	20125	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS EDENTON (ATS 1)	20151	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS HARLAN COUNTY (LST 1196)	20222	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS BARSTABLE COUNTY (LST 1197)	20223	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ARTHUR RADFORD (DD 968)	20588	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS CARON (DD 970)	20590	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS COMTE DE GRASSE (DD 974)	20600	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS BRISCOE (DD 977)	20603	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS STUMP (DD 978)	20604	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS CONOLLY (DD 979)	20611	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS JOHN RODGERS (DD 983)	20615	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS MISSISSIPPI (CGN 40)	20624	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SAIPAN (LHA 2)	20632	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS EMORY S. LAND (AS 39)	20635	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SOUTH CAROLINA (CGN 37)	20669	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS VIRGINIA (CGN 38)	20681	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS NASSAU (LHA 4)	20725	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS MEMPHIS (SSN 691)	20782	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS CINCINNATI (SSN 693)	20784	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS JACKSONVILLE (SSN 699)	20825	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS PHOENIX (SSN 702)	20827	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS BALTIMORE (SSN 704)	20831	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS MONOGAHELA (AO 178)	20862	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS HYMAN G. RICKOVER (SSN 709)	20885	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ATLANTA (SSN 712)	20888	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
USS MERRIMACK (AO 179)	21007	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
USS YELLOWSTONE (AD 41)	21046	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS PLATTE (AO 186)	21049	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SHENANDOAH (AD 44)	21098	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS KEY WEST (SSN 722)	21101	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS OKLAHOMA CITY (SSN 723)	21102	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS WHIDBEY ISLAND (LSD 41)	21218	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS YORKTOWN (CG 48)	21225	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS THEODORE ROOSEVELT (CVN 71)	21247	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS TICONDEROGA (CG 47)	21281	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS THOMAS S. GATES (CG 51)	21344	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SAN JACINTO (CG 56)	21389	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
USS DEFENDER (MCM 2)	21403	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS NEWPORT NEWS (SSN-750)	21411	NEWPORT NEWS	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS GEORGE WASHINGTON (CVN 73)	21412	NEWPORT NEWS	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
USS GUNSTON HALL (LSD 44)	21422	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
USS KIDD (DDG 993)	21436	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN

ACTIVITY: 00183

13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
USS SCOTT (DDG 995)	21438	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS GRAPPLE (ARS 53)	21441	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ALBANY (SSN-753)	21462	NEWPORT NEWS	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SCRANTON (SSN 756)	21464	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ASHEVILLE (SSN 758)	21466	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS GRASP (ARS 51)	21467	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ARLEIGH BURKE (DDG 51)	21487	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS ASHLAND (LSD 48)	21531	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS WASP (LHD 1)	21560	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
WPNSTA YORKTOWN SERVICE CRAFT	30014	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
DTNSRDC UERD	30018	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NAVSTA NORFOLK NAVFOODMGTM NORFOLK	30019	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
SERVICE CRAFT NNSY	30028	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
UCT ONE	30121	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLECOMPRON SIX DET DAM NECK	30197	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAESU DET OCEANA	30328	OCEANA	INDUSTRIAL HYGIENE SUPPORT
NAESU ATLANTIC DET NORFOLK VA	30331	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBSCOL STUDENTS	30457	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NSHS BETHESDA DET STUDENTS	30496	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
FCTCLANT (STUDENTS)	30532	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS JOHN F. KENNEDY NAVSECGRUDET (CV-67)	30608	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SCHOOL OF MUSIC STUDENTS	30636	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
CARAEWRON ONE TWENTY STU CRAW/CRAG	30680	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FASOTRAGRULANT STUDENTS	30686	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DET ONE 22ND DENTAL COMPANY NORFOLK	30696	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
EODGRU TWO DET BERMUDA	30699	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
EODGRU TWO DET YORKTOWN VA	30720	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAS OCEANA ALF FENTRESS	30774	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AFSC STUDENTS NORFOLK VA	30809	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLETRACEN NORFOLK STUDENTS	30811	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSTA NORFOLK BRIG	30838	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVOPTHALSUPPACT STUDENTS	30962	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AIC NIPSSA SP NORFOLK	30995	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSECGRUDET NORFOLK CSS	30996	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVGMSOL (STUDENTS)	31057	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
DEFCOURIERSVC NORFOLK VA	31140	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NCTAMSLANT SPECOMMDIV	31163	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NCTAMSLANT NORFOLK/DCS	31197	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELCOMBATSUPPRON SIX SHORE DUTY DET	31242	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AIC LANTJIC	31297	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMNUWPNTRAGRULANT FLD TRG DIV	31506	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBSCOL SEADUTY	31524	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVMARTRIJUDCIR TIDEWATER NORFOLK	31552	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVMEDCEN PORTSMOUTH ONDESC	31653	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
USS L. Y. SPEAR (AS 36) TWR 1 SUBRON SIX	31755	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FEWSG SURF DET ONE NORFOLK VA	31844	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVAIRLANT FLAG ADMN UNIT TEAM 1	31874	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
LANTREPCOMNAVSURFRESOR NORFOLK VA	31898	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMOPTEVFOR DET NORFOLK VA	31977	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSTA NORFOLK TPU	32002	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLECOMPRON SIX DET LITTLE CREEK	32019	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMNUWPNTRAGRULANT STUDENTS NORFOLK	32370	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
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ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
BRMEDCLINIC NAVSTA NORFOLK VA	32510	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
BRMEDCLINIC NAS OCEANA VA	32528	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
BRMEDCLINIC LITTLE CREEK	32529	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
BRMEDCLINIC NAVSHIPYD NORFOLK	32532	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
BRMEDCLINIC YORKTOWN	32533	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSEC CMIO NORFOLK VA	32678	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSECGRUACT NORTHWEST CC	32716	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SIMA LITTLE CREEK VA	32732	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SIMA NORFOLK VA	32770	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CINCLANTFLT/RPN	32797	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
BRMEDCLINIC NAVSECGRUACT NORTHWEST	32804	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NCTAMSLANT SPECOMMDIV STUDENTS	32865	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT
USCINCLANT AIRBORNE CMDP	33009	LANGLEY AFB	INDUSTRIAL HYGIENE SUPPORT
COMNAVAIRLANT/BCT	33221	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NCTAMSLANT NTCC OCEANA	33225	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAS BERMUDA BCT	33243	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBSCOL SUPPARM	33318	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SIMA PORTSMOUTH VA	33341	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSECGRUACT NORTHWEST COMBAT READ	35014	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
BRDENCLINIC YORKTOWN	35042	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
BRDENCLINIC LITTLE CREEK	35044	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
BRDENCLINIC PORTSMOUTH	35045	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
BRDENCLINIC DAM NECK	35046	DAM NECK	INDUSTRIAL HYGIENE SUPPORT
BRDENCLINIC OCEANA	35047	OCEANA	INDUSTRIAL HYGIENE SUPPORT
BRDENCLINIC NORTHWEST	35049	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
BRDENCLINIC NEWPORT NEWS	35051	NEWPORT NEWS	INDUSTRIAL HYGIENE SUPPORT
UCT 1 SHORE DUTY COMPONENT	35232	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
CINCLANTFLT PEB	35313	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSURFLANT READSUPPGRU NORFOLK VA	35322	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVSEASYSCOM DET NISMF PORTSMOUTH VA	35355	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
ASWOC BERMUDA	35383	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
FLEASWTRACENLANT STUDENTS	35386	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVYBAND FLESUPCEN NORFOLK	35392	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVY BAND POOL CINCLANTFLT NORFOLK	35396	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVSECGRUACT NORTHWEST DS	35454	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVSECGRUDET NORFOLK DS	35477	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVLEGSVCOFFDET OCEANA	35494	OCEANA	INDUSTRIAL HYGIENE SUPPORT
NAS OCEANA A/C OPR DET	35672	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAS NORFOLK A/C OP DET	35676	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVEASTOCEANCEN MOBILE TEAM	35701	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
AIC NIPSSA SP CINCLANTFLT	35945	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NSHS DET PORTSMOUTH VA	35976	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NACO PROG NORFOLK VA	39024	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NCTAMSLANT NTCC BREEZY POINT	39145	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NCTAMSLANT NTCC HAMPTON ROADS	39146	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NCTAMSLANT NTCC PORTSMOUTH	39147	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
BRMEDCLINIC NAS BERMUDA	39170	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
CINCLANTFLT LOSF/WWMCCS ADP	39205	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
CINCLANTFLT/WWMCCS ADP	39209	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USCINCLANT/WWMCCS ADP	39211	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVEXCH NAVBASE NORFOLK VA	39228	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSURFLANT SEMMSS PMT	39282	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
FLTIMAGCENLANT JACKSONVILLE DET	39359	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
FLTIMAGCOMLANT CMBT CAMGRU NORFOLK	41411	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLTIMAGCOMLANT CMBT CAMGRUSUP NORFOLK	41412	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLETRACEN NORFOLK FMS TRAINING	41471	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FCTCLANT FMSTRA	41473	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NCTAMSLANT NTCC LITTLE CREEK	41515	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AMCC FOUR DRIVER	41519	SUFFOLK	INDUSTRIAL HYGIENE SUPPORT
AMCC SIX DRIVER	41520	SUFFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVCHAPGRU SEA DUTY	41530	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AFLOATRAGRULANT ETG NORFOLK VA	41616	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SURTASS ANAL/OPSUPDIV	41632	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLTDECGRU LANT SEA DUTY	41649	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NCTSI DET TWO NORFOLK VA	41738	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
BFDENCLINIC BERMUDA	41779	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
AFLOATRAGRULANT FATG NORFOLK VA	41940	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PHIBCB TWO SEA DUTY	42043	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
BMU TWO SHORE	42055	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ACU 2 SHORE	42056	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NCTAMSLANT SATCOMDET NORTHWEST	42063	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FCTCLANT GST	42087	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLETRACEN NORFOLK GST	42090	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SCHOOL OF MUSIC GST	42112	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
FLEASWTRACENLANT GST	42139	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVPHIBSCOL GST	42152	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSATCOM DET NCTAMSLANT	42159	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AIC CINCLANTFLT/SPINTCOMDIV	42201	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
SPECBOATU TWO ZERO	42223	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSPECBOATU TWO FOUR	42224	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CINCLANTFLT FLTCONTR NORFOLK VA	42229	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FACSFAC VACAPES OCEANA VA	42239	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELMINERON TWELVE STU CRAW/CRAG	42434	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSUBLANT INTELLIGENCE DIV	42443	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
PERS INTERN PROG SFD NORFOLK	42468	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PERSUPP DET LANTFLT NORFOLK VA	42572	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PERSUPP DET NAS NORFOLK VA	42573	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PERSUPP DET NAVSTA NORFOLK VA	42574	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PSAD LITTLE CREEK	42575	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVBCSTSVC NORFOLK VA	42582	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
MOBDIVSALVU TWO SEA DUTY COMP	42838	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USNS KAISER (T-AO 187) MILITARY	43056	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVGMSCOL BOS	43148	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVABSCOLLUNIT NORFOLK VA	43293	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAS ANX BERMUDA	43328	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
PSAD NORTHWEST	43330	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PERSUPP DET BERMUDA	43333	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAVELEXCEN PDE 120 DET NORFOLK	43358	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
REDTRAFAC STUDENTS	43395	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVEDTRASUPPCENLANT/VEP	43397	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVEDTRASUPPCENLANT/TRA	43400	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVEDTRASUPPCENLANT/TRA	43401	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
REG OPER CENT LANT NORFOLK	43442	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NMITC STUDENTS	43494	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
EODMU TWO	43504	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
EODTEU TWO	43505	FORT STORY	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS L. Y. SPEAR (AS 36) SIT	43552	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
TACTRAGRULANT STUDENTS	43577	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSURFLANT READSUPPGRU CSMTT	43594	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSUBLANT NEUTRAL DUTY	43599	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSATCOM DET HAMPTON ROADS	43669	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USNS SIRIUS (T-AFS 8)	43701	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMSUBLANT NCCS	43739	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USCINCLANT/WIS	44018	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
LANTDIV CONT OFC YORKTOWN	44247	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
FASOTRAGRULANT DET SHIPTRG	44275	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAS BERMUDA AIMD	44313	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAS NORFOLK AIMD	44325	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAS OCEANA AIMD	44327	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSTA NORFOLK TRANS PER	44383	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SPECBOATU TWO ZERO SEA DUTY	44392	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSPECBOATU TWO FOUR	44394	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSUBLANT SHIPYARD REPRESENTATIVE	44436	NEWPORT NEWS	INDUSTRIAL HYGIENE SUPPORT
COMSUBRON EIGHT SMMS PMT	44450	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSECGRUACT NORTHWEST CSS	44596	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMHELTACWING ONE NORFOLK VA	44890	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FASOTRAGRULANT SEA DUTY	44937	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVAIRTECHSERVFAC	45013	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSECGRUDET NORFOLK ECCM	45076	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMSUBLANT NIPSSA SP	45107	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSECGRUACT NORTHWEST ECCM	45158	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NIS LE & PSAT NORFOLK	45188	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
CINCLANTFLT SEA DUTY COMP	45218	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS EMORY S. LAND (AS 39) ES LAND SITE	45246	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS L. Y. SPEAR (AS 36) MAINT/SUPPORT	45253	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS EMORY S. LAND (AS 39) MAINT/SUPPORT	45254	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
I&I STF NORFOLK	45359	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
I&I STF LYNCHBURG	45361	LYNCHBURG	INDUSTRIAL HYGIENE SUPPORT
NAVFAC ROICC BERMUDA	45428	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
ACU FOUR	45472	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVBCSTSVC MOBILE DET THREE	45523	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FLELOGSUPPRON FORTY SEA DUTY	45592	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
CAMGTM NORFOLK	45599	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSTA NORFOLK BRIG CENTRAL	45609	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVMTO NAVAIRTERM DEPT	45627	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSEASYSCOMDET RASO	45650	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
REDTRAFAC	45662	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SUBTRAFAC NORFOLK	45679	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
EODGRU TWO DET NORFOLK VA	45682	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLETRACEN NORFOLK NEUTRAL DUTY	45700	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
OFFCPM SER CIVEDTRAPROG NORFOLK	45735	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
LANTDIV CONT OFC SEWELLS POINT	45806	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
LANTDIV CONT OFC SHIPYARD	45807	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
LANTDIV CONT OFC OCEANA	45809	OCEANA	INDUSTRIAL HYGIENE SUPPORT
LANTDIV CONT OFC AMPHIB BASE	45810	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
FLTSURVSUPPCOM NORTHWEST VA	45854	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
FLTSURVSUPPCOM DET TWO NORTHWEST VA	45856	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT
FLTIMAGCENLANT OCEANA NAS DET	45896	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FLTIMAGFACLANT OCEANA LITTLE CREEK	45897	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
FLTIMAGCENLANT OCEANA DET CINCLANT	45898	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVAIRESFOR LANT	45906	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVAIRESFOR LANT	45907	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVBCSTSVC DET BERMUDA	45946	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
FITRON VF 101 NEUTRAL DUTY COMP	45950	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
FLTIMAGCENLANT OCEANA VA	45976	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
PQ MESS MGT SPEC	45983	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVMASSO SNAP MEDICAL DET	46008	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT
SURTASS SUPPCEN LITTLE CREEK	46063	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
TAGOS SUPPU LANT	46077	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
BRMEDCLINIC DAM NECK	46106	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
PQ MESS MGT SPEC NAVSTA NORFOLK	46242	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USLANTCOMT/CRUMIS SUPPORT ACTIVITY	46298	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
SUBTRAFAC NORFOLK (STUDENTS)	46387	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NRCHTB	46421	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT
CINCLANTFLT NPEB	46434	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NCTAMSLANT APTS MGMT EAST	46658	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVMEDINFOMGMTCENDET PORTSMOUTH VA	46737	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NASC DET WSM NORFOLK	46774	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
HELSUPPRON TWO SEA DUTY COMP	46817	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVAIRTECHSERVFAC NEUTRAL DUTY	46837	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVHOSP PORTSMOUTH DEPMEDS	46876	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
LANTFLT HEDSUPPACT PHYSICAL	46902	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
FLEASWTRAGRULANT NORFOLK	46904	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAS OCEANA SEA OPDET	46963	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAS NORFOLK SEAOPDET	46966	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
SEAL TEAM EIGHT	46985	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
SUBINSURVLANT SEA DUTY	46991	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
ACU FOUR SHORE	47106	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
NAVSURFLANT SSAAC NORFOLK VA	47144	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
SWATSLANT OCEANA VA	47157	OCEANA	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBASE SECDET	47163	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
SPASWOC BERMUDA	47168	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
COMIDEASTFOR STINGER DET	47197	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAS BERMUDA SECURITY DET	47206	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAS OCEANA SECDET	47213	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVFAC BERMUDA SECURITY DET	47245	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAVSEADET FSLANT NORFOLK	47269	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
SURFNUCPROPMOBTRATM LANTFLT NORFOLK	47301	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSAFCEN NORVA NEUTRAL DUTY	47350	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FCTCLANT ROTHR DET NORTHWEST	47437	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT
CINCLANTFLT NPEB ADMIN	47495	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVBASE NORFOLK VA PHY SEC	47523	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
HCS 4 SEA COMP	47568	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
WPNSTA YORKTOWN NUC	47616	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVSHIPYD NORFOLK	47622	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NAVSURFLANT READSUPPGRU NORFOLK TECH	47649	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVORDSTA INDIAN HEAD DET	47652	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
FLETRAGRU DET NORFOLK	47705	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
USS PUGET SOUND (AD 38) R	47840	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS YELLOWSTONE (AD 41) R	47841	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS SHENANDOAH (AD 44) R	47844	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ROCLANT NATO COMMUNICATIONS FACILITY	47862	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSPECWARDEVGRU	47898	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PACMISTESTCEN DET YORKTOWN VA	48056	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
SUBMARINE PERSUPP DET	48100	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSHIPYD NORFOLK SECDET	48166	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NAVMEDCEN PORTSMOUTH	48460	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
SCSA USERS ASST/TRNG	48524	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSAFCEN AVIATION SAFETY	48570	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSAFCEN NORFOLK SUBMARINE SAFETY	48571	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSAFCEN NORFOLK NAVOSH	48572	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSAFCEN SURFACE SHIP SAFETY	48573	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBASE FSC	48669	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
NAVSURFLANT READSUPPGRU AVORD MTT	48764	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DECA EAST CENTRAL LITTLE CREEK	48802	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
DECA LITTLE CREEK COMMISSARY	49027	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
DECA PORTSMOUTH COMMISSARY	49031	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
DECA OCEANA COMMISSARY	49032	OCEANA	INDUSTRIAL HYGIENE SUPPORT
AFLOATRAGRULANT GSTG NORFOLK	49085	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AIC MPN	49130	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DECA YORKTOWN COMMISSARY	49175	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
DECA NORFOLK COMMISSARY	49176	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USS BAINBRIDGE (CGN 25)	52700	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
USS JOSEPHUS DANIELS (CG 27)	52702	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSPECBOATRON TWO	52738	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVSPECWARGRU 2 SEADUTY	52839	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
AIC CTG 168.2 LANTFAST	52850	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMHELSEACONWING ONE	52911	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLECOMPRON VC12	52994	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
ACU TWO	53210	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
BMU TWO	53211	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HCS 4	53811	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMNAVSURFLANT NORFOLK VA	53825	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELMINERON FOURTEEN	53827	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMLOGGRU TWO	53841	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLELOGSUPPRON FIFTY SIX	53856	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMSURFWARDEVGRU LITTLE CREEK VA	53863	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMCARGRU EIGHT	53889	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
FLETRAGRU SUPPORT NORFOLK	53929	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSURFLANT READSUPPGRU 600 PSI MTT#	53930	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
TACTRAGRULANT DAM NECK VA	53989	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
SEAL TEAM SIX	53999	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
PHIBCB TWO	55105	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
DURATION FORCE (NMCB-7)	55117	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVCHAPGRU	55131	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELMINERON EIGHTEEN	55214	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELSUPPRON EIGHT	55218	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
HELSUPPRON EIGHT SEA DUTY	55219	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
MOMAG UNIT FOURTEEN YORKTOWN VA	55256	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
COMEODGRU TWO	55322	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
COMPHIBRON 2	55335	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMPHIBRON 4	55336	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMPHIBRON 6	55337	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMPHIBRON 8	55338	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMSUPPRON EIGHT	55421	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
MOBDIVSALVU TWO	55496	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVSEADET NISMF	55631	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT .
FLTACTRAGRP LANT NORFOLK VA	55722	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT .
COMSUBRON SIX	55730	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMSUBRON EIGHT	55731	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
SEAL TEAM TWO	55778	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMNAVAIRLANT NORFOLK VA	57012	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMSUBLANT NORFOLK VA	57016	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMTRALANT NORFOLK VA	57021	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMOPTEVFOR NORFOLK VA	57023	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMCBLANT LITTLE CREEK VA	57034	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVFAC BERMUDA	57038	BERMUDA	INDUSTRIAL HYGIENE SUPPORT .
COMNAVBEACHGRU TWO	57067	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMLOGRON FOUR	57068	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
CUSL	57070	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
CINCLANTFLT LOSF	57074	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FLTIMAGCOMLANT NORFOLK VA	57093	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
LANTFLT HEDSUPPACT NORFOLK VA	57095	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
FISC CHEATHAM ANNEX	60138	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAS OCEANA	60191	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVEXCH PORTSMOUTH	60673	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
FAADCLANT	60951	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
RESALE ACT BERMUDA	61217	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBASE	61414	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
COMNAVBASE NORFOLK VA	61463	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
AFSC	61720	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
FLETRACEN NORFOLK	61797	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVMARCORESCEN RICHMOND	61900	RICHMOND	INDUSTRIAL HYGIENE SUPPORT
NAVMARCORESCEN ROANOKE	61905	ROANOKE	INDUSTRIAL HYGIENE SUPPORT
NAVEXCH LITTLE CREEK	62152	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
NAVRESCEN STAUNTON	62276	STAUNTON	INDUSTRIAL HYGIENE SUPPORT
NAVCRUITDIST RICHMOND	62431	RICHMOND	INDUSTRIAL HYGIENE SUPPORT .
LANTNAVFACENGCOM	62470	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAS BERMUDA	62481	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
MSCO NORFOLK VA	62538	NORFOLK	INDUSTRIAL HYGIENE SUPPORT .
DPS DET NORFOLK VA	62575	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
IMA NORFOLK	62627	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVIUGRU TWO	62638	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT
SUPSHIP PORTSMOUTH	62678	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NAVSTA NORFOLK	62688	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVDENCEN NORFOLK	62753	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVAUDSVCSE	62761	DAM NECK	INDUSTRIAL HYGIENE SUPPORT
SUPSHIP NEWPORT NEWS VA	62793	NEWPORT NEWS	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITOR
SUBINSURVLANT	62896	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNUWPNTRAGRULANT NORFOLK VA	63007	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVPHIBSCOL	63021	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
NAVINVSERREGO	63055	NORFOLK	INDUSTRIAL HYGIENE SUPPORT

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
NAVEASTOCEANCEN	63061	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVAIRES	63102	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NAVENPVNTMEDU TWO	63117	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FLTCOMBATDIRSSACT	63273	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
NROTCU UVA CHARLOTTESVILLE VA	63317	CHARLOTTESVILLE	INDUSTRIAL HYGIENE SUPPORT
NAVEDTRASUPPCENLANT	63325	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVRESSOFSO NORFOLK	63367	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FHTNC	63376	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSAFCEN	63393	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
FLEASWTRACENLANT	63401	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVMTO	63408	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVMAC	63410	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVMARCORESREDCEN NORFOLK VA	63438	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVOPTHALSUPPTRACT	63439	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
USNS SATURN (T-AFS 10)	63674	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVSECGRUACT NORTHWEST	63891	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVSECGRUDET NORFOLK	63902	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVUNSEAWARCEN DET NORFOLK	64281	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVADMINCOM AFSC	64356	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
SACLANT	64590	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVGMSCOL	64619	DAM NECK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
COMOCEANLANT	64759	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
CINCWESTLANT	64762	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
AIC USCINCLANT IDHS/SPINTCOM DIV	65296	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMSUBLANT DSSS	65368	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
ATKRON VA42 STU CRAW/CRAG	65549	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
FITRON VF 101 STUDENT CRAW/CRAG	65552	OCEANA	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVELEXCEN PORTSMOUTH	65580	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
AIC	65792	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVOCEANCOMFAC BERMUDA	65875	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAVOCEANCOMDET	65876	OCEANA	INDUSTRIAL HYGIENE SUPPORT
NAVAVNDEPOT NORFOLK	65887	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVSEACENLANT	65912	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
FOSSAC	65966	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAMTRAGRU DET OCEANA VA	66045	OCEANA	INDUSTRIAL HYGIENE SUPPORT
NAMTRAGRU DET NORFOLK VA	66046	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMFEWSG NORFOLK VA	66236	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVEXCH DET YORKTOWN	66406	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
NAVEXCH OCEANA	66408	OCEANA	INDUSTRIAL HYGIENE SUPPORT
NATO SATELLITE GROUND TERMINAL, NW	66536	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
CBU 411	66676	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
CINCLANTFLT/PAO	66799	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
CBU 415	66923	OCEANA	INDUSTRIAL HYGIENE SUPPORT
PAATLANT NORFOLK VA	66951	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
IPS DET BRANCH OFFICE PORTSMOUTH	66953	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
AIC FICEURLANT FOSSIC	66967	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVBASE NORFOLK VA PAO	66990	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
HDQTRS FMF ATLANTIC	67026	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
MARBKS YORKTOWN	67054	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
MCSFCO NORFOLK	67230	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
CG LFTCLANT	67355	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
HQSVCBN FMFLANT	67391	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI

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13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
NAVALREHCEN	67558	NORFOLK	INDUSTRIAL HYGIENE SUPPORT .
MARINE AIRCRAFT GROUP FORTY SIX DET A	67639	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORING
OECEN	68002	NORFOLK	INDUSTRIAL HYGIENE SUPPORT .
NCTAMSLANT (NARDAC) NORFOLK	68057	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVSTA NORFOLK CAACTR	68130	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVEXCHCEN SHS TR FAST TM	68147	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVLEGSVEOFF	68363	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NMCB BERMUDA DET	68388	BERMUDA	INDUSTRIAL HYGIENE SUPPORT
NAVPACEN	68406	NORFOLK	INDUSTRIAL HYGIENE SUPPORT .
NAVENVIRHLTHCEN	68546	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
PERSUPPACT	68547	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
PSAD DAM NECK	68548	DAM NECK	INDUSTRIAL HYGIENE SUPPORT
PSAD YORKTOWN	68549	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT
PSAD OCEANA	68550	OCEANA	INDUSTRIAL HYGIENE SUPPORT
PSAD NAVHOSP	68551	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
NAVMASSO	68561	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT
COMNAVBASE NORFOLK VA CRED	68563	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVEXCHCEN NORFOLK VA	68573	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVOCEANPROFAC	68593	DAM NECK	INDUSTRIAL HYGIENE SUPPORT
MAPRAGLANT	68652	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
NROTCU HAMPTON ROADS NORFOLK VA	68699	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMOESYSLANT	68730	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
EODMU TWO	68769	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
NAVMASSO NEUTDUT COMP	68773	CHESAPEAKE	INDUSTRIAL HYGIENE SUPPORT
NAVMAC CHAPLAINS RESOURCE BOARD NORFOLK	68775	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAS OCEANA LSO	68788	OCEANA	INDUSTRIAL HYGIENE SUPPORT
SUBTORPFAC	68842	YORKTOWN	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORIN
HRO NORFOLK VA	68845	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NAVDRUGLAB	68851	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
HLTHCARE SUPPO NORFOLK	68908	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
COMNAVDOCCOM NORFOLK VA	68948	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
NCTAMSLANT	70272	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
COMNAVAIRLANT COMSERVSUPP	70297	FORT STORY	INDUSTRIAL HYGIENE SUPPORT
NAVSEASYSCOM DPGG PCC TT	79085	LITTLE CREEK	INDUSTRIAL HYGIENE SUPPORT
MIUWU TWO ZERO SIX	81991	NORFOLK	INDUSTRIAL HYGIENE SUPPORT .
EODMU TEN	82631	NORFOLK	INDUSTRIAL HYGIENE SUPPORT AND HCP AUDIOMETRIC MONITORI
NAVSAFSCOL	91732	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DODDS	DD007	BERMUDA	INDUSTRIAL HYGIENE SUPPORT .
USNS SIRIUS (T-AFS 8)	K0154	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS HARKNESS (T-AGS 32)	K0162	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS WILKES (T-AGS 33)	K0163	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS WYMAN (T-AGS 34)	K0164	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS LYNCH (T-AGOR 7)	K0174	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS DESTEIGER (T-AGOR 12)	K0176	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS BARTLETT (T-AGOR 13)	K0177	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS VINDICATOR (T-AGOS 3)	K0181	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS TRIUMPH (T-AGOS 4)	K0182	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS PAWCATUCK (T-AO 108)	K0203	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS WACCAMAW (T-AO 109)	K0204	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS NEOSHO (T-AO 143)	K0205	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS MISSISSINEWA (T-AO 144)	K0206	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS TRUCKEE (T-AO 147)	K0209	NORFOLK	INDUSTRIAL HYGIENE SUPPORT

ACTIVITY: 00183

13. REGIONAL SUPPORT (continued)

NAVAL MEDICAL CENTER PORTSMOUTH
REGIONAL SUPPORT

ACTIVITY ABBREVIATION	UIC	LOCATION	SUPPORT FUNCTION
USNS POWHATAN (T-ATF 166)	K0219	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS MOHAWK (T-ATF 170)	K0223	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS APACHE (T-ATF 172)	K0225	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS KAISER (T-AO 187)	K0228	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS HUMPHREYS (T-AO 188)	K0229	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS SATURN (T-AFS 10)	K0230	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS RIGEL (T-AF 58)	K0231	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
USNS MARSHFIELD (T-AK 282)	M0191	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DRMO SOUTH ANNEX	X1493	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DRMO CAMP ALLEN	XA493	NORFOLK	INDUSTRIAL HYGIENE SUPPORT
DRMO CHEATHAM ANNEX	XC493	WILLIAMSBURG	INDUSTRIAL HYGIENE SUPPORT
DRMO ST JULIENS CREEK	XG493	PORTSMOUTH	INDUSTRIAL HYGIENE SUPPORT
USS KEARSARGE (LHD-3)	21700	INDUSTRIAL HYGIENE AND HEARING CONSERV.SUPP.	
USS TORTUGA (LSD-46)	21562	"	
USS ANZIO (CG-68)	21658	"	
USS CAPE ST.GEORGE(CG-71)	21828	"	
USS PETERSON (DD-969)	20589	"	
USS BARRY (DDG-52)	21660	"	
USS BOULDER (LST-1190)	20029	"	
USS NORFOLK (SSN-714)	20995	"	
USS HUNLEY (AS-31)	04689	"	
HSL-32	52988	"	
USS SUMTER (LST-1181)	20020	"	
USS HAYLER (DD-997)	21416	"	
USS BOISE (SSN-732)	21761	"	
USS MANITOWOC (LST-1180)	20019	"	

ACTIVITY: 00183

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.)

SEE ENCLOSURES

ACTIVITY: 00183

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

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

Signature

COMMANDER
Title

3 FEB 94
Date

NAVAL MEDICAL CENTER, PORTSMOUTH VA
Activity

ACTIVITY: 00183

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

10 FEB 1994
Date

ACTING CHIEF BUMED
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. GREENE, JR
NAME (Please type or print)

Signature

16 FEB 1994
Date

ACTING
Title

Activity

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Lafayette River Complex
UIC:	00183
Host Activity Name (if response is for a tenant activity):	Naval Medical Center, Portsmouth, VA
Host Activity UIC:	00183

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Lafayette River Complex		**UIC: 00183***	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	362	0	362
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	362	0	362
2. Other Base Operating Support Costs:			
2a. Utilities	382	0	382
2b. Transportation	66	0	66
2c. Environmental	9	0	9
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) SAG FD=52 SAG FN-595	647	0	647
2k. Sub-total 2a. through 2j:	1104	0	1104
3. Grand Total (sum of 1c. and 2k.):	1466	0	1466

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Lafayette River Complex		**UIC: 00183**	
TABLE IS "N/A" **Category**	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: Lafayette River Complex	**UIC: 00183**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	35
Material and Supplies (including equipment):	64
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	20
Other Purchases (Contract support, etc.):	5428
Total:	5547

**Director Community Health Services and Director, Health, Safety and Environmental Services are physically located at Lafayette River. There is not a separate UIC for this location.

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: Lafayette River Complex	**UIC: 00183**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	**N/A**

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

BRAC-95 CERTIFICATION

Data Call 66

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

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

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL

Title 7-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) Signature

Title 04 AUG 1994 Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Medical Center
UIC:	00183
Host Activity Name (if response is for a tenant activity):	N/A
Host Activity UIC:	N/A

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Naval Medical Center		**UIC:** 00183	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3734	124	3858
1b. Minor Construction	485		485
1c. Sub-total 1a. and 1b.	4219	124	4343
2. Other Base Operating Support Costs:			
2a. Utilities	4830	257	5087
2b. Transportation	487	233	720
2c. Environmental	290	167	457
2d. Facility Leases			
2e. Morale, Welfare & Recreation	25	137	162
2f. Bachelor Quarters	22		22
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	1160	3598	4758
2j. Other (Specify) SAG FD, FG, FK, FN, FV, V2	3707	3394	7101
2k. Sub-total 2a. through 2j:	10521	7786	18307
3. Grand Total (sum of 1c. and 2k.):	14740	7910	22650

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Naval Medical Center		**UIC: 00183**	
TABLE IS "N/A" **Category**	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Naval Medical Center	**UIC:** 00183

Cost Category	FY 1996 Projected Costs ($000)
Travel: E	1,129
Material and Supplies (including equipment): T&W	22,543
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	375
Other Purchases (Contract support, etc.):	29,571
Total:	53,618

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: Naval Medical Center	**UIC: 00183**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	302
Procurement:	
Other:*	
Total Workyears:	302

BUMED-822
mds, 18 Jul 94

*** 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.

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: Yorktown Branch Medical Clinic	**UIC: 32533**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	1
Procurement:	
Other:*	
Total Workyears:	1

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

BUMED 822 MD2A, 18 Jul 94

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.

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)):

If the mission/functions of this activity were located to another site, the number of contract workyears that would be transferred would depend on the receiving site's current capability to handle the additional medical treatment requirments and the location of the receiving site.

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

3b. (1), (2) & (3) are responses for Naval Medical Center (UIC 00183) + clinics combined as one.

BUMED-822
MSS, 18 Jul 94

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

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

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

3c. response(s) are for Naval Medical Center (UIC 00183) + clinics combined as one.

BUMED-822, ANSA, 18 Jul 94

BRAC-95 CERTIFICATION

Data Call 66

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

W. J. MCDANIEL
NAME (Please type or print)

Signature

COMMANDER
Title

7/14/95
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

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 7-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 04 AUG 1994 Date

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Bermuda Branch Medical Clinic
UIC:	39170
Host Activity Name (if response is for a tenant activity):	Naval Air Station, Bermuda
Host Activity UIC:	62481

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)		
Activity Name: Bermuda Branch Medical Clinic		**UIC: 39170**

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2	0	2
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	2	0	2
2. Other Base Operating Support Costs:			
2a. Utilities	47	0	47
2b. Transportation	6	0	6
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	24	0	24
2k. Sub-total 2a. through 2j:	77	0	77
3. Grand Total (sum of 1c. and 2k.):	79	0	79

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Bermuda Branch Medical Clinic		**UIC: 39170**	
TABLE IS "N/A" **Category**	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: Bermuda Branch Medical Clinic	**UIC: 39170**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel: E	48
Material and Supplies (including equipment): T&W	148
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	3
Other Purchases (Contract support, etc.):	1015
Total:	1214

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: Bermuda Branch Medical Clinic	**UIC: 39170**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	**N/A**

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

BRAC-95 CERTIFICATION

Data Call 66

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

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

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date: 7-19-94

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) | Signature

Title | Date: 04 AUG 1994

Document Separator

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NSHS, Bethesda Detachment, Portsmouth, VA
UIC:	35976
Host Activity Name (if response is for a tenant activity):	Naval Medical Command, Portsmouth, VA
Host Activity UIC:	00183

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NSHS, Bethesda Detachment, Portsmouth, VA		**UIC:** 35976	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	$ 141.0	0.0	$ 141.0
1b. Minor Construction	0.0	0.0	0.0
1c. Sub-total 1a. and 1b.	$ 141.0	0.0	$ 141.0
2. Other Base Operating Support Costs:			
2a. Utilities	$ 88.0	0.0	$ 88.0
2b. Transportation	22.0	0.0	22.0
2c. Environmental	0.0	0.0	0.0
2d. Facility Leases	0.0	0.0	0.0
2e. Morale, Welfare & Recreation	4.0	0.0	4.0
2f. Bachelor Quarters	0.0	0.0	0.0
2g. Child Care Centers	0.0	0.0	0.0
2h. Family Service Centers	0.0	0.0	0.0
2i. Administration	41.0	844.0	885.0
2j. Other (Specify) *See Page 2A	*	*	*
2k. Sub-total 2a. through 2j:	$ 181.0	844.0	$1,025.0
3. Grand Total (sum of 1c. and 2k.):	$ 322.0	844.0	$1,166.0

NSHS, Bethesda Detachment, Portsmouth, VA 35976

2j.	Communications	$13.0	0.0	$13.0
	Other Personnel Support	1.0	0.0	1.0
	Retail Supply Ops.	12.0	0.0	12.0

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
O&M, DHP	$322.0
MPN	$844.0

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: NSHS, Bethesda Detachment, Portsmouth, VA		**UIC:** 35976	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: NSHS, Bethesda, Detachment, Portsmouth, VA	**UIC:** 35976
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	$ 161.0
Material and Supplies (including equipment):	323.0
Industrial Fund Purchases (other DBOF purchases):	0.0
Transportation:	22.0
Other Purchases (Contract support, etc.):	0.0
Total:	$ 506.0

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears

Activity Name: NSHS, Bethesda Detachment, Portsmouth, VA	**UIC:** 35976
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

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

HAROLD M. KOENIG, RADM,MC,USN
NAME (Please type or print) | Signature

ACTING CHIEF BUMED
Title | Date 8/5/94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Title | Date 8/30/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

James F. Bates, Capt., MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

19 July 94
Date

Naval Health Sciences Education and Training Command
Activity

ENCLOSURE (1)

Document Separator

DATA CALL 66 UIC: 68551
INSTALLATION RESOURCES

Activity Information:

Activity Name:	PSD PORTSMOUTH
UIC:	68551
Host Activity Name (if response is for a tenant activity):	NAVMEDCEN PORTSMOUTH
Host Activity UIC:	00183

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.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: PSD PORTSMOUTH		**UIC: 68551**	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	14		14
2b. Transportation	3		3
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	95	1848	1943
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	112	1848	1960
3. Grand Total (sum of 1c. and 2k.):	112	1848	1960

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

Appropriation	Amount ($000)
MPN	931
O&MN	1,029

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 UIC: 68551
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A; not a DBOF Activity		UIC: 68551	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			

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

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: PSD PORTSMOUTH	**UIC: 68551**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	0
Material and Supplies (including equipment):	38
Industrial Fund Purchases (other DBOF purchases):	43
Transportation:	0
Other Purchases (Contract support, etc.):	31
Total:	112

DATA CALL 66 UIC: 68551
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: PSD PORTSMOUTH	**UIC: 68551**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

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

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; no contract workyears

2) Estimated number of workyears which would be eliminated:

N/A; no contract workyears

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; no contract workyears

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.

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
None	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
None	

PSA NORFOLK UIC N68654
DATA CALL SIXTY-SIX

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 H. W. GEHMAN, JR. H.W. Gehman, jr
NAME (Please type or print) Signature

Acting 15 AUG 1994
Title Commander in Chief Date
U.S. Atlantic Fleet
Activity

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

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

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

8/30/94
Title 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. E. LANDICK, CDR, USN
NAME (Please type or print)

Signature

ACTING
Title

13 July 1994
Date

PSA NORFOLK
Activity

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?

a. Provide a prepared medical staff to support any medical contingency situation in the world (totaled 413 staff deployed in 1993, 5,197 mandays).

b. Provide state-of-the-art medical care to active duty personnel, other Department of Defense (DoD) eligible beneficiaries and other designees in the Tidewater area of Virginia (1,690,831 outpatient visits at the core facility, branch medical clinics and NAVCAREs; 24,204 admissions in FY93).

c. Provide comprehensive Occupational Health, Industrial Hygiene, Environmental Health, and Audiology services to fleet and shore Navy and Marine Corps activities in the Tidewater area.

d. Serve as a referral hospital for those DoD and other designated beneficiaries living outside the Tidewater area.

e. Serve as Lead Agent for Assistant Secretary of Defense (Health Affairs) Region 2.

f. Coordinate with local medical treatment facilities' patient receiving capabilities in conjunction with the National Disaster Medical System (NDMS).

g. Train physician providers in medical specialties that directly support operational commitments (anesthesia, general surgery, emergency medicine, otolaryngology, internal medicine, orthopedics, urology, pathology, OB/GYN, psychology, and surface warfare medical officer indoctrination).

h. Train non-physician medical providers that directly support operational commitments (operating room technicians, pharmacy technicians, follow-on training after corps school, surface force independent duty corpsmen, advance x-ray technician, clinical nuclear medicine technicians, hemodialysis/ hemophoresis technicians, physical therapy technicians, psychiatry technicians, urology technicians, advance laboratory technicians, occupational therapy technicians and nurse anesthetists).

i. Train physician providers in medical specialties that indirectly support the operational force, but are required to support other DoD beneficiaries (Pediatrics).

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j. Provide basic and advanced educational programs for the professional development of the entire staff (Basic Cardiac Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Emergency Medical Transport, and Advanced Trauma Life Support).

k. Advocate health promotion, injury prevention, and promotion of wellness and fitness (smoking cessation, stress management and awareness, back injury and prevention, nutrition, socially transmitted diseases, and HIV awareness).

l. Promote research to expand medical understanding of the disease process (Effect of Varicocele Repair on Hemizona Penetration, Thoracenteses Risk Factor for Pneumothorax, and Master Protocol for Hormonal Treatment of Advanced or Recurrent Carcinoma of the Endometrium, to name just a few).

m. Actively participate in the protection and restoration of the environment and energy conservation (conform with the Chesapeake Bay Preservation Act, participate in Clean the Chesapeake Bay, establishing a green belt around facility and applying reflective film over exterior windows to reflect sunlight).

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)
USS ENTERPRISE CVN65	03365	NORFOLK	3298
USS GEORGE WASHINGTON CVN 73	21412	NEWPORT NEWS	3103
USS THEODORE ROOSEVELT CVN 71	21247	NORFOLK	3090
USS EISENHOWER	03369	NORFOLK	3086
USS AMERICA CV 66	03366	NORFOLK	2926
USS JOHN F. KENNEDY CV 67	03367	NORFOLK	2911
NAVMEDCEN PORTSMOUTH	00183	PORTSMOUTH	1896
NAVSTA NORFOLK	62688	NORFOLK	1374
SIMA NORFOLK VA	32770	NORFOLK	1320
USS WASP (LHD 1)	21560	NORFOLK	1139

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(9/26/94)

j. Provide basic and advanced educational programs for the professional development of the entire staff (Basic Cardiac Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Emergency Medical Transport, and Advanced Trauma Life Support).

k. Advocate health promotion, injury prevention, and promotion of wellness and fitness (smoking cessation, stress management and awareness, back injury and prevention, nutrition, socially transmitted diseases, and HIV awareness).

l. Promote research to expand medical understanding of the disease process (Effect of Varicocele Repair on Hemizona Penetration, Thoracenteses Risk Factor for Pneumothorax, and Master Protocol for Hormonal Treatment of Advanced or Recurrent Carcinoma of the Endometrium, to name just a few).

m. Actively participate in the protection and restoration of the environment and energy conservation (conform with the Chesapeake Bay Preservation Act, participate in Clean the Chesapeake Bay, establishing a green belt around facility and applying reflective film over exterior windows to reflect sunlight).

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).

Note: This listing also includes civil service personnel.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NNSY	00181	PORTSMOUTH	11807
NAVAVNDEPOT	65887	NORFOLK	3938
FISC NORFOLK	00189	NORFOLK	3894
USS ENTERPRISE CVN65	03365	NORFOLK	3298
PWC NORFOLK	00187	NORFOLK	3169
USS GEORGE WASHINGTON CVN 73	21412	NEWPORT NEWS	3103
USS THEODORE ROOSEVELT CVN 71	21247	NORFOLK	3090
USS EISENHOWER	03369	NORFOLK	3086
NAVMEDCEN PORTSMOUTH	00183	PORTSMOUTH	2931
USS AMERICA CV 66	03366	NORFOLK	2926

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USS SAIPAN (LHA 2)	20632	NORFOLK	1067
USS NASSAU (LHA 4)	20725	NORFOLK	1065
USS EMORY S. LAND (AS 39) MAINT/SUPPORT	45254	NORFOLK	935
USS L. Y. SPEAR (AS 36) MAINT/SUPPORT	45253	NORFOLK	925
USS SHENANDAH AD 44 (R)	47844	NORFOLK	893
USS YELLOWSTONE AD 41 (R)	47841	NORFOLK	893
USS PUGET SOUND AD 38 (R)	47840	NORFOLK	893
NAS NORFOLK	00188	NORFOLK	810
FITRON VF 101	09067	OCEANA	755
USS MT. WHITNEY LCC 20	20001	NORFOLK	728
LANTNAVFACENGCOM	62470	NORFOLK	719
USS INCHON LPH 12	20009	NORFOLK	710
USS GUADALCANAL LPH 7	07352	NORFOLK	710
USS GUAM LPH 9	07178	NORFOLK	710
HQSVCBN FMFLANT	67391	NORFOLK	695
FCTCLANT GSTNAVPHIBASE	42087	DAM NECK	667
USS SHENANDOAH AD 44	21098	NORFOLK	633
USS YELOWSTONE AD 41	21046	NORFOLK	631
USS PUGET SOUND AD 38	05837	NORFOLK	628
NAS OCEANA AIMD	44327	OCEANA	613
USS EMORY S. LAND AS 39	20635	NORFOLK	611
USS L.Y. SPEAR AS 36	05851	NORFOLK	609
FLETRACEN NORFOLK GST	42090	NORFOLK	604
USS SOUTH CAROLINA CGN 37	20669	NORFOLK	592
USS MISSISSIPPI CGN 40	20624	NORFOLK	577
USS VIRGINIA CGN 38	20681	NORFOLK	574
USS BAINBRIDGE CGN 25	52700	NORFOLK	571
NAVSPECWARDEVGRU	47898	DAM NECK	534
USS JOSEPHUS DANIELS CG 27	52702	NORFOLK	473

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USS JOHN F. KENNEDY CV 67	03367	NORFOLK	2911
NAVSTA NORFOLK	62688	NORFOLK	2062
WRNSTA YORKTOWN	00109	YORKTOWN	1857
SIMA NORFOLK VA	32770	NORFOLK	1328
FLTTRACEN NORFOLK STUDENTS	30811	NORFOLK	1216
USS WASP (LHD 1)	21560	NORFOLK	1139
USS SAIPAN (LHA 2)	20632	NORFOLK	1067
USS NASSAU (LHA 4)	20725	NORFOLK	1065
FCTCLANT STUDENTS	30532	DAM NECK	950
USS EMORY S. LAND AS 39 MAINT/SUPPORT	45254	NORFOLK	935
USS EMORY S. LAND AS 36 MAINT/SUPPORT	45253	NORFOLK	925
USS SHENANDAH AD 44 (R)	47844	NORFOLK	893
USS YELLOWSTONE AD 41 (R)	47841	NORFOLK	893
USS PUGET SOUND AD 38 (R)	47840	NORFOLK	893
NAS OCEANA	60191	OCEANA	854
NAS NORFOLK	00188	NORFOLK	810
FITRON VF 101	09067	OCEANA	755
NAVSTA NORFOLK TPU	32002	NORFOLK	744
USS MT. WHITNEY LCC 20	20001	NORFOLK	728
LANTNAVFACENGCOM	62470	NORFOLK	719
USS INCHON LPH 12	20009	NORFOLK	710
USS GUADALCANAL LPH 7	07352	NORFOLK	710
USS GUAM LPH 9	07178	NORFOLK	710
FCTCLANT GST	42087	DAM NECK	702
HQSVCBN FMFLANT	67391	NORFOLK	695
NAVPHIBASE	61414	LCREEK	654
USS SHENANDOAH AD 44	21098	NORFOLK	633
USS YELOWSTONE AD 41	21046	NORFOLK	631
USS PUGET SOUND AD 38	05837	NORFOLK	628

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USS KALAMAZOO AOR 6	20125	NORFOLK	468
USS SAVANNAH AOR 4	20123	NORFOLK	464
NAS NORFOLK	00188	NORFOLK	462
SIMA LITTLE CREEK VA	32732	L CREEK	460
NAS OCEANA SEA OPDET	46963	OCEANA	459
ATKRON VA 42	09062	OCEANA	447
HELMINERON TWELVE NORFOLK	09206	NORFOLK	413
USS SHREVEPORT LPD 12	07195	NORFOLK	406
USS NASHVILLE LPD 13	07196	NORFOLK	405
NAS OCEANA	60191	OCEANA	401
USS PONCE LPD 15	07201	NORFOLK	392
USS TRENTON LPD 14	07200	NORFOLK	392
USS AUSTIN LPD 4	07175	NORFOLK	391
ACU FOUR	45472	LCREEK	389
USS SAN JACINTO CG 56	21389	NORFOLK	387
CARAEWRON ONE TWO ZERO	09527	NORFOLK	386
USS THOMAS S. GATES CG 51	21344	NORFOLK	380
USS YORKTOWN CG 48	21225	NORFOLK	378
USS TICONDEROGA CG 47	21281	NORFOLK	377
NAVSATCOM DET NCTAMSLANT	42159	NORFOLK	371
USS EL PASO LKA 117	20004	NORFOLK	357
USS ARTHUR RADFORD DD 968	20588	NORFOLK	353
USS CARON DD 970	20590	NORFOLK	352
USS JOHN RODGERS DD 983	20615	NORFOLK	350
USS KIDD DDG 993	21436	NORFOLK	344
USS SCOTT DD 995	21438	NORFOLK	343
USS STUMP DD 978	20604	NORFOLK	340
USS BRISCOE DD 977	20603	NORFOLK	340
USS ARLEIGH BURKE DDG 51	21487	NORFOLK	337
USS ASHLAND LSD 48	21531	LCREEK	337

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NAS OCEANA AIMD	44327	OCEANA	613
USS EMORY S. LAND AS 39	20635	NORFOLK	611
USS L.Y. SPEAR AS 36	05851	NORFOLK	609
FLETRACEN NORFOLK GST	42090	NORFOLK	604
SUPSHIP PORTSMOUTH	62678	PORTSMOUTH	596
USS SOUTH CAROLINA CGN 37	20669	NORFOLK	592
SUPSHIP NEWPORT NEWS VA	62793	NEWPORT NEWS	579
USS MISSISSIPPI CGN 40	20624	NORFOLK	577
NAS BERMUDA	62481	BERMUDA	577
USS VIRGINIA CGN 38	20681	NORFOLK	574
USS BAINBRIDGE CGN 25	52700	NORFOLK	571
SIMA LITTLE CREEK VA	32732	LCREEK	560
NAVSPECWARDEVGRU	47898	DAM NECK	534
USS JOSEPHUS DANIELS CG 27	52702	NORFOLK	473
CINCLANTFLT	00060	NORFOLK	470
USS KALAMAZOO AOR 6	20125	NORFOLK	468
NAVUNSEAWARDEN DET NORFOLK	64281	NORFOLK	467
USS SAVANNAH AOR 4	20123	NORFOLK	464
NAS OCEANA SEA OPDET	46963	OCEANA	459
COMNAVBASE NORFOLK VA PHY SEC	47523	NORFOLK	459
ATKRON VA 42	09062	OCEANA	447
HELMINERON FOURTEEN	53827	NORFOLK	445
NAVSEACENLANT	65912	PORTSMOUTH	442
FAADCLANT	60951	NORFOLK	428
NAVMASSO	68561	CHESAPEAKE	413
HELMINERON TWELVE NORFOLK	09206	NORFOLK	413
USS SHREVEPORT LPD 12	07195	NORFOLK	406
USS NASHVILLE LPD 13	07196	NORFOLK	405
FITRON VF 101 STUDENT CRAW/CRAG	65552	OCEANA	396

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USS CONOLLY DD 979	20611	NORFOLK	330
USS COMTE DE GRASSE DD 974	20600	NORFOLK	329
NAS NORFOLK AIMD	443225	NORFOLK	329
USS PENSACOLA LSD 38	20013	LCREEK	326
USS PORTLAND LSD 37	20012	LCREEK	326
HELSUPPRON SIX NORFOLK	0381A	NORFOLK	314
USS GUNSTON HALL LSD 44	21422	LCREEK	310
USS WHIDBEY ISLAND LSD 41	21218	LCREEK	310
ATKRON VA 34	09070	OCEANA	299
ATKRON VA 75	09628	OCEANA	299
ATKRON VA 85	09225	OCEANA	299
ATKRON VA 35	09728	OCEANA	295
USS THOMAS C. HART FF 1092	20070	NORFOLK	290
NAVSATCOM DET NCTAMSLANT	42159	NORFOLK	287
NAVOCEANPROFAC	68593	DAM NECK	286
MARBKS YORKTOWN	67054	YORKTOWN	283
NAS BERMUDA	62481	BERMUDA	282
AIC	65792	NORFOLK	262
USS SPARTANBURG LST 1192	20031	LCREEK	258
USS LA MOURNE COUNTY LST 1194	20033	LCREEK	255
FITRON CF 103	09718	OCEANA	255
MCSFCO NORFOLK	67230	NORFOLK	255
USS HARLAN COUNTY LST 1196	20222	LCREEK	254
USS FAIRFAX COUNTY LST 1195	20032	LCREEK	254
USS BARSTABLE COUNTY LST 1197	20223	LCREEK	254
FITRON VF 31	09473	OCEANA	254
USS SAGINAW LST 1188	20027	LCREEK	253
FCTCLANT	00281	DAM NECK	251
USS MONOGAHELA AO 178	20862	NORFOLK	249
FITRON VF 143	09281	OCEANA	247

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USS PONCE LPD 15	07201	NORFOLK	392
USS TRENTON LPD 14	07200	NORFOLK	392
USS AUSTIN LPD 4	07175	NORFOLK	391
ACU FOUR	45472	LCREEK	389
USS SAN JACINTO CG 56	21389	NORFOLK	387
CARAEWRON ONE TWO ZERO	09527	NORFOLK	386
NAVELEXCEN PORTSMOUTH	65580	PORTSMOUTH	383
USS THOMAS S. GATES CG 51	21344	NORFOLK	380
USS YORKTOWN CG 48	21225	NORFOLK	378
USS TICONDEROGA CG 47	21281	NORFOLK	377
NAVSATCOM DET NCTAMSLANT	42159	NORFOLK	371
USS EL PASO LKA 117	20004	NORFOLK	357
SIMA PORTSMOUTH	33341	PORTSMOUTH	357
USS ARTHUR RADFORD DD 968	20588	NORFOLK	353
USS CARON DD 970	20590	NORFOLK	352
COMNAVSURFLANT NORFOLK	53825	NORFOLK	351
USS JOHN RODGERS DD 983	20615	NORFOLK	350
NAVCRIMINVSERV EASTREG	63055	NORFOLK	348
AFSC STUDENT NORFOLK	30809	NORFOLK	346
USS KIDD DDG 993	21436	NORFOLK	344
USS SCOTT DD 995	21438	NORFOLK	343
NAS NORFOLK AIMD	44325	NORFOLK	342
NSHS BETHESDA DET STUDENTS	30496	PORTSMOUTH	340
USS STUMP DD 978	20604	NORFOLK	340
USS BRISCOE DD 977	20603	NORFOLK	340
USS ARLEIGH BURKE DDG 51	21487	NORFOLK	337
USS ASHLAND LSD 48	21531	LCREEK	337
USS CONOLLY DD 979	20611	NORFOLK	330
USS COMTE DE GRASSE DD 974	20600	NORFOLK	329
COMNAVAIRLANT NORFOLK	57012	NORFOLK	327

USS PLATTE AO 186	21049	NORFOLK	246
FITRON VF 84	09224	OCEANA	246
FITRON VF 102	09717	OCEANA	246
FITRON VF 32	09053	OCEANA	245
NAVPHIBASE	61414	L CREEK	245
SIMA PORTSMOUTH	33341	PORTSMOUTH	244
ATKRON VA 36	09941	OCEANA	243
USS MERRIMACK AO 179	21007	NORFOLK	240
CINCLANTFLT	00060	NORFOLK	240
COMNAVSURFLANT	53825	NORFOLK	240
FITRON VF 74	09060	OCEANA	238
HSL THREE ZERO NORFOLK	09123		232
FITRON VF 33	09559		230
FITRON VF 142	09097	OCEANA	230
FITRON VF 41	09774	OCEANA	230
SEAL TEAM EIGHT	46985	LCREEK	229
SEAL TEAM FOUR	08943	LCREEK	229
SEAL TEAM TWO	55778	LCREEK	229
FITRON VF 14	09084	OCEANA	229
FITRON VF 11	09560	OCEANA	229
NAVSECGRUACT NORTHWEST	63891	CHESAPEAKE	221
NAVMEDCEN PORTSMOUTH	48460	PORTSMOUTH	211
MARINE AIRCRAFT GROUP FORTY SIX DET A	67639	NORFOLK	209
SDV TEAM TWO	08842	LCREEK	207
SACLANT	64590	NORFOLK	207
HELANTISUBRON LIGHT THIRTYFOUR LAMP	35282		203
HELANTISUBRON LIGHT THIRTY TWO LAMP	52988		203
CUSL	57070	NORFOLK	202
COMNAVAIRLANT NORFOLK VA	57012	NORFOLK	200

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USS PENSACOLA LSD 38	20013	LCREEK	326
USS PORTLAND LSD 37	20012	LCREEK	326
NAVGMSOL STUDENTS	31057	DAM NECK	320
NAVMTO	63408	NORFOLK	317
HELSUPPRON SIX NORFOLK	0381A	NORFOLK	314
USS GUNSTON HALL LSD 44	21422	LCREEK	310
USS WHIDBEY ISLAND LSD 41	21218	LCREEK	310
HELMINERON EIGHTEEN	55214	NORFOLK	305
NAVSECGRUACT NORTHWEST	63891	CHESAPEAKE	301
ATKRON VA 34	09070	OCEANA	299
ATKRON VA 75	09628	OCEANA	299
ATKRON VA 85	09225	OCEANA	299
ATKRON VA 35	09728	OCEANA	295
NAVOCEANPROFAC	68593	DAM NECK	292
USS THOMAS C. HART FF 1092	20070	NORFOLK	290
FLEASWTRACENLANT STUDENTS	35386	NORFOLK	288
NAVSTA NORFOLK BRIG	30838	NORFOLK	284
MARBKS YORKTOWN	67054	YORKTOWN	283
HELSUPPRON TWO SEA DUTY COMP	46817	NORFOLK	274
ATKRON VA 176	09940		269
AIC	65792	NORFOLK	267
COMOPTEVFOR NORFOLK	57023	NORFOLK	267
USS SPARTANBURG LST 1192	20031	LCREEK	258
FLTCOMBATDIRSSACT	63273	DAM NECK	258
USS LA MOURNE COUNTY LST 1194	20033	LCREEK	255
FITRON CF 103	09718	OCEANA	255
MCSFCO NORFOLK	67230	NORFOLK	255
USS HARLAN COUNTY LST 1196	20222	LCREEK	254
USS FAIRFAX COUNTY LST 1195	20032	LCREEK	254
USS BARSTABLE COUNTY LST 1197	20223	LCREEK	254

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HELSUPPRON EIGHT SEA DUTY	55219	NORFOLK	199
FITRON VF 101 STUDENT CRAW/CRAG	65552	NORFOLK	198
COMOPTEVFOR NORFOLK VA	57023	NORFOLK	197
ACU TWO	53210	LCREEK	196
NAS NORFOLK A/C OP DET	35676	NORFOLK	195
FLTSURVSUPPCOM NORTHWEST	45854	CHESAPEAKE	191
ACU FOUR SHORE	47106	LCREEK	191
NAS OCEANA A/C OPR DET	35672	OCEANA	190
BRMEDCLINIC NAVSTA NORFOLK VA	32510	NORFOLK	186
FLEASWTRACENLANT GST	42139	CNET	185
PHIBCB TWO	55105	LCREEK	177
FLELOGSUPPRON FORTY SEA DUTY	45592	NORFOLK	175
MACS TWENTY FOUR	01309	DAM NECK	170
PHIBCB TWO SEA DUTY	42043	LCREEK	169
NSHS BETHESDA DET STUDENTS	30496	PORTSMOUTH	168
NAVHOSP PORTSMOUTH DEPMEDS	46876	PORTSMOUTH	167
USCINCLANT	00066	NORFOLK	165
ATKRON VA 42 STU CRAW/CRAG	65549	OCEANA	163
COMSUBLANT NORFOLK VA	57016	NORFOLK	160
NAMTRAGRU DET OCEANA VA	66045	OCEANA	158
WPNSTA YORKTOWN	00109	YORKTOWN	157
CARAEWRON ONE TWO SIX	09963	NORFOLK	156
CARAEWRON ONE TOW ONE	09467	NORFOLK	156
CARAEWRON ONE TWO FOUR	09526	NORFOLK	156
CARAEWRON ONE TWO FIVE	09922	NORFOLK	156
CARAEWRON ONE TWO	09476	NORFOLK	156
CARAEWRON ONE TWO THREE	09477	NORFOLK	156
SUBTORPAC	68842	YORKTOWN	151
SPECBOATU TWO ZERO SEA DUTY	44392	LCREEK	149
NAVSTA NORFOLK BRIG	30838	NORFOLK	148

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FITRON VF 31	09473	OCEANA	254
USS SAGINAW LST 1188	20027	LCREEK	253
FCTCLANT	00281	DAM NECK	251
USS MONOGAHELA AO 178	20862	NORFOLK	249
FITRON VF 143	09281	OCEANA	247
NEXCEN NORFOLK	63367	NORFOLK	247
USS PLATTE AO 186	21049	NORFOLK	246
FITRON VF 84	09224	OCEANA	246
FITRON VF 102	09717	OCEANA	246
FITRON VF 32	09053	OCEANA	245
NAVMARCORESREDCEN NORFOLK	63448	LCREEK	245
ATKRON VA 36	09941	OCEANA	243
USS MERRIMACK AO 179	21007	NORFOLK	240
RESOLUTE AFDM 10	13867	NORFOLK	240
SUSTAIN AFDM 7	13863	NORFOLK	240
FITRON VF 74	09060	OCEANA	238
BRMEDCLINIC NAVSTA NORFOLK	32510	NORFOLK	237
HSL THREE ZERO NORFOLK	09123		232
ATKRON VA 65	09710		231
FITRON VF 33	09559		230
FITRON VF 142	09097	OCEANA	230
FITRON VF 41	09774	OCEANA	230
SEAL TEAM EIGHT	46985	LCREEK	229
SEAL TEAM FOUR	08943	LCREEK	229
SEAL TEAM TWO	55778	LCREEK	229
FITRON VF 14	09084	OCEANA	229
FITRON VF 11	09560	OCEANA	229
CUSL	57070	NORFOLK	228
NAVMINEWARENGACT	0708A	YORKTWON	226
COMSUBLANT NORFOLK	57016	NORFOLK	225

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EODMU TWO	43504	LCREEK	147
NCTAMSLANT NTCC HAMPTON RDS	39146	NORFOLK	145
NAVGMSCOL	64619	DAM NECK	143
HELMINERON EIGHTEEN	55214	NORFOLK	142
USS ASHEVILLE SSN 758	21466	NORFOLK	141
USS SCRANTON SSN 756	21464	NORFOLK	141
USS ALBANY SSN 753	21462	NEWPORT NEWS	141
USS NEWPORT NEWS SSN 750	21411	NEWPORT NEWS	141
USS HYMAN G. RICKOVER SSN 709	20885	NORFOLK	141
USS BALTIMORE SSN 704	20831	NORFOLK	141
USS PHOENIX SSN 702	20827	NORFOLK	141
USS MEMPHIS SSN 691	20782	NORFOLK	141
USS JACKSONVILLE SSN 699	20825	NORFOLK	141
USS CINCINNATI SSN 693	20784	NORFOLK	141
FLELOGSUPPRON FOUR ZERO NORFOLK	09303	NORFOLK	141
USS OKLAHOMA CITY SSN 723	21102	NORFOLK	140
USS KEY WEST SSN 722	21101	NORFOLK	140
USS ATLANTA SSN 712	20888	NORFOLK	140
RESOLUTE (AFDM 10)	13867	NORFOLK	140
SUSTAIN (AFDM 7)	13863	NORFOLK	140
USS FLYING FISH SSN 673	05154	NORFOLK	137
USS FINBACK SSN 670	05152	NORFOLK	137
USS SPADEFISH SSN 668	05150	NORFOLK	137
USS SUNFISH SSN 649	05136	NORFOLK	137
USS BERGALL SSN 667	05149	NORFOLK	137
NAVOPTHALSUPPTRACT	63439	YORKTOWN	133
SUBTRAFAC NORFOLK	45679	NORFOLK	131
AFLOATRAGRULANT GSTG NORFOLK	49085	LCREEK	130

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10R (9/26/94) VR Burned 824 9/29/94

USCINCLANT	00066	NORFOLK	220
FITRON VF 43	09072		218
NAVMEDCEN PORTSMOUTH	48460	PORTSMOUTH	211
MARINE AIRCRAFT GROUP FORTY SIX DET A	67639	NORFOLK	209
SDV TEAM TWO	08842	LCREEK	207
SACLANT	64590	NORFOLK	207
HELANTISUBRON LIGHT THIRTYFOUR LAMP	35282		203
HELANTISUBRON LIGHT THIRTY TWO LAMP	52988		203
NAVDENCEN NORFOLK	62753	NORFOLK	200
HELSUPPRON EIGHT SEA DUTY	55219	NORFOLK	199
NCTAMSLANT NTCC HAMPTON ROADS	39146	NORFOLK	199
ACU TWO	53210	LCREEK	196
NAS NORFOLK A/C OP DET	35676	NORFOLK	195
FLTSURVSUPPCOM NORTHWEST	45854	CHESAPEAKE	191
ACU FOUR SHORE	47106	LCREEK	191
NAS OCEANA A/C OPR DET	35672	OCEANA	190
NAVPHIBSCOL STUDENTS	30457	LCREEK	190
NAVMAC	63410	NORFOLK	188
CARAEWRON SEVEN EIGHT	09102	NORFOLK	187
FLEASWTRACNELANT GST	42139	NORFOLK	185
BRMEDCLINIC LITTLE CREEK	32529	LCREEK	180
FISC CHEATHAM ANNEX	60138	WILLIAMSBURG	180
COMNAVBASE NORFOLK	61463	NORFOLK	177
PHIBCB TWO	55105	LCREEK	177
FLELOGSUPPRON FORTY SEA DUTY	45592	NORFOLK	175
MACS TWENTY FOUR	01309	DAM NECK	170
PHIBCB TWO SEA DUTY	42043	LCREEK	169
NAVGMSCOL	64619	DAM NECK	168

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NAVCHAPGRU SEA DUTY	41530	WILLIAMSBURG	129
FLECOMPRON SIX	09806	NORFOLK	129
WPNSTA YORKTWON NUC	47616	YORKTOWN	128
SURTASS ANAL/OPSUPDIV	41632	DAM NECK	128
COMSPECBOATRON TWO	52738	LCREEK	127
NAVPHIBSCOL GST	42152	LCREEK	126
FACSFAC VACAPES OCEANA	42239	OCEANA	125
NAS NORFOLK SEAOPDET	46966	NORFOLK	123
COMSECONDFLT	08961	NORFOLK	122
NMITC	0387A	DAM NECK	122
MOTU TWO	0033A	NORFOLK	121
NAVSPECWARGRU TWO	0031A	LCREEK	119
BRMEDCLINIC LITTLE CREEK	32529	LCREEK	118
USS EDENTON ATS 1	20151	LCREEK	117
NRCHTB	46421	WILLIAMSBURG	116
NAS OCEANA SECDET	47213	OCEANA	110
USS OPPORTUNE ARS 41	02536	LCREEK	110
USS RECOVERY ARS 43	02538	LCREEK	110
USS HOIST ARS 40	02535	LCREEK	110
BMU TWO	53211	LCREEK	110
FLECOMPRON VC12	52994	OCEANA	110
USS KITTIWAKE ASR 13	04712	NORFOLK	103
NAVAIRES	63102	NORFOLK	103
USS GRASP ARS 51	21467	LCREEK	102
USS GRADDLE ARS 53	21441	LCREEK	102
CCWERULANTLANT NORFOLK	41649	LCREEK	98
USS SILVERSIDES (SSN 679)	20042	NORFOLK	98
BRMEDCLINIC OCEANA	32528	OCEANA	95
CARAEWRON ONE TWENTY STU CRAW/CRAG	30680	NORFOLK	95

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NAVHOSP PORTSMOUTH DEPMEDS	46876	PORTSMOUTH	167
NAVSAFCEN	63393	NORFOLK	167
NAVOPTHALSUPPTRACT	63439	YORKTOWN	166
PERSUPP DET NAVSTA NORFOLK VA	42574	NORFOLK	165
ATKRON VA 42 STU CRAW/CRAG	65549	OCEANA	163
NAMTRAGRU DET OCEANA	66045	OCEANA	163
SCHOOL OF MUSIC STUDENT	30636	LCREEK	160
NAVAUDSVCSE	62761	DAM NECK	160
CARAEWRON ONE TWO SIX	09963	NORFOLK	156
CARAEWRON ONE TOW ONE	09467	NORFOLK	156
CARAEWRON ONE TWO FOUR	09526	NORFOLK	156
CARAEWRON ONE TWO FIVE	09922	NORFOLK	156
CARAEWRON ONE TWO TWO	09476	NORFOLK	156
CARAEWRON ONE TWO THREE	09477	NORFOLK	156
SUBTORPAC	68842	YORKTOWN	151
SUBTRAFAC NORFOLK	45679	NORFOLK	150
NMITC	0387A	DAM NECK	150
SPECBOATU TWO ZERO SEA DUTY	44392	LCREEK	149
EODMU TWO	43504	LCREEK	147
NAVENVIRHLTHCEN	68546	NORFOLK	144
USS ASHEVILLE SSN 758	21466	NORFOLK	141
USS SCRANTON SSN 756	21464	NORFOLK	141
USS ALBANY SSN 753	21462	NEWPORT NEWS	141
USS NEWPORT NEWS SSN 750	21411	NEWPORT NEWS	141
USS HYMAN G. RICKOVER SSN 709	20885	NORFOLK	141
USS BALTIMORE SSN 704	20831	NORFOLK	141
USS PHOENIX SSN 702	20827	NORFOLK	141
USS MEMPHIS SSN 691	20782	NORFOLK	141
USS JACKSONVILLE SSN 699	20825	NORFOLK	141

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NAMTRAGRU DET NORFOLK	66046	NORFOLK	94
USS HAMMERHEAD (SSN 663)	05144	NORFOLK	92
HELCOMBATSUPPRON SIX SHORE DUTY DET	31242	NORFOLK	91
HELCOMBATSUPPRON SIX SHORE DUTY DET	31242	NORFOLK	91
HELSUPPRON EIGHT	55218	NORFOLK	90
COMNAVBASE NORFOLK VA PHY SEC	47523	NORFOLK	88
COMSUBLANT DSSS	65368	NORFOLK	87
FLELOGSUPPRON FIFTY SIX	53856	NORFOLK	87
COMSUBLANT/BCT	33248		86
MOBDIVSALVU TWO	55496	LCREEK	86
USCINCLANT/WWMCCS ADP	39211	NORFOLK	84
HELMINERON TWELVE STU CRAW/ CRAG	42434	NORFOLK	84
NAVLANTMETROCCEN	63061	NORFOLK	83
NAVMAC	63410	NORFOLK	82
LANTFLT HEDSUPPACT	57095	NORFOLK	82
USS DEFENDER MCM 2	21403	LCREEK	81
AIC FICEURLANT FOSSIC	66967	NORFOLK	80
EWTGLANTOCEANA	67355	LCREEK	80
NAVFAC BERMUDA	57038	BERMUDA	80
REDTRAFAC	45662	DAM NECK	80
SPECBOATU TWO ZERO	42223	LCREEK	79
NMCB BERMUDA DET	68388	BERMUDA	79
NSHS DET PORTSMOUTH	35976	PORTSMOUTH	79
FITRON VF 101 NEUTRAL DUTY COMP	45950	OCEANA	77
PSAD LITTLE CREEK	42575	LCREEK	76
CCWERULANT	55722	LCREEK	74
PERSUPP DET NAVSTA NORVA	42574	NORFOLK	74

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USS CINCINNATI SSN 693	20784	NORFOLK	141
FLELOGSUPPRON FOUR ZERO NORFOLK	09303	NORFOLK	141
USS OKLAHOMA CITY SSN 723	21102	NORFOLK	140
USS KEY WEST SSN 722	21101	NORFOLK	140
USS ATLANTA SSN 712	20888	NORFOLK	140
USS FLYING FISH SSN 673	05154	NORFOLK	137
USS FINBACK SSN 670	05152	NORFOLK	137
USS SPADEFISH SSN 668	05150	NORFOLK	137
USS SUNFISH SSN 649	05136	NORFOLK	137
USS BERGALL SSN 667	05149	NORFOLK	137
BRMEDCLINIC NAS OCEANA	32528	OCEANA	135
NCTAMSLANT	70272	NORFOLK	134
FACSFAC VACAPES OCEANA	42239	OCEANA	133
AFLOATRAGRULANT GSTG NORFOLK	49085	LCREEK	130
NAVCHAPGRU SEA DUTY	41530	WILLIAMSBURG	129
FLECOMPRON SIX	09806	NORFOLK	129
WPNSTA YORKTWON NUC	47616	YORKTOWN	128
SURTASS ANAL/OPSUPDIV	41632	DAM NECK	128
COMSPECBOATRON TWO	52738	LCREEK	127
NAVPHIBSCOL GST	42152	LCREEK	126
MOTU TWO	0033A	NORFOLK	126
USNS SATURN T-AFS-10	K0230	NORFOLK	125
USNS SIRIUS T-AFS-8	K0154	NORFOLK	125
NAVAIRES	63102	NORFOLK	125
NAS NORFOLK SEAOPDET	46966	NORFOLK	123
COMSECNDFLT	08961	NORFOLK	122
NAVSPECWARGRU TWO	0031A	LCREEK	122
LANTFLT HEDSUPPACT NORFOLK	57095	NORFOLK	119
HELANTISUBRON LIGHT THRITY STUDENTS	66660		118

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NAVSECGRUACT NORTHWEST DS	35454	CHESAPEAKE	73
NMITC STUDENTS	43494	DAM NECK	73
PATRON BERMUDA	00000		73
NAS BERMUDA SECURITY DET	47206	BERMUDA	72
CARAEWRON SEVEN EIGHT NORFOLK	09102	NORFOLK	72
PERSUPP DET NAS NORFOLK VA	42573	NORFOLK	70
COMIDEASTFOR STINGER DET	47197	NORFOLK	69
AFLOATRAGRULANT ETG NORFOLK	41616	NORFOLK	69
AIC LANTJIC	31297	NORFOLK	69
TACTRAGRULANT	53989	DAM NECT	69
NAVSECGRUACT NORTHWEST CC	32716	CHESAPEAKE	68
NAVSTA NORFOLK TRANS PER	44383	NORFOLK	68
SUPSHIP NEWPORT NEWS VA	62793	N. NEWS	68
COMNUWPNTRAGRULANT	63007	NORFOLK	68
HCS 4 SEA COMP	47568	NORFOLK	67
HELSUPPRON TWO NORFOLK	09212	NORFOLK	67
HELSUPPRON TWO NORFOLK	09212	NORFOLK	67
NAVSURFLANT READSUPPGRU	35322	NORFOLK	66
COMLOGGRU TWO	53841	NORFOLK	64
NAVY BAND POOL CINCLANTFLT NORFOLK	35396	NORFOLK	64
FASOTRAGRULANT NORFOLK	09810	NORFOLK	63
COMSURFWARDEVGRU LCREEK	53863	LCREEK	63
FLTCOMBATDIRSSACT	63273	DAM NECT	62
SUBTRAFAC NORFOLK STUDENTS	46387	NORFOLK	60
NAVLEGSVEOFF	68363	NORFOLK	60
NAVSAFCEN AVIATION SAFETY	48570	NORFOLK	59
COMCARGRU FOUR	09577	NORFOLK	59
FASOTRAGRULANT DET SHIPTRG	44275	NORFOLK	59
COMCARGRU EIGHT	53889	NORFOLK	58

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SCHOOL OF MUSIC	0618A	LCREEK	118
USS EDENTON ATS 1	20151	LCREEK	117
USNS RIGEL T-AF-58	K0231	NORFOLK	116
NRCHTB	46421	WILLIAMSBURG	116
NAS OCEANA SECDET	47213	OCEANA	116
DYNAMIC AFDL 6	14806	LCREEK	114
NAVLANTMETOCCEN	63061	NORFOLK	112
USNS WACCAMAW T-AO-109	K0204	NORFOLK	111
USNS PAWCATUCK T-AO-108	K0203	NORFOLK	111
USS OPPORTUNE ARS 41	02536	LCREEK	110
USS RECOVERY ARS 43	02538	LCREEK	110
USS HOIST ARS 40	02535	LCREEK	110
PSAD LITTLE CREEK	42575	LCREEK	110
BMU TWO	53211	LCREEK	110
FLECOMPRON VC12	52994	OCEANA	110
NAVEDTRASUPPCENLANT/VEP	43397	NORFOLK	108
USNS TRUCKEE T-AO 147	K0209	NORFOLK	108
USNS MISSISSINEWA T-AO 144	K0206	NORFOLK	108
USNS NEOSHO T-AO 143	K0205	NORFOLK	108
NMITC STUDENTS	43494	DAM NECK	108
PERSUPP DET NAS NORFOLK	42573	NORFOLK	108
USS KITTIWAKE ASR 13	04712	NORFOLK	103
USS GRASP ARS 51	21467	LCREEK	102
USS GRADDLE ARS 53	21441	LCREEK	102
FASOTRAGRULANT NORFOLK	09810	NORFOLK	99
USNS HUMPHREYS T-AO 188	K0229	NORFOLK	98
USNS KAISER T-AO 187	K0228	NORFOLK	98
FLTDECGRU LANT SEA DUTY	41649	LCREEK	98
COMSUBLANT/BCT	33248		98
USS SILVERSIDES SSN 679	20042	NORFOLK	98

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ASWOC BERMUDA	35383	BERMUDA	58
COMCARGRU TWO	09576	NORFOLK	57
COMCRUDESGRU EIGHT	0107A	NORFOLK	57
NAS BERMUDA BCT	33243	BERMUDA	57
MOBDIVSALVU TWO SEA DUTY COMP	42838	LCREEK	57
NCTAMSLANT	70272	NORFOLK	57
FLETRAGRU DET NORFOLK	47705	NORFOLK	56
COMDESRON TWO	0111A	NORFOLK	56
ACU 2 SHORE	42056	LCREEK	56
COMNAVBASE NORFOLK	61463	NORFOLK	56
NAVSHIPYD NORFOLK	00181	PORTSMOUTH	55
NAVSPECWARGRU 2 SEA DUTY	52839	LCREEK	55
NAVMASSO NEUTDUT COMP	68773	CHESAPEAKE	55
NAVPHIBASE SECDET	47163	LCREEK	54
NCTAMSLANT NTCC BREEZY PT	39145	NORFOLK	54
HELANTISUBRON LIGHT THIRTY FOUR	52874		53
EODTEU TWO	43505	FT STORY	52
NAVMASSO	68561	CHESAPEAKE	52
TACRON TWO ONE	09807	LCREEK	50
USNS SATURN T-AFS 10	63674	NORFOLK	49
USNS SIRIUS T-AFS 8	43701	NORFOLK	49
COMSUBRON SIX	55730	NORFOLK	49
TACRON TWO TWO	09812	LCREEK	49
COMSUBRON EIGHT	55731	NORFOLK	48
ROCLANT NATO COMMUNICATIONS FACILITY	47862	NORFOLK	48
LANTFLT HEDSUPPACT PHYSICAL	46902	NORFOLK	48
HELANTISUBRON LIGHT THIRTY STUDENTS	66660		48
FLTIMAGCOMLANT DMBT CAMGRU	41411	NORFOLK	47

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(9/24/94)

NAVPHIBASE SECDET	47163	LCREEK	97
NAMTRAGRU DET NORFOLK	66046	NORFOLK	97
AFSC	61720	NORFOLK	96
CG LFTCLANT	67355	LCREEK	96
DECA NORFOLK COMMISSARY	49176	NORFOLK	95
CARAEWRON ONE TWENTY STU CRAW/CRAG	30680	NORFOLK	95
DECA LITTLE CREEK COMMISSARY	49027	LCREEK	93
USCINCLANT/WWMCCS ADP	39211	NORFOLK	93
USS HAMMERHEAD SSN 663	05144	NORFOLK	92
HELCOMBATSUPPRON SIX SHORE DUTY DET	31242	NORFOLK	91
DECA OCEANA COMMISSARY	49032	OCEANA	90
HELSUPPRON EIGHT	55218	NORFOLK	90
DECA EAST CENTRAL LITTLE CREEK	48802	LCREEK	88
COMSUBLANT DSSS	65368	NORFOLK	87
NAVLEGSVEOFF	68363	NORFOLK	87
FLELOGSUPPRON FIFTY SIX	53856	NORFOLK	87
MOBDIVSALVU TWO	55496	LCREEK	86
EODMU TEN	82631	NORFOLK	85
HELMINERON TWELVE STU CRAW/CRAG	42434	NORFOLK	84
REDTRAFAC	45662	DAM NECK	84
AIC FICEURLANT FOSSIC	66967	NORFOLK	83
FLTACTRAGRP LANT NORFOLK	55722	LCREEK	83
NSHS DET PORTSMOUTH	35976	PORTSMOUTH	83
NAVEXCHEN NORFOLK	68573	NORFOLK	82
NAVFAC BERMUDA	57038	BERMUDA	82
USS DEFENDER MCM 2	21403	LCREEK	81
NAVEXCH NAVBASE NORFOLK	39228	NORFOLK	81
NAVEXCH OCEANA	66408	OCEANA	81

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FLECOMPRON SIX DET LITTLE CREEK	32019	NORFOLK	47
NAVSECGRUDET NORFOLK DS	35477	NORFOLK	46
PSAD OCEANA	68550	OCEANA	46
EODMU TWO	68769	LCREEK	45
UCT ONE	30121	LCREEK	45
NAVMARCORESREDCEN NORVA	63438	LCREEK	44
PSAD DAM NECK	68548	DAM NECK	42
FISC NORFOLK	00189	NORFOLK	42
SUBMARINE PERSUPP DET	48100	NORFOLK	41
NAVSEACENLANT	65912	PORTSMOUTH	41
NAVSECGRUACT NORTHWEST COMBAT READ	35014	CHESAPEAKE	40
COMOPTEVFOR DET NORFOLK	31977	NORFOLK	40
NAVENVIRHLTHCEN	68546	NORFOLK	40
CRU 411	66676	NORFOLK	39
NAVADMINCOM AFSC	64356	NORFOLK	39
AIC NIPSSA SP CINCLANTFLT	35945	NORFOLK	38
CBU 415	66923	OCEANA	38
NAVLANTMETOCCEN MOBILE TEAM	35701	NORFOLK	37
NAVENPVNTMEDU TWO	63117	NORFOLK	37
HCS 4	53811	NORFOLK	35
COMNAVDOCCOM	68948	NORFOLK	34
NAVSHIPYD NORFOLK	47622	PORTSMOUTH	34
SWATSLANT OCEANA VA	47157	OCEANA	34
NAVSURFLANT SEMMSS PMT	39282	NORFOLK	34
USLANTCOMT/CRUMIS SUPPORT ACTIVITY	46298	NORFOLK	34
NAVALREHCEN	67558	NORFOLK	34
NAVSURFLANT READSUPPGRU CSMTT	43594	NORFOLK	33
NAVABSCOLLUNIT NORFOLK	43293	NORFOLK	33
NAS OCEANA ALF FENTRESS	35044	LCREEK	33

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15 R VR Burned 824 9/29/94
(9/26/94)

NAVEXCH PORTSMOUTH	60673	PORTSMOUTH	81
NAVEXCH LITTLE CREEK	62152	LCREEK	81
SPECBOATU TWO ZEO	42223	LCREEK	79
NMCB BERMUDA DET	68388	BERMUDA	79
COMNUWPNTRAGRULANT NORFOLK	63007	NORFOLK	78
FITRON VF 101 NEUTRAL DUTY COMP	45950	OCEANA	77
PSAD OCEANA	68550	OCEANA	75
NAS BERMUDA SECURITY DET	47206	BERMUDA	74
NAVSECGRUACT NORTHWEST DS	35454	CHESAPEAKE	73
NCTAMSLANT NTCC BREEZY POINT	39145	NORFOLK	73
AIC LANTJIC	31297	NORFOLK	73
PATRON BERMUDA	00000		73
NAVDRUGLAB	68851	NORFOLK	73
NAVSURFLANT READSUPPGRU NORFOLK	35322	NORFOLK	73
REDTRAFAC STUDENTS	43395	DAM NECK	72
NAVSTA NORFOLK TRANS PER	44383	NORFOLK	71
USNS HARKNESS T-AGS 32	K0162	NORFOLK	70
COMIDESTFOR STINGER DET	47197	NORFOLK	69
AFLOATRAGRULANT ETG NORFOLK	41616	NORFOLK	69
NAVSECGRUACT NORTHWEST CC	32716	CHESAPEAKE	69
TACTRAGRULANT DAM NECK	53989	DAM NECK	69
PSAD DAM NECK	68548	DAM NECK	68
DPS DET NORFOLK VA	62575	NORFOLK	68
COMSURFWARDEVGRU LITTLE CREEK	53863	LCREEK	68
HCS 4 SEA COMP	47568	NORFOLK	67
HELSUPPRON TWO NORFOLK	09212	NORFOLK	67
USNS MARSHFIELD T-AK 282	M0191	NORFOLK	64
COMLOGGRU TWO	53841	NORFOLK	64
LANTDIV CONT OFC SEWELLS POINT	45806	NORFOLK	64

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PERSUPP DET LANTFLT	42572	NORFOLK	33
COMFITWING ONE	42572	LCREEK	33
COMEODGRU TWO	55322	LCREEK	33
BRMEDCLINIC NAS BERMUDA	39170	BERMUDA	31
BMU TWO SHORE	42055	LCREEK	31
COMHELTACWINGLANT	44890	NORFOLK	31
MOMAG UNIT FOURTEEN YORKTOWN VA	55256	YORKTOWN	30
CINCLANTFLT FLTCONTR NORFOLK VA	42229	NORFOLK	30
NAVGMSCOL BOS	43148	DAM NECK	30
COMMATWING ONE	09254	OCEANA	30
FLETRACEN NORFOLK	61797	NORFOLK	30
COMTRALANT NORFOLK	57021	NORFOLK	30
BRMEDCLINIC DAM NECT	46106	DAM NECK	29
COMCARAIRWING THREE	09731	OCEANA	29
BRDENCLINIC LITTLE CREEK	35044	LCREEK	29
COMRESPATWINGLANT NORFOLK VA	09158	NORFOLK	29
FLECOMPRON SIX DET DAM NECK	30197	DAM NECK	29
NAVSECGRUDET NORFOLK	63902	NORFOLK	29
HLTHCARE SUPPO NORFOLK	68908	NORFOLK	28
SERVICE CRAFT NNSY	30028	PORTSMOUTH	28
CINCLANTFLT PEB	35313	NORFOLK	28
BRDENCLINIC DAM NECK	35046	DAM NECK	28
TACTRAGRULANT STUDENTS	43577	DAM NECK	28
NCTAMSLANT SATCOMDET NORTHWEST	42063	CHESAPEAKE	28
COMCARAIRWING ONE	09732	OCEANA	28
COMCARAIRWING EIGHT	09748	OCEANA	28
NAVAVNDEPOT	65887	NORFOLK	28
BRMEDCLINIC NAVSHIPYD	32532	PORTSMOUTH	27
COMSUBRON EIGHT SMMS PMT	44450	NORFOLK	27

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16 R (9/24/94)

VR Bumm 824 9/29/94

NAVY BAND POOL CINCLANTFLT NORFOLK	35396	NORFOLK	64
MIUWU TWO ZERO SIX	81991	NORFOLK	63
DRMO SOUTH ANNEX	X1493	NORFOLK	63
HRO NORFOLK	68845	NORFOLK	63
SUBTRAFAC NORFOLK STUDENTS	46387	NORFOLK	60
NAVADMINCOM AFSC	64356	NORFOLK	60
NAVSAFCEN AVIATION SAFETY	48570	NORFOLK	59
COMCARGRU FOUR	09577	NORFOLK	59
FASOTRAGRULANT DET SHIPTRG	44275	NORFOLK	59
DECA PORTSMOUTH COMMISSARY	49031	PORTSMOUTH	58
COMCARGRU EIGHT	53889	NORFOLK	58
ASWOC BERMUDA	35383	BERMUDA	58
COMCARGRU TWO	09576	NORFOLK	57
COMCRUDESGRU EIGHT	0107A	NORFOLK	57
NAS BERMUDA BCT	33243	BERMUDA	57
MOBDIVSALVU TWO SEA DUTY COMP	42838	LCREEK	57
PSAD NAVHOSP	68551	PORTSMOUTH	57
PERSUPP DET LANTFLT NORFOLK	42572	NORFOLK	57
FLETRAGRU DET NORFOLK	47705	NORFOLK	57
COMDESRON TWO	0111A	NORFOLK	56
NAVORDSTA INDIAN HEAD DET	47652	YORKTOWN	56
ACU 2 SHORE	42056	LCREEK	56
NAVEDTRASUPPCENLANT	63325	NORFOLK	56
HLTHCARE SUPPO NORFOLK	68908	NORFOLK	55
NAVSPECWARGRU 2 SEA DUTY	52839	LCREEK	55
NAVMASSO NEUTDUT COMP	68773	CHESAPEAKE	55
PERSUPPACT	68547	NORFOLK	55
NAVENPVNTMEDU TWO	63117	NORFOLK	53
HELANTISUBRON LIGHT THIRTY FOUR	52874		53

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COMCARAIRWING SEVEN	09736	OCEANA	27
NAS BERMUDA AIMD	44313	BERMUDA	27
SUBINSURVLANT SEA DUTY	46991	NORFOLK	27
NAVMARCORESCEN RICHMOND	61900	RICHMOND	26
BRMEDCLINIC YORKTOWN	32533	YORKTOWN	26
PSAD NAVHOSP	68551	PORTSMOUTH	26
NAVRESCEN STAUNTON	62276	STAUNTON	25
NCTAMSLANT NTCC OCEANA	33225	OCEANA	25
AFSC	61720	NORFOLK	25
COMCBLANT LITTLE CREEK	57034	LCREEK	25
NAVSAFCEN NORFOLK SUBMARINE SAFETY	48571	NORFOLK	24
NAVSURFLANT SSAAC NORFOLK VA	47144	NORFOLK	24
NATO SATELLITE GROUND TERMINAL, NW	66536	CHESAPEAKE	24
NAVSECGRUACT NORTHWEST ECCM	45158	CHESAPEAKE	24
MAPRAGLANT	68652	LCREEK	24
NAVCHAPGRU	55131	WILLIAMSBURG	24
DYNAMIC (AFDL 6)	14806	LCREEK	24
COMSUPPRON EIGHT	55421	LCREEK	24
COMPHIBRON 4	55336	NORFOLK	23
COMPHIBRON 2	55335	NORFOLK	23
SCHOOL OF MUSIC GST	42112	LITTLE	23
SUPSHIP PORTSMOUTH	62678	PORTSMOUTH	23
FLEASWTRACENLANT	63401	NORFOLK	23
COMCAEWWING TWELVE	09052	NORFOLK	23
COMPHIBRONTEN	0245A	LCREEK	23
COMPHIBRON 8	55338	NORFOLK	22
COMPHIBRON 6	55337	NORFOLK	22
USNS KAISER (T-AO 187) MILITARY	43056	NORFOLK	22
COMLOGRON FOUR	57068	NORFOLK	22

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17R VR Burned 824 9/29/94
(9/26/94)

HSL THREE TWO NORFOLK	09134		53
SUBMARINE PERSUPP DET	48100	NORFOLK	52
EODTEU TWO	43505	FORT STORY	52
LANTFLT HEDSUPPACT PHYSICAL	46902	NORFOLK	51
FLTILOTEAM PORTSMOUTH	0067A	PORTSMOUTH	51
DTNSRDC UERD	30018	PORTSMOUTH	50
TACRON TWO ONE	09807	LCREEK	50
USNS WILKES T-AGS 33	K0163	NORFOLK	49
USNS SATURN T-AFS 10	63674	NORFOLK	49
USNS SIRIUS T-AFS 8	43701	NORFOLK	49
COMSUBRON SIX	55730	NORFOLK	49
ROCLANT NATO COMMUNICATIONS FACILITY	47862	NORFOLK	49
TACRON TWO TWO	09812	LCREEK	49
COMSUBRON EIGHT	55731	NORFOLK .	48
NAESU DET OCEANA	30328	OCEANA	48
NAVALREHCEN	67558	NORFOLK	48
FLTIMAGCOMLANT CMBT CAMGRU NORFOLK	41411	NORFOLK	47
FLECOMPRON SIX DET LITTLE CREEK	32019	NORFOLK	47
NAVSECGRUDET NORFOLK DS	35477	NORFOLK	46
PERS INTERN PROG SFD NORFOLK	42468	NORFOLK	45
EODMU TWO	68769	LCREEK	45
UCT ONE	30121	LCREEK	45
USNS WYMAN T-AGS 34	K0164	NORFOLK	44
COMNAVDOCCOM NORFOLK	68948	NORFOLK	43
OFFCAM SE NORFOLK	0597A	NORFOLK	43
COMCBLANT LITTLE CREEK	57034	LCREEK	43
LANTDIV CONT OFC SHIPYARD	45807	PORTSMOUTH	42
DPS DET BRANCH OFFICE PORTSMOUTH	66953	PORTSMOUTH	41

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NCTAMSLANT SPECOMMDIV	31163	NORFOLK	22
COMNAVBEACHGRU TWO	57067	LCREEK	22
NAVSAFCEN SURFACE SHIP SAFETY	48573	NORFOLK	21
PERSUPP DET BERMUDA	43333	BERMUDA	22
FOSSAC	65966	NORFOLK	21
LANTREPCOMNAVSURFRESFOR	31898	NORFOLK	20
COMNUWPNTRAGRULANT FLD TRG DIV	31506	NORFOLK	21
BRDENCLLINIC OCEANA	35047	OCEANA	20
NAVSATCOM DET HAMPTON ROADS	43669	NORFOLK	20
FAADCLANT	60951	NORFOLK	20
NAS ANX BERMUDA	43328	BERMUDA	19
NAVOCEANCOMFAC BERMUDA	65875	BERMUDA	19
FLTIMAGCENLANT OCEANA VA	45976	OCEANA	18
EWTGLANT SUPPARM	33318	NORFOLK	18
NAVBCSTSVC NORFOLK VA	42582	NORFOLK	18
FASOTRAGRULANT DET OCEANA	09333	OCEANA	18
NAVMTO	63408	NORFOLK	18
COMSEC CM10 NORFOLK	32678	NORFOLK	17
NAVEXC NAVBASE NORFOLK	39228	NORFOLK	17
HDQTRS FMF ATLANTIC	67026	NORFOLK	17
EWTGLANT SEADUTY	31524	LCREEK	17
COMPHIBRON TWELVE	0246A	NORFOLK	17
SDSA USERS ASST/TGRNG	48524	NORFOLK	16
NAVMARCORESCEN ROANOKE	61905	ROANOKE	16
FLTIMAGCOMLANT NORFOLK	57093	NORFOLK	16
DURATION FORCE (NNCB-7)	55117	LCREEK	15
WPNSTA YORKTOWN SERVICE CRAFT	30014	YORKTOWN	15
AICNIPSSA SP NORFOLK	30995	NORFOLK	15
COMSPECBOATU TWO FOUR	44394	LCREEK	15
EODMU TEN	82631	NORFOLK	15

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18 R (9/24/94) VR Burned 824 9/29/94

NAVSECGRUACT NORTHWEST COMBAT READ	35014	CHESAPEAKE	40
COMOPTEVFOR DET NORFOLK	31977	NORFOLK	40
COMFITWING ONE	09216	OCEANA	40
BRMEDCLINIC NAS BERMUDA	39170	BERMUDA	39
BRMEDCLINIC YORKTOWN	32533	YORKTOWN	39
CBU 411	66676	NORFOLK	39
COMTRALANT NORFOLK VA	57021	NORFOLK	39
AIC NIPSSA SP CINCLANTFLT	35945	NORFOLK	38
CBU 415	66923	OCEANA	38
FASTRAGRULANT DET OCEANA	09333	OCEANA	38
NAVLANTMETOCCEN MOBILE TEAM	35701	NORFOLK	37
FLTIMAGCOMLANT NORFOLK VA	57093	NORFOLK	37
NAVSURFLANT READSUPPGRU NORFOLK TECH	30331	NORFOLK	36
NAESU ATLANTIC DET NORFOLK VA	30331	NORFOLK	36
HCS 4	53811	NORFOLK	35
SDSA USERS ASST/TRNG	48524	NORFOLK	34
NAVSHIPYD NORFOLK	47622	PORTSMOUTH	34
SWATSLANT OCEANA VA	47157	OCEANA	34
NAVSURFLANT SEMMSS PMT	39282	NORFOLK	34
USLANTCOMT/CRUMIS SUPPORT ACTIVITY	46298	NORFOLK	34
NAVSURFLANT READSUPPGRU CSMTT	43594	NORFOLK	33
NAVABSCOLLUNIT NORFOLK	43293	NORFOLK	33
NAS OCEANA ALF FENTRESS	35044	LITTLE CREEK	33
BRDENCLINIC LITTLE CREEK	35044	LITTLE CREEK	33
COMEODGRU TWO	55322	LITTLE CREEK	33
COMHELTACWINGLANT NORFOLK VA	44890	NORFOLK	33
BRMEDCLINIC DAM NECK	46106	DAM NECK	32

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FLTILOTEAM PORTSMOUTH	0067A	PORTSMOUTH	15
LANTNAFFACENGCOM	61470	NORFOLK	15
AFLOATRAGRULANT PATG	41940	NORFOLK	14
COMNAVIUGRU TWO	62638	WILLIAMSBURG	14
NROTCU UVA CHARLOTTESVILLE	63317	CHARLOTTES VILLE	14
USS L. Y. SPEAR (AS 36) TWR 1 SUBRON SIX	31755	NORFOLK	14
COMDESRON TWO TWO	0131A	NORFOLK	14
COMSUBLANT SIPSSA SP	45107	NORFOLK	14
PSAD YORKTOWN	68549	YORKTOWN	14
NROTCU HAMPTON ROADS	68699	NORFOLK	14
PWC NORFOLK	00187	NORFOLK	14
COMDESRON THREE TWO	0137A	NORFOLK	13
COMDESRON TWO SIX	0135A	NORFOLK	13
CINCWESTLANT	64762	NORFOLK	13
REG OPER CENT LANT NORFOLK	43442	NORFOLK	13
FLTIMAGCOMLANT DMBT CAMGRUSUP NORFOLK	41412	NORFOLK	13
FLETRAULANT LITTLE CREEK	0022A	LCREEK	13
NCTAMSLANT (NARDAC) NORFOLK	68057	NORFOLK	13
NAVSTA NORFOLK NAVFOODMGTM	30019	NORFOLK	12
COMSUBLANT NCCS	43739	NORFOLK	12
MOBDIVSALVU TWO ECLASDIVTRATM	45191	NORFOLK	12
NAVLANTMETOCCEN DET	45876	OCEANA	12
NAVELEXCEN PORTSMOUTH	65580	PORTSMOUTH	12
NAVSHIPYD NORFOLK SECDET	48166	PORTSMOUTH	11
USS L. Y. SPEAR (AS 36) SIT	43552	NORFOLK	11
SURFNUCPROPMOBTRATM LANTFLT	47301	NORFOLK	11
NAVLANTMETOCCEN DET	65876	OCEANA	12
FLEASWTRAGRULANT NORFOLK	46904	NORFOLK	11
UCT 1 SHORE DUTY COMPONENT	35232	LCREEK	11

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19 R VR Burned 824 9/29/94
(9/21/94)

COMSEC CMIO NORFOLK VA	32678	NORFOLK	31
BMU TWO SHORE	42055	LITTLE CREEK	31
NAVSECGRUDET NORFOLK	63902	NORFOLK	31
MOMAG UNIT FOURTEEN YORKTOWN VA	55256	YORKTOWN	30
CINCLANTFLT FLTCONTR NORFOLK VA	42229	NORFOLK	30
CINCLANTFLT PEB	35313	NORFOLK	30
NAVGMSCOL BOS	43148	DAM NECK	30
COMMATWING ONE	09254	OCEANA	30
FLETRACEN NORFOLK	61797	NORFOLK	30
USNS BARTLETT (T-AGOR 13)	K0177	NORFOLK	29
USNS LYNCH (T-AGOR 7)	K0174	NORFOLK	29
COMCARAIRWING THREE	09731	OCEANA	29
NCTAMSLANT APTS MGMT EAST	46658	NORFOLK	29
COMRESPATWINGLANT NORFOLK VA	09158	NORFOLK	29
FLECOMPRON SIX DET DAM NECK	30197	DAM NECK	29
USNS DESTEIGER (T-AGOR 12)	K0176	NORFOLK	28
NAS BERMUDA AIMD	44313	BERMUDA	28
SERVICE CRAFT NNSY	30028	PORTSMOUTH	28
MAPRAGLANT	68652	LITTLE CREEK	28
BRDENCLINIC DAM NECK	35046	DAM NECK	28
TACTRAGRULANT STUDENTS	43577	DAM NECK	28
NCTAMSLANT SATCOMDET NORTHWEST	42063	CHESAPEAKE	28
COMCARAIRWING ONE	09732	OCEANA	28
COMCARAIRWING EIGHT	09748	OCEANA	28
COMCAEWWING TWELVE NORFOLK VA	09052	NORFOLK	28
MSCO NORFOLK VA	62538	NORFOLK	28
BRMEDCLINIC NAVSHIPYD NORFOLK	32532	PORTSMOUTH	27

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COMSPECBOATU TWO FOUR	42243	LCREEK	11
DECA NORFOLK COMMISSARY	49176	NORFOLK	10
USS EMORY S. LAND (AS 39) ES LAND SITE	45246	NORFOLK	10
USS JOHN F. KENNEDY NAVSECGRUDET (CV-67)	30608	NORFOLK	10
NAVFAC BERMUDA SECURITY DET	47245	BERMUDA	10
BRMEDCLINIC NAVSECGRUACT NORTHWEST	32804	NORFOLK	10
BRDENCLINIC PORTSMOUTH	35045	PORTSMOUTH	10
NCTAMSLANT NTCC PORTSMOUTH	39147	PORTSMOUTH	10
NAVLEGSVCOFFDET OCEANA	35494	OCEANA	10
NAVPACENOICC BERMUDA	68406	NORFOLK	10
PERSUPPACT	68547	NORFOLK	10
LANTDIV CONT OFC SEWELLS POINT	45806	NORFOLK	9
COMNAVAIRLANT/BCT	33221	NORFOLK	9
PQ MESS MGT SPEC	45983	NORFOLK	9
NAVMAC CHAPLAINS RESOURCE BOARD	68775	NORFOLK	9
DECA LITTLE CREEK COMMISSARY	49027	LCREEK	8
DECA EAST CENTRAL LITTLE CREEK	48802	LCREEK	8
DECA PORTSMOUTH COMMISSARY	49031	PORTSMOUTH	8
FLETRAGRU SUPPORT	53929	NORFOLK	8
NAVSAFCEN NORFOLK NAVOSH	48572	NORFOLK	8
COMNAVBASE NORFOLK VA CRED	68563	NORFOLK	8
NAVYBAND FLESUPCEN	35392	LCREEK	8
MIUWU TWO ZERO SIX	81991	NORFOLK	8
FISC CHEATHAM ANNEX	60138	WILLIAMSBURG	8
DECA OCEANA COMMISSARY	49032	OCEANA	7
NAVSURFLANT READSUPPGRU 600 PSI MTT#	53930	NORFOLK	7

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20R VRBUMD 824 9/29/94
(9/24/94)

COMSUBRON EIGHT SMMS PMT	44450	NORFOLK	27
CINCLANTFLT LOSF	57074	NORFOLK	27
COMCARAIRWING SEVEN	09736	OCEANA	27
NAVMARCORESCEN RICHMOND	61900	RICHMOND	27
SUBINSURVLANT SEA DUTY	46991	NORFOLK	27
NAVMEDINFOMGMTCENDET PORTSMOUTH VA	46737	PORTSMOUTH	26
RESALE ACT BERMUDA	61217	BERMUDA	26
COMSUPPRON EIGHT	55421	LITTLE CREEK	26
NAVRESCEN STAUNTON	62276	STAUNTON	25
NAVSECGRUACT NORTHWEST ECCM	45158	CHESAPEAKE	25
NCTAMSLANT NTCC OCEANA	33225	OCEANA	25
NAVSATCOM DET HAMPTON ROADS	43669	NORFOLK	25
COMNAVBEACHGRU TWO	57067	LITTLE CREEK	25
NAVSAFCEN NORFOLK SUBMARINE SAFETY	48571	NORFOLK	24
NAVSURFLANT SSAAC NORFOLK VA	47144	NORFOLK	24
NATO SATELLITE GROUND TERMINAL, NW	66536	CHESAPEAKE	24
NAVCHAPGRU	55131	WILLIAMSBURG	24
COMPHIBRON 4	55336	NORFOLK	23
COMPHIBRON 2	55335	NORFOLK	23
BRDENCLINIC OCEANA	35047	OCEANA	23
SCHOOL OF MUSIC GST	42112	LITTLE CREEK	23
FLEASWTRACENLANT	63401	NORFOLK	23
COMPHIBRONTEN	0245A	LITTLE CREEK	23
COMPHIBRON 8	55338	NORFOLK	22
COMPHIBRON 6	55337	NORFOLK	22

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NAVMARTRIJUDCIR TIDEWATER	31552	NORFOLK	7
COMSUBLANT NEUTRAL DUTY	43599	NORFOLK	7
BRDENCLINIC BERMUDA	41779	BERMUDA	7
FASOTRAGRULANT SEA DUTY	44937	NORFOLK	7
PSAD NORTHWEST	43330	CHESAPEAKE	7
NAVMINEWARENGACT	0708A	YORKTOWN	7
EODGRU TWO DET YORKTOWN	30720	YORKTOWN	7
NCTSI DET TWO	41738	NORFOLK	7
FHTNC	63376	NORFOLK	7
MSCO	62538	NORFOLK	7
EODGRU TWO DET	45682	NORFOLK	7
FCTCLANT ROTHR DET NORTHWEST	47437	CHESAPEAKE	6
AIC CTG 168.2 LANTFAST	52850	NORFOLK	6
NAVBSCSTSVC DET BERMUDA	45946	BERMUDA	6
NAVOPTHALSUPPACT STUDENTS	30962	WILLIAMSBURG	6
LANTDIV CONT OFC AMPHIB BASE	45810	LCREEK	6
NIS LE & PSAT NORFOLK	45188	NORFOLK	6
NAVEXCHCEN SHS TR FAST TM	68147	NORFOLK	6
COMOCEANLANT	64759	NORFOLK	6
USCINCLANT/WIS	44018	NORFOLK	6
FLETRACEN NORFOLK FMS TRAINING	41471	NORFOLK	6
BRDENCLINIC YORKTOWN	35042	YORKTOWN	6
AMCC FOUR DRIVER	41519	SUFFOLK	6
COMTACGRU TWO	0379A	LCREEK	6
DEFCOURIERSVC NORFOLK	31140	NORFOLK	6
NAVCRIMINVSERV EASTREG	63055	NORFOLK	6
NAVDRUGLAB	68851	NORFOLK	6
NAVEDTRASUPPCENLANT	63325	NORFOLK	6
EWTGLANT	63021	LCREEK	6
NAS OCEANA LSO	68788	OCEANA	5

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21R Bumed 824 9/29/94
(9/26/94)

USNS KAISER (T-AO 187) MILITARY	43056	NORFOLK	22
COMLOGRON FOUR	57068	NORFOLK	22
LANTDIV CONT OFC AMPHIB BASE	45810	LITTLE CREEK	22
LANTDIV CONT OFC OCEANA	45809	OCEANA	22
NCTAMSLANT SPECOMMDIV	31163	NORFOLK	22
PSAD YORKTOWN	68549	YORKTOWN	22
PERSUPP DET BERMUDA	43333	BERMUDA	22
USNS MOHAWK (T-ATF 170)	K0223	NORFOLK	21
NAVSAFCEN SURFACE SHIP SAFETY	48573	NORFOLK	21
AIC USCINCLANT IDHS/SPINTCOM DIV	65296	NORFOLK	21
FASTRAGRULANT STUDENTS	30686	NORFOLK	21
NCTAMSLANT NTCC PORTSMOUTH	39147	PORTSMOUTH	21
NAVOCEANCOMFAC BERMUDA	65875	BERMUDA	21
FOSSAC	65966	NORFOLK	21
LANTREPCOMNAVSURFRESOR NORFOLK VA	31898	NORFOLK	20
COMNUWPNTRAGRULANT FLD TRG DIV	31506	NORFOLK	20
FLTIMAGCENLANT OCEANA VA	45976	OCEANA	20
USNS TRIUMPH (T-AGOS 4)	K0182	NORFOLK	19
USNS VINDICATOR (T-AGOS 3)	K0181	NORFOLK	19
NAS ANX BERMUDA	43328	BERMUDA	19
NAVSEASYSCOM DET NISMF PORTSMOUTH VA	35355	PORTSMOUTH	19
NAVBCSTSVC NORFOLK VA	42582	NORFOLK	19
CAMGTM NORFOLK	45599	DAM NECK	18
NAVPHIBSCOL SUPPARM	33318	NORFOLK	18
DRMO ST JULIENS CREEK	XG493	PORTSMOUTH	18
NAVEXCHDET CHESAPEAKE	#-122	NORTHWEST	17
USNS APACHE (T-ATF 172)	K0225	NORFOLK	17

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NAVSURFLANT READSUPPGRU AVORD MTT	48764	NORFOLK	5
NAVSAFCEN NORVA NEUTRAL DUTY	47350	NORFOLK	5
COMNAVBASE NORFOLK VA PAO	66990	NORFOLK	5
NCTAMSLANT SPECOMMDIV STUDENTS	32865	CHESAPEAKE	5
NAVSEASYSCOM DET NISMF	35355	PORTSMOUTH	5
NAVSECGRUDET NORFOLK CSS	30996	NORFOLK	5
AIC MPN	39130	NORFOLK	5
AIC USCINCLANT IDHS/SPINTCOM DIV	65296	NORFOLK	5
FLETRACEN NORFOLK NEUTRAL DUTY	45700	NORFOLK	5
BRDENCLINIC NEWPORT NEWS	35051	NEWPORT NEWS	5
NAVPHIBASE FSC	48669	LCREEK	5
AMCC SIX DRIVER	41520	SUFFOLK	5
AMCC NINE DRIVER	47058		5
FCTCLANT FMSTRA	41473	DAM NECK	5
LANTDIV CONT OFC SHIPYARD	45807	PORTSMOUTH	5
NCTAMSLANT NTCC LITTLE CREEK	41515	LCREEK	5
DET ONE 22ND DENTAL COMPANY	30696	NORFOLK	5
DMA NORFOLK	62627	NORFOLK	5
EODGRU TWO DET BERMUDA	30699	BERMUDA	5
NAVUNSEAWARCEN DET NORFOLK	64281	NORFOLK	5
DRMO BERMUDA	41493	BERMUDA	4
DECA YORKTOWN COMMISSARY	49175	YORKTOWN	4
USNS MOHAWK (T-ATF 170)	K0223	NORFOLK	4
NAVSEASYSCOMDET RASO	45650	YORKTOWN	4
LANTDIV CONT OFC	44247	YORKTOWN	4
SURTASS SUPPCEN LITTLE CREEK	46063	LCREEK	4
NAVMTO NAVAIRTERM DEPT	45627	NORFOLK	4
NAESU ATLANTIC DET NORFOLK	30331	NORFOLK	4

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22 R VR Bureau 824 9/29/94
(9/24/94)

USNS POWHATAN (T-ATF 166)	K0219	NORFOLK	17
COMNAVBASE NORFOLK VA PAO	66990	NORFOLK	17
HDQTRS FMF ATLANTIC	67026	NORFOLK	17
NAVPHIBSCOL SEADUTY	31524	LITTLE CREEK	17
FHTNC	63376	NORFOLK	17
COMPHIBRON TWELVE	0246A	NORFOLK	17
NROTCU UVA CHARLOTTESVILLE VA	63317	CHARLOTTES VILLE	16
NAVMARCORESCEN ROANOKE	61905	ROANOKE	16
CINCLANTFLT NPEB	46434	NORFOLK	16
FLETRAULANT LITTLE CREEK VA	0022A	LITTLE CREEK	16
NROTC HAMPTON ROADS NORFOLK VA	68699	NORFOLK	16
DECA YORKTOWN COMMISSARY	49175	YORKTOWN	15
LANTDIV CONT OFC YORKTOWN	44247	YORKTOWN	15
WPNSTA YORKTOWN SERVICE CRAFT	30014	YORKTOWN	15
AICNIPSSA SP NORFOLK	30995	NORFOLK	15
BRDENCLINIC PORTSMOUTH	35045	PORTSMOUTH	15
COMSPECBOATU TWO FOUR	44394	LITTLE CREEK	15
AFLOATRAGRULANT PATG NORFOLK VA	41940	NORFOLK	14
COMNAVIUGRU TWO	62638	WILLIAMSBU RG	14
USS L. Y. SPEAR (AS 36) TWR 1 SUBRON SIX	31755	NORFOLK	14
COMDESRON TWO TWO	0131A	NORFOLK	14
COMSUBLANT SIPSSA SP	45107	NORFOLK	14
DRMO CHEATHAM ANNEX	XC493	WILLIAMSBU RG	14
COMDESRON THREE TWO	0137A	NORFOLK	13
COMDESRON TWO SIX	0135A	NORFOLK	13

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CINCLANTFLT/PAO	66799	NORFOLK	4
LANTDIV CONT OFC OCEANA	45809	OCEANA	4
FLTIMAGCENLANT OCEANA NAS DET	45896	NORFOLK	4
COMNAVAIRESFOR LANT	45907	NORFOLK	3
COMNAVAIRESFOR LANT	45906	NORFOLK	3
NACO PROG NORFOLK VA	39024	NORFOLK	3
NAVSECGRUACT NORTHWEST CSS	44596	CHESAPEAKE	3
COMNAVAIRLANT FLAG ADMN UNIT TEAM 1	31874	NORFOLK	3
NAVBCSTSVC MOBILE DET THREE	45523	NORFOLK	3
FLTIMAGFACLANT OCEANA LITTLE CREEK	45897	LITTLE CREEK	3
NAESU DET OCEANA	30328	OCEANA	3
BRDENCLINIC NORTHWEST	35049	NORFOLK	3
NAVMASSO SNAP MEDICAL DET	46008	CHESAPEAKE	3
FLTIMAGCENLANT JACKSONVILLE DET	39359	BERMUDA	3
COMSUBLANT SHIPYARD REPRESENTATIVE	44436	NEWPORT NEWS	3
RESALE ACT BERMUDA	61217	BERMUDA	3
NAVSAFCEN	63393	NORFOLK	3
SUBINSURVLANT	62896	NORFOLK	3
NAVOSHENVTRACEN	91732	NORFOLK	2
SPASWOC BERMUDA	47168	BERMUDA	2
NAVFAC ROICC BERMUDA	45428	BERMUDA	
NAVSEASYSCOM DPGG PCC TT	79085	LITTLE CREEK	2
PQ MESS MGT SPEC NAVSTA NORFOLK	46242	NORFOLK	2
NAVEXCHCEN NORFOLK	68573	NORFOLK	2
NAVAIRTECHSERVFAC NEUTRAL DUTY	46837	NORFOLK	2
NAVAIRTECHSERVFAC	45013	NORFOLK	2

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23 R (9/26/94) VR Burned 824 9/29/94

TAGOS SUPPU LANT	46077	LITTLE CREEK	13
CINCWESTLANT	64762	NORFOLK	13
REG OPER CENT LANT NORFOLK	43442	NORFOLK	13
FLTIMAGCOMLANT DMBT CAMGRUSUP NORFOLK	41412	NORFOLK	13
NCTAMSLANT NTCC LITTLE CREEK	41515	LITTLE CREEK	13
NCTAMSLANT (NARDAC) NORFOLK	68057	NORFOLK	13
ISSOT PORTSMOUTH	47271	PORTSMOUTH	12
AIC CTG 168.2 LANTFAST	52850	NORFOLK	12
SURFNUCPROPMOBTRATM LANTFLT NORFOLK	47301	NORFOLK	12
NAVSTA NORFOLK NAVFOODMGTM NORFOLK	30019	NORFOLK	12
II STF LYNCHBURG	45361	LYNCHBURG	12
COMSUBLANT NCCS	43739	NORFOLK	12
MOBDIVSALVU TWO SECLASDIVTRATM	45191		12
PSAD NORTHWEST	43330	CHESAPEAKE	12
NAVLANTMETOCCEN DET	65876	OCEANA	12
NAVSHIPYD NORFOLK SECDET	48166	PORTSMOUTH	11
USS L. Y. SPEAR (AS 36) SIT	43552	NORFOLK	11
NAVEXCH DET YORKTOWN	66406	YORKTOWN	11
FLEASWTRAGRULANT NORFOLK	46904	NORFOLK	11
UCT 1 SHORE DUTY COMPONENT	35232	LITTLE CREEK	11
DRMO CAMP ALLEN	XA493	NORFOLK	11
NAVLEGSVCOFFDET OCEANA	35494	OCEANA	11
COMSPECBOATU TWO FOUR	42224	LITTLE CREEK	11
COMFITMATAEWWINGSLANT	09273	OCEANA	11
USS EMORY S. LAND (AS 39) ES LAND SITE	45246	NORFOLK	10

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MTMC MATCO NORFOLK	62028		2
CINCLANTFLT NPES ADMIN	47495	NORFOLK	2
CINCLANTFLT/RPN	32797	NORFOLK	2
FLTIMAGCENLANT OCEANA DET CINCLANT	45898	NORFOLK	2
NAVMEDCEN PORTSMOUTH ONDESC	31653	PORTSMOUTH	2
COMFITMATAEWWINGSLANT	09273	OCEANA	2
COMNAVAIRLANT COMBSERVSUPP	70297	FORT STORY	2
ISSOT PORTSMOUTH	47271	PORTSMOUTH	1
CCWERULANT	31844	NORFOLK	1
NAVEXCH LITTLE CREEK	62152	LCREEK	1
NAVEXCH PORTSMOUTH	60673	PORTSMOUTH	1
NCTAMSLANT NORFOLK/DCS	31197	NORFOLK	1
NAVEXCH OCEANA	66408	OCEANA	1
AIC CINCLANTFLT/SPINTCOMDIV	42201	NORFOLK	1
CINCLANTFLT SSO	42875		1
CINCLANTFLT SEA DUTY COMP	45218	NORFOLK	1
COMSUBLANT INTELLIGENCE DIV	42443	CINCLANT	1
CNAVSECGRUDET NORFOLK ECCM	45076	NORFOLK	1
NAVSEADET FSLANT NORFOLK	47269	NORFOLK	1
COMNAVAIRLANT SEA DUTY COMP	43268		1
NASC DET WSM NORFOLK	46774	NORFOLK	1
I&I STF NORFOLK	45359	NORFOLK	1
TAGOS SUPP LANT	46077	LCREEK	1
NAVEXCH DET YORKTOWN	66406	YORKTOWN	1
I&I STF LYNCHBURG	45361	LYNCHBURG	1
NAVMEDINFOMGMTCENDET	46737	PORTSMOUTH	1
PACMISTESTCEN DET YORKTOWN	48056	YORKTOWN	1
FLTSURVSUPPCOM DET TWO	45856	CHESAPEAKE	1

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

24 R VR Burned 824 9/29/94
(9/26/94)

USS JOHN F. KENNEDY NAVSECGRUDET (CV-67)	30608	NORFOLK	10
DODDS	DD007	BERMUDA	10
NAVFAC BERMUDA SECURITY DET	47245	BERMUDA	10
BRMEDCLINIC NAVSECGRUACT NORTHWEST	32804	NORFOLK	10
NSWC FORT MONROE	63238		10
NAVPACEN	68406	NORFOLK	10
CINCLANTFLT/WWMCCS ADP	39209	NORFOLK	9
NAVFAC ROICC BERMUDA	45428	BERMUDA	9
COMNAVAIRLANT/BCT	33221	NORFOLK	9
PQ MESS MGT SPEC	45983	NORFOLK	9
NAVSTA NORFOLK CAACTR	68130	NORFOLK	9
NAVMAC CHAPLAINS RESOURCE BOARD NORFOLK	68775	NORFOLK	9
FLETRAGRU SUPPORT NORFOLK	53929	NORFOLK	8
NAVSAFCEN NORFOLK NAVOSH	48572	NORFOLK	8
COMNAVBASE NORFOLK VA CRED	68563	NORFOLK	8
NAVYBAND FLESUPCEN NORFOLK	35392	LITTLE CREEK	8
BRDENCLINIC YORKTOWN	35042	YORKTOWN	8
NCTAMSLANT NORFOLK/DCS	31197	NORFOLK	8
SUBINSURVLANT	62896	NORFOLK	8
NAVEDTRASUPPCENLANT/TRA	43401	NORFOLK	7
NAVSURFLANT READSUPPGRU 600 PSI MTT#	53930	NORFOLK	7
NAVMARTRIJUDCIR TIDEWATER NORFOLK	31552	NORFOLK	7
COMSUBLANT NEUTRAL DUTY	43559	NORFOLK	7
COMNUWPNTRAGRULANT STUDENTS NORFOLK	32370	NORFOLK	7
BRDENCLINIC BERMUDA	41779	BERMUDA	7
FASOTRAGRULANT SEA DUTY	44937	NORFOLK	7

EODGRU TWO DET YORKTOWN VA	30720	YORKTOWN	7
NCTSI DET TWO NORFOLK	41738	NORFOLK	7
COMOESYSLANT	68730	NORFOLK	7
EODGRU TWO DET NORFOLK VA	45682	NORFOLK	7
FCTCLANT ROTHR DET NORTHWEST	47437	CHESAPEAKE	6
NAVSTA NORFOLK BRIG CENTRAL	45609	NORFOLK	6
NAVBCSTSVC DET BERMUDA	45946	BERMUDA	6
NAVOPTHALSUPPACT STUDENTS	30962	WILLIAMSBURG	6
NIS LE & PSAT NORFOLK	45188	NORFOLK	6
NAVEXCHCEN SHS TR FAST TM	68147	NORFOLK	6
COMOCEANLANT	64759	NORFOLK	6
NAVSECGRUDET NORFOLK CSS	30996	NORFOLK	6
USCINCLANT/WIS	44018	NORFOLK	6
FLETRACEN NORFOLK FMS TRAINING	41471	NORFOLK .	6
AMCC FOUR DRIVER	41519	SUFFOLK	6
COMTACGRU TWO	0379A	LITTLE CREEK	6
NAVSEADET NISMF	55631	PORTSMOUTH	6
DEFCOURIERSVC NORFOLK VA	31140	NORFOLK	6
NAVPHIBSCOL	63021	LITTLE CREEK	6
NAS OCEANA LSO	68788	OCEANA	5
NAVSURFLANT READSUPPGRU AVORD MTT	48764	NORFOLK	5
NAVSAFCEN NORVA NEUTRAL DUTY	47350	NORFOLK	5
NCTAMSLANT SPECOMMDIV STUDENTS	32865	CHESAPEAKE	5
AIC MPN	49130	NORFOLK	5
FLETRACEN NORFOLK NEUTRAL DUTY	45700	NORFOLK	5
BRDENCLINIC NEWPORT NEWS	35051	NEWPORT NEWS	5

NAVPHIBASE FSC	48669	LITTLE CREEK	5
AMCC SIX DRIVER	41520	SUFFOLK	5
AMCC NINE DRIVER	47058		5
FCTCLANT FMSTRA	41473	DAM NECK	5
DET ONE 22ND DENTAL COMPANY NORFOLK	30696	NORFOLK	5
DMA NORFOLK	62627	NORFOLK	5
EODGRU TWO DET BERMUDA	30699	BERMUDA	5
OFFCPM SER CIVEDTRAPROG NORFOLK	45735	NORFOLK	4
OECEN	68002	NORFOLK	4
NAVSEASYSCOMDET RASO	45650	YORKTOWN	4
SURTASS SUPPCEN LITTLE CREEK	46063	LITTLE CREEK	4
NAVMTO NAVAIRTERM DEPT	45627	NORFOLK	4
CINCLANTFLT/PAO	66799	NORFOLK	4
FLTIMAGCENLANT OCEANA NAS DET	45896	NORFOLK	4
COMNAVAIRESFOR LANT	45907	NORFOLK	3
COMNAVAIRESFOR LANT	45906	NORFOLK	3
NAVEDTRASUPPCENLANT/TRA	43400	NORFOLK	3
NACO PROG NORFOLK VA	39024	NORFOLK	3
NAVSECGRUACT NORTHWEST CSS	44596	CHESAPEAKE	3
COMNAVAIRLANT FLAG ADMN UNIT TEAM 1	31874	NORFOLK	3
NAVBCSTSVC MOBILE DET THREE	45523	NORFOLK	3
FLTIMAGFACLANT OCEANA LITTLE CREEK	45897	LITTLE CREEK	3
BRDENCLINIC NORTHWEST	35049	NORFOLK	3
NAVMASSO SNAP MEDICAL DET	46008	CHESAPEAKE	3
FLTIMAGCENLANT JACKSONVILLE DET	39359	BERMUDA	3
COMSUBLANT SHIPYARD REPRESENTATIVE	44436	NEWPORT NEWS	3

COMHELSEACONWING ONE	52911	NORFOLK	3
NAVSAFSCOL	91732	NORFOLK	2
SPASWOC BERMUDA	47168	BERMUDA	2
NAVSEASYSCOM DPGG PCC TT	79085	LITTLE CREEK	2
PQ MESS MGT SPEC NAVSTA NORFOLK	46242	NORFOLK	2
NAVAIRTECHSERVFAC NEUTRAL DUTY	46837	NORFOLK	2
NAVAIRTECHSERVFAC	45013	NORFOLK	2
MTMC MATCO NORFOLK	68028		2
NAVSECGRUDET NORFOLK ECCM	45076	NORFOLK	2
CINCLANTFLT/RPN	32797	NORFOLK	2
FLTIMAGCENLANT OCEANA DET CINCLANT	45898	NORFOLK	2
NAVMEDCEN PORTSMOUTH ONDESC	31653	PORTSMOUTH	2
COMNAVAIRLANT COMBSERVSUPP	70297	FORT STORY	2
PAATLANT NORFOLK VA	66951	NORFOLK	2
FLTSURVSUPPCOM DET TWO NORTHWEST VA	45856	CHESAPEAKE	1
PACMISTESTCEN DET YORKTOWN VA	48056	YORKTOWN	1
I&I STF NORFOLK	45359	NORFOLK	1
NASC DET WSM NORFOLK	46774	NORFOLK	1
COMNAVAIRLANT SEA DUTY COMP	43268		1
NAVSEADET FSLANT NORFOLK	47269	NORFOLK	1
NAVELEXCEN PDE 120 DET NORFOLK	43358	NORFOLK	1
COMSUBLANT INTELLIGENCE DIV	42443	NORFOLK	1
USCINCLANT AIRBORNE CMDP	33009	LANGLEY AFB	1
CINCLANTFLT SEA DUTY COMP	45218	NORFOLK	1
CINCLANTFLT SSO	42875		1
AIC CINCLANTFLT/SPINTCOMDIV	42201	NORFOLK	1

FEWSG SURF DET ONE NORFOLK ONE	31844	NORFOLK	1
COMFEWSG NORFOLK VA	66236	NORFOLK	1
EWOPFAC	47155		0
NAVY RESALE ACTIVITY LITTLE CREEK	66263		0
SEAL TEAM SIX	53999	DAM NECK	0
NAVY RESALE ACTIVITY OCEANA	66262		0
NAVCRUITDIST RICHMOND	62431	RICHMOND	0
COMCARAIRWING THIRTEEN	55143		0
NAVSEADET PERA ASC	45405		0
OIC NATTC DET LKHST DET NORFOLK VA	30827		0

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	9,339	385,822	3.5	84.6
ACTIVE DUTY NON N/MC	978	16,820	4.6	11.3
TOTAL ACTIVE DUTY	10,317	402,642		95.9
FAMILY OF AD	7,975	409,744	2.8	66.9
RETIRED AND FAMILY MEMBERS UNDER 65	4,074	162,486*	4.7*	54.9*
RETIRED AND FAMILY MEMBERS OVER 65	2,235	45,232*	6.2*	11.4*
OTHER	220	7,892	2.6	3.5
TOTAL	24,821	1,027,996		232.6

R VR Burned 824 9/29/94
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What is your occupancy rate for FY 1994 to date? 67.2

Source: AQCESS, Micro-WORS FY94
*** Estimated from RAPS Model Utilization Projection Report.**

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~~25~~ 29 R (9/26/94) 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	9,339	385,822	3.5	84.6
ACTIVE DUTY NON N/MC	978	16,820	4.6	11.3
TOTAL ACTIVE DUTY	10,317	402,642		95.9
FAMILY OF AD	7,975	409,744	2.8	66.9
RETIRED AND FAMILY MEMBERS UNDER 65	4,074	207,718	4.5	66.3
RETIRED AND FAMILY MEMBERS OVER 65	2,235			
OTHER	220	7,892	2.6	3.5
TOTAL	24,821	1,027,996		232.6

What is your occupancy rate for FY 1994 to date? 67.2

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	993,892	993,841	993,929	994,026	994,154	994,154	994,154
ADMISS.	24,412	24,644	24,649	24,670	24,678	24,678	24,678

Please show all assumptions and calculations in the space below:

Source: RAPS FY92 Baseline

Assumptions:

- **Admissions adjusted by including newborns from base year FY92; not included in RAPS**
- **Outpatient visits adjusted by +10% to bring more in line with current outpatient trends**
- **Inpatient visits are included in outpatient visit counts**
- **NAVCARE visits are included but projections based on FY94 NAVCARE visits**
- **RAPS only projects to FY99**

~~26~~ 30R (9/26/94) VR BUMED 824 9/29/94
(Revisions on 30-A-R Continuation page)

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4. Projected Workload cont'd

Calculations:

	RAPS	+ 10%	NAVCARE	WORS	TOTAL
FY 95	592,260	59,226	284,906	57,500	993,892
FY 96	592,214	59,221	284,906	57,500	993,841
FY 97	592,294	59,229	284,906	57,500	993,929
FY 98	592,382	59,238	284,906	57,500	994,026
FY 99	592,498	59,250	284,906	57,500	994,154
FY 00	(SAME)	(SAME)	(SAME)	(SAME)	(SAME)
FY 01	(SAME)	(SAME)	(SAME)	(SAME)	(SAME)

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VR Burned 824 9/29/94

~~27~~ 30-A-R (9/26/94) VR Burned 824 9/29/94

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	993,892	993,841	993,929	994,026	994,154	994,154	994,154
ADMISS.	24,412	24,644	24,649	24,670	24,678	24,678	24,678

Please show all assumptions and calculations in the space below:

Source: RAPS FY92 Baseline

Admissions adjusted by including newborns from base year FY92; not included in RAPS
Outpatient visits adjusted by +10% to bring more in line with current outpatient trends
Inpatient visits are included in outpatient visit counts
NAVCARE visits are included but projections based on FY94 NAVCARE visits
*RAPS only projects to FY1999

R

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
Physical Fitness Testing Coord.	75 Hours	100
Industrial Hygiene (IH) Services incl: IH survey, sampling, and training	2925 man hrs	45
Occupational audiology site visits and audio booth certification	8.25 man hrs	2
Audiology Technician training	48 man hrs	5
Sanitation/Habitability Inspection	351 man hrs	5
Potable Water/Ice Testing	110 man hrs	5
Other Preventive Medicine	25 man hrs	5
Food Service/Sanitation Testing	25 man hrs	5

R R VR BUMED 824 9/29/94 R

~~28~~ 31 R (9/26/94) VR BUMED 824 9/29/94

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
Physical Fitness Testing Coord.	75 Hours	100
Industrial Hygiene (IH) Services incl: IH survey, sampling, and training	2925 man hrs	45
Occupational audiology site visits and audio booth certification	8.25 man hrs	2
Audiology Technician training	48 man hrs	7
Sanitation/Habitability Inspection	351 man hrs	5
Potable Water/Ice Testing	25 man hrs	5
Other Preventive Medicine	25 man Hrs	5

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
Anesthesia	3	5	5	7	7	7	7	7
Dental	4	4	4	4	4	4	4	4
Emergency Medicine		5	6	7	7	7	7	7
Family Practice				6	12	12	12	12
Gastroenterology	1	1	0	0	0	0	0	0
Internal Medicine	28	26	31	30	30	30	30	30
Nephrology	1	1	0	0	0	0	0	0
OB/GYN	12	10	12	12	12	12	12	12
Oral Maxiofacial	1	1	1	1	1	1	1	1
Orthopedics	3	3	3	3	3	3	3	3
Otolaryngology	3	3	3	3	3	3	3	3
Pathology	2	2	1	1	3	3	3	3
Pediatrics	13	14	14	14	14	14	14	14
Psychiatry	10	9	11	11	11	11	11	11

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
Psychology	5	5	5	5	5	5	5	5
Pulmonary	1	1	0	0	0	0	0	0
Surgery	18	18	18	18	18	18	18	18
Transitional	15	15	15	15	15	15	15	15
Urology	2	2	2	2	2	2	2	2
Pastoral Care	5	5	5	5	5	5	5	5
Nurse Anesthetist	3	3	3	3	3	3	3	3

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[1]	CERT.[2]	COMMENTS[3]
Anesthesia	F	100%	
Pain Management	F	100%	
Emergency Medicine	F	100%	
Family Practice	To Begin in 1996	100%	
Gastro	F	100%	
Internal Med	F	100%	
Nephrology	F	100%	
OB/GYN	F	100%	
Orthopedics	F	100%	
Otolaryn-gology	F	100%	
Pathology	F	100%	
Pediatrics	F	100%	
Phychiatry	F	100%	
Pulmonary	F	100%	
Surgery	F	100%	
Transitional	F	100%	
Urology	F	100%	

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.

141-60	104/Photographic	344	72	Adequate
610-10	104/Admin	26,794	72	Adequate
610-20	104/Data Processing	370	72	Adequate
610-77	104/Admin Storage	2,688	72	Adequate
730-36	104/Lunch-Locker Room	1,180	72	Adequate
510-20	105/Laundry	3,665	72	Inadequate
610-77	106/Admin Storage	2,767	72	Adequate

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

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

* For questions on inadequacy of this building, see page 40a.

(A) This item 105 / Laundry is not addressed in 7A because the facility is being transferred to LANTNAVFACENGCOM UIC N62470

35 R (11-14-94) V R Bumed 824 11/14/94

[3] Complete this section for all programs that you entered a P or 2N 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[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
711-44	Qrtrs C/Flag housing	5,218	89	Adequate
711-41	Qrtrs I/J/Housing	4,210	69	Inadequate
510-10	1/Patient care	189,798	167	Inadequate
540-10	1/Dental	10,600	167	Inadequate
740-64	35/Combined club	6,513	77	Inadequate
724-11	97/VIP qrtrs	942	63	Adequate
171-20	104/Applied instruction	46,219	52	Substand
171-25	104/Auditorium	2,392	52	Substand
610-10	104/Administration	2,544	52	Substand
721-11	104/BEQ	13,464	52	Substand
721-11	105/BEQ	44,826	52	Inadequate
214-20	107/Vehicle maintenance	3,615	52	Adequate
214-40	107/Vehicle holding	7,426	52	Substand
721-11	107/BEQ	9,682	52	Inadequate
730-10	107/Fire station	4,940	52	Substand
730-20	107/Police station	2,790	52	Substand
510-10	123A/Interim Clinic	7,434	4	Adequate
510-10	123B/Interim Clinic	5,466	4	Adequate
740-60	126/Officers Club	13,845	50	Inadequate
610-10	126/Administrative	1,266	50	Inadequate

723-77	128/BEQ storage	1,120	52	Substand
730-25	137/Gate house	102	43	Adequate
714-77	151/Housing storage	160	51	Inadequate
714-77	153/Tool shed	144	87	Adequate
510-10	215/Patient care	459,605	34	Substand
610-10	215/Administrative	400	34	Adequate
722-10	215/Enlisted dining	18,252	34	Substand
730-83	215/Chapel	3,932	34	Adequate
730-85	215/Post office	1,000	34	Adequate
740-04	215/Exchange	3,663	34	Adequate
740-05	215/MWR snack stand	464	34	Adequate
740-56	215/Auditorium	8,218	34	Adequate
740-76	215/Library	1,800	34	Adequate
721-11	239/BEQ	23,572	24	Substand
723-60	245/Shelter	432	24	Adequate
510-10	249/Medical support	12,654	17	Adequate
441-10	249/Storage	1,360	17	Adequate
510-77	249/Medical storage	10,496	17	Adequate
610-10	249/Administrative	4,330	17	Adequate
610-20	249/MID	3,344	17	Adequate
441-10	250/Warehouse	40,120	17	Substand
550-10	250/Medical repair	2,009	17	Substand
610-10	250/Administrative	15,438	17	Substand
610-20	250/Data processing	3,389	17	Substand
740-53	252/Indoor pool	10,579	15	Adequate
740-01	256/Exchange retail	14,790	14	Adequate
510-10	256/Retort sterilizer	1,350	1	Adequate
740-04	256/Exchange cafeteria	1,848	14	Adequate
730-25	267/Gate house	45	4	Adequate

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441-30	270/Flammable Storage	1,585	3	Adequate
441-10	271/Interim Storage	25,000	3	Adequate
610-10	272/Interim Admin	29,600	3	Adequate
219-10	273/Public Works Shop	23,637	1	Adequate
610-10	273/Administrative	6,658	1	Adequate
530-40	274/Clinical research	21,560	1	Adequate
730-80	275/Parking Garage	798,150	2	Adequate
740-43	276/Gymnasium	20,355	2	Adequate
730-25	281/Gate house	256	1	Adequate
714-10	283/Detached garage	529	2	Adequate
610-10	286/Interim Admin (OICC)	9,420	3	Adequate
171-10	100/Academic Inst.	4,909 2,000 780	72	Substand Inadequate Adequate
171-20	100/Applied Inst.	27,964	72	Adequate
171-25	100/Auditorium	1,759	72	Substand
510-77	100/Clinic Storage-Med Repair	15,240 4,462	72	Substand Inadequate
550-10	100/Med Clinic	3,131	72	Substand
610-10	100/Admin Office	55,480 22,454	72	Adequate Inadequate
610-77	100/Admin Storage	1,688	72	Adequate
740-04	100/Snack Bar	1,634 843	72	Substand Inadequate
550-10	101/Psychiatry	4,359 3,003	72	Adequate Inadequate
610-10	101/Admin	5,197 1.959	72	Adequate Inadequate
610-20	101/Data Services Ctr	7,083	72	Adequate
610-77	101/Admin Storage	3,312	72	Inadequate

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~~34~~ R cqw BUMED-823
38 10/29/94

Encl (1)

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441-30	270/Flammable Storage	1,585	3	Adequate
441-10	271/Interim Storage	25,000	3	Adequate
610-10	272/Interim Admin	29,600	3	Adequate
219-10	273/Public Works Shop	23,637	1	Adequate
610-10	273/Administrative	6,658	1	Adequate
530-40	274/Clinical research	21,560	1	Adequate
730-80	275/Parking Garage	798,150	2	Adequate
740-43	276/Gymnasium	20,355	2	Adequate
730-25	281/Gate house	256	1	Adequate
714-10	283/Detached garage	529	2	Adequate
610-10	286/Interim Admin (OICC)	9,420	3	Adequate
171-10	100/Academic Inst.	4,909 2,000 780	72	Substand Inadequate Adequate
171-20	100/Applied Inst.	27,964	72	Adequate
171-25	100/Auditorium	1,759	72	Substand
510-77	100/Clinic Storage-Med Repair	15,240 4,462	72	Substand Inadequate
550-10	100/Med Clinic	3,131	72	Substand
610-10	100/Admin Office	55,480 22,454	72	Adequate Inadequate
610-77	100/Admin Storage	1,688	72	Adequate
740-04	100/Snack Bar	1,634 843	72	Adequate Inadequate
550-10	101/Psychiatry	4,359 3,003	72	Adequate Inadequate
610-10	101/Admin	5,197 1.959	72	Adequate Inadequate
610-20	101/Data Services Ctr	7,083	72	Adequate
610-77	101/Admin Storage	3,312	72	Inadequate

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~~34~~ 38R (9/26/94)

VR Burnett 9/29/94

R

141-60	104/Photographic	344	72	Adequate
610-10	104/Admin	26,794	72	Adequate
610-20	104/Data Processing	370	72	Adequate
610-77	104/Admin Storage	2,688	72	Adequate
730-36	104/Lunch-Locker Room	1,180	72	Adequate
510-20	105/Laundry	3,665	72	Inadequate R*
610-77	106/Admin Storage	2,767	72	Adequate

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

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

* For questions on inadequacy of this building, see page 40a.

35A
35R = TW Bldgs-823
10/28/04

R

141-60	104/Photographic	344	72	Adequate
610-10	104/Admin	26,794	72	Adequate
610-20	104/Data Processing	370	72	Adequate
610-77	104/Admin Storage	2,688	72	Adequate
730-36	104/Lunch-Locker Room	1,180	72	Adequate
510-20	105/Laundry	3,665	72	Adequate
610-77	106/Admin Storage	2,767	72	Adequate

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

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

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~~35~~ 38-A-R (9/24/94)

UR Bumped 9/29/94

441-30	270/Flammable storage	1,585	3	Adequate
441-10	271/Interim storage	25,000	3	Adequate
610-10	272/Interim Admin	29,600	3	Adequate
219-10	273/Public Works shop	23,637	1	Adequate
610-10	273/Administrative	6,658	1	Adequate
530-40	274/Clinical research	21,560	1	Adequate
730-80	275/Parking garage	798,150	2	Adequate
740-43	276/Gymnasium	20,355	2	Adequate
730-25	281/Gate house	256	1	Adequate
714-10	283/Detached garage	529	2	Adequate
610-10	286/Interim Admin (OICC)	9,420	3	Adequate

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

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

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:

a. Facility Code: 711-41 (Building qrtrs I/J)

(1) What makes it inadequate: Lead paint on walls and ceilings, inadequate HVAC, windows, doors and roof.

(2) What use is being made of the facility? The facility is currently being evaluated for demolition by the Virginia State Historic Preservation Office (SHPO).

(3) What is the cost to upgrade the facilty to substandard? Approximately $170K.

R

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:

a. Facility Code: 711-41 (Building qrtrs I/J)

(1) What makes it inadequate: Lead paint on walls and ceilings, inadequate HVAC, windows, doors and roof.

(2) What use is being made of the facility? The facility is currently being evaluated for demolition by the Virginia State Historic Preservation Office (SHPO).

(3) What is the cost to upgrade the facilty to substandard? Approximately $170K.

(4) What other use could be made of the facility and at what cost? No other use could be made of this facility due to its configuration. The cost indicated above would be a minimum cost associated with most alternative uses for this facility.

(5) Current improvement plans and programmed funding: This facility is slated for demolition. The funding source is the ongoing Defense Medical Facilities Office, Health Affairs (DMFO) project P-002.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

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VR BUMED 824 9/29/94

b. Facility Code: 510-41 (Building 1/Patient care)
540-10 (Building 1/Dental)

R

(1) What makes it inadequate: Layout of facility, Life Safety Code deficiencies, inadequate HVAC.

(2) What use is being made of the facility? The facility is currently used for inpatient and outpatient services.

(3) What is the cost to upgrade the facilty to substandard? No cost figure has been generated to upgrade this facility to a substandard condition for patient care services.

(4) What other use could be made of the facility and at what cost? The facility has been identified for renovation as a medical support function. A detailed cost estimate has not been developed at this point.

(5) Current improvement plans and programmed funding: This facility is slated to be renovated in FY00. The funding source is the ongoing Defense Medical Facilities Office, Health

~~36~~ 38BR (9/26/94) VR BUMED 824 9/29/94

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Affairs (DMFO) project P-002. The programmed amount has not been established at this point.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

c. Facility Code: 740-64 (Building 35) R

(1) What makes it inadequate: Inadequate HVAC, windows, doors and roof and general condition of structural system.

(2) What use is being made of the facility? The facility is currently being used as a combined club.

(3) What is the cost to upgrade the facilty to substandard? Due to the condition of this facility it has been identified for demolition, no cost to upgrade the facility to substandard condition has been generated.

(4) What other use could be made of the facility and at what cost? In the short term, this facility will likely be used for storage at little or no cost. The facility has no other practical long term use.

(5) Current improvement plans and programmed funding: There are no plans to improve this facility. R

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

d. Facility Code: 721-11 (Building 105) R

(1) What makes it inadequate: Layout of the facility, use of gang heads, and inadequate HVAC.

(2) What use is being made of the facility? The facility is used to house junior enlisted personnel grades E1-E4.

(3) What is the cost to upgrade the facilty to substandard? Approximately $1,000K.

(4) What other use could be made of the facility and at what cost? This facility was designed specifically to house personnel. No other practical use of this facility is recommended.

(5) Current improvement plans and programmed funding: This facility is slated for demolition in the out years in accordance with the base master plan. A project to remodel the heads has been proposed through BUMED.

(6) Has this facility condition resulted in "C3" or "C4"

ST 39 R (9/26/94) UR BUMED 824

(4) What other use could be made of the facility and at what cost? No other use could be made of this facility due to its configuration. The cost indicated above would be a minimum cost associated with most alternative uses for this facility.

(5) Current improvement plans and programmed funding: This facility is slated for demolition. The funding source is the ongoing Defense Medical Facilities Office, Health Affairs (DMFO) project P-002.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

b. Facility Code: 711-41 (Building 1)

(1) What makes it inadequate: Layout of facility, Life Safety Code deficiencies, inadequate HVAC.

(2) What use is being made of the facility? The facility is currently used for inpatient and outpatient services.

(3) What is the cost to upgrade the facilty to substandard? No cost figure has been generated to upgrade this facility to a substandard condition for patient care services.

(4) What other use could be made of the facility and at what cost? The facility has been identified for renovation as a medical support function. A detailed cost estimate has not been developed at this point.

(5) Current improvement plans and programmed funding: This facility is slated to be renovated in FY00. The funding source is the ongoing Defense Medical Facilities Office, Health Affairs (DMFO) project P-002. The programmed amount has not been established at this point.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

c. Facility Code: 711-41 (Building 35)

(1) What makes it inadequate: Inadequate HVAC, windows, doors and roof and general condition of structural system.

(2) What use is being made of the facility? The facility is currently being used as a combined club.

(3) What is the cost to upgrade the facilty to substandard? Due to the condition of this facility it has been identified for demolition, no cost to upgrade the facility to substandard condition has been generated.

R

designation on your BASEREP? No.

e. Facility Code: 721-11 (Building 107) R

(1) What makes it inadequate: Access, layout and inadequate HVAC.

(2) What use is being made of the facility? The facility is currently being used to house medical hold personnel.

(3) What is the cost to upgrade the facilty to substandard? Approximately $500K.

(4) What other use could be made of the facility and at what cost? Storage at little to no cost.

(5) Current improvement plans and programmed funding: This facility is slated for demolition in the long term in accordance with the base master plan. No capital improvements have been identified to improve this portion of the facility.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

f. Facility Code: 740-60 (Building 126/O Club)
610-10 (Building 126/Administration) R

(1) What makes it inadequate: Lead paint on walls and ceilings, inadequate HVAC, windows, doors, roof and structural system.

(2) What use is being made of the facility? The facility is currently being used as training space.

(3) What is the cost to upgrade the facilty to substandard? Approximately $500K.

(4) What other use could be made of the facility and at what cost? This facility could be adapted to any use in the short term. The $500K cost is considered the minimum cost necessary to upgrade this facility.

(5) Current improvement plans and programmed funding: In the long term, this facility is slated for demolition in accordance with the base master plan. Several options are currently under study for use of this facility in order to meet activity requirements. No programmed funds have been established.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

~~38~~ 40 R

(4) What other use could be made of the facility and at what cost? In the short term, this facility will likely be used for storage at little or no cost. The facility has no other practical long term use.

(5) Current improvement plans and programmed funding: There are no plans to improve this facility.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

d. Facility Code: 711-41 (Building 105)

(1) What makes it inadequate: Layout of the facility, use of gang heads, and inadequate HVAC.

(2) What use is being made of the facility? The facility is used to house junior enlisted personnel grades E1-E4.

(3) What is the cost to upgrade the facilty to substandard? Approximately $1,000K.

(4) What other use could be made of the facility and at what cost? This facility was designed specifically to house personnel. No other practical use of this facility is recommended.

(5) Current improvement plans and programmed funding: This facility is slated for demolition in the out years in accordance with the base master plan. A project to remodel the heads has been proposed through BUMED.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

e. Facility Code: 711-41 (Building 107)

(1) What makes it inadequate: Access, layout and inadequate HVAC.

(2) What use is being made of the facility? The facility is currently being used to house medical hold personnel.

(3) What is the cost to upgrade the facilty to substandard? Approximately $500K.

(4) What other use could be made of the facility and at what cost? Storage at little to no cost.

R

g. Facility Code: 714-77 (Building 151) R

(1) What makes it inadequate: Lead paint on walls and ceilings, inadequate windows, doors and roof.

(2) What use is being made of the facility? The facility is currently being evaluated for demolition by the Virginia State Historic Preservation Office (SHPO).

(3) What is the cost to upgrade the facilty to substandard? No cost figure has been generated to upgrade this facility.

(4) What other use could be made of the facility and at what cost? No other use could be made of this facility due to its configuration.

(5) Current improvement plans and programmed funding: This facility is slated for demolition. The funding source is the ongoing Defense Medical Facilities Office, Health Affairs (DMFO) project P-002.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

h. Facility Code: Building 100
171-10 Academic Inst.
510-77 Clinic Storage-Med Repair
610-10 Admin Office
740-04 Snack Bar

R

R Holmes 824 9/29/94

(1) What makes it inadequate: Functional or space criteria deficiency.

(2) What use is being made of the facility? The facility is currently being for administrative support space and training.

(3) What is the cost to upgrade the facilty to substandard? Approximately $600K.

(4) What other use could be made of the facility and at what cost? Administrative use is normally a highly efficient use of space. Therefore no consideration for other uses has been made.

(5) Current improvement plans and programmed funding: No programmed projects are in the works for this facility. Consieration for the transfer of this property from the Naval Medical Center Class II property record account is underway. Should this decision be made, it would occur upon completion of the new Acute Care Facility (ACF) in 1997

39 41 R

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(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

i. Facility Code: Building 101
550-10 Psychiatry
610-10 Admin
610-77 Admin Storage

(1) What makes it inadequate: Functional or space criteria deficiency.

(2) What use is being made of the facility? The facility is currently being used for administrative support space, storage and outpatient psychiatry services.

(3) What is the cost to upgrade the facilty to substandard? $200,000.

(4) What other use could be made of the facility and at what cost? Administrative use is normally a hihly efficient and low cost use of space. Therefore, no consideration for other uses has been made.

(5) Current improvement plans and programmed funding: No programmed projects are in the works for this facility. Consideration for the transfer of this property from the Naval Medical Center Class II property record account is underway. Should this decision be made, it would occur upon completion of the new Acute Care Facility (ACF) in 1997.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

FOR 7(a)j, please see page 40a R

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 ($K)
CR1-86	Enlisted Club Renovation		88
R3 -89	Repair HVAC duct bldg.215		260
R4 -89	Repair Exterior bldg. 215		323
R4 -90	Heating Sys Repr. bldg. 1		487
C1 -92	Renovate bldg. 249		320

40 R STW BURIED -823
10/28/94

R

j. Facility Code: 510-20 (Building 105 Laundry)

(1) What makes it inadequate? No longer used as a laundry. Is a gutted building.

(2) What use is being made of the facility? The facility is not being used.

(3) What is the cost to upgrade the facility to substandard? N/A See number 5 below.

(4) What other use could be made of the facility and at what cost? N/A See number 5 below.

(5) Current improvement plans and programmed funding: This facility is in the process of being transferred to Naval Facilities Engineering Command. According to information received by our Facilities Department, NAVFACENGCOM is planning to use this building for storage purposes.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

40a R
CTW Burned-823
10/28/94

R

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

i. Facility Code: Building 101
550-10 Psychiatry
610-10 Admin
610-77 Admin Storage

(1) What makes it inadequate: Functional or space criteria deficiency.

(2) What use is being made of the facility? The facility is currently being used for administrative support space, storage and outpatient psychiatry services.

(3) What is the cost to upgrade the facilty to substandard? $200,000.

(4) What other use could be made of the facility and at what cost? Administrative use is normally a hihly efficient and low cost use of space. Therefore, no consideration for other uses has been made.

(5) Current improvement plans and programmed funding: No programmed projects are in the works for this facility. Consideration for the transfer of this property from the Naval Medical Center Class II property record account is underway. Should this decision be made, it would occur upon completion of the new Acute Care Facility (ACF) in 1997.

(6) 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 of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE ($K)
CR1-86	Enlisted Club Renovation		88
R3 -89	Repair HVAC duct bldg.215		260
R4 -89	Repair Exterior bldg. 215		323
R4 -90	Heating Sys Repr. bldg. 1		487
C1 -92	Renovate bldg. 249		320

41-A-R (9/26/94) VERIFIED 824 9/29/94

(5) Current improvement plans and programmed funding: This facility is slated for demolition in the long term in accordance with the base master plan. No capital improvements have been identified to improve this portion of the facility.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

f. Facility Code: 711-41 (Building 126)

(1) What makes it inadequate: Lead paint on walls and ceilings, inadequate HVAC, windows, doors, roof and structural system.

(2) What use is being made of the facility? The facility is currently being used as training space.

(3) What is the cost to upgrade the facilty to substandard? Approximately $500K.

(4) What other use could be made of the facility and at what cost? This facility could be adapted to any use in the short term. The $500K cost is considered the minimum cost necessary to upgrade this facility.

(5) Current improvement plans and programmed funding: In the long term, this facility is slated for demolition in accordance with the base master plan. Several options are currently under study for use of this facility in order to meet activity requirements. No programmed funds have been established.

(6) Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? No.

g. Facility Code: 711-41 (Building 151)

(1) What makes it inadequate: Lead paint on walls and ceilings, inadequate windows, doors and roof.

(2) What use is being made of the facility? The facility is currently being evaluated for demolition by the Virginia State Historic Preservation Office (SHPO).

(3) What is the cost to upgrade the facilty to substandard? No cost figure has been generated to upgrade this facility.

(4) What other use could be made of the facility and at what cost? No other use could be made of this facility due to its configuration.

(5) Current improvement plans and programmed funding: This facility is slated for demolition. The funding source is the ongoing Defense Medical Facilities Office, Health Affairs (DMFO) project P-002.

(6) 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 of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE ($K)
CR1-86	Enlisted Club Renovation		88
R3 -89	Repair HVAC duct bldg.215		260
R4 -89	Repair Exterior bldg. 215		323
R4 -90	Heating Sys Repr. bldg. 1		487
C1 -92	Renovate bldg. 249		320
R1 -92	Remodel BEQ heads, " 105		333
R3 -92	Replace 1K T chillers 215		588
R4 -92	Roof / Ext Repr. bldg 104		237
R7 -92	Emergener. contrl. " 215		263
R8 -92	Repl. elevator " " 215		330

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

Note: MILCON P-002 is underway as a major planned capital improvement, non-BRAC related. For years 1995 - 1997, expectations are for a central energy plant and parking garage expansion, plus partial completion of a new acute care facility. Value of improvements at that time is estimated at $275M.

MILCON P-026, programmed for FY-96, constructs a 312 PN BEQ. Estimated cost is $7.1M.

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

Note: There are no BRAC related projects planned for 1995 - 1997 at this time.

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

Facility Condition Assessment Document (FCAD) DD Form 2407 follows.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME					
2. UIC: N00813	3. CATEGORY CODE		4. NO. OF BUILDINGS 37		
5. SIZE	A. GSF:2,042,218		B. NORMAL BEDS: (97+272) 369		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	90	10		A18	
(2) ADMINISTRATION	90	10		B12	
(3) CENTRAL STERILE SVCS.	90	10		B17	
(4) DENTAL	100			B17	
(5) EMERGENCY SVCS.	90	10		B17	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	90	10		B12	
(9) INPATIENT NURSING UNITS	80	10	10	B16, C17	
(10) LABOR-DEL-NURSERY	20	40	40	B16, C17	

(11) OUTPATIENT CLINICS	80	10	10	B16, C17	
(12) PHARMACY	90	10		B12	
(13) RADIOLOGY	90	10		B12	
(14) SURGICAL SUITE	90	10		C16	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	70	30		A09	
(B) HVAC	80	20		A01, 812	
(C) PLUMBING	90	10		A02	
(D) ELECTRICAL SVCS.	90	10		A05, A07	
(E) ELECTRICAL DISTRIBUTION	90	10		A17	

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: Oct 91
FULL ACCREDITATION: **YES**
LIFE SAFETY MANAGEMENT SCORE: 5 (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location.

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

Naval Medical Center Portsmouth (NMCP) is almost centrally located in one of the largest military populations in the U. S. In addition to the Norfolk Naval Base, the largest Naval installation in the world, Little Creek Naval Amphibious Base and the Oceana Naval Air Station are within a 25 mile radius of this command. The Navy also has many smaller operations in Chesapeake, Portsmouth, Virginia Beach, and York County.

NMPC is located on 110 acres in Portsmouth, Virginia, and the command includes branch medical clinics located at, or very near, several other commands or bases in the region. This provides an even better strategic location and mission accomplishment capability relative to the clients supported.

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

AIR: Norfolk International Airport, Norfolk
RAIL: Amtrack, Newport News
SEA: Naval Base, Norfolk
GROUND: Greyhound Bus Line, Portsmouth

c. Distance in miles . . .airfield . . . = 15.

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

Accessibility to NAS Norfolk MAC Terminal for air transport, and sea port availability for other platforms.

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

Travel time averages about 45 minutes. However, it should be noted that the range of travel time is broad - Naval Base Norfolk and Naval Amphibious Base are only 15 to 20 miles away, but many other customers reside farther away. Consideration should also be given to the location of the branch clinics, and the TRICARE System now in operation.

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?

Manpower and recruiting issues. There are many qualified applicants for most positions in this area; however, the Naval Medical Center has a constant need for additional medical and medical support positions. Numerous medical centers/hospitals in the Hampton Roads area also contribute greatly to the location of qualified medical candidates. Additionally, the local office of Personnel Management assists with the recruitment processes in locating high caliber candidates for Naval Medical Center positions. One unique aspect of this facility's location, which helps in the hiring of personnel, is the high concentration of both active duty and retired military personnel which are available for consideration for Federal employment. The fact that this area is a coastal city with numerous recreational facilities available does add to the appeal of employment here. There is also a mild climate in the Hampton Roads region which further increases the attraction to this area. Additionally, this area is centrally located on the east coast which makes travel to the nations capital, New York and Florida possible.

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.

We would lose these unique capabilities and missions:

* We are co-located with the largest active duty Navy presence in the world, supporting multi-service personnel assigned to CINCLANT, and serve as the referral hospital for a major Air Force command (Langley AFB), and Army training/transportation hub (Fort Monroe/Fort Eustis).

* We have be designated as the Lead Agent for the Department of Defense (Health Affairs) Region 2, responsible for medical care of all DOD eligible beneficiaries in most of Virginia and all of North Carolina.

* We are part of the Tidewater TRICARE demonstration project, a project to determine if local medical treatment facility commanders can manage and control health care cost in a given geographical area - includes establishing a common formulary, a systematic approach for care referrals, and shared appointments for Army, Navy, Air Force facilities.

* The implementation of CHAMPUS triple option for health care coverage of Tidewater Virginia's non-active duty beneficiaries - Standard CHAMPUS, a preferred provider network, and a health maintenance organization option.

* We are one of three Navy tertiary care multi-disciplinary teaching and research hospitals nationwide.

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?

Inpatient care could probably be absorbed by the local facilities based on level of occupancy of the other 20 community hospitals in the Tidewater area (see 1993 AHA Guide for occupancy levels, stats provided in data call number 26). There are periods during the year when the Neonatal Intensive Care and general Intensive Care units are full, and beds are not available in the community. This is also true of sub-acute care beds in the community when patients are held in the acute care facility awaiting a skilled nursing home bed to become available.

Ambulatory care capacity probably could not be immediately absorbed by the local health care infrastructure. Known deficiencies are in the following areas: industrial hygiene, environmental health, preventive medicine, and occupational audiology. Ambulatory care for other specialties is very difficult to measure because excess capacity of medical practices is not standardized or reported. The Naval Medical Center, Portsmouth, provided more than 691,000 (or 953,000 when including the two NAVCARE clinics) specialized and primary care outpatient visits. If this tertiary care facility was closed the local community may be able to support many of the visits Portsmouth provides. If, however, Portsmouth is viewed as a medical delivery system, supporting 8 branch medical clinics, 2 NAVCARE outpatient clinics, and two community hospitals, one Army and one Air Force, delivering more than 1.6 million visits in FY93 in south Hampton Roads, the capacity is not available to support the ambulatory care demand. (Source: WORS FY93 SEARS FY92)

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.

RAPS FY94 data shows a Portsmouth catchment population, less active duty and their dependents, of 80,370. The breakdown is: Retired (29,234), Dependents of Retired (44,517), and Survivors (6,619). From an inpatient perspective, the 20 community hospitals in the area would be able to support the workload currently performed by Naval Medical Center, Portsmouth (see 1993 AHA Guide for occupancy levels, stats provided in data call number 26).

Although ambulatory capacity is difficult to determine, if the active duty dependent population was no longer in the area consuming care, the care for the remaining 80,370 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:

The other 20 community hospitals in the Tidewater area could absorb the current inpatient workload. The average occupancy is 62.6% (based on the reporting 17 facilities). The total bed capacity of the 20 community hospitals listed is 4,361. The number of filled beds at 62.6%, estimating the three non reporting facilities to also have an occupancy rate of 62.6%, is 2730. The empty beds in the community would be 1631, sufficient to accommodate the current inpatient workload of Portsmouth. Hospitals and calculations are listed below. What would be lost with the closure of Portsmouth would be its unique military oriented training, support, and research now ongoing and not replicated in the civilian community.

	Facility	Beds	Occupancy
a	Chesapeake General Hosp	260	75.3%
b	McDonald Army Community Hosp	58	58.6%
c	HCA Peninsula Hospital	125	50.4%
d	Sentara Hampton General Hospital	211	74.9%
e	Veterans Affairs Medical Center	312	71.1%
f	US Air Force Hospital	53	61.4%
g	Mary Immaculate Hospital	110	69.1%
h	Newport News General Hospital	35	N/R
i	Riverside Region Medical Center	576	N/R
j	Children's Hosp of the King's Daughter	156	84.8%
k	DePaul Medical Center	274	68%
l	Lake Taylor Hospital	104	41.3%
m	Norfolk Comm Hospital	96	28.1%
n	Sentara Leigh Hospital	224	63.2%
o	Sentara Norfolk General Hospital	641	76.3%
p	Maryview Medical Center	321	59.8%

q	Portsmouth Gen Hospital	184	55.4%			
r	Louise Obici Memorial Hospital	191	63.4%			
s	Sentara Bayside Hospital	150	N/R			
t	Virginia Beach General Hospital	280	63.2			
Total:		4,361	62.6%	filled 2,730	empty 1,631	

N/R = Not reporting
Source: 1993 AHA Guide

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
USS GUAM	07178	01
USS GUADACANAL	07352	54
USS INCHON	20009	00
USS WASP	21560	05
USS SAIPAN	20632	02
USS BELLEAWOOD	20633	02
ASWBLP I	65388	01
UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
ASWBPL II	81737	02
HQ FMFLANT	67026	02
2ND MAW FMFLANT	57080	04
MAG 31, MCAS BEAUFORT	09131	02
NEPMU 07 NAPLES	62997	03
1ST MARDIV	MPS2D	22
2ND MARDIV	08321	44

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
1ST FSSG	67446	02
2ND FSSG	68408	26
DET A, 1ST MAW	41975	02
USNS COMFORT	46246	157
USNH KEFLAVIK	63020	11

USNH ROOSEVELT ROADS	65428	01
USNH OKINAWA	68470	02

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USNH ROTA, SPAIN	66101	04
NAVMEDCLIN PEARL HARBOR	68098	01
USNH GITMO	61564	35
USNH NAPLES	66096	51
FLEET HOSP 2	68682	01
FLEET HOSP 3	68683	119
FLEET HOSP 4	68684	8

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSP 5	68685	245
FLEET HOSP 8	45392	04
FLEET HOSP 15	45399	06
FLEET HOSP 20	46977	132

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

11.

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.

Calendar Year 1993:

Medical Staff Deployed -	413
1. Medical Corps	632
2. Medical Service Corps	329
3. Nurse Corps	642
4. Hospital Corps	3419
5. Other	175
Medical Staff Mandays Lost from Command:	5197

Training:

1. Medical Corps	432
2. Medical Service Corps	76
3. Nurse Corps	774
4. Hospital Corps	1981
5. Other	0
Training Hours:	3263

Assumptions for Outpatient Visits Workload:

1. Medical Corps - 3 patients per hour per doctor
2. Nurse Corps - do not generate workload
3. Medical Service Corps - 1/2 generate workload (lab, pharmacy) 1/4 generate OPVs at 2/hr
4. Hospital Corps - 1/5 generate workload (lab, pharmacy, X-ray)
5. Ancillary Services - Units workload per hour = 25

Computations:

1. Medical Corps - 632 mandays x 8 hrs/day = 5056 hrs
   5056 + 432 training hrs = 5488 hrs
   5488 x 3 patients = **16,464** patients

2. Medical Service Corps - 329 mandays x 8 hrs/day = 2632
   2632 hrs + 76 training hrs = 2708
   2708 divided into 2 = 1354 hrs
   2708 divided into 4 = 677 hrs
   1354 hrs x 25 units/hr = 33,850 wk/ld
   677 hrs x 2 patients = 1354 pts
   33850 + 1354 = **35,204** wk/ld

3. Nurse Corps - do not generate workload

4. Hospital Corps - 3419 mandays x 8 hr/day = 27,352 hrs
27,352 hrs + 1981 training hrs = 29,333 hrs
29,333 hrs divided into 5 = 5866.6 hrs
5866.6 hrs x 25 units/hr = **146,665** wk/ld

Total additional workload - 16464 + 35204 + 146665 = **198,333**

R

3. Nurse Corps - do not generate workload

4. Hospital Corps - 3419 mandays x 8 hr/day = 27,352 hrs
27,352 hrs + 1981 training hrs = 29,333 hrs
29,333 hrs divided into 5 = 5866.6 hrs
5866.6 hrs x 25 units/hr = **146,665** wk/ld

Total additional workload - 16464 + 35204 + 146665 = **198,333**

c. Please provide the total number of your expanded beds[1] 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[1]: 176 R (9/26/94) VR Bumed 824 9/29/94

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

Number of "stubbed" expanded beds was revised by BUMED 822. (Second revision 7/23/94)

VR BUMED

~~55~~ 54 R (9/26/94) VR Bumed 824

Revised pg

c. Please provide the total number of your expanded beds[1] 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.

BUMED-822

Number of "stubbed" expanded beds[1]: ~~525~~ 627 21 Jun 94

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

c. Please provide the total number of your expanded beds[1] 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[1]: 536

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

R

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (OCT-MAR)
INPATIENT	10,930	10,463	4,104
OUTPATIENT	3,521	3,954	1,512

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	2,933	2,140K	1,453	2,279K	361	310K
AD FAMILY	997	1,206K	462	316K	292	69K
OTHER	1,055	1,444K	385	1,252K	53	781K
TOTAL	4,985	4,790K	2,300	3,847K	706	1,160K

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

VR Bumed 824 9/29/94

FY 94 timeframe of Oct 93 - Apr 94 was used for data call. R

~~58~~ 59R (9/26/94) VR Bumed 824 9/29/94

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (OCT-MAR)
INPATIENT	10,930	10,463	4,104
OUTPATIENT	3,521	3,954	1,512

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	2,933	2,140K	1,453	2,279K	361	310K
AD FAMILY	997	1,206K	462	316K	292	69K
OTHER	1,055	1,444K	385	1,252K	53	781K
TOTAL	4,985	4,790K	2,300	3,847K	706	1,160K

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] 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).

NAVMEDCEN, PORTSMOUTH VA.

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$60,011,321	$67,238,366	$27,334,377
TOTAL OUTPATIENT VISITS	625,945	748,947	344,161
AVERAGE COST PER VISIT	$95.87	$89.77	$79.42

R R R

Source: BUMED MED-825 GSA 6/1/94

Note: NAVCARE costs were not included for FY 1992 because the command wasn't responsible for the costs and did not capture the workload.

R

~~57~~ 59R (2nd Revision) (9/26/94)
VR BUMED 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	60027637	77635040	
TOTAL OUTPATIENT VISITS	625.945	748,847	
AVERAGE COST PER VISIT	95.9	103.67	

BUMED
MED-825
GSA
6/1/94

~~23~~ 59 R

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. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	$92,576,523	$109,291,287	$37,754,998

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	$1,732,104	$365.171	$44,513
C. EDUCATION AND TRAINING PROGRAM SUPPORT EBT	$3,203,585	$3,910,580	$1,333,910
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	$4,935,689	$4,275,751	$1,378,423
E. TOTAL E EXPENSES (ALL ACCOUNTS	$57,488,935	$75,979,200	$24,269,038
F. % SELECTED E EXPENSES (D/E)[1]	.085855	.056275	.056798

[1] Record as a decimal to 6 digits.

Note: Changes made at BUMED MED-825 6/1/94 R

~~58~~ 60 R (9/24/94) UR BUMED 824 9/29/94

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). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	~~92,604,638~~ 92 576 523	~~112,542,656~~ 109,291,287	37,754,998

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	~~1,732,022~~ 1 732 104	~~361,451~~ 365.171	44,513
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	~~3,202,904~~ 3 203 585	~~3,802,146~~ 3 910 580	1,333,910
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	~~1,934,926~~ 4,935.689	~~4,163,597~~ 4 275 751	1,378,423
E. TOTAL E EXPENSES (ALL ACCOUNTS)	~~57,563,553~~ 57,488 935	~~74,896,526~~ 75,979,200	24,269,038
F. % SELECTED E EXPENSES (D÷E)[1]	~~.085730~~ .085855	~~.055591~~ .056275	.056798

[1] Record as a decimal to 6 digits.

CHANGES MADE AT BUMED
MED-825
GSA
6/1/94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED MEPERS A	$14,164,438	$16,635,364	$4,655,671
H. E EXPENSES TO REMOVE FROM MEPRS A (F x G)	$1,216,082	$ 936,159	$264,432.80
I. AREA REFERENCE LABORATORIES	N/A	N/A	N/A
J. CLINICAL INVESTIGATION PROGRAM (FAH)	$ 770,313	$1,036,495	$ 247,328
K. TOTAL SELECTGED F (I+J)	$ 770K,313	$ 1,036,495	$ 247,328
L. CONTINUING HEALTH EDUCATION (FAL)	$ 1,792,810	$ 1,266,820	$ 663,452
M. DECEDENT AFFAIRS (FDD)	$ 37,312	$ 150,379	$ 60,057
N. INITIAL OUTFITTING (FDE)	N/A	0	N/A
O. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	N/A
P. TOTAL (L+M+N+O)	$ 1,830,122	$ 1,417,199	$ 723,509
Q. E EXPENSES INCLUDED IN ROW P	$ 85,916	$ 142,143	33,104
R. E EXPENSES TO REMOVE FROM ROW P (F x Q)	$ 7,376.28	$ 7,999.14	1,880.24
S. OTHER F'S LES E (P-R)	$ 1,822,746	$ 1,409,199	$ 721,628.76

NOTE: CHANGES MADE AT BUMED MED 825 6/1/94 R

~~59~~ 61R (9/26/94) VRBUMED 824 9/29/94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	~~$20,753,906~~ 14,164,438	~~$25,144,828~~ 16,635,364	$4,655,671
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	~~1,779,232.36~~ 1,216,082	~~1,397,826.13~~ 936.159	264,432.80
I. AREA REFERENCE LABORATORIES (FAA)	N/A	N/A	N/A
J. CLINICAL INVESTIGATION PROGRAM (FAH)	~~766,651~~ 770 313	~~1,215,436~~ 1,036,495	247,328
K. TOTAL SELECTED F (I+J)	770 313 ~~766,651~~	1036 495 ~~1,215,436~~	247,328
L. CONTINUING HEALTH EDUCATION (FAL)	~~1,792,760~~ 1 792 810	~~1,258,714~~ 1,266,820	663,452
M. DECEDENT AFFAIRS (FDD)	37 312 ~~37,305~~	150 379 ~~155,766~~	60,057
N. INITIAL OUTFITTING (FDE)	N/A	Ø ~~4,000~~	N/A
O. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A 1,417,199	N/A
P. TOTAL (L+M+N+O)	1,830,122 ~~1,830,065~~	~~1,418,480~~	723,509
Q. E EXPENSES INCLUDED IN ROW P	85916 ~~85,827~~	142 143 ~~139,417~~	33,104
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	~~7,357.95~~ 7376.28	~~7,750.33~~ 7999.14	1,880.24
S. OTHER F'S LESS E (P-R)	~~1,822,707.05~~	~~1,410,729.67~~	721,628.76
	1,822,746	1,409,199	

CHANGES MADE AT BUMED
MED 825
GSA
6/1/94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	27,244.7820	27,785.78	10,073.4273
U. TOTAL WORK UNITS (MWU) [2]	46,099.4357	48,226.46	25,616.6883
V. PERCENT INPATIENT (IWU/AWU)	.59100154%	.5761522%	39%
W. FINAL OTHER F EXPENSES (S x V)	1,077,246	811,913	281,435.22
X. FINAL F EXPENSES (K+W)	1,847,559	1,848,408	528,763.22
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	93,207,999	110,203,536	38,019,328.
Z. NUMBER OF BIOMETRICS DISPOSTIONS	25,317	23,850	9,591
AA. TOTAL MEPRS DISPOSITIONS	25,940	24,830	9,591
BB. ADJUSTED DISPOSITIONS (Z+AA)	.975983	.960532	1
CC. ADJUSTED MEPRS EXPENSES (YXBB)	90,969,426	105,853,980	38,019,328.
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	23,255	22,582.89	6,588.2852
EE. COST PER RWP (CC/DD)	3,911.82	4,687.35	5,770.75
FF. TOTAL CATEGORY II RWPs[3]	6,405.887	5,749.1547	1,592.0855
GG. TOTAL CATEGORY II COST (EEXFF)	25,058,691	26,948,318	9,187,527.
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	65,910,736	78,905,661	28,831,801.
II. TOTAL CATEGORY III RWPs (DD-FF)	16,849.11	16,833.7353	4,996.1997
JJ. COST PER CATEGORY III RWP (HH/II)	3,911.82	4,687.35	5,770.75

[2]Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).
[3]Category II RWP's are due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excess Length of Stay (ADELS).

Note: Changes made at BUMED MED-825 6/1/94 R

~~60~~ 62 R (9/26/94) VR BUMED 824 9/29/94

CHANGES MADE AT BUMED
MED-825
GSA
6/1/94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	27,244.7820	~~25,539.0948~~ 27785.78	10,073.4273
U. TOTAL WORK UNITS (MWU)[2]	46,099.4357	~~61,319.0869~~ 48 226.46	25,616.6883
V. PERCENT INPATIENT (IWU÷AWU)	59%	~~42%~~ 57%	39%
W. FINAL OTHER F EXPENSES (S×V)	~~1,075,397.16~~ 1077246	~~592,506.46~~ 811.913	281,435.22
X. FINAL F EXPENSES (K+W)	~~1,842,048.16~~ 1.847.559	~~1,807,942.46~~ 1848408	528,763.22
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	~~92,667,453.80~~ 93,207,999	~~112,952,772.33~~ 110,203,536	38,019,328.42
Z. NUMBER OF BIOMETRICS DISPOSITIONS	~~25,940~~ 25317	~~24,316~~ 23 850	9,591
AA. TOTAL MEPRS DISPOSITIONS	25,940	~~24,316~~ 24 830	9,591
BB. ADJUSTED DISPOSITIONS (Z÷AA)	1 .975983	1 .960532	1
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	~~$2,667,453.80~~ 90 969 426	~~113,952,772.33~~ 105,853,980	38,019,328.42
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	~~23,254.9141~~ 23 255	~~22,580.9336~~ 22582.89	6,588.2852
EE. COST PER RWP (CC÷DD)	~~3,984.85~~ 3911.82	~~5,002.13~~ 4687.35	5,770.75
FF. TOTAL CATEGORY II RWPs[3]	~~6,399.8231~~ 6405.887	~~5,748.6938~~ 5749.1547	1,592.0855
GG. TOTAL CATEGORY II COST (EE×FF)	~~25,502,335.08~~ 25058 691	~~28,755,713.72~~ 26 948 318	9,187,527.40
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	~~67,165,118.72~~ 65 910 736	~~84,197,058.61~~ 78 905 661	28,831,801.02
II. TOTAL CATEGORY III RWPs (DD-FF)	~~16,855.0910~~ 16849.11	~~16,832.2398~~ 16833.7353	4,996.1997
JJ. COST PER CATEGORY III RWP (HH÷II)	~~3,984.86~~	~~5,002.13~~	5,770.75

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).
[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

3911.82

4687.35

Table E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	95,408	95,186	34,752
LL. CATEGORY II (AS DEFINED IN FF) OBDs	25,117	19,810	4,253
MM. CATEGORY III OBDs (KK-LL)	70,291	73,376	30,499
NN. AVERAGE DAYS/RWP (MM/II)	4.171792	4.478073	6.104439
OO. ADD ON PER RWP (NN x 77)	321.228	344.81	470.04
PP. TOTAL COST PER RWP (JJ+00) (A-H+X)	4,233.05	5,346.94	6,240.79
QQ. CIVILIAN PAY COST (PP x .15	634.96	802.04	936.12
RR. MILITARY PAY COST (PP x .56	2,370.51	2,994.29	3,494.84
SS. OTHER COSTS (PP x .29)	1,227.59	1,550.61	1,809.83
TT. CIVILIAN PAY RAISES (QQ x 1.03 x 1.0297	678.01	856.42	999.59
UU. MILITARY PAY RAISES (RR x 1.037 x 1.0165	2,498.78	3,156.31	3,683.95
VV. UNFUNDED CIVILIAN RETIREMENT (TT x 1.147)	996.67	982.31	1,146.53
WW. CIVILIAN ASSET USE CHARGE (VV x 1.04	1,036.54	1,021.60	1,158.00
XX. MILITARY ASSET USE CHARGE (VV X 1.04)	2,598.73	3,282.56	3,831.31
YY. OTHER ASSET USE CHARGES (SS x 1.04)	1,276.69	1,612.63	1,882.22
ZZ. OTHER COSTS DEFLATOR FACTOR	1,382.65	1,746.48	2,038.44
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	5,017.92	6,050.64	7,027.75

Note: Changes made at BUMED MED-825 6/1/94 R

~~61~~ 62A-R (9/26/94) VR Bumed 824 9/29/94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	~~107,472~~ 95408	95,186	34,752
LL. CATEGORY II (AS DEFINED IN FF) OBDs	25,117	19,810	4,253
MM. CATEGORY III OBDs (KK-LL)	~~82,355~~ 70291	75,376	30,499
NN. AVERAGE DAYS/RWP (MM÷II)	~~4.08606~~ 4.171772	4.478073	6.104439
OO. ADD ON PER RWP (NN×77)	321.228 ~~276.23~~	344.81	470.04
PP. TOTAL COST PER RWP (JJ+OO)	4233.05 ~~4,361.09~~	5,346.94	6,240.79
QQ. CIVILIAN PAY COST (PP×.15)	634.96 ~~654.16~~	802.04	936.12
RR. MILITARY PAY COST (PP×.56)	2370.51 ~~2,442.21~~	2,994.29	3,494.84
SS. OTHER COSTS (PP×.29)	1227.59 ~~1,264.72~~	1,550.61	1,809.83
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	678.01 ~~698.51~~	856.42	999.59
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	2498.78 ~~2,574.36~~	3,156.31	3,683.95
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	996.67 ~~801.19~~	982.41	1,146.53
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	1036.54 ~~833.24~~	1,021.60	1,192.00
XX. MILITARY ASSET USE CHARGE (UU×1.04)	2598.73 ~~2,677.33~~	3,282.56	3,831.31
YY. OTHER ASSET USE CHARGES (SS×1.04)	1276.69 ~~1,315.31~~	1,612.63	1,882.22
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	1382.65 ~~1,424.48~~	1,746.48	2,038.14
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	5017.92 4,935.05	6,050.64	7,027.75

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+	199	199	0	0
Officer	3	197	195	2	0
Officer	1 or 2	15	14	1	0
Enlisted	4+	870	870	0	0
Enlisted	3	889	863	26	0
Enlisted	1 or 2	944	723	221	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

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

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

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

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	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	1		2-9 MONTHS
	2		6-14 MONTHS
	3		7-13 MONTHS
	4+		12-24 MONTHS
E1-E6	1	N/A	
	2	N/A	
	3	N/A	
	4+	N/A	

[1]As of 31 March 1994.

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

	Top Five Factors Driving the Demand for Base Housing
1	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 camaraderie/problems/expenses.

(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)?

32%

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

Type of Quarters	Utilization Rate
Adequate	98.2%
Substandard	97.4%
Inadequate	97.0%

(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?

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.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	97%
Substandard	98%
Inadequate	0

(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? **No.**

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

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

AOB = 13

(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.)	10	40%	
Spouse Employment (non-military)			
Other	15	60%	Family problems
TOTAL		100	

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

This information is unavailable.

(3) BOQ: N/A

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? As of March 31, there has been a change in occupancy up to 20% due to the school house and large groups of PSI students. N/A

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

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

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

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

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

b. For on-base MWR facilities[2] 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 Naval Medical Center, Portsmouth **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	
	Outdoor Bays	0	
Arts/Crafts	SF	0	
Wood Hobby	SF	0	
Bowling	Lanes	0	
Enlisted Club	SF	4700	Y
Officer's Club	SF	0	
Library	SF	3,000	N/A
Library	Books	5,000	N/A
Theater	Seats	400	N/A
ITT	SF	300	N
Museum/Memorial	SF	0	
Pool (indoor)	Lanes	8	N
Pool (outdoor)	Lanes	0	
Beach	LF	0	
Swimming Ponds	Each	0	
Tennis CT	Each	1	N/A

[2]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	1	N/A
Basketball CT (outdoor)	Each	0	
Racquetball CT	Each	3	N/A
Golf Course	Holes	0	
Driving Range	Tee Boxes	0	
Gymnasium	SF	10,000	N/A
Fitness Center	SF	2,500	N/A
Marina	Berths	0	
Stables	Stalls	0	
Softball Fld	Each	0	
Football Fld	Each	0	
Soccer Fld	Each	0	
Youth Center	SF	0	

c. Is your library part of a regional interlibrary loan program? No

NOTE: Library being disestablished by end of FY94.

d. Base Family Support Facilities and Programs

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

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

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

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

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

N/A

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

N/A

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

The other military child care centers at Naval Station Norfolk and Little Creek are not within a 30 minute commute.

(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	15,676
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	360
Package Store	SF	0
Fast Food Restaurants	Each	1
Bank/Credit Union	Each	1
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	1*
ARC	PN	0
Chapel	PN	1
FSC Classroom/Auditorium	PN	0

*Note - Renovation to existing building is scheduled for the end of 1994.

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

City	Distance (Miles)
Norfolk, VA	3
Virginia Beach, VA	9
Chesapeake, VA	4

f. 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

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 **ALL $409.00**		Average Monthly Utilities Cost **$160.00**
	Annual High	Annual Low	
Efficiency	$6,000.00	$4,300.00	0 (included with most efficiency rentals.
Apartment (1-2 Bedroom)	$5,090.00	$4,560.00	$141.00
Apartment (3+ Bedroom)	5,880.00	$4,201.00	$201.00
Single Family Home (3 Bedroom)	$6,300.00	$5,312.00	$213.00
Single Family Home (4+ Bedroom)	$7,800.00	$6,930.00	$260.00
Town House (2 Bedroom)	$5,023.00	$4,987.00	$130.00
Town House (3+ Bedroom)	$6,001.00	$5,100.00	$180.00
Condominium (2 Bedroom)	$4,992.00	$5,700.00	$123.00
Condominium (3+ Bedroom)	$6,000.00	$5,000.00	$192.00

R

(2) What was the rental occupancy rate in the community as of 31 March 1994? 96.1%

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%

(3) What are the median costs for homes in the area? **$108,380** R

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)	

Note: Per Hampton Roads Planning District Commission, this information is not available in these categories. However, the following information is provided: R

- **Median cost for all single family homes (3 or 4+ bedrooms) is $117,592.**
- **Median cost for all townhouses (2 or 3+ bedrooms) is $75,002.**
- **Median cost for all duplexes is $73,877.**
- **Median cost for all condominiums (2 or 3+ bedrooms) is $86,503.**

73
74R (7Oct94)
for BUMED-823
10/13/94

Encl (1)

(2) What was the rental occupancy rate in the community as of 31 March 1994? 96.1%

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%

(3) What are the median costs for homes in the area? $121,000

Type of Home	Median Cost
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

(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	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.

(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

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
HT	2023	731
EM	1913	231
EN	2848	272
DC	1238	52
BM	1822	260

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)
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

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 Note 1	Annual Enrollment Cost per Student Note 2	1993 Avg SAT/ ACT Score (SAT Total)	% HS Grad to Higher Educ Note 3	Source of Info Note 4
Chesapeake, VA	Public	Elem Middle High	Yes	$4,589	831	71%	
Hampton, VA	Public	Elem Middle High	Yes	$4,498	833	74%	Note 5a
Norfolk, VA	Public	Elem Middle High	Yes	$5,164	769	64%	Note 5b
Portsmouth, VA	Public	Elem Middle High	Yes	$4,712	744	71%	
Suffolk, VA	Public	Elem Middle High	Yes	$4,365	742	44%	Note 5c
Virginia Beach, VA	Public	Elem Middle High	Yes	$3,942	889	77%	
Nonpublic Schools: Note 6			Students Enrolled & as % of Total Enrolled in Specified grades 1992				Note 7
Chesapeake, VA	Private	Elem Middle	1,198 (6%)				
Hampton, VA	Private	Elem Middle	982 (6%)				

Norfolk, VA	Private	Elem Middle	2,173 (8%)				
Portsmouth, VA	Private	Elem Middle	878 (6%)				
Suffolk, VA	Private	Elem Middle	650 (10%)				
Virginia Beach, VA	Private	Elem Middle	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 Education 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.

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 systems 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 disability and attention deficit disorders).

Note 7: "Input Data: Population Estimates" Center for Public Service, University of Virginia, November 24, 1993

(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	
Tidewater Community College	Day	No	Yes	Yes	Yes	No
	Night	No	Yes	Yes	Yes	No
Saint Leo College	Day	No	No	Yes	Yes	No
	Night	No	No	Yes	Yes	No
Old Dominion University	Day	No	No	Yes	Yes	Yes
	Night	No	No	Yes	Yes	Yes
Norfolk State Univeristy	Day	No	No	Yes	Yes	Yes
	Night	NO	NO	Yes	Yes	Yes
Virginia Wesleyan College	Day	No	No	Yes	Yes	No
	Night	No	NO	Yes	Yes	No
Portsmouth Public Schools	Day	No	No	No	No	No
	Night	Yes	No	No	No	No
Electronic Computer Programming Institute	Day	No	Yes	No	Yes	No
	Night	No	Yes	No	Yes	No
Southern Illinois University	Day	No	No	No	No	No
	Night	No	No	Yes	Yes	No
Norfolk Public Schools	Day	No	Yes	No	No	No
	Night	Yes	Yes	No	No	No
Johnson & Wales University	Day	No	Yes	Yes	Yes	No
	Night	No	Yes	Yes	Yes	No

(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	
Tidewater Community College	Day	No	No	No	No	No
	Night	No	Yes	Yes	Yes	No
	Corres-pondence	No	No	No	No	No
Saint Leo College	Day	No	No	No	No	No
	Night	No	No	Yes	Yes	No
	Corres-pondence	No	No	No	No	No
Troy State University	Day	No	No	No	No	No
	Night	No	No	No	No	Yes
	Corres-pondence	No	No	No	No	No

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				

Spousal Employment Opportunities. There is no Family Service Center Spouse Employment Assistance Program located at the Naval Medical Center. However, a number of military spouses receive consideration for and placement in the Federal civil service positions through the Human Resources Office.

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.

Active duty experience a longer wait for routine orthopedic appointments in the military health care system than other patients in the civilian health care system (military 90 days, community 7-30 days based on TRICARE Service Center experience). It is difficult to provide all the preventive dental care procedures an active duty member is entitled too, per Commanding Officer of NOB Dental Clinic. All active duty care is initiated in the military health care system. When referrals are made to the civilian health care system access is available.

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.

Military dependents experience limited, selective, or closed (no) services in the following areas of the military health care system:
Dental (closed)
Allergy (limited)
Dermatology (limited)
Gastroenterology (limited)
Gynecology (limited for non-acute and acute care, and colposcopy, infertility is selective, all other GYN services are open)
HIV (closed)
Internal Medicine (limited)
Neurology (closed until summer of 94)
Neurosurgery (closed)
OB Post Partum (limited)
Ophthalmology (limited)
Optometry (closed)
Orthopedics (limited)
Pediatrics (selective for school physicals, neurology, and child development, closed

for dermatology, closed for cardiology until summer of 94, limited for asthma and routine and chronic care appointments)
Physical Therapy (closed)
Plastic Surgery (selective)
Psychiatry (closed)
Psychology (closed)
Rheumatology (limited)

When referred, or care is sought under CHAMPUS or Delta Dental, care is available in the civilian health care system.

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)		2	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)		0	0
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
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)		40	55
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)		133	128
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)		28	23
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)		6	1
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)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)		38	11
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)		1	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)		0	0
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		7	17
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)		109	77
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)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)		0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-02, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
721-11 Bldg #104	76	40				13,464	76	
721-11 Bldg #105	184	84					184	44,826
721-11 Bldg #107	45	22					45	9,682
721-11 Bldg #239	91	88				23,572	91	
721-11 Bldg #282	312	156	312	65,226				

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:

(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?

Facility Code: 721-11 (Building 105)

What makes it inadequate? **Layout of the facility, use of gang heads and inadequate HVAC.**

What use is being made of the facility? **The facility is being used to house junior enlisted personnel, grades E1 - E4.**

What is the cost to upgrade the facility to substandard? **Approximately $1,000K.**

What other use could be made of the facility and at what cost? **This facility was designed specifically to house personnel. No other practical use of this facility is recommended.**

Current improvement plans and programmed funding: **This facility is slated for demolition in the out years in accordance with the base master plan. A project to remodel the heads has been proposed through BUMED.**

Has the facility condition resulted in C3 or C4 designation on your BASEREP? **No.**

Facility Code 721-11 (Building 107)

What makes it inadequate? **Access, layout and inadequate HVAC.**

What use is being made of the facility? **The facility is currently being used to house medical hold personnel.**

What is the cost to upgrade the facility to substandard? **Approximately $500K.**

What other use could be made of the facility and at what cost? **Storage at little to no cost.**

Current improvement plans and programmed funding: **This facility is slated for demolition in the long term in accordance with the base master plan. No capital improvements have been identified to improve this portion of the facility.**

BRAC-95 CERTIFICATION

DATA CALL 27 - AMENDMENT 2

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

B. B. POTTER
NAME (Please type or print)

Signature

ACTING COMMANDER
Title

12 Sep 94
Date

NAVMEDCEN, PORTSMOUTH
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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print) Signature

ACTING CHIEF BUMED 9-14-99
Title Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

9/21/99
Title Date

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

B. B. POTTER
NAME (Please type or print)

Signature

ACTING
Title

25 MAY 1994
Date

NAVAL MEDICAL CENTER, PORTSMOUTH
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) | Signature

CHIEF BUMED/SURGEON GENERAL

6-2-94

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)

J. B. GROENE JR.

NAME (Please type or print) | Signature

ACTING

6/9/94

Title | Date

Revised pg 58

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 6-21-94

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)

R. R. SAREERAM

NAME (Please type or print) Signature

ACTING 28 JUN 1994

Title Date

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."

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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

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

Signature

COMMANDER, NAVAL MEDICAL CENTER
Title PORTSMOUTH, VA

26 Sept 94
Date

NAVMEDCEN 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

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-29-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 13 OCT 1994 Date

BRAC-95 CERTIFICATION

Data Call 27 - Item 15g(3)

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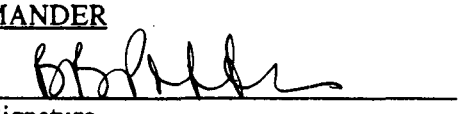
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. B. POTTER
NAME (Please type or print)


Signature

ACTING
Title

7 Oct 94
Date

NAVMEDCEN, PORTSMOUTH
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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print) Signature

ACTING CHIEF BUMED
Title Date 10/14/54

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

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

Title 10/21/54
Date

BRAC-95 CERTIFICATION

BRAC DATA DALL 27
Item 7 & 7a Revisions

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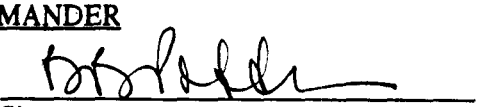
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. B. POTTER
NAME (Please type or print)


Signature

ACTING
Title

28 OCT 1994
Date

NAVMEDCEN, 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

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Nov 2, 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 11/3/94 Date

Document Separator

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

R

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

Installation Name:	**PORTSMOUTH VA NH**
Unit Identification Code (UIC):	**N00183**
Major Claimant:	**NAVMED**

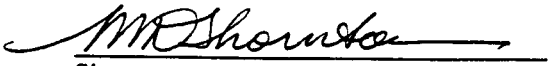
Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	026	BACHELOR ENLISTED QUARTERS	MCON	8,070
		Sub-Total - 1996		**8,070**
		Grand Total		**8,070**

(Revised 9 Dec 94) *(* - Cost Avoidance is less than project programmed amount)*

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)


Signature

CDR, CEC, USN
Title

9 Dec 94
Date

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

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

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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

12/7/94
Date

Document Separator

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

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

Installation Name:	**PORTSMOUTH VA NH**
Unit Identification Code (UIC):	**N00183** #390
Major Claimant:	**NAVMED**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996	026	BACHELOR ENLISTED QUARTERS	MCON	8,070
		Sub-Total - 1996		**8,070**
1998	200	PARKING GARAGE ADDITION	MCON	3,200
		Sub-Total - 1998		**3,200**
		Grand Total		**11,270**

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

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Jack E Buffington
Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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

7/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,

2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,

3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than $15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

290

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

Installation Name:	Portsmouth NH, VA
Unit Identification Code (UIC):	N00183
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1995	40886	Hospital Replacement PHVI	MILCON	24,000
		Sub - Total		**24,000**
1996	43534	Hospital Replacement PHVII	MILCON	47,900
		Sub - Total		**47,900**
1997	43911	Hospital Replacement PHVIII	MILCON	24,000
		Sub - Total		**24,000**
		Grand Total		**95,900**

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

2-10

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

Installation Name:	Portsmouth NH
Unit Identification Code (UIC):	32976
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1997	42483	"C" School	MCON	11,800
		Sub - Total 1997		**11,800**
		Grand Total		**11,800**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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ACTIVITY COMMANDER

Gordon K. Dowery
NAME (Please type of print)

Gordon K Dowery
Signature

Director, DMFO
Title

7/8/94
Date

OASD(HA)
Activity

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

390

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

Installation Name:	Portsmouth NH
Unit Identification Code (UIC):	00183
Major Claimant:	Defense Agencies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1996		Hospital Replacement PH VII	MCON	47,900
		Sub-Total - 1996		**47,900**
1997		Hospital Replacement PH VIII	MCON	24,000
		Sub-Total - 1997		**24,000**
		Grand Total		**71,900**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

Document Separator

R

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

NEXT ECHELON LEVEL (if applicable)

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 _____

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MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

11-16-94
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)

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

Signature

Title

12/2/94
Date

#27 Revision R
Ques 7
VR Dumed 824
11/14/94

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL
FACILITY: NMC Portsmouth VA
ACTIVITY UIC: 00183

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

April 4, 1994

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