

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

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This Supply Bulletin contains procedural guidance to augment the policies published in the revised AR 40-61, Medical Logistics Policies and Procedures

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SUMMARY of CHANGES

SB 8-75-11

Supply Bulletin 8-75-11

This major revision, dated 1 November 2018

- ACOM procedures for ordering non-expendable medical equipment shortages (Chapter 3, para 3-29, c-d)
- WAWF replaces iRAPT. (Chapter 3 para 3-49, a thru k and para 3-50, a thru c)
- GPC monthly reconciliation process and AXOL quick reference, web-training (Chapter 3, para 3-53 b)
- DMLSS User Access & Audit Procedures. (Chapter 3, para 3-64, b)
- Change in utilization ratio(Chapter 6, para 6-6 d(4))
- Medical devices supporting documentation guidance. (Chapter 6, para 6-7 d)
- Additional requirements for establishing MD/MDS equipment or maintenance records in DMLSS (Chapter 6, para 6-14, a(1))
- Additional Appendix Instructions for completing DD Form 2875 (Appendix S)
- Additional Appendix Categories of Supply Required to be Maintained On-hand by Units

SB 8-75-11

CHAPTER 1. INTRODUCTION

1-1. PURPOSE

This Supply Bulletin (SB) provides procedures and guidance for operating a uniform supply system IAW AR 40-61 for all medical activities, both Generating Force [Table of Distribution and Allowances (TDA)] and Operating Force [Table of Organization and Equipment (TOE)] organizations. Actions must be taken to meet the intent of the US Army Medical Command (USAMEDCOM) Sustainability Strategy.

1-2. ABBREVIATIONS

Explanation of abbreviations and terms are contained in the Glossary Section of this SB.

1-3. REQUESTING CLARIFICATION

- a. Requests for changes or clarification of this SB will be submitted through the chain of command to the USAMEDCOM G4.
- b. A memorandum will be used when making a request and will include the following:
 - Page and paragraph in question.
 - Requester's name and contact information.

1-4. REQUESTING DEVIATION AUTHORITY

Deviations from procedures in this SB will be made only with prior approval from Headquarters, USAMEDCOM. Procedures in the *Defense Finance and Accounting Service - Indianapolis (DFAS- IN) Regulation 37-1* will be used to prepare and submit requests for deviation from accounting procedures. Requests for deviation or waivers should explain the need for the waiver, how long it will last, how the waiver will help accomplish the mission, and how the end results will be measured. The request should include an opinion by the USAMEDCOM legal officer.

SB 8-75-11

CHAPTER 2. MEDICAL LOGISTICS SYSTEMS

2-1. FUNCTIONAL PROPONENT

The Deputy Chief of Staff G1/4/6, in accordance with (IAW) *Army Regulation (AR) 5-22*, The Army Force Modernization Proponent System, is the functional proponent for Medical Logistics. The Office of the Surgeon General (OTSG)/ USAMEDCOM Director of Logistics (DOL)/G4 is the functional proponent's representative for Medical Logistics Information Management/Information Technology (IM/IT).

2-2. THE G46

a. The G46 mission is to provide IM/IT strategic planning, policy, guidance, and oversight for all medical logistics systems, programs, and technology integration. The G46 Objectives include:

- (1) Achieve Joint Net-centricity – One medical logistics system in peacetime and war.
- (2) Integrate Automated Information Technology (AIT) into everyday business methodologies and processes.
- (3) Train the Soldier – Incorporate Computer-Based Training (CBT), and other eLearning technologies.
- (4) IM/IT strategic planning support and system deployment management oversight.

b. The G46 asserts functional proponent responsibilities by ensuring the Army Medical Department (AMEDD) Logistics Automated Systems Migration path is consistent with existing AMEDD IM/IT corporate strategy. The G46 is responsible for facilitating the development of operational requirements for all logistics systems and programs as well as the acquisition strategy to satisfy those requirements. The G46 provides executive level oversight of systems integration and life-cycle management to ensure viable medical logistics support is being provided to sustaining base and deployed force logistics elements Army wide. All approved medical logistics Automated Information Systems (AIS) must go through the proper IT governance and cybersecurity requirements established by the (DHA) CIO.

c. The G46 provides guidance to subordinate commands and Military Health Systems (MHS) proponent groups, as well as conceptualizes and implements new and emerging technologies to enhance medical logistics business processes and automated medical logistics systems.

2-3. MEDICAL LOGISTICS INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY (IM/IT)

This paragraph applies to medical logistics operations at both Operating and Generating Force Units utilizing logistics AIS. This paragraph is IAW *AR 25-1*, Army Information Technology and USAMEDCOM Regulation 25-1.

a. Medical logistics IM/IT supports supply chain business processes:

- (1) Acquisition, accountability, and distribution of materiel and equipment.
- (2) Use, maintenance, and repair of facilities supporting the AMEDD medical mission.

b. Army Medical Treatment Facilities (MTFs), Modification Table of Organization and Equipment (MTOE) and activities conducting medical logistics operations will ensure all logistics transactions (supply, maintenance, transportation, facilities, and property management) use approved Department of Defense (DoD)/Army standard medical logistics AIS.

c. MTFs, MTOE units and activities conducting medical logistics operations will not use locally developed or non-standard medical logistics systems when an approved AIS is available.

d. Supply activities at all levels will use electronic ordering for all Class VIII transactions through the approved medical logistics AIS. Specifically, the Installation Medical Supply Activities (IMSA) located at the USAMEDCOM MTFs will mandate the use of medical AIS to establish electronic ordering with all customers. Hardcopy or manual requisitions will be the exception. The habitual use of electronic ordering will improve efficiency and effectiveness for both peacetime and wartime operations.

e. Medical Communications for Combat Casualty Care - (MC4): MC4 is the Army's integrator of Joint Operational Medical Information System (JOMIS) software which integrates the suite of JOMIS products into a deployable information system suitable for use by the warfighter. The Medical Communication for Combat Casualty Care (MC4) fields AIS systems with approved Basis of Issue Plan (BOIPs) to Army Operating Force units. The fielding includes delivery of hardware, new equipment training, and training on software applications. MC4 capabilities provided by the suite of JOMIS products support commanders in the theater and address: medical command and control (C2); MEDLOG; casualty evacuation; and health care delivery.

2-4. MEDICAL LOGISTICS INFORMATION SYSTEMS DESCRIPTIONS

The following are authorized as standard DoD and Medical Logistics AIS:

a. The Defense Medical Logistics Standard Support (DMLSS) application is classified as an Acquisition Category (ACAT) I, Mission Assurance Category (MAC) II and Confidentiality Level – Sensitive information system (IS). The DMLSS application is a component of the Defense Medical Logistics Enterprise Solution (DML-ES) service model that seeks to provide a "continuum of Information Technology (IT) capability" that overcomes the challenges of the battlefield and global operations. The continuum of IT capability brings together integrated IT applications under a DML-ES stratified approach. DMLSS interoperable with TEWLS and DCAM and transmits transactional data to JMAR. The DML-ES stratified applications do not compete with each other; they complement each other by managing Class VIII medical materiel business needs throughout the continuum of care. The DMLSS application interfaces with several Commercial systems that provided additional supply and medical equipment/maintenance management. The Joint Medical Logistics Functional Development Center (JMLFDC) has created a standard interface that supports transactional level data exchanged between commercial point of use (POU) systems, Real Time Locator System (RTLS) and carousel systems.

DMLSS functionality will be used by activities with DMLSS servers. DMLSS functions include:

- Customer Support (CS)
- Customer Area Inventory Management (CAIM)
- CAIM Source of Supply (SOS)
- Inventory Management (IM)
- Equipment and Technology Management (ETM)
- Facilities Management (FM)
- Assemblage Management (AM)
- Systems Services (SS)
- System Administration (SA)
- Reporting-Business Objects (BO)

(1) Customer Support (CS): Provides DMLSS internal customers with the automated capability to research information from commercial and DoD sources and stocked items from the MTF. Manages/transfers New Item Requests electronically through the levels of approving authorities, creates Work Requests to the Facility Manager, medical maintenance manager and provides an automated replenishment process for restocking customer supply areas.

(2) Customer Area Inventory Management (CAIM)/CAIM SOS):

(a) CAIM is designed to give all internal customers the ability to manage an individual stockroom or area. CAIM assists the customer in identifying materiel items required in patient care and clinical support; providing an automated tool for requesting materiel items; physical inventory, credit card ordering, credit card reconciliation location management, receipt, and tracking of patient care

related materiel to the point of use. CAIM functionality allows users to order supplies directly to the MTF Logistics Division, credit card sources, CAIM SOS if available and electronic commerce requisition (DoD Prime Vendor, ECAT, SMS).

(b) CAIM SOS gives the customer the ability to sell items to other internal CAIM customer areas as well as managing its own perpetual inventory. As with CAIM, the CAIM SOS assists the customer in identifying materiel items required in patient care and clinical support. It provides an automated tool for requesting materiel items; performing a physical inventory; location management; receipts; and tracking of patient care related materiel to the point of consumption. CAIM SOS also allows the user the capability to issue (cost reallocation) to its CAIM customers. The following are examples of customers able to use CAIM or CAIM SOS:

- Pharmacy
- Central Materiel Service (CMS)
- Operating Room
- Department of Pathology/LAB
- Optical Fabrication Lab
- Materiel Distribution Branch

(5) Inventory Management (IM): The IM module provides users with a standardized, integrated management system, which will provide formal accountability and facilitate materiel management and administration. Functions of this module include cataloging, excess reporting, credit card ordering and reconciliation, physical inventory, online and offline ordering, transaction history, location management, and delivery and pick lists. IM implements a simple automated quality assurance program covering Hazards, Alerts, and Recalls (HAR), destructions, and the safe medical devices act. This module also supports electronic commerce (ANSI X12) requisitioning capabilities as well as the Extensible Markup Language (XML) interfaces. NOTE: IM is the only DMLSS module which can do a formal sales transaction to external customers.

(6) Equipment and Technology Management (ETM):

(a) Equipment Management (EM): Enables customers and equipment managers to manage equipment assets from the time a customer starts researching an equipment item to the point at which the equipment is processed for redistribution or disposal. It also enables the logistician to acquire equipment, track inventory, and dispose of assets through an automated and integrated process.

(b) Equipment Maintenance (MA): Provides the user with a systematic approach to equipment maintenance, simplifying the maintenance request process and tracking the progress of requested work. The work order system schedules maintenance procedures and facilitates collection of historical maintenance data, which support the equipment management and budgeting processes. A repair parts module interfaces to the supporting supply activity and the work order system.

(7) Facilities Management (FM): Provides a powerful Computer-Aided Facility Management tool for standardizing facility management programs throughout the DoD health care industry. It provides comprehensive automated management capabilities ranging from scheduled maintenance and project tracking to regulatory compliance and space management.

(8) Assemblage Management (AM): Provides users, logisticians, and commanders with a standardized and integrated management information system to support assemblage management functions. Performance highlights include AM's ability to:

- Build assemblages
- Establish and maintain assemblage balance
- Maintain locations
- Quality control information
- Order assemblage shortage
- Transmit files using Hyper Text Transfer Protocol Secure (HTTPS)
- Receive and update status
- Request status follow-up
- Create reports
- Track funds
- Manage optical fabrication sets
- Provide limited inventory management

The AM module of IM allows users to establish assemblage records for standard and non-standard assemblages. Medical Treatment Facilities assemblages include:

- Anthrax/Smallpox Vaccine (YVAC)
- Anti-Viral (Pandemic Influenza) (YAV1)
- Antibiotic (YABX)
- Army Emergency First Responder (YAFR)
- Chemical Patient Treatment (CPTS)
- Consequence Management Set (consisting of 9118, 9119, 9120, 9121)
- Consequence Management Pharmaceutical Set (CMFS)
- MNBCDM (YMBC)
- Prussian Blue (YBLU)
- Other local non-standard sets may be recorded in AM as required.

(9) System Services (SS): This module manages the Supported Customer data and includes DMLSS Communication Manager (DCM), Table Maintenance Utility (TMU), MTF/Org, Funds Management, Point of Contact (POC), User Privilege, End of Period and Record Management.

(10) System Administration (SA): Provides the DMLSS site system administrator (SA) with a tool to manage the DMLSS system including User Management, Security Management, Server Management, Device Management, Database Management, Facilities Management, DMLSS Server data base Backups Management and Universal Data Repository (UDR) Delta Process. The SA should ensure the roles given to each user are the minimum required for the user to do their work in AIS.

(11) Reporting- Business Objects (BO): Reporting module allowing the user to access the DMLSS database and provide managerial information through the use of queries and reports. This powerful business intelligence software can be used to develop daily, monthly and quarterly reports. While many reports are already preformatted, the module provides the capability to create ad-hoc reports as required.

b. Medical Logistics-Enterprise Solution (DML-ES) LogiCole. The DMLSS application will be replaced with the DML-ES LogiCole application. The Joint Medical Logistics Functional Development Center (JMLFDC) is working with the Defense Health Agency's Solution Delivery Division's Clinical Support Program Management Office to consolidate all medical logistics applications into a single program. This is to streamline the acquisition program for MEDLOG IT and improve the interoperability of the existing applications, DMLSS and TEWLS. On the technical side of things, this effort includes the refreshment of the DMLSS application, which is a move from a client-server architecture to a net-centric, cloud-based solution for all MEDLOG functional capabilities. All the capabilities of TEWLS, DMLSS and JMAR plus some new functionality will be included in very modern, user friendly application known as "LogiCole." The LogiCole MilBook page (<https://www.milsuite.mil/book/groups/LogiCole>) hosts all training videos and Step-by-Steps. Initial training offerings are in support of the LogiCole Initial Operating Capability (IOC). Additional training will be added as LogiCole development progresses from IOC to full realization of the technical refresh.

c. DMLSS Customer Assistance Module (DCAM): Medical logistics ordering tool which allows remote customers, who have no other medical logistics AIS, to create automated Class VIII supply requests with minimal hardware requirements [PC (personal computer)] or laptop with a network connection). DCAM customers can connect to the designated DMLSS or Theater Enterprise Wide Logistics System (TEWLS) sites via the Defense Information Systems Agency (DISA) Solution and download supplier's catalog, status, quality control and substitute items files from the DMLSS or TEWLS database. Once the files are downloaded, the customer can use the data in an off line capability to create supply orders, review status, review the stockage catalog, and research substitutions. Once the customers gain network connectivity they can transmit the requisition file containing supply transactions to their Supply Support Activity (SSA). DCAM uses secure data transfers employing Hyper Text Transfer Protocol (HTTPS) with DMLSS and TEWLS. DCAM level 2 allows forward Class VIII supply distribution points such as Brigade Medical Supply Offices (BMSO), to receive and process electronic DCAM requisitions from subordinate customers. DCAM is an approved part of the JOMIS [former Tri-Service Information Management Program-Joint (TMIP-J)] baseline. DCAM is sustained by the JOMIS Program Office and will be distributed to some units by the Medical Communication for Combat Casualty Care (MC4) deployment teams. Other customers requiring DCAM will request the application from their medical SSA. The SSA will provide a link to the application and supporting user documentation, assist the customer in setting up the DCAM account on the SSA server and provide training for the customer.

Should DCAM problems occur beyond the capability of the medical SSA, contact the Defense Health Agency Global Service Center (DHAGSC) help desk.

d. Theater Enterprise Wide Logistics System (TEWLS): Provides an Enterprise Resource Planning (ERP) application by consolidating operations of national, regional, and deployed units into a single business environment. TEWLS is developed/deployed in support of both peacetime and operational environments including medical depot-level operations and theater-level medical supply chain management for the combatant command's Theater Lead Agent for Medical Materiel (TLAMM). It enables intermediate-level medical logistics functionality including warehousing of medical materiel, materiel distribution and transportation management, and the total lifecycle management of medical assemblages (development, production, fielding and sustainment) for the Operating and Generating Forces.

e. Joint Medical Asset Repository (JMAR): JMAR Asset Visibility is an important decision support database. The vision of JMAR is to provide Global Access to Joint Medical Logistics Information for any user, any time on any government machine. DoD recognizes JMAR as the single integrated, authoritative source for Joint Medical logistics information provided to the Joint Total Asset Visibility System. JMAR receives data daily from a multitude of government legacy systems including DMLSS and TEWLS. JMAR is constantly evolving and currently has report and ad hoc asset query capability for Assemblages, Blood, Facility, Inventory, Prime Vendor (PV), Global Transportation Visibility and Materiel and asset visibility that can be queried. The JMAR website can be located at: <https://jmar.detrick.army.mil/>.

f. The G-4 SharePoint web portal located at <https://mitc.amedd.army.mil/sites/G4> is developed and maintained by the USAMEDCOM G-4. It is a SharePoint site collection within the Army Medicine Portal. The web portal is a collaborative environment for information relevant to the medical logistics community regarding policies, missions, current events, conferences, etc., and also to automate certain business practices making their processes more cost-effective. The medical logistics site includes "out of the box" SharePoint functionality as well as custom web/SharePoint applications including: the Optical Fabrication Enterprise application; the Environmental Services Management Information System (ESMIS); and the Centralized Equipment Requirements Program (CERP). The portal provides discussion forums and similar tools to track and route medical logistics related questions to the proper subject matter experts. Additionally, medical logistics related content in the Army Knowledge Online (AKO) is maintained by the division.

g. Patient Movement Items Tracking System (PMITS): PMITS tracks the location of Patient Movement Items (PMIs) during peacetime and its movement during contingency and wartime operations. PMITS directly supports the war fighters' mission by ensuring critical patient movement equipment is available to save critically injured warfighters' lives. Commanders use PMITS to manage and redistribute PMI assets in order to avoid shortages during patient evacuations. PMITS has the ability to show location and status of PMI assets. This eliminates shortages and overages of essential lifesaving equipment.

h. Defense Medical Logistics Standard Support-Wholesale (DMLSS-W): DMLSS-W is a component of the jointly sponsored Medical Logistics Functional Process Improvement Program. DMLSS-W purpose is to increase the availability of medical products to DoD users. The wholesale side of the program accomplishes this goal by facilitating improved business practices for the DoD wholesale medical supplier, DLA Troop Support Medical. DMLSS-W products include:

(1) Distribution and Pricing Agreement (DAPA) Management System (DMS) provides a set of automated tools designed and developed to promote the efficient exchange of medical product data and information among manufacturers and distributors, DLA Troop Support Medical, and the Prime Vendors who supply the DoD medical supply chain.

(2) Medical Prime Vendor Program, a cooperative effort between industry and the supply chain, is the model for public-private business partnerships. Prime Vendors are the primary distribution channels (single distributors) for procuring and delivering a full range of pharmaceuticals and medical/surgical supplies to the DoD MTFs in a given geographical region.

(3) Contingency Automation Application (CAA). CAA is automated item identification, sourcing, and transaction routing tool that enables the DLA Troop Support Readiness Division to receive, validate, identify, analyze, source, and monitor fulfillment of high-priority requisitions. The application

acts as a bridge between the various medical ordering and transaction systems and it substantially reduces the logistics response time required to deliver contingency medical materiel.

(4) Electronic Catalog (ECAT): DLA Troop Support's Medical Supply Chain developed ECAT to streamline its business practices and expanded its range of procurement options. ECAT is a Net-centric ordering, distribution, and payment system providing Department of Defense and other Federal customers access to multiple manufacturer and distributor commercial catalogs at discounted prices. The program is a complementary acquisition strategy allowing customers to browse, compare, and order a wide range of pharmaceutical, laboratory, dental, optical fabrication, repair parts and medical/surgical equipment commercial items not available through Distribution and Pricing Agreements (DAPAs) under the [Medical Prime Vendor Program](#). ECAT also allows deploying units to rapidly acquire the full spectrum of products necessary to satisfy their requirements for consumable and shelf-life medical/surgical and pharmaceutical products from a multitude of commercial sources.

(5) Product Sourcing Request (PSR): PSR enables users to submit requests for products that are not available through existing contractual vehicles such as Prime Vendor or ECAT programs, as well as requests to have their Prime Vendor stock an item that is already on an existing Distribution and Pricing Agreement (DAPA).

i. Other Standard Army and DoD AIS Systems:

(1) General Fund Enterprise Business System (GFEBS): GFEBS is the Army's financial accounting system for General Funds (Operations and Maintenance (O&M) and Defense Health Program (DHP)). The Defense Working Capital Fund (DWCF) is excluded from GFEBS. GFEBS has been fully deployed to all Army customers (except Special Forces units) and installations.

(2) Wide Area Work Flow (WAWF): is a DoD-wide application designed to eliminate paper from the receipt and acceptance process. Electronic documents are shared thus eliminating paper and redundant data entry. Benefits include global accessibility of documents, reduced need for re-keying data, improved data accuracy, reduced risk of losing documents, real-time processing, and secure transactions with audit capability plus the ability to electronically submit invoices and provide online access to contract payment records.

(3) Single Army Logistics Enterprise (SALE): SALE is the Army component of DoD logistics transformation effort to improve DoD-wide logistics visibility, accountability, and interoperability. SALE aligns with the DoD Business Enterprise Architecture and meets defined critical combatant commanders' and Joint Staff (J4) requirements. It replaces obsolescent Army logistics systems with a single internet-accessible solution that integrates the Army's national-level logistics system with the tactical-level logistics system. SALE provides efficient, streamlined, and integrated tactical-to-national, end to end business processes through the Army Enterprise Systems Integration Program (AESIP).

(4) The Army Enterprise Systems Integration Program (AESIP): AESIP is a component of the Global Combat Support System-Army (GCSS-Army), integrates Army business processes by providing a single source for Enterprise Resource Planning (ERP) hub services, centralized master data management, and business intelligence and analytics for the warfighter.

(5) Global Combat Support System-Army (GCSS-A): GCSS-A will permit logistics Commanders and staffs at the tactical level to anticipate, allocate, and synchronize the flow of resources across the area of operations in support of the Army Service Component Commander (ASCC) and Joint Force Commander (JFC). As a system for near-real-time logistics management, the Web-based system, supported by lightweight mobile applications, provides essential functionality for limited disconnected operations, and robust deployable communications connected to a centralized data repository for all users at all echelons. It will replace 13 Army logistics systems, and interface or integrate with applicable Army command and control (C2) systems and Joint systems as a follow-on initiative.

(6) Spectacle Request Transmission System (SRTS): The SRTS is the DoD standard for ordering optical devices. It is a centralized web-based SRTS application which supports the Optical Fabrication Enterprise (OFE) by providing them with a clinically integrated, secure web-based application and contributes to military readiness worldwide by supporting an automated means for the clinics and labs to order and track eyewear. In those labs with an electronic Lab Management System (LMS), SRTS interfaces directly with the LMS to speed the order fabrication process. As SRTS is constantly evolving to meet the demands of both the clinics and the optical labs, the most current information – to include how to obtain and how to use SRTS – can be found in the SRTS section of the OFE Website at: <https://srtsweb.amedd.army.mil>

(7) G-EYES: G-Eyes is an optical ordering application for military personnel deployed to specific areas of operation based on their mailing APO, FPO, or DPO. This system allows war-fighters to reorder eyewear directly from the G-Eyes Web site without the need to visit an eye care facility. To use

this application, the war-fighter must have previously placed an eyewear order through a military optometry clinic. Once ordered, the eyewear is mailed directly to the war- fighter's deployed mailing address. If a different insert or military frame is required this can be addressed in the comments section. The latest information on approved G-Eyes APOs, as well as access to the G-Eyes system can be found on the OFE Website at <https://srtswab.amedd.army.mil/WebForms/GEyes/Forms/GEyesHomePage.aspx>

2-5. SYSTEM CHANGE REQUEST

A SCR is an official recommendation to correct or enhance the functionality of AIS. In a formal process, the SCR is validated and accepted by the USAMEDCOM and the OTSG G-46. Units or activities that have identified a significant problem or possible improvement that may warrant an SCR, will submit their recommended changes to the appropriate project office and USAMEDCOM. (See Appendix R)

2-6. HELP DESK

Trouble calls for support of DMLSS, DCAM or TEWLS will be submitted to the Defense Health Agency (DHA) Global Service Center (GSC) at any of the following numbers:

800-600-9332 Continental United States (CONUS) select option 4 then option 3

866-838-3000 or DSN (312) 838-3000 outside CONUS (OCONUS) Digital Help requests can be made at:

dhagsc@mail.mil

DSN (312) 838-3000 (OCONUS)

Belgium: 0800-72115

Germany: 0800-1011129

Greece: 00800-12-5629

Guam: 1-866-637-8725

Italy: 800-782407

Japan: 00531-1-20743

Korea: 00798-14-800-5242

Netherlands: 0800-0228847

Panama: 001-800-151-1005

Portugal: 800-8-12305

Turkey: 0-800-151-1005

United Kingdom: 08-005871786

Spain: 900-951895

CHAPTER 3. MEDICAL MATERIEL MANAGEMENT

This chapter provides the procedures for a Supply Support Activity (SSA) and other supply operations for medical materiel to: operate, stock, requisition, issue supplies and equipment, dispose of excess, report and measures effectiveness and efficiency.

3-1. MEDICAL SUPPLY SUPPORT ACTIVITY (SSA) OPERATIONS

- a. The SSAs for medical materiel:
 - (1) Perform the full range of supply functions identified for SSAs in *AR 710-2*
 - (2) Appoint an Accountable Officer per *AR 735-5* and guidance provided in this SB
 - (3) Requisition materiel directly from the wholesale system or from a major, intermediate level medical materiel SSA
 - (4) Utilize the Prime Vendor (PV) program through DLA-Troop Support Medical

- b. The SSAs for medical materiel include:
 - (1) Installation Medical Supply Activity (IMSA)
 - (2) Medical Logistics Company (MLC): In peacetime, MLCs may not perform the full functions of an SSA, may have a training mission, or may have an area supply mission. Upon mobilization and/or deployment, the MLC will normally perform all SSA functions.
 - (3) Theater Lead Agent for Medical Materiel (TLAMMs) (includes USAMMC-E, USAMMC-K, and USAMMC-SWA).

- c. Other supply operations for medical materiel maintain informal stock control records in support of a direct support or area supply mission. These operations do not normally requisition directly from the Defense Logistics Agency (DLA) system and do not perform the full range of supply and Financial Inventory Accounting (FIA) functions. These CL VIII supply activities are NOT SSAs as defined in para 3-1 b(2), above. They are not equipped or staffed to provide the full range of support required of an SSA. These supply operations for medical materiel include:
 - (1) Combat Brigade level medical supply support provided by the BMSO
 - (2) Medical supply detachments
 - (3) Operating Force hospital units with an area supply mission
 - (4) Other medical units with an area supply mission
 - (5) Medical Logistics Management Center (MLMC). The MLMC is a unique organization that currently has a comprehensive and evolving role in Logistics Support.
 - (6) Public Health Command (PHC)
 - (7) Dental Command (DENCOM)

3-2. SUPPLY SUPPORT ACTIVITIES

The SSAs for medical materiel provide direct, general, and/or installation support to units and activities within a designated command or area. The unit or activity's MTOE, TDA, or Command (US Army) (ACOM)/Army Service Component Command (ASCC)/Direct Reporting Unit (DRU) directive will state the mission for providing this support. The SSA:

- a. Maintains accountability and manages medical supply stocks stored for issue to authorized supply customers.

- b. Operates a stock record account per *AR 710-2* and IAW the Army Medical Materiel Agreement (AMMA) Standard Operating Procedures (SOP) for DWCF sites.
- c. Operates with a standard logistics AIS.

- d. Conducts prescribed FIA and financial management of the:

(1) Defense Working Capital Fund (DWCF), which finances acquisition of SSA stocks at selected activities

(2) Army fund, or Operation and Maintenance, Army (OMA) fund

(3) Defense Health Program (DHP) fund, which finances acquisition and distribution of SSA stocks at selected activities

e. Establishes an electronic ordering process with all external deployable units/customers

(1) Electronic ordering implies that a remote connection is established and data is transferred from the customer's physical location on approved AIS to the supporting SSA

(2) All medical SSAs and their supported customers may use only an approved CL VIII AIS to accept and transmit requisitions

(3) The electronic ordering processes will be used during peacetime and wartime operations

3-3. INSTALLATION MEDICAL SUPPLY ACTIVITY (IMSA)

a. The IMSA is normally the SSA for medical materiel for a designated installation and/or geographical area and is under the control of the Medical Center (MEDCEN) or Medical Department Activity (MEDDAC) commander. The IMSA is separate from the installation's consolidated supply operation.

b. The MEDCEN or MEDDAC commander provides medical supply support to designated units and activities on the installation and within the assigned geographical support area (see *AR 5-9*).

c. The Medical Supply Officer (MSO) is responsible to the MEDCEN or MEDDAC commander for operation of the IMSA. The commander will appoint the MSO in writing (appointment responsibility cannot be delegated).

d. The IMSA Accountable Officer (and/or MSO) directs the operations of the IMSA. The MSO provides total medical supply support to all supported units and activities. The MSO is responsible for security of materiel per *AR 190-51*.

e. The IMSAs are authorized direct contact with customers, the USAMMA, DLA Troop Support Medical, other government agencies supporting medical supply, and local purchase activities on medical supply matters.

f. The USAMEDCOM IMSAs, under the direction of their RHC, will meet with all supported active and US Army Reserve Command (USARC) units at least annually to determine mobilization and deployment requirements.

3-4. APPOINTMENT PROCEDURES FOR ACCOUNTABLE OFFICERS

a. Procedures described in this document apply to all MEDCOM sites operating as an IMSA and used to appoint Accountable Officers

(1) Appointment

(a) The Chief of Logistics at each IMSA will submit an Accountable Officer recommendation to the activity commander. Format samples for DHP and DWCF sites are identified in APPENDIX E and F.

(b) The activity commander will appoint an Accountable Officer using the format and references identified in this publication. Appointment letters will include, as a minimum, all information listed in the sample formats.

(c) Once the activity commander signs the appointment letter, it will be forwarded through RHC G4 to USAMEDCOM G4, ATTN: G44. The USAMEDCOM Deputy G4 will endorse the appointment letter. If the activity is a DHP site, the endorsed appointment letter will be returned to the Accountable Officer for filing. If the site is a DWCF site, the USAMEDCOM Deputy G4 endorsed appointment letter will be forwarded to the Director DLA Troop Support

Medical Supply Chain for DLA's endorsement. The Director DLA Troop Support Medical Supply Chain will endorse the appointment letter and return the endorsed appointment letter to the Accountable Officer within two working days of receiving the document.

(d) Accountable Officers will maintain a copy of their appointment orders with the appropriate endorsements and a copy of the revocation orders of the prior Accountable Officer in their personnel folder until relieved of responsibility.

(e) All newly appointed AOs will receive face-to-face training from DLA and MEDCOM. Refresher training will be mandatory every 18 months. Topic specific training will be conducted via Defense Collaboration Services (DCS) as needed.

(2) Revocation

(a) The activity commander will provide a copy of the revocation of the Accountable Officer's appointment orders to the USAMEDCOM G44. The revocation letter will identify the outgoing Accountable Officer and the individual that will be nominated as the replacement. USAMEDCOM G44 will ensure copies of the revocation orders are provided to the Director, DLA Troop Support Medical.

b. The logistics point of contact is the MEDCOM G44, usarmy.jbsa.medcom.list.medcom-omd-g44@mail.mil; and the DLA Troop Support Medical point of contact is (215) 737- 7241, DSN 444.

3-5. DLA DEFENSE WORKING CAPITAL FUND (DWCF) SITES

The DWCF is a revolving fund with a specific obligation authority set by Congress. The fund is provided to purchase materiel primarily from commercial manufacturers and distributors in advance of need and then sell the materiel to retail DoD customers as needed. The funds used to purchase materiel are subsequently replenished through the sale of the material to the retail customer, thereby keeping the DWCF in balance. The various DLA costs incurred in operating the fund, e.g. contract administration, personnel, storage, first destination shipping, etc., are recovered through a cost recovery rate (CRR) that is set annually and added to the selling price of the materiel to keep the fund in balance. If the cost of operating the fund increases, the CRR must also increase to fully recover the cost and avoid reducing or depleting the fund. Therefore, it is in the best interest of all stakeholders managing the fund to be good stewards and ensure the Obligation Authority (OA) is used wisely so the total cost of delivering materiel to the retail customers is fully reimbursed.

a. Army Medical Materiel Agreement (AMMA) - The Department of the Army (DA) entered into a Performance Based Agreement (PBA) with DLA to achieve greater end-to-end supply chain effectiveness and efficiency for the Combatant Commanders and to ensure responsiveness to the delivery of military healthcare worldwide. The agreement formalizes closer strategic and operational relationships between DLA and DA, and clarifies roles and responsibilities. This PBA governs the use of the DWCF Obligation Authority within business process relationships.

b. The Army as the custodian of DWCF materiel has a responsibility to maintain formal inventory records to account for it. The DMLSS and TEWLS automated systems used by DWCF sites are programmed to update the DLA Enterprise Business System (EBS) on DWCF materiel actions. Anytime DWCF materiel is obtained, moved, classified or modified in any manner DMLSS or TEWLS transmits an update to EBS to keep its inventory records synchronized with the DWCF sites. Since each DWCF site maintains a unique site materiel catalog, EBS uses a unique combination of the DWCF site Department of Defense Activity Address Code (DoDAAC) and item identifier/material master ID to identify the DLA-owned materiel stored at each site. It is the responsibility of the Site Accountable Officer to provide DLA the necessary information to build a material master in EBS for each unique item purchased with DLA funds (fund code 7H). In most cases, DMLSS and TEWLS are programmed to provide the required data elements automatically when the site purchases/obtains the materiel and adds it to the site's accountable records. However, purchases through local procurement offices (contracts and purchase card) require manual input of the data elements into the Army's Standard Procurement System (SPS) and remain a special challenge to ensure the data is properly transmitted to EBS.

c. Requirements and responsibilities of the DWCF site are highlighted throughout this SB. Detailed information can be found in the AMMA document and AMMA SOP.

d. DWCF-specific reporting requirements in addition to other reports due from all USAMEDCOM activities, per the AMMA and AMMA SOP. The following reports are due from each DWCF site to the MEDCOM, ATTN: G44:

(1) Dead stock – quarterly report due by the 5th of the month following the end of each quarter.

(2) Local purchase Report (contracts and GPC purchases) – monthly report due NLT 5th of the month following the end of each month.

(3) List of all DWCF purchase cardholders and Billing Officials – semiannual report due NLT 10 October and 10 April.

(4) List of DWCF site POCs, primary and secondary- semiannual report due NLT 5th October and 10th April.

(5) Provide a list of all scheduled inventories for each FY. List will include type of inventory (Annual, monthly, cyclic etc.), and anticipated date of inventory. List is due in October by the 5th of the month.

(6) Provide a copy of the Inventory Accuracy Report for each account inventory performed once the inventory is complete.

(7) IM Inventory Adjustments – quarterly report due by the 5th of the month following the end of each quarter. Use the DMLSS Inventory Adjustment Voucher report.

(8) Provide a copy of all IARs that require the commander to sign. The copy must include the commander's signature.

(9) Purchase Card Billing Official statements - monthly report due NLT 5th of the month following the end of each month.

3-6. US ARMY NATIONAL GUARD UNITS

US Property and Fiscal Officers (USPFOs) may provide IMSA-type support to Army National Guard (ARNG) units. The USPFOs and ARNG Operating Force units assigned a medical supply support mission will operate per SB-8-75-S10 and this Supply Bulletin.

3-7. MEDICAL MATERIEL MANAGEMENT PROCEDURES BY US ARMY RESERVE (USAR) AND ARNG ACTIVITIES ASSIGNED A PATIENT CARE MISSION

a. The USAR and ARNG units may requisition and use controlled shelf life and/or refrigerated materiel when they provide patient care to military personnel authorized such care by *AR 40-3*. During use, ARNG and USAR units will control and account for those items according to this chapter and comply with pharmaceutical management procedures in *AR 40-3* and the *SB 8-75* series.

b. When the patient-care mission is completed:

(1) The USAR units will coordinate the turn-in of all unused stocks to the supporting IMSA/MLC/TLAMMs

(2) The ARNG units will:

(a) Return all controlled items per this SB.

(b) Return as directed by the USPFO unit of issue quantities of all other items unlikely to be consumed prior to their expiration date. Return these items within 60 days of the completion of the patient care mission.

(c) Return Federal Supply Class (FSC) 6505 items on the IMSA/MLC/TLAMM stockage list and unlikely to be consumed within 12 months.

(d) Manage remaining stocks as specified in applicable regulations and the *SB 8-75* Series.

(e) Account and report all on-hand Medical Chemical Biological Radiological and Nuclear (CBRN) Defense Materiel (MCDM) thru the DoD/Food and Drug Administration (FDA) Shelf Life Extension Program System (SLEP) [see chapter 4 of this SB and SB-8-75-S7].

3-8. STOCKAGE

- a. The SSAs identified in this SB, may stock:
 - (1) Standard items: items listed in the Army Master Data File (AMDF), Federal Logistics Record (FEDLOG), UDR Medical Catalog (MEDCAT), and MMC.
 - (2) Nonstandard items: items not listed in the above catalogs but are required to support the healthcare mission.
- b. The Operating Force medical supply operations may stock:
 - (1) Consumable items authorized in the supported Medical Sets, Kits, and Outfits (SKOs) hospitals.
 - (2) Consumable items authorized in the resupply module for supported Operating Force.
 - (3) Items used to meet contingency missions, training requirements, or used to provide garrison medical support, if approved by the command surgeon. These units will maintain command surgeon approved Authorized Stockage Lists (ASLs) that reflect both wartime and peacetime requirements.
- c. The ARNG units maintain State Surgeon approved ASLs.

3-9. STOCKAGE CRITERIA

- a. The Generating Force will follow these guidelines when determining candidates for stockage.
 - (1) The Accountable Officer will make the determination to stock items based on current and projected demand for each item. Establishing a stock level for a requested item should be based on inventory management factors such as projected annual demand, source of supply, lead-time, and the criticality of the item for emergency patient care.
 - (2) IAW DA PAM 710-2-2, the following guidelines may be used as stockage criteria. When nine recurring demands are recorded within a 360-day period, initial stockage for the item may be established.
 - (3) If less than nine recurring demands are recorded, a customer may request in writing the SSA stock that item. If a customer requests the Accountable Officer to stock an item that does not meet the stockage criteria, they will submit a written request signed by the unit/section supervisor acknowledging customer liability and financial responsibility for the entire amount of stockage if future demands/requirements stop for any reason.
 - (4) For emergencies, the unit's senior logistics officer may approve stockage of items.
 - (5) Maintaining stockage requires at least three recorded demands within a 360-day period.
- b. For DWCF activities the Accountable Officer will use the following stockage criteria:
 - (1) When six recurring demands are recorded within a 180-day period, with a total quantity of 10 or more units, stockage for the item may be established.
 - (2) If less than six recurring demands are recorded or less than 10 total units, a customer may request, in writing, that the AMMA site to stock an item. When a customer requests that an item be stocked that is not authorized by demands, a written request will be submitted, signed by the unit commander, acknowledging customer liability and financial responsibility for the entire amount of requested stocked materiel if future demands/requirements stop for any reason
 - (3) The DWCF site will submit a copy of the request to DLA for their supporting document file.
 - (4) Items that will not be stocked:

- Short Shelf Life items
- High cost / dollar items
- Items with seasonal or irregular consumption

(5) If an AMMA activity, MTF/TLAMM, wishes to stock an item as part of an ASL that is not authorized by demands, a written request will be submitted requesting permission to stock the item. The request will be signed by the requesting Commander acknowledging the MTF/TLAMM's stocking the non-demand item/s and the written request will acknowledge that the requesting Unit/customer will be financial responsibility for any portion of the inventory that becomes excess.

(6). DWCF sites will review the AMMA SOP for guidelines in inventory reconciliation and determination of deletion from stock.

c. The Operating Force medical supply operations will follow command guidance when establishing stockage criteria for items supporting:

- (1) Authorized Stockage List (ASL)
- (2) Mandatory Parts List (MPL)
- (3) Resupply of medical assemblage components

NOTE: In the event that the customer requested stocked item is no longer required, the customer may be charged by the SSA for the unused quantities remaining in stock. (For Stockage candidates of Medical Repair Parts refer to Chapter 6)

3-10. CRITICAL ITEMS

a. The Defense Health Agency Medical Logistics Division (DHA-MEDLOG) Fort Detrick, Maryland, maintains a list of critical items needed for patient care during contingencies. The contents of this list are based on input from the military services and other DoD agencies that manage medical materiel. Periodic analysis of quantities of these critical items held by the military services and other DoD agencies is requested by the Assistant Secretary of Defense for Health Affairs ensuring DoD will meet contingency requirements.

b. The Regional Medical Materiel Enterprise Standardization Office (MMESO) will review products included on the critical items list ensuring consideration for standardization at their regional MTFs.

3-11. JOINT DEPLOYMENT FORMULARY

a. The DHA MEDLOG maintains the Joint Deployment Formulary (JDF). The JDF's purpose is to establish a baseline deployment formulary to treat the most common wounds or diseases that may affect US Armed Forces members. Inclusion must balance transportation and inventory management capabilities.

b. The JDF is sourced against the prime vendors and the manufacturer's current availability to decrease the number of back orders and rejected requisitions an activity will receive while ordering in a deployed location. The USAMMA uses the JDF when updating and refilling medical assemblages. The JDF is updated quarterly and is available on the DHA MEDLOG Web site, <https://www.dmsb.mil/>; click on the Links & Downloads at the top of the page; click on Clinically Derived Standardized Products, CDSP Document; at the bottom of the opened excel spreadsheet click on the tab JDF (October 17).

3-12. IDENTIFYING AND CATALOGING NEW MATERIEL

a. Policy is established in *AR 40-61*, Medical Logistic Policies, to standardize throughout all health care activities within the USAMEDCOM the methodology to catalog medical materiel items. It is applicable to all activities and distribution centers utilizing TEWLS or DMLSS to provide medical supply support.

b. This procedure will standardize the cataloging of new materiel items, accumulate purchasing data and historical demand data for deployments, and monitor standardization compliance. It will identify purchases for specific types or categories of supplies. Command assessments will be used to identify trends and issues.

c. The DMLSS activities will use the cage code, manufacturer part number and the NDC to catalog and identify new medical supply items **for items without an NSN**. Select the appropriate "Commodity Class" from the dropdown menu. The "MTF Restrictions" section should also be filled in to add the "Supply Classification" of the new item. The Element of Resource (EOR) will automatically be assigned by DMLSS based on the selected Commodity Class.

d. When building a new catalog record the DMLSS screens mandate an entry on fields with red dots in order to proceed. There are other fields that do not have red dots but are required depending on what Type Item ID selected. The DMLSS users must complete all appropriate catalog data fields to build a new catalog record. **NOTE: Users must ensure that the Cage Code, MFG Cat No., NDC, NSN, UPN or PVON fields are filled in based on the Type Item ID selected and SOS. For TSMP materiel activities will use the "cold chain" indicator and "special handling" drop-down list.**

(1) Drugs with NDCs. The commodity Class is "Pharmaceutical"; the MTF Restriction is 86 (All Drugs & related Items, FSC 6505); the system assigned EOR is 26GI (Pharmaceutical); When the NDC type is selected, ensure that the NDC field has the accurate NDC data. Ensure the valid Prime Vendor Order Number (PVON) is in the PVON field.

(2) Repair Parts. The Commodity Class is "Repair Part-medical"; the MTF Restriction is 85 (Expendable Medical Items, Not Restricted); the system assigned EOR is 26ER (Repair Part-Medical & Supply Expendable Medical); When the MFG/PN type is selected, ensure that the MFG Cat No. field is filled in with the accurate manufacture's number.

(3) Medical/Surgical Catalog Items (not Drugs and not Repair Parts). The Commodity Class is "Supply-Expendable Medical"; the MTF Restriction is 85 (Expendable Medical Items, Not Restricted); the system assigned EOR is 26ER; ensure the appropriate category field is filled in, i.e., NDC, NSN, MFG Cat. No. Also input the appropriate PVON.

(4) Medical Gases. The Correct Commodity Class, MTF Restrictions and EORs will be assigned based on classification of the gases.

e. The TEWLS activities will use the Enterprise Resource Numbering (ERN) concept to catalog and identify materiel. The following categories are mandatory to catalog new and existing identification numbers:

(1) Pharmaceuticals with National Drug Codes (NDC). Materiel that has been assigned an NDC will use the assigned NDC. The use of the "F" in front of the NDC is no longer required.

(2) All other Commodities. Medical materiel other than pharmaceuticals, to include Medical Surgical, Optical Fabrication, Dental, Veterinary, and Medical Maintenance items will use the ERN concept. The identification number for these items will be the first three letters of the manufacturer's name plus the manufacturer part number (MED4527852 for a Medtronics item part number 4527852)

f. Medical Master Catalog (MMC) is used to source records to the prime vendors and ECAT.

(1) Items sourced to the prime vendors and ECAT that are available in the MMC can be added to the MTF catalog within the application.

(2) Items that are available through the prime vendor but do not have PVON's assigned can be added by submitting a PSR through DLA Troop Support Medical.

(3) Items currently not available through MMC may be requested by submitting a PSR to DLA Troop Support Medical.

(4) ECAT items not available in the MMC can be added by submitting a PSR through DLA Troop Support. Once the record is available in the MMC it can be added to the MTF catalog.

(5) A PSR must be submitted for all items purchased with the GPC. A copy of the PSR will be included in the purchase card supporting document files.

g. MMC discrepancies can be reported to DLA by using the Catalog Discrepancy Report located in the IM Module of DMLSS. This report is used for item description discrepancies, unit of measure discrepancies and price challenges to DLA-Troop Support. A consolidated report is available in DMLSS showing what has been submitted to DLA Troop Support Medical.

3-13. STOCKAGE LEVELS

a. To increase efficiency and decrease waste, the Accountable Officer will regularly analyze demand history and work towards reducing unnecessary stockage levels whenever possible.

b. The DMLSS "IM Recommended Level Changes" pending actions report will be worked at least monthly. Computing Reorder Point (ROP):

(1) Computing ROP is based on the USAMEDCOM Safety level (5 days for CONUS and 15 days for OCONUS) plus the actual Order-Ship Time (OST) for each item. The MEDCOM G4 is the approval authority for changes in safety level. The OST for nonstandard items will include the average time used for processing a procurement request.

(2) The preferred method to compute ROP is the Days of Supply (DOS) procedures. This is used for items distributed by PV and ECAT and for all items in a deployed theater.

(3) Economic Order Quantity (EOQ) procedures can be used to compute the ROP, see *DA PAM 710-2-2*, Appendix D, for EOQ ROP with appropriate Safety Level.

c. Computing Requisition Objectives (RO)/levels

(1) DOS is the preferred method for PV/ECAT items

(2) Use *DA PAM 710-2-2* when computing EOQ

(3) The operating level is a maximum of 15 days CONUS (30 days OCONUS) or as determined by the ACOM/ASCC/DRU/command surgeon when establishing the DOS method. Operating levels for nonstandard items acquired under vendor service are based on quantities needed to sustain operations between resupply cycles.

d. Calculating retention levels. When stock on-hand exceeds the RO/level, medical activities will calculate retention levels using provisions of *AR 710-2* and *DA PAM 710-2-2*. Process stocks exceeding authorized retention levels by using the excess materiel guidance in this chapter.

e. Calculating stockage levels for Operating Force Medical Supply Operations. When authorized an ASL, Operating Force medical supply operations will use the DOS method or the inventory management module of approved AIS to compute the RO/level. Logistics support plans should establish days of supply needed to support designated unit operations when mobilized.

3-14. REQUISITION PROCEDURES

a. The IMSA/MLC/TLAMM must provide responsive support to customers for medical items. Ways of providing this support are:

(1) The preferred method is through a commercial contract service, such as the DoD PV/ECAT program

(2) Local stockage of selected items will be used when:

(a) The distance between the IMSA/MLC/TLAMM and the supporting commercial distributors warrants stocking items to preclude interrupting supply support

(b) Items are not available through supporting commercial distributors

(c) When items are ordered in unit of issue and sold by unit of measure

(3) When the commercial distribution contracts cannot fill routine supply requirements, submit requisitions to DLA Troop Support Medical using MILSTRIP.

b. IMSA/MLC/TLAMM will enter all purchases and receipts in DMLSS/TEWLS/ DCAM for retrospective review by the Accountable Officer, capturing demands for standardization,

analyzing procurement costs, and ensuring items are purchased using the MEDCOM acquisition strategy.

c. When the IMSA/MLC/TLAMM is unable to transmit electronic orders (EDI) through the supporting logistics system (DMLSS/TEWLS) due to network connectivity issues and/or users are unable to access the ordering system during extended system outages, activities must follow procedures for manual ordering for emergency or urgent requirements (see para d below). Once the urgent requirement has been validated as a true emergency IAW paragraph 3-16a, the guidance below outlines the procedures for processing emergency requisitions.

(1) The following acquisition method strategies are prioritized by USAMEDCOM G-4 for urgent medical materiel requirements during system downtime:

(a) Government Purchase Card (GPC). **Note:** This SOS methodology is contrary to what is recommended during normal business operations.

(b) DLA Troop Support (Prime Vendor Programs and ECAT).

(c) Convenience Checks (only used when the merchant does not accept the GPC).

d. Requisitioning procedures for End of Fiscal Year (EOFY) after the established DMLSS End of Fiscal Year (EOFY) cutoff date.

(1) MEDCOM G-44, in coordination with the Medical Logistics Informatics Division (G-46), the Directorate of Resource Management (G-8), and the Joint Medical Logistics Functional Development Center (JMLFDC) will publish guidance and timelines annually based on the General Fund Enterprise Business System (GFEBS) and Defense Finance and Accounting Service (DFAS) end of year instructions. **NOTE: Purchase requests after the DMLSS EOFY cutoff date for final submission to GFEBS are considered emergency purchases and MUST be kept to an absolute minimum. IAW DA PAM 710-2-1, paragraph 2-2d(1), Priority Designator (PD) 03 for emergency medical supplies or equipment is used to "prolong life, relieve suffering, or expedite recovery in case of injury, illness, or disease."**

(2) The following acquisition method strategies are prioritized by USAMEDCOM G-4 for urgent medical materiel requirements between the DMLSS cutoff date and the date that DMLSS is released back into production with the new FY appropriations: **Note: Do NOT attempt access DMLSS or process ANY electronic orders during the DMLSS EOFY downtime.**

(3) In the rare event that current year-end funds are available (before September 30th), but after the DMLSS EOFY September cutoff date; each activity must submit the purchase request for written pre-approval to the following departments, simultaneously via email:

(a) MTF, Logistics Division (G4)

(b) MTF, Resource Management Department (G-8)

(c) Regional Health Command, Logistics Division (G-4)

(d) Region Health Command, Resource Management (G-8)

Note: DWCF sites must also request pre-approval from the MEDCOM G-44, Operations Management Branch prior to local purchases being made.

(4) Upon approval, the activity must follow the appropriate procedure for the selected source of supply:

(a) Government Purchase Card (GPC):-Process GPC orders IAW the annual EOFY Processing Guidance and paragraph 3-53 of this SB. Ensure that all manual orders are immediately entered into DMLSS once service is restored. Be sure to use the previous FY's document numbering sequence.

(b) Prime Vendor (Pharmaceutical/MEDSURG) – **Credit Account Orders only.**

- Activities may use PV credits during the DMLSS EOFY cutoff timeframe.

Note: The exact amount and availability of PV credits must be confirmed with the vendor prior to use.

- The activity must complete a hardcopy (fillable) DD Form 1155 (Order for Supplies or Services) from the AMEDD Electronic Forms Library. Each order must contain a Requisition/Purchase Request Number which includes the DODAAC, current Julian date and the site assigned serial number (block 4 of DD Form 1155). Block 2 must contain a PIID (unique Procurement Instrument Identifier) call number from the Prime Vendor administrative contract 'manual reserve' call number list.

- Credit orders must contain the appropriate credit account number and be clearly marked as a "CREDIT ORDER" at the top of the DD Form 1155.

- Ensure that all manual credit orders are immediately entered into DMLSS once service is restored. **Be sure to select the "Credit" identifier in DMLSS.**

Note: Emergency or urgent medical materiel requirements that are identified after the DMLSS EOFY cutoff date MUST meet the definition of a true "priority 03" Emergency Requisition and must be authenticated by the Hospital Commander or designated representative IAW paragraph 3-16 of this SB. Excess year-end funds do NOT meet the criteria to justify an "Emergency" buy.

e. To requisition or receive any commodity class from a SSA, external units to the SSA must have a valid DoDAAC. The DoDAAC is a distinctive six-position alpha-numeric address code. The DoDAAC identifies a specific unit, activity, organization, non-DoD government element, or a private contractor authorized by DoD to requisition, receive supplies, or receive billing, and is used primarily on MILSTRIP and related documents. The first position designates the military service or other Government element of ownership or sponsorship. The remaining five positions are assigned by the Army Central Service Point (ACSP). The alpha characters O and I are never used in the assignment of DoDAACs. Any unit or medical activity needing a DoDAAC should contact their Installation or Regional DoDAAC Coordinator. Army MEDCOM activities requesting either new, changes, or deletions to DoDAACs will go through the MEDCOM G44 POC at usarmy.jbsa.medcom.list.medcom-omd-g44@mail.mil. DoDAACs in decoded form breaks down to at least two and in some instances three in-the-clear addresses referred to as Type Address Code (TAC) 1, 2, and 3. TAC 1, TAC 2, and TAC 3 addresses are mandatory and must be provided to the DoDAAC Coordinator in order to assign a DoDAAC. Any requests for DoDAACs must have the DoDAAC Request form located in Appendix M.

- (1) TAC 1 address. Used for mail, parcel post, and small package shipment.

- (2) TAC 2 address. Used for freight shipments.

- (3) TAC 3 address. Used for billing purposes and must contain an address that is listed with a fiscal station number in the Disbursing and Fiscal Station Number Directory.

f. All costs incurred in requisitioning materiel should be included in the delivery of the materiel to the customer. The purchase price must include the cost of the materiel and any transportation and handling charges inherent in acquiring and delivering the materiel to the customer.

- (1) When there is a need to have a second destination shipment for materiel, the supporting IMSA/unit will use the guidance outlined in Chapter 14 (Freight Shipment) of this SB for transportation charges. The IMSA/unit directing the shipment will coordinate to have the appropriate funds manager complete the Army-Funded Transportation form, Funds Verification & Use Authorization (FVUA), DA G44(D) to provide a written authorization to use their Line of Accounting (LOA) and associated TAC for specific shipments for a specified time period. The shipping customer will provide the completed/signed form to the servicing transportation office prior to requesting a movement/shipment. Additional instructions and information can be found in chapter 14 of this SB.

g. Incoming shipments will be received and inspected by the central receiving personnel immediately after receipt. The receiving inspection performed will include as a minimum, the following actions:

- (1) A careful comparison of the number of pieces received with the number listed on the freight bill (packing slip)

- (2) Examination of the cartons for any evidence of damage

- (3) Examination of the contents for obvious damage if cartons show any evidence of possible damage.

- (4) Notify the purchaser immediately if items are missing or damaged and initiate a Transportation Discrepancy Report (TDR).

- (5) Process receipt for the item in DMLSS/TEWLS. ONLY PROCESS THE RECEIPT FOR THE NUMBER OF ITEMS YOU ACTUALLY RECEIVED (TLAMMs must use guidance outlined in the AMMA SOP)

3-15. REQUISITIONING STANDARD AND NONSTANDARD MEDICAL MATERIEL

a. Standard stocked items: The OCONUS IMSA/MLC/TLAMM may transceive (transmit and receive) an "A01" (request for standard stocked item), "A0A" for CONUS IMSA/MLC, requisitions through the Defense Automatic Addressing System (DAAS) to the supply source if the requisitions:

- (1) Comply with local policies and procedures
- (2) Are in MILSTRIP format (See *AR 725-50*, Table E-1, pg 349)
- (3) Are for medical materiel centrally cataloged by DLA Troop Support Medical and listed in one of the following publications:
 - (a) MMC, AMDF or FEDLOG
 - (b) MEDSILS, <https://app.usamma.amedd.army.mil/medsils/index.cfm>

b. Nonstandard non-stocked items: The OCONUS IMSA/MLC/TLAMM may transceive Document Identifier Code (DIC) "A05" (nonstandard non-stocked items) requisitions through DAAS to the supply source if the requisitions:

- (1) Comply with local policies and procedures
- (2) Are for medical materiel not listed in either the:
 - (a) MMC, AMDF, FEDLOG,
 - (b) MEDSILS, <https://app.usamma.amedd.army.mil/medsils/index.cfm> are accompanied by all applicable exception data
- (3) Are prepared per *AR 725-50*, Table E-2, pg 349

c. Nonstandard medical materiel:

(1) The IMSA/MLCs/TLAMMs may purchase nonstandard medical materiel locally. When the item cannot be locally obtained, requisitions may be submitted to DLA Troop Support Medical citing:

- (a) DIC "AOE"
- (b) Pertinent exception data
- (c) Advice code "2A"

(2) The Operating Force medical supply operations will submit requisitions to their supporting IMSA/MLC/TLAMM.

3-16. EMERGENCY REQUISITIONS

a. When emergency or urgent medical materiel requirements exist (to save lives or prevent suffering or distress), the IMSA/MLC/TLAMM will expeditiously process requisitions from supported HCAs using the issue Priority Designator (PD) "03" (life or death) requisitions. Life or death requisitions will be submitted to DLA Troop Support Medical only when the item is not available locally. The quantity ordered should reflect the minimum requirements for the particular emergency. Particular attention should be given to customer's requests for in-vitro diagnostics and reagents. Because of the type of materiel involved, activities should be certain that a life or death situation is involved before submitting the requisition on that basis. Non-receipt of incremental shipments is not in itself a justification for submitting a life or death requisition. Submit requisitions telephonically to the Medical Customer Operations Center (MCOC) at DLA Troop Support Medical. Normal duty hour numbers are commercial 215 737-2112 or DSN 444-2112. After duty hour numbers are commercial 215 737-2341 or DSN 444-2341.

b. The following information, at a minimum, is required on the requisitions:

- (1) Name of the physician administering to the patient
- (2) Diagnosis and prognosis of patient(s)
- (3) Preferred mode of shipment
- (4) Telephone numbers of requisitioner (on & after duty) and points of contact

c. The commander or designated representative will personally review and document all requisitions with an urgency of need designator "A" or "B" per the *DA Pam 710-2* series. The

IMSA/MLC/TLAMM will perpetuate all urgency of need designator "A" requisitions from supported activities.

d. Valid exception data for urgency of need designator "A" and "B" requisitions are requests for shipment using:

- (1) The fastest traceable means
- (2) Shipments by specific mode, i.e., commercial air. If commercial air is requested, the IMSA/MLC/TLAMM will provide an appropriate transportation account code (TAC). Do not delay life or death "03" requisitions in order to verify or determine the appropriate fund site.

e. When Operating Force medical supply operations submit emergency urgency of need designator "A" and "B" requisitions to their supporting IMSA/MLC/TLAMM, the unit commander will authenticate the priority assigned to the requisition per the *DA PAM 710-2* series. The Operating Force medical supply operation will process emergency requisitions from supported units. The requisition must be properly authenticated, provided the requisitions cannot be filled from on-hand stocks.

3-17. ACQUISITION METHODOLOGY AND STRATEGY POLICY & PROCEDURES

a. Activities will maximize the use of logistics AISs, to maintain centralized visibility of all materiel and service procurements. All transactions will be loaded into the logistics AIS database so accountable officers can functionally review and effect necessary changes to the procurement processes. MEDSURG and maintenance procurement processes will be centralized, providing oversight and management through the most preferred acquisition method/strategy while capturing usage for standardization efforts. RHC Logistics Chiefs are the authority deciding the extent of centralization of the acquisition processes within the MTF Logistics Divisions. The IMSA/MLC/TLAMM will use direct-order and other electronic vendor (INTERNET based) inventory services provided by commercial medical materiel distribution organizations (PV and ECAT).

b. Where appropriate, the IMSA/MLC/TLAMM may authorize other SSAs and customers to use direct order and other electronic vendor-inventory services to satisfy requirements. The DLA Troop Support Medical PV and ECAT systems are the AMEDD primary means of acquisition. All materiel must be bought through PV and ECAT systems when available. PV and ECAT prices may occasionally be higher, when considerably higher the activity needs to make a judgment call to acquire it at the most economical price while considering the acquisition time and man-hour requirements. The Activity must challenge prior to acquisition and document the challenge by the higher ECAT price by contacting the DLA Troop Support Medical ECAT Help Desk at 800-290-8201 or in an email to dscpecahelp@dla.mil. DHP funded activities that use their GPC for lower price ecommerce items must contact their MSCs or MEDCOM G44 to make them aware of the pricing discrepancies and must submit a price discrepancy report.

c. The following acquisition method strategies are prioritized by USAMEDCOM:

(1) The DLA Troop Support Medical PV Programs. A Prime Vendor (PV) is a single distributor of brand specific medical supplies who provides next day delivery. Our PVs are leading distributors in their respective industries. Contracts covering the entire United States, Europe, and the Pacific are in place for Pharmaceuticals, Medical/Surgical supplies, and Equipment. Information is located at

<https://www.medical.dla.mil/Portal/PrimeVendor/PrimeVendorHome.aspx>.

(2) The DLA Troop Support Medical ECAT Program. Information is located at <https://dmmonline.dscp.dla.mil/Portal/ECAT/EcatHome.aspx>

(3) Contracts

(4) DLA

(5) Government Purchase Card (least preferred). The credit card purchase rate goal for activities is no more than 10% of all receipts.

d. The USAMEDCOM has established goals and management objectives for utilization of ecommerce programs. USAMEDCOM activities will monitor ecommerce utilization on a monthly basis. The minimum goals and objectives are calculated as the value of local purchases of CON,

BPA and NON/all SOS Type acquisition costs divided by all SOS Types for commodity classes Supply-Expendable Medical and Supply-Durable Medical. The ecommerce utilization rate goal for all activities is 90%.

e. The DWCF-funded activities are assessed a DLA Cost Recovery Fee (CRF) for Contracted and Non-Contracted local purchases:

(1) The DWCF-funded activities using DMLSS will ensure that the "Supplementary Logistics Fund" is used for equipment and local purchase of non-stocked materiel for internal customers. A separate DHP purchase card will be established for making purchases for items meeting the micro purchase threshold.

(2) The DWCF will be utilized for the following type purchases; PV, ECAT, stocked, and local purchases.

f. The DHA MEDLOG/MMESO Joint Products of Choice (JPOC) items. Incentive Agreements (IAs) and Distribution and Pricing Agreements (DAPAs) provide major opportunities to achieve significant cost avoidance and optimization through standardization and consolidation of requirements. It is the MTF Commander's responsibility to ensure implementation and compliance with JPOC items, IA/DAPAs. The MTF logistics/Supply Chain Management is responsible for implementation of JPOC items, IAs and DAPAs negotiated within the DoD Enterprise while managing the phase-out of items eliminated due to the implementation of the JPOC items, IAs/DAPAs. A current list of JPOC items can be found at the DHA MEDLOG Standardization Management website <https://www.dmsb.mil/stdMgmt.asp>.

3-18. PRIME VENDOR AND ELECTRONIC CATALOG AS A SOURCE OF SUPPLY

a. The overall goal for materiel acquisition is increasing the use of electronic commerce alternatives while decreasing reliance on manual, labor-intensive procurements, i.e., credit cards. Two programs maximizing use of eCommerce methodologies and providing greater system-wide economies are the DLA Troop Support Medical PV and ECAT programs. In order to obtain the overall goal activities will:

(1) Continuously review local purchase and credit card purchases with the PV representative for PV eligible items to reduce dependency on the PC

(2) Use DOS versus EOQ for inventory management

(3) Order smaller quantities more frequently

(4) Review items on Backorder with the PV at least every two weeks

b. The activity should ensure the PV is accomplishing and reporting to the activities the following tasks to increase utilization. Weekly communication with the PV representative should include the following:

(1) PVM USE items and recommended changes (review the PVM usage Variance)

(2) Status of partial receipts and shipping discrepancies to resolve any problems

(3) Estimated Delivery Date (ESD) for backordered items

(4) Discuss orders that were shipped but the site did not process the receipt

(5) Orders that were cancelled by the vendor but are still open in DMLSS/TEWLS and/or items that were cancelled by PV but were shipped anyway.

(6) Any pertinent issue that improves the service provided to the customer

(7) Capture demands on cancellations

c. The DLA Troop Support Medical has pharmaceutical and MEDSURG contracts which include commercial distributors using:

(1) PV items

(2) ECAT items

(3) Federal Supply Schedule (FSS) items

d. Required actions to be taken by the activity to increase PV utilization:

Communicate weekly with the PV representative to discuss usage data including all Electronic Data Interface (EDI) relevant to usage such as the following:

- (1) Follow up on any aged due-ins or backorders
- (2) Review Contractually Required Equal/Exceed Ship Total (CREST) orders to

determine required change of non-usage to usage items

NOTE: DLA Troop Support Medical, DMLSS, TEWLS and the PVs use the EDI 830/850/855/856 transaction sets to calculate and report contractual fill rates IAW PV contracts. For PVM items the Usage Variance report is maintained by DLA and can be found at DMMOnline.

3-19. STRATEGIC SOURCING

a. The Strategic Sourcing function located in DMLSS IM under Navigate allows users to view optimal sourcing options when the default SOS is not currently pointed to the best available pricing agreement. This functionality provides product price reductions and moves the item to eCommerce source recommendations when the user accepts the Strategic Sourcing Recommendation. These recommendations point to the best sourced product.

(1) Accepting recommendations are limited to recommendations for the same product with simple packaging configurations.

(2) Accepting a recommendation will result in the catalog sourcing record being configured to the accepted sourcing and packaging.

b. Requesters that decline the recommended product will fill out a justification for their choice. All declinations will be reviewed by the MTF Supply Chain Management leadership.

c. As continuing incremental improvements are made to DMLSS, users will continue to utilize the automated system in order to default to the best sourced item including:

- (1) Standardized products.
- (2) Prime Vendor contracted products.
- (3) ECAT products.

3-20. PRIME VENDOR FILL RATE

DLA-TS, through DMLSS-Wholesale, is the source of record for determining PV fill rates and may be accessed through <https://www.medical.dla.mil/FillRate/FillRatenav.aspx>. The fill-rate, calculated for usage data items only, will be individually calculated on a calendar month basis for each of the following: the ordering facility (all local and distant ordering sites combined), the TRICARE region, all the PV's customers in a Global region, and all the PV's customers in all Global regions combined.

3-21. DEPARTMENT OF VETERANS AFFAIRS (DVA) AS A SOURCE OF MEDICAL MATERIEL

The DVA is a source of medical materiel authorized for local purchase. The DVA contracts with firms for common use supplies and services; these contracts are summarized in the FSS. When making local purchases from FSS sources; follow the provisions in the Federal Acquisition Regulation (FAR).

3-22. LOCAL PURCHASE (CONTRACTS AND PURCHASE CARDS) FOR MEDICAL MATERIEL AND SERVICES

The preferred purchasing methodology is the DLA Troop Support Medical contracted commercial distributor/PV/ECAT. When the PV/ECAT cannot meet the requirement, local purchase may be utilized. Select Army sites are empowered to make local purchases of medical and medical related materiel using DLA DWCF, 7H funds. As specified in the AMMA, these acquisitions are limited to required purchases of medical materiel for stock, e.g., PV stock outages or non-distributed items and specific instances, e.g., deployments and PV stock-outs where customer

funds cannot be cited without unreasonably delaying the site's ability to meet customer's requirement. Under all other conditions, Army or customer funds should be cited for local purchases. Additional guidance can be found in the AMMA Standard Operating Procedures. BPAs funded with DLA DWCF, 7H funds may be used to purchase medical supplies. A copy of the BPA contract using DWCF funds will be forwarded to MEDCOM G4 and DLA. The IMSA/MLC/TLAMM should consider the following when local acquisition of materiel is appropriate:

a. The IMSA/MLC/TLAMM will use local purchase procedures only when PV/ECAT or other DLA sources are not available or economically feasible to satisfy supply requirements of supported customers. Local purchase methods include:

- (1) Direct-order (e.g., EMALL) and other electronic (INTERNET based) DoD-approved vendor-inventory services.
- (2) Supporting contracting office where deemed appropriate by the MSO
- (3) Government purchase card/credit card program

b. The Operating Force medical supply operations will obtain support from their designated IMSA/MLC/TLAMM. The activities should comply with IMSA/MLC/TLAMM procedures when submitting Purchase Requests (PRs).

c. The following materiel and equipment can be purchased locally when used in a medical setting:

(1) Occupational Therapy supplies and equipment: These items are authorized for use by occupational therapists.

(2) Professional books and periodicals: These include all library material required by health care personnel involved in direct or indirect patient care. Books costing more than \$100.00 must be requisitioned, added to the property book and hand receipted to the Library. If there is no library in the organization, the books will be requisitioned through the organization's property book section, added to the property book, and hand receipted to the customer. See SB 8-75-S9 for further guidance.

(3) Medicinal gases: These can be purchased only when available in satisfactory quality and volume per US Pharmacopoeia standards. Available from:

US Pharmacopeial Convention, Headquarters
12601 Twinbrook Parkway
Rockville MD 20852
Telephone 800-822-8772

d. Purchase infant feeding formula using purchase orders, PRs, or BPAs. The IMSA/MLCs/TLAMM may receive formula at no cost providing the authorized purchase order, PRs, or BPAs call numbers are processed using supporting contracting office prescribed procurement procedures. All MTFs issuing free infant formula will maintain inventories in DMLSS AM. This assemblage will not report to JMAR.

e. Furniture and furnishings for clinical, waiting, and lounge areas.

f. Contact lenses when authorized by *AR 40-63/Naval Medical Command Instruction (NAVMEDCOMINST) 6810.1/Air Force Instructions (AFIs) 167-3*.

g. Veterinary supplies and equipment: These items are authorized for use by Veterinary services.

h. Prescription Safety Glasses: Plano and prescription industrial safety eyewear (conforming to the ANSI Standard Z87.1.) for active duty military personnel and civilian employees will be obtained locally by the requiring activities according to Service safety regulations (see AR40-63 PARAGRAPH 2-9). Military optical fabrication laboratories do not provide industrial safety spectacles. Safety spectacles will be procured locally according to above.

i. Medical research mission or environmental laboratory materiel: The laboratory commander must authorize this materiel.

j. Purchase orthopedic footwear for authorized individuals using guidance in:

- (1) *AR 32-4*
- (2) *DLAR 4235.18*
- (2) *AFI 67-125*
- (3) *Navy Supply Instruction (NAVSUPINST) 4400.70C*
- (4) *Marine Corps Order (MCO) 4400.137A*
- (5) *AR 700-84 and AR 40-3*

k. Purchase hearing aids, batteries, and replacement ear molds through the medical supply channels from the DVA acquisition sources. The VA Denver Acquisition & Logistics Center (DALC) manages holistic supply chain management for the VA National Hearing Aid and Telehealth Programs and supports VA and other Government agencies with professional acquisition and logistical services. Commodities managed include worldwide distribution of hearing aids, [hearing aid accessories](#), cochlear implants, assistive devices, [batteries](#), [prosthetic socks](#), orthotic soft goods, aids for the visually impaired, and telehealth messaging hubs and peripherals. More options can be located at <https://www.va.gov/oal/about/dalc.asp>.

3-23. LOCAL PURCHASE RESTRICTIONS

a. Purchase only FDA-approved drugs; exceptions are listed in *AR 40-7*.

b. Do not purchase vaccines and immunizing agents locally unless one or more of the following conditions have been met:

- (1) The item is listed in the AMDF, FEDLOG, MEDCAT, or MEDSILS.
- (2) The Army has approved or recommended the item for use.
- (3) The Surgeon General has specifically approved the item.

c. Do not purchase nonstandard equipment without appropriate approval IAW Chapter 5 of this SB.

d. Do not purchase standard or nonstandard items needed for facility alterations, additions, expansions, or minor new construction before approval and funding of the construction project.

e. Follow the restrictions contained in the FAR and any supplements to purchase items of foreign origin.

f. All equipment requiring fixed or rotary-wing transport must have been pre-approved from the following agencies:

US Army Aeromedical Research Laboratory
Airworthiness Certification and Evaluation Branch (ACE)
6901 Andrews Ave
Ft Rucker, AL 36330
Phone: 334-255-6012

US Air Force Air Evacuation Medical Modernization Division
203 W Losey St, Suite 1600
Scott AFB, IL 62225
Phone: 618-229-6097

g. Do not purchase or use investigational drugs without the prior written approval from TSG. Submit requests for approval to the US Army Medical Materiel Development Activity (USAMMDA):

Director, Division of Regulated Activities and Compliance (DRAC)

1430 Veterans Drive
 Ft Detrick, MD 21702-9232
 Phone: 301-619-0317

AR 40-7 contains additional guidance on investigational drugs.

- h. Do not purchase or issue drugs classified "ineffective 1A" by the FDA.
- i. Do not purchase diagnostic imaging systems unless authorized by the USAMMA.
- j. Do not purchase investigational equipment not certified by the FDA without TSG approval. Submit requests for approval through command channels to
 Commander, USAMEDCOM ATTN: MCLO-O
 4270 Gorgas Circle, Bldg 1070, 6th Floor
 Fort Sam Houston, TX 78234-6000
- k. Any equipment, supplies, or services offered to the US Government by a contractor on a "no cost" basis will follow the procedures and regulations contained in:
 - (1) *AR 1-100* and *AR 1-101*
 - (2) *FAR* and *DoD FAR Supplement (DFARS)* (contract or purchase order)
 - (3) Local procedures
 - (4) The term "no cost" includes:
 - (a) Equipment, supplies, or services provided as a gift or donation to the government
 - (b) Equipment or supplies provided to the US Government for determining suitability for future purchases by the government, whether or not the items are consumed through use
 - (c) Equipment temporarily loaned to the government
 - (d) Equipment or supplies provided to the government either on a temporary or permanent basis, but conditioned upon purchase of supplies or services.
 - (e) An evaluation must determine total cost to the government under any of the methods described above before making any commitment. The evaluation should include all applicable costs (i.e., consumable supplies, transportation, maintenance, training, site preparation, installation, and associated equipment, etc.).
- l. Never use Personal Identification Information (PII) on any local purchase documentation to assure the confidentiality, integrity, and availability of electronic protected health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, provides strict guidelines on the safety and security of patient health records that prohibit the use of PII on public documents such as Purchase Request's. All of the HIPAA Administrative Simplification Rules are located at 45 CFR Parts 160, 162, and 164.
- m. If the contracting method is chosen as the most appropriate means of acquiring materiel or services, the following applies:
 - (1) A valid requirement must exist for the materiel or service.
 - (2) A provision will be included in the contract concerning the ownership and disposition of the "no cost" equipment and/or supplies in the event the contract is terminated or not renewed.
 - (3) Administrative or regulatory approvals required for automatic data processing, word processing, office automation system equipment, or MEDCASE will be obtained prior to submission of PRs to the contracting office, whether or not these items are offered at "no cost" to the government.
 - (4) A PR will be submitted per local procedures to the supporting contracting office. The PR will detail all known costs determined by the evaluation.

n. Property accountability will be established upon receipt of the property for all equipment items either as government owned or other-than-government owned, depending on the status of the equipment.

3-24. PURCHASING SERVICES AND RENTALS

a. The FAR as supplemented provides guidance concerning contracting for personal and non-personal services. Non-personal services may be locally purchased. Some examples of contracted services include:

- (1) Medical equipment repair when in-house maintenance capability is inadequate
- (2) Installation of equipment when not included with the original contract
- (3) Consultation services

b. Rent or lease equipment when:

- (1) Needed to satisfy an emergency medical requirement
- (2) Available only through lease
- (3) The lease is more cost effective than purchasing

c. Follow property accountability guidelines for all rented or leased equipment.

3-25. PURCHASING SPECIAL DENTAL MATERIEL

a. The DLA Troop Support Medical has established indefinite requirements contracts and BPAs with various companies to purchase prosthodontics supplies, to include:

- (1) Artificial teeth
- (2) Facings
- (3) Backings
- (4) Mold guides
- (5) Orthodontic supplies
- (6) Partial denture casting alloys and accessories
- (7) Other dental accessories and materiel

b. Use the commercial distribution contracts or DLA Troop Support Medical's ECAT program for purchase of dental materiel.

3-26. MEDICAL EQUIPMENT AND PROVISIONED ITEMS

a. Medical equipment end items purchased for field use and requiring unique support and maintenance will be procured with the following provisioned items:

- (1) Transportation/carrying case
- (2) Accessories and consumables required for item to be functional when received (3-day start-up kit)
- (3) Operator and maintenance manuals (1 hard copy, 1 electronic copy)
- (4) Training material, including Operator & Maintenance materials
- (5) Consumables and accessories item list

b. Medical equipment and provisioned items will be assigned a model-specific Acquisition Advice Code (AAC) "J" and NSN. The AAC "J" NSN will be used for procurement of the equipment items. The items to support and maintain the make/model specific medical equipment and provisioned items will be requisitioned using an AAC of "L."

c. Medical equipment and provisioned items can be Other Procurement, Army (OPA) or OMA funded as determined by the appropriation and budget activity account code of the Materiel Category Structure Code (MCSC) in the AMDF or FEDLOG.

d. The USAMMA will centrally fund all new components, both OPA and OMA, identified to a Unit Assemblage (UA) for units being sustained. All other units are to keep their sets maintained to the as fielded UA listing. If a unit commander determines they are procuring the updates, notification to the USAMMA is requested.

e. The USAMMA messages will announce provisioned medical items, which are available on the USAMMA website <http://www.usamma.amedd.army.mil/>.

f. Basic requisitioning procedures for all procurement appropriation provisioned medical equipment items are as follows:

- (1) Prepare standard MILSTRIP requisitions per *AR 725-50*, Table E-1, pg 349.
- (2) Forward requisitions through appropriate CL VIII supply channels to the USAMMA for funding and requirement validation review.
- (3) Use "AOE" or "AO5" as the DIC for all requisitions.
- (4) Use "B69" as the Routing Identifier Code (RIC) for all requisitions for AAC "J" end items to the USAMMA.
- (5) Use the requesting unit's DoDAAC in the requisition's document number. If the supporting automated system requires the SSA DoDAAC in the document number, identify the requesting unit in the supplementary address field. All requisitions will contain the original requester's complete document number and the in-the-clear name of the unit, i.e., 228th Combat Support Hospital (CSH), in the EXCEPTION DATA accompanying the requisition.
- (6) Submit the requisition to USAMMA with an information copy to the appropriate ACOM/ASCC/DRU. Mail may be used as an alternative submission method. Do not submit requests for Procurement Appropriations provisioned medical equipment items through the Defense Automated Addressing System (DAAS).
- (7) Include the following information in the exception data for each requisition (the requesting unit must furnish this information).
 - (a) Current authorization (TOE/MTOE and effective date)
 - (b) Unit Identification Code (UIC)
 - (c) Reason for shortage (that is, initial issue or replacement)

g. The USAMMA will forward all validated and funded requisitions to the appropriate contract vehicle for procurement.

3-27. PURCHASING REFERENCE BOOK SETS FOR MEDICAL OPERATING FORCE UNITS

a. Reference *AR 40-61* on book sets for Modified Tables of Organization and Equipment (Operating Force) units.

(1) The requirement and authorization for Medical Book Sets is not provided by Line Item Number (LIN) in an organization's TOE/MTOE. Medical Book Sets are authorized in the *CTA 8-100*, Army Medical Department Expendable/ Durable Items. The AMEDDC&S has the responsibility to:

- (a) Determine book set components.
- (b) Review the Medical Book Sets on a three year cycle.
- (c) Book sets are not listed as components of other assemblages.

(2) The USAMMA publishes changes to book sets annually in the *DA SB 8-75-S9* (20 September). The SB contains the Basis of Issue (BOI) for all medical book sets authorized.

b. To obtain individual reference manuals for book sets, using the following steps:

- (1) Use local purchase procedures.
- (2) Units may update book sets and reference manuals as required.
- (3) Commanders may increase the number of manuals within a book set as long as the required minimum number is maintained in the assemblage IAW SB 8-75 series.

3-28. INVENTORY AND ADJUSTMENT

a. The IMSA/MLC/TLAMM and other medical supply operations must follow procedures in *AR 710-2*, *AR 735-5*, *DA PAM 710-2-2* and *DFAS-IN Reg. 37-1*, when inventorying and adjusting medical stocks. All medical supply activities will use hand-held devices for conducting annual and cyclic inventories.

b. Adjustments for the account with a per-line-item value of \$1,000 or above will be approved by the MTF/MSC commander (must be 05 or above). Adjustments below \$1,000 can be approved by the MSO or other properly delegated official. Commanders in the grade of 06 or above may delegate approving authority to an Army Officer in the grade of 05 or above or DA Civilian employee in the grade of GS-14 or above. However, delegation to the Chief of Logistics is not permitted. Delegation authority is outlined in *AR 735-5*.

c. The goal for inventory adjustment (gains and losses) is to keep the adjustment below five percent of the RO dollar value per fiscal year (*AR 735-5*).

d. The MSO must conduct causative research on all lines having a dollar value adjustment above \$1,000 per line item, and on all controlled item discrepancies regardless of value.

e. Inventory Adjustment Reports (IARs) will be prepared and forwarded to the approval authority within 30 calendar days after completion of the inventory.

f. The approval authority will take final action on the IAR within five working days of receipt or will return the IAR to the MSO/Accountable officer for additional research. When an IAR is returned for further research, 15 days will be allowed for the research. The approval authority may grant extensions of up to a total of 30 additional days.

g. A disinterested officer (this may be an officer, noncommissioned officer or civilian of appropriate rank/grade, E7 or GS-7 or above) appointed on orders by the commander will inventory controlled medical items monthly, ensuring proper accountability for the items. The disinterested officer will not work in or be assigned to Logistics or Pharmacy and must be rotated monthly to prevent a potential conflict of interest.

h. The monthly disinterested inventory will be conducted by the 10th workday of the month and the report submitted to the MTF/MSC commander NLT the 15th workday of the month.

i. Losses of any controlled substances will be reported as a Serious Incident Report (SIR) IAW *OTSG/MEDCOM Policy Memo 09-030* and *AR 190-45*.

3-29. REQUISITION SUPPORT PROCEDURES FOR MEDICAL ACTIVITIES ORDERING NON-MEDICAL EXPENDABLE, DURABLE AND NON-EXPENDABLE ITEMS

a. Organizational elements of Generating Force MSCs will submit requests for:

- (1) Non-medical durable and non-expendable (example: IT equipment, furniture, storage bins, etc.) to the supporting Property Management division/branch.
- (2) All accountable equipment including maintenance significant items (see chapter 5 this SB for "Accountable" items) to the supporting Property Management Division/Branch.
- (3) Self-Service Supplies and office supplies for CONUS locations will be procured from DoD Email through the following website. <https://dod.email.dla.mil>; OCONUS locations will order through the GSA Global Supply.

(a) Refer to the Department of the Army, Office of the Assistant Secretary of the Army, Acquisition Logistics and Technology Memorandum dated Oct 31, 2011 titled "Mandatory Use of Blanket Purchase Agreements (BPA's) for Office Supplies for exceptions. Cardholders are NOT authorized to place office supply orders directly through vendors, General Services Administration (GSA) Advantage, or locally established BPAs and contracts.

(b) BPAs are established to standardize the ordering process and provide cost-effective, customer-focused delivery of office products while complying with statutory requirements to purchase comparable products available from the blind and severely disabled vendors under the JWOD Program.

(c) Users must LOGON to the EMALL and establish an account using DoDAAC beginning with a "W". If unable to access the EMALL contact:

CONUS - the help desk at 1-877-352-2255 or DSN 661-7766

OCONUS - call 1-269-961-7766 or DSN 661-7766 and select EMALL from the menu or email dlacontactcenter@DLA.mil.

(d) DHP funded Cardholders may place an order with a BPA vendor through another form of communication when the DoD EMALL is unavailable for more than 24 hours.

(e) If an urgent office product requirement exists cardholders may purchase the urgent required products through non-BPA sources. The cardholder's supporting document file must appropriately document the reason for not using the BPAs.

b. Units, activities and customers having an assigned internal or external DoDAAC will submit requests for expendable, durable, and non-expendable medical items to the SSA (IMSA/MLC/TLAMM) per *AR 710-2*, *DA PAMs 710-2-1* and *710-2-2*, DMLSS/TEWLS functionality and ACOM/ASCC/DRU/Command Surgeon guidance.

c. The ACOMs will use OMA funds for replacement components and other items not centrally managed; provide OMA funding to units to procure OMA designated Non-Expendable Shortages. **Note-** Army Acquisition Code (AAC) A items must be submitted to the USAMMA for procurement IAW *AR 40-61, chapter 10-2, para d*.

d. The ACOM will identify all Other Procurement, Army (OPA) funded capital investment Non-Expendable Medical Equipment shortages to the USAMMA. Units will submit their medical NX OPA shortages up through command channels to the ACOM for submission to USAMMA. The attached shows the current listing of OPA items that USAMMA manages. Units should not attempt to buy OPA shortages but ensure items are appropriately accounted for on the property book so that shortages are visible and can be validated IAW *AR 40-61, chapter 5-23, para b 1*

e. The IMSA/MLC/TLAMM will arrange for the technical acceptance inspection of maintenance significant equipment before issuing to the requesting activity.

f. Requesting activities and internal customers will designate personnel authorized to request and receive medical supplies and equipment. A DA Form 1687 (Notice of Delegation of Authority – Receipt for Supplies) will be used for this purpose. Distinction will be made between those authorized to order and receive controlled and sensitive items and other medical materiel. The IMSA/MLC/TLAMM and other medical supply operations will maintain a current file of completed DA Form 1687s on customers. These procedures are outlined in *DA PAM 710-2-1*.

g. The SSA will review the DA Form 1687 and assumption of command orders annually for accuracy, as a minimum the SSA will:

(1) Ensure that the DA Form 1687 has both the digital and hand written signatures for the identified authorized representatives (per DA Memorandum, subject: Clarification to the DA Form 1687 Signatory Requirements, dated 8 Sept 2014)

(2) Validate POC information.

(3) Validate internal and external financial information.

(4) Review and validate authorized requesters and receivers of medical supplies and equipment.

(5) Validate assumption of command orders.

h. Activities using DMLSS functionality will load DA Form 1687 POC information for individual accepting full responsibility into DMLSS System Service Supported Customer File.

3-28. INVENTORY AND ADJUSTMENT

- a. The IMSA/MLC/TLAMM will:
 - (1) Conduct monthly customer due-out reconciliation Material Obligation Validation (MOV) with supported customers. The customers must complete a local reconciliation.
 - (2) The IMSA/supply chain managers will provide a copy of the customer reconciliation report/worksheet identifying current active open requests/dueouts. Instructions/information will be provided to the customer on what actions should be taken for each dueout. The customer will validate the report/worksheet, to include statement on continual need of materiel and return a signed copy of the customer reconciliation report/worksheet to their item manager within 3 business days. Reconciliation documents can be provided to the customer via email or hardcopy paper.
 - (3) Review MOV requests with the customers ensuring proper use of funds and the need for continued supply action. Timely response in validating requests from supply sources is essential to ensure ongoing supply action and to prevent cancellation of the request.

- b. The Operating Force medical supply operations will validate requisitions per local IMSA/MLC/TLAMM procedures for reconciliation. These Operating Force medical supply operations will respond to IMSA/MLC/TLAMM requests for MOV.

3-31. REQUISITIONING CONTROLLED MEDICAL ITEMS

- a. Identification: The Drug Enforcement Administration (DEA) identifies certain drugs as controlled substances. The Federal Register (Title 21 CFR Part 1300-1399) contains a list of these drugs and changes published annually. The FSC identifies standard controlled substances as Notes "R" and "Q" in the notes column. The AMDF or FEDLOG identify these substances as Controlled Inventory Item Codes (CIICs) "R" and "Q." Title 21 Code of Federal Regulations can be found at <http://www.deadiversion.usdoj.gov/21cfr/cfr/index.html>

- b. Schedule designations. The DEA assigns controlled substances to one of five schedules depending on the degree of control required.
 - (1) Schedule I - Substances/drugs having no accepted medical use in the U.S.
 - (2) Schedule II - Substances/drugs having a high abuse potential with severe psychic or physical dependence liability, identified as:
 - (a) Note "R" in the FSC.
 - (b) Controlled inventory item code "R" in the AMDF or FEDLOG.
 - (3) Schedule III - Substances/drugs having an abuse potential less than Schedules I and II substances, identified as:
 - (a) Note "Q" in the FSC.
 - (b) Controlled inventory item code "Q" in the AMDF or FEDLOG.
 - (4) Schedule IV - Substances/drugs having an abuse potential less than Schedule III substance, identified as:
 - (a) Note "Q" in the FSC.
 - (b) Controlled inventory item code "Q" in the AMDF or FEDLOG.
 - (5) Schedule V - Substances/drugs having an abuse potential less than Schedule IV substances, identified as:
 - (a) Note "Q" in the FSC.
 - (b) Controlled inventory item code "Q" in the AMDF or FEDLOG.

- c. Controlled medical items such as controlled substances, tax-free alcohol, precious metals, and other items designated by the HCA commander (including commanders of Research, Development, Test, and Evaluation activities), require security precautions and must follow the guidelines in AR 190-51 "Security of Unclassified Army Property".

- d. Only Army Activities identified on the Approved Authorized List (AAL) sent on a monthly basis from DLA Troop Support Medical are authorized to requisition controlled substances. The DLA system will ship only to the cited DoDAACs. To request controlled

substance authorization for receiving or requisitioning schedule I thru V drugs, contact the MEDCOM G44 at usarmy.jbsa.medcom.list.medcom-omd-g44@mail.mil. Activities must provide a letter of justification from the Commander, provide the commanders appointment letter, and state in the justification that they have adequate storage capabilities as outlined in *AR 190-51 para 1-4 h (1)-(6)* and *AR 40-61 3-5*.

e. The ACOM/ASCC/DRUs should submit requests for additions and deletions to the list of authorized requisitioners with justification through command channels to:

Commander, USAMEDCOM ATTN: MCLO-O
4270 Gorgas Circle, Bldg 1070, 6th Floor
FT Sam Houston TX 78234-6108

f. The USAMEDCOM Commander will:

(1) Coordinate with DLA Troop Support Medical for approval of authorized control substance requisitioners IAW *AR 40-61, para 3-2 c(1)-(2)*.

(2) Advise the submitting command of approved and disapproved requests.

(3) Notify the USAMMA (MCMR-MMB-R) of all approved changes, who in turn, will coordinate with the DLA Troop Support Medical. The USAMMA is the originator of the data and is the Service Item Control Center (SICC).

(4) Authorized requisitioners will:

(a) Establish procedures that ensure adequate supply support of controlled substances for satellite medical activities

(b) Ensure that supported activities demonstrate a valid need for controlled substances before issuing

(5) Unauthorized units needing controlled substances will contact the nearest authorized supporting IMSA.

(6) The DLA Troop Support Medical will reject requisitions from unauthorized activities.

3-32. LOCAL PURCHASE OF CONTROLLED MEDICAL ITEMS

a. All local purchase of controlled medical items must comply with DEA instructions.

b. The HCA commanders may designate the MSO or an Accountable Officer within the IMSA/MLC/TLAMM or pharmacy authorized to sign exempt certificates for the purchase of controlled substances for official use IAW *AR 40-61, para 3-2d (2)*. Generating Force activities utilizing DMLSS will enter schedules I and II in DMLSS and utilize PO call number(s) generated by DMLSS on DEA Form 222. For HCA's utilizing the Controlled Substance Ordering System (CSOS); CSOS will restrict the customer from ordering controlled substances if the customer does not have a DEA Registration Number loaded. This system will allow the user to process electronic orders (EDI 850) for narcotic orders (CIIC - R / Schedule I and II) which will transmit from DMLSS to a CSOS server. CSOS will create the E-222 from the EDI 850, validate the DEA number with the DoDAAC. The E222 will have to be signed and approved by the designated registrants at the HCAs. Once approved, the EDI 850 / E222 will be Multipurpose Internet Mail Extensions (MIME) wrapped and transmitted to the vendor. The EDI 850 will only be transmitted through DAASC to EBS.

(1) These designated individuals must be registered with the nearest DEA regional office by completing DEA Form 225 DEA Application Form (Renewal DEA Form 225a). After registration the DEA will furnish exempt officials the needed order forms (DEA Form 222, US Official Order Form Schedules I and II) and instructions. Store order forms in a locked container. Each certificate must be renewed every 3 years. The DEA Controlled substance order form (DEA 222) for schedule 1 and 2 controlled substances may be ordered using the following link:

http://www.deadiversion.usdoj.gov/online_forms_apps.html The DEA 222 Order Forms may also be ordered by calling the DEA Headquarters Registration Unit toll free at 1-800-882-9539 or the nearest DEA Registration Field Office. The forms will be mailed within 3 working days.

(2) If the registration of any purchaser terminates (because the purchaser dies, ceases legal existence, discontinues business or professional practice, or changes the name or

address as shown on the purchaser's registration) or is suspended or revoked under title 21 Code of Federal Regulations, Sec. 1301.36 for which the purchaser is registered, the HCA or the purchaser must return all unused DEA Forms 222 to the nearest office of the Administration. Forward the registration and any unused order blanks to:

Drug Enforcement Administration
Attn: Office of Diversion Control/OD
8701 Morrisette Drive, Springfield, VA 22152

(3) The OCONUS activities may submit requests to DLA Troop Support Medical for their assistance in procuring controlled items.

c. The HCA commander may also designate a minimum number of essential personnel authorized to sign official order forms. These designated individuals must be appointed in writing by the registrant to issue orders for the Schedule I and II controlled substances on the registrant's behalf by executing a Power of Attorney (POA) for each such individual IAW 21 CFR 1305.

(1) The POA must be retained in the files with the executed Forms 222 for the same period as any order bearing the signature of the attorney.

(2) The registrant may revoke any POA at any time by executing a notice of revocation.

d. Narcotics Order, Review, and Approval (NORA) Requirements. NORA enables all DMLSS users at MTF and Research Facility activities to electronically order controlled substances thus providing an electronic means for DEA authorized registrants and their POWs to review, accept, reject and digitally sign controlled substance purchase orders. NORA also facilitates secure electronic transmission of DEA Form 222, enabling secured controlled substance ordering between manufactures, distributors, pharmacies, and other DEA authorized ordering entities.

(1) Request DEA issued digital certificates from CSOS at <http://www.deacom.gov/> in advance of migrating from the current paper-based system to CSOS and NORA. Download CSOS Registration Manual at <https://www.deacom.gov/submanual.html> to aid in the registration process.

(2) Register in NORA by going to website: <https://nora.dmlss.detrick.army.mil/nora-web/index.html>. Click on "I accept"; "Menu"; and "Register". Fill out the blank fields and submit the request.

(3) Request access to the NORA application from your RHC Access Manager by submitting a DD Form 2875 with the Applicant, Supervisor, and Security Managers digital signatures and POA (if necessary) to your RHC Access Manager.

(4) Complete registration in CSOS (Download CSOS Subscriber Manual for instructions on registration at <https://www.deacom.gov/submanual.html>)

(5) Download the digital DEA certificate (CSOS Subscriber Manual, Page 30).

(6) Export the DEA certificate from Internet Explorer (IE) and change its password.

(7) Upload the DEA certificate into NORA.

(8) Report compromised DEA certificates immediately to DEA and MEDCOM G44 to MEDCOM G44 Group Mailbox usarmy.jbsa.medcom.list.medcom-omd-g44@mail.mil

(9) Re-apply for expired, compromised, or revoked DEA certificates.

NOTE: If Registrants/POAs are responsible for multiple DEA numbers, they will have multiple digital certificates issued by DEA. Bullet 4b "I Accept" must be repeated for each DEA certificate.

(10) Each activity will ensure:

(a) All DEA Certificate Registrants and POA personnel (using Registrants, Hospital, Researcher, Pharmacy, or Distribution DEA Certificates), enroll in the DEA Controlled Substance Ordering System (CSOS) program at <http://www.deacom.gov/> and request digital certificates for each DEA number (schedules I – V, 2/2N, and 3/3N) they own or use.

(b) All POAs are designated by the "Registrant," and notarized. POAs must be approved by the supporting Judge Advocate General's (JAG) office, and filed with the DEA certificate(s) on file in the credentialing office. Update and create POAs as necessary.

(c) Notify the RHC of any changes to personnel having access to CSOS and NORA.

(d) All DEA registration documents are securely maintained and stored IAW Title 21 CFR, Parts 1300 - 1399, AR 40-3, AR 40-61, AR 190-51, and SB 8-75-11.

(e) Current controlled substances (note R & Q) DA Form 1687s are reviewed for accuracy and meet the requirements within SB 8-75-11 Para 3-29d and e.

(11) RHCs will appoint a Primary and Alternate NORA Access Manager within RHC logistics. A complete DD Form 2875 must be emailed to the USAMEDCOM G44 Access Manager at: usarmy.jbsa.medcom.mbx.otsg-dir-logistics-ops@mail.mil to gain the appropriate permissions in NORA. Once appointed NORA Access Managers are responsible for the following:

(a) Ensure DEA digital certificates are only issued to those to whom the POA is executed.

(b) Accept all DD Form 2875s from their MTFs or Research Facilities to approve or reject the NORA applicant roles requested.

(c) Log into NORA to "approve/ reject" each role; Registrant, POA, Check Order Status (Logistician), and View All User Roles. * **Only the USAMEDCOM can approve an Access Manager's roles.**

(d) Ensure all personnel handling Schedule I- V, 2N and 3N controlled substances are briefed on USAMEDCOM guidance pertaining to the storage, ordering, receiving, and distribution of controlled substances. Additionally, verify employee screening/background check (e.g. vault personnel) if required, and maintain a copy at the facility/activity.

(e) Maintain and update DD Form 2875s annually. The Security Manager's signature serves as the employee screening and are valid for one year from the date signed for NORA access.

(f) Notify USAMEDCOM of any changes to Access Managers in NORA (PCS, retirement, job change, etc.).

e. All forms and information about controlled substances can be found at http://www.deadiversion.usdoj.gov/online_forms_apps.html

3-33. STORAGE AND ISSUE OF INSTALLATION STOCKS OF CONTROLLED MEDICAL ITEMS

a. Physical security: Storage facilities will follow the physical security standards in AR 190-51 for controlled medical items, other medically sensitive items, and all other items.

(1) Store stocks of controlled medical items in a security storage device commensurate with the type and quantity of materiel. The IMSA/MLCs/TLAMM's Accountable Officer will request the local Provost Marshal to survey and document the adequacy of the security per AR 190-5 at a minimum every two years.

(2) Safeguard note "R" controlled medical items at each storage location. As a minimum, the security storage device should be a vault of substantial construction with a steel door and combination or key lock. Where small quantities permit, use a safe or steel cabinet [General Services Administration (GSA) Class 5 or equivalent]. A safe or cabinet weighing less than 750 pounds must be attached to a permanent structure to prevent easy removal. New vault construction will meet the DEA's minimum-security standards of non-practitioner handling of Schedule I and II controlled medical items. Existing storage vaults should also include the following:

(a) An electronic alarm system, which, upon unauthorized entry, transmits a signal directly to the appropriate military or civilian law enforcement agency.

(b) A self-closing and self-locking device, used during normal hours when the vault door is open (frequently called a "day gate").

(3) Store note "Q" controlled medical items in safes or vaults. Where space limitations preclude, store items in a locked cage or secure room that has limited access. New construction of cage storage areas will meet the DEA's security standards. Existing cage storage areas should also include the additional features listed above.

(4) Ethyl alcohol is classified as a Code "R" item. **The guidelines established in this SB for bulk storage of ethyl alcohol take precedence over AR 190-51 and AR 40-3 until either is superseded.** Store ethyl alcohol in a flameproof container/cabinet or storage area that meets National Fire Protection Association (NFPA) and Occupational Safety and Health Administration (OSHA) standards for storage of a flammable product. To the maximum extent practical, meet the standards in AR 190-51 for the storage of Code "R" items. However, NFPA and OSHA fire protection standards will take precedence over security requirements. As a minimum, keep the container/cabinet locked or in a secure storage area that has a limited access.

b. Managing controlled medical items.

(1) The HCA Commanders or Command Surgeons will appoint in writing (appointment responsibility cannot be delegated) the MSO as the primary and at least one alternate to serve as the custodian of the activities' stocks of controlled medical items. The custodians/alternates will:

(a) Post all gain and loss transactions on a DA Form 1296 (Stock Accounting Record) for both stocked and non-stocked items.

(b) Maintain current security container designations and records, including Standard Form (SF) 700 (Security Container Information), SF 702 (Security Container Check sheet), and reversible "OPEN-CLOSED" signs per AR 380-5. Signs are available through normal supply channels.

(c) Maintain a record of receipts, issues, and stock balances on DA Form 1296 at the storage site. These records are in addition to the IS accountable stock records maintained by the appropriate materiel manager.

(d) Sign for registered mail, parcels, and express packages addressed to the IMSA/MLC/TLAMM.

(e) Issue controlled medical items directly to an authorized recipient, preferably at the security storage site. The custodian must obtain a full signature of the recipient.

(f) Complete the stock record accounting at the storage site immediately after a transaction.

(g) DA Form 1296 will remain active until it is full or when no demands have been recorded in last 12 months (the control period).

(h) Remove the DA Form 1296 from the active stock record file; place it in the inactive file and maintain in NIIN sequence.

(i) Retain DA Form 1296 (accountable records) and supporting documents for five years after the date of the last transaction and maintain in NIIN sequence.

(j) Authorize all issues by editing the requisitions before issue.

(k) Analyze the transactions once each month.

(l) Investigate shortages and unusual requisitions or expenditures immediately; consult with supported activities when necessary; and take corrective action if needed.

(2) The MSO will restrict the issue of all controlled medical items by:

(a) Issuing DEA-designated controlled medical items to the HCA pharmacies for dispersal to patients, wards, clinics, and other areas of the hospital. Hospitals must maintain records of these items.

(b) Issuing DEA-designed controlled medical items to other activities only when authorized by the HCA commander or Command Surgeon.

(c) Issuing tax-free alcohol to hospital pharmacy and laboratory activities and other activities authorized by the commander.

(d) Issuing precious metal, Precious Metal Bearing Scrap (PMBS), and chrome based metals for dental use to the precious metals coordinators of supported Dental Activities. The coordinator is the only one who can turn in precious metals, PMBS, and chrome-based metals.

(e) Issuing instructions containing precious metals to supported activities authorized such items.

(3) Issuing controlled medical items to authorized Active and Reserve Component Operating Force units with written approval from the unit commander.

(4) The local Provost Marshal will complete a local files check on vault custodians/alternates, warehouse personnel, and other personnel having access to controlled medical items or medically sensitive items, their background checks must be current within five years per *AR 190-51*.

3-34. PERIODIC INVENTORIES OF CONTROLLED MEDICAL ITEMS

a. The HCA Commander or Command Surgeon will appoint (appointment responsibility cannot be designated) a different disinterested inventory officer each month and provide written inventory procedures based on current Army regulations. Logistics and pharmacy personnel may not be appointed as disinterested officers due to potential conflict of interest. A disinterested officer must be an officer, noncommissioned officer or civilian of appropriate rank/grade, E7 or GS-7 or above.

b. The aviation life-support equipment technician will inventory controlled medical items in aviation survival kits when the periodic inspection of the kit is completed.

c. The Dental Command and all activities will conduct an inventory of precious metals annually coinciding with the annual quality assurance statement.

d. The inventories and corrective action consist of the following:

(1) Agreement between all stock balances on accountable records at storage locations and the quantities on-hand match. If these do not agree, they must be reconciled.

(2) Authentication of the balance on stock accounting records at storage locations for each line item inventoried. The inventory officer will:

(a) Make a separate line entry on DA Form 1296 including the date, abbreviation "INV", and quantity on hand, and legible payroll signature.

(b) Submit a report of the inventory to the HCA Commander or Command Surgeon and provide a copy to the IMSA/MLC/TLAMM.

(3) Corrective actions clearing all discrepancies before the next inventory. The HCA Commander or Command Surgeon will report all irreconcilable shortages immediately to the local Provost Marshal for investigation establishing a basis for subsequent action.

3-35. SHIPMENT OF CONTROLLED MEDICAL ITEMS

a. The custodian of controlled medical items will select and prepare the controlled items for shipment. Items will be held in secure facilities until transferred to a carrier.

b. Separate shipping documents and packing lists will cover the shipments. Both should clearly indicate quantities shipped. For individual controlled substances, the shipping documents and packing lists should indicate "Medical Supplies." Obliterate all markings from external containers and remark with the term "Medical Supplies."

c. Ship the securely packed controlled medical items for safe transit by registered/traceable means, i.e., United States Postal Service, FEDEX, UPS etc. with requested return receipt. All shipments must comply with weight and size limitations of the shipping commodity.

d. A customs declaration tag is not required for shipments addressed to a military organization by title (i.e., Commander or Supply Officer) at US Military Post Offices OCONUS.

e. If controlled medical items cannot be shipped by parcel services because of weight or size restrictions, refer to:

(1) *AR 55-162*

(2) *OPNAVINST 4600.11D*

(3) *AFI 75-24*

(4) *MCO 4643.5C/DLAR 4540.8*

f. Shipping documents for controlled medical items sent to or from any OCONUS destination will be marked with "SPECIAL CARGO - PLACE IN CUSTODY OF CARGO SECURITY OFFICER."

3-36. CONTROLLING NEEDLES AND SYRINGES

The HCA activities will maintain adequate control of needles preventing misuse or access by unauthorized persons. The storage and security of needles are outlined in *AR 190-51*. Disposable syringes not including needles are exempt from this requirement.

3-37. OTHER ITEMS REQUIRING CONTROL

a. The MSO will keep a record of controlled medical items on a DA Form 3862 (Controlled Substances Stock Record). Units with a resupply mission will use DA Form 1296. A disinterested officer, appointed by the commander, will inventory and inspect the items monthly.

b. Where unit storage security is inadequate and operational and readiness is not unduly compromised, store controlled medical item components at the lowest supply level having adequate storage facilities. The supporting IMSA/MLC/TLAMM may also store these items; however, the using unit personnel will inventory the stocks monthly.

(1) When stored at an IMSA/MLC/TLAMM, commingled with IMSA/MLC/TLAMM stocks, controlled medical item components are:

- (a) Considered contingency stocks.
- (b) Assigned a unique project code, if applicable to automated systems.
- (c) Inventoried by the IMSA/MLC/TLAMM.

(2) When stored at an IMSA/MLC/TLAMM in a container secured by the owning unit, the owning unit will inventory and survey the items.

(3) A Memorandum of Agreement (MOA) between the Operating Force medical unit and the IMSA/MLC/TLAMM will be established ensuring issue procedures of stored controlled medical item components are available when required for a mission.

3-38. REGULATED MEDICAL ITEMS

a. Medical materiel is a regulated medical item when one or more of the following conditions apply:

- (1) The item affects the readiness of Operating Force units
- (2) A centrally DA managed funding program funds the item
- (3) Distribution and redistribution is controlled due to:
 - (a) Critical supply availability
 - (b) Unique physical properties of the item and/or its specialized use
- (4) Procurement appropriation-funded medical equipment for Operating Force units controlled.
- (5) Medical Assemblages (see SB 8-75-S4)
- (6) Other specialized medical items whose distribution is centrally managed.

b. The AMDF or FEDLOG identifies regulated medical items as AAC "A".

c. Certain medical items may receive a temporary regulated medical item designation due to special distribution requirements. The USAMMA messages will announce the temporary regulated medical item status. These messages are available on the USAMMA website at: <http://www.usamma.amedd.army.mil/>

d. Basic requisitioning procedures for all regulated medical items are as follows:

- (1) Prepare requisitions per *AR 725-50*
- (2) Use "AOE" or "A05" as the DIC for all requisitions.
- (3) Use "B69" as the routing identifier code for all requisitions to the USAMMA
- (4) Use the requesting unit's DoDAAC in the requisition document number. If the supporting automated system requires the DoDAAC be used in the document number, then identify the requesting unit in the supplementary address field.
- (5) Place the original requester's complete document number and the in-the-clear name of the unit in the exception data accompanying the requisition.
- (6) Transmit the requisition to USAMMA with an information copy to the appropriate ACOM/ASCC/DRU. Mail may be used as an alternative submission method. Do not submit requests for regulated medical items through the DAAS.
- (7) Exception data is required for any requisitions for the following Medical Chemical Defense Materiel (MCDM) items:
 - (a) Doxycycline BT of 30s
 - (b) Ciprofloxacin BT of 30
 - (c) Pyridostigmine Bromide Tablets (PBT) Refer to *SB 8-75-S7* for the required exception data.

e. Special requisition procedures are as follows:

- (1) Submit requisitions for OPA funded Operating Force equipment as follows:
 - (a) Enter code "GA" as the fund code
 - (b) Enter a type requirement code (see *AR 725-50*)
 - (c) Identify the MES that the regulated medical item is a component of or related to in the exception data accompanying the requisition (for example, MES that comprises a unit's primary equipment authorization)
 - (d) Format and transmit ARNG requisitions per the SB 8-75 series
- (2) Submit requisitions for MESs as follows:
 - (a) If funded by the requester, the requester will commit the appropriate OMA funds with stock fund code obligation from the requisitioner (for example, SSA)
 - (b) Enter a type requirement code (see *AR 725-50*)
 - (c) Include the following statement as exception data to USAR and ARNG requisitions: "Unit is authorized MESs by MTOE (provide MTOE number) and has capability to store and maintain the MESs."
 - (d) Include the current authorization, UIC, and reason for shortage, initial issue, or replacement as exception data with each requisition
- (3) Requisition other regulated medical items as follows:
 - (a) The requester will fund the items if a USAMMA message identifies the item for a special or centrally funded program
 - (b) The USAMMA will identify special exception data in a message series

f. Requisitions for MCDM require exception data as listed in e. above and in *SB 8-75-S7*, to route requisitions for regulated medical items (AAC "A"), follow these procedures:

- (1) For CONUS and OCONUS active duty units:
 - (a) The requester submits requisitions to the supporting IMSA/MLC/TLAMM
 - (b) The IMSA/MLC/TLAMM sends the requisition to the USAMMA with an information copy to the requester's ACOM/ASCC/DRU
 - (c) The USAMMA validates the requirement with the appropriate ACOM/ASCC/DRU as required
- (2) For USAR units:
 - (a) The requester submits a requisition through normal channels, in accordance with supporting command's procedures
 - (b) The Major Subordinate Command (MSC) validates the requirement and assigns funds for OMA Reserve-funded items
 - (c) The MSC forwards the requisitions to the supporting IMSA/MLC/TLAMM
 - (d) The IMSA/MLC/TLAMM sends the requisition to the USAMMA for validation

- (3) For ARNG units:
 - (a) The requester submits a requisition to the USPFO
 - (b) The USPFO assigns funds for operations and maintenance, NG-funded items and forwards the requisition with a transmittal letter through:
 - Chief, National Guard Bureau ATTN: NGB-ARS
 - 111 South George Mason Drive
 - Arlington VA 22204-1382

- To Commander, USAMMA
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick MD 21702-5001

- g. The USAMMA procures and issues all regulated medical items.

- h. The supplier will provide the shipping status to the USAMMA and requesting unit per AR 725-50. Requesting units should submit follow-ups to the USAMMA.

3-39. PRECIOUS METALS RECOVERY PROGRAM

- a. The Precious Metals Recovery Program (PMRP) provides DoD activities with guidance and the requirements for the identification, accumulation, recovery, and refinement of precious metals from excess and surplus end item, scrap, hypo-solution, and other PMBS. The PMRP guidance is identified in the *Federal Property Management Regulations, 41.101-45.10*, as well as the Department of Defense Regulation (*DoD 4140-1-R*) and Manual (*DoD 4160.21-M*). By the policy described in the above guidance, all DoD components generating precious metal bearing material, or requiring precious metals, will participate in the PMRP. Other Federal Civil Agencies (FCAs) generating precious metals may participate in the program in accordance with the agreements in effect between DLA and the individual FCA. The program's purpose is three- fold:
 - (1) To promote the economic recovery of precious metals
 - (2) To use recovered precious metals for internal DoD purposes or as Government Furnished Materiel
 - (3) To protect the environment from excess discharges of silver concentrations in waste effluent

- b. The PMRP recovers gold, silver, and platinum family metals from excess and surplus property. The platinum family includes platinum, palladium, iridium, rhodium, osmium, and ruthenium.

- c. The DLA is responsible for administering and monitoring the PMRP. DoD activities are responsible for program participation, including the identification and the transfer of PMBS to the local DLA/DS. The DLA/DS accumulates and ships PMBS to a recovery contractor for refining. The recovery contractor deposits the refined precious metal to the Defense Industrial Supply Center (DISC) account. The DISC issues the precious metal as government furnished material to government contractors at a minimal charge in return for an equal reduction in cost for manufacture of government products that use these metals.

- d. The US Army Public Health Directorate (P) will ensure that MTFs have procedures in place properly characterizing wastes from photo processing (i.e., radiology).

- e. The RHC and Command Surgeons will:
 - (1) Develop a program for the recovery of precious metals by following the guidance in DoD 4160.21-M.
 - (2) Establish program procedures either as a supplement to SB 8-75-11 or as a separate command regulation for:
 - (a) Recovering PMBS

- (b) Safeguarding recovery equipment and reclaimed scrap
- (c) Training using activity personnel
- (d) Turn-in of scrap to collection points
- (e) Control of the program
- (f) Testing of equipment for effectiveness and safety
- (g) Disposal of PMBS
- (h) Documenting the quantities recovered and their disposition

(3) Establish central collection points at HCAs. These activities will accumulate, report, and ship precious metals and PMBS.

f. Each HCA commander will appoint a Precious Metals Coordinator (PMC) to manage an internal PMRP (appointment responsibility cannot be delegated). At the generator level, at least one Precious Metals Monitor (PMM) will be appointed ensuring the recovery of PMBS within the assigned area of responsibility.

g. Each PMM will assign a document number for each turn in of PMBS, based on local HCA procedures.

h. All high purity gold and silver PMBS will be managed as controlled substances. DA Form 3949 (Controlled Substances Record) will be maintained at the user level to record receipt, issues, and turn-in of PMBS except for fixer solution and scrap film.

i. Each MEDDAC/MEDCEN PMC will maintain a DA Form 1296 for each precious metal and PMBS item.

3-40. RADIOACTIVE MATERIAL

a. Commanders of HCAs using radioactive material will designate, in writing, a radiation safety officer (See *AR 385-10*, *DA PAM 385-24*, *TB MED 525* and *MEDCOM REG 40-42*). This officer will:

- (1) Control, receive, issue, store, and dispose of radioactive material
- (2) Comply with Nuclear Regulatory Commission licenses and Army authorizations
- (3) Advise local fire authorities of the type, quantity, and locations of concentrations of radioactive material that may pose a hazard in an emergency

b. The HCA will acquire and control radioactive material per *AR 385-10*, *DA PAM 385-24*, *TB MED 525*, Title 10 Code of Federal Regulations (CFR), and the conditions of the activity's NRC license or Department of the Army Radiation Authorization.

3-41. ACCOUNTING FOR IMPLANTABLE MEDICAL DEVICES

a. The MTF Clinical department will initiate requisitions for implantable medical devices, such as pacemakers, drug infusion pumps, insulin delivery systems, and similar items.

b. DHP funds will be charged for these items regardless of cost. The items will not be accounted for on the activity property book.

c. A record of the requisition, receipt, and implant of the devices will be maintained by the clinical department requesting the item. This record should meet audit requirements in sufficient detail and allow for notification of the patient(s) in case of medical device alert or recall by the manufacturer. The patient's medical record must also be annotated with the appropriate data. Essential elements of information include the patient's name; Social Security Number and contact information; manufacturer, make, model, and serial number of the device; requisition number; and date implanted.

d. The reporting and tracking requirements of 21 CFR applies.

3-42. SHIPMENT DISCREPANCIES

a. When shipments received by the IMSA/MLC/TLAMM are deficient in quantity or condition the Accountable Officer or alternate will inspect the shipment IAW the following publications:

- (1) *AR 702-7*
- (2) *AR 702-7-1*
- (3) *AR 735-5*
- (4) *Secretary of the Navy Instruction (SECINST) 4855.5A*
- (5) *AFR 74-6*
- (6) *Defense Logistics Agency Regulation (DLAR) 4155.24*
- (7) *AR 710-2 and AR 735-11-2*

b. The manufacturers are only obligated to provide SDS with the initial shipment of hazardous materials and with the first shipment after an SDS has been updated. If a current SDS is not on-hand and does not accompany a shipment of hazardous materials, the activity must obtain an SDS from the manufacturer as soon as possible.

c. The PV deficiencies in quantity or condition will be handled per procedures established in the PV statement of work.

d. The IMSA/MLC/TLAMM will adjust and report any discrepancies. The discrepancy reports most commonly used for medical materiel are:

(1) SF 362 US Government Freight Lost/Damage Claim. Use this report to report damage or loss attributable to a carrier or improper carrier facilities, and is to be prepared in coordination with the installation transportation office (see following publications):

- (a) *AR 702-7, AR 710-2 and AR 735-11-2*
- (b) *SECNAVINST 4855.5A*
- (c) *AFR 74-6*

(2) The SF 364 [Report of Discrepancy (ROD)]: Use this form to report supply and packaging discrepancies obviously the responsibility of the supplier or supporting supply activity (see following publications):

- (a) *AR 735-11-2 and AR 12-12*
- (b) *SECNAVINST 4355.17A*
- (c) *AFI 67-7*

(3) Serious Incident Report: This is used to report theft or suspected theft on high-dollar-value items or controlled substances (see following publications):

- (a) *AR 735-11-2 and AR 190-45*
- (b) *SECNAVINST 4355.17A*
- (c) *AFR 67-7*

e. Distribute copies per the governing regulation.

f. The IMSA/MLC/TLAMM may request assistance when discrepancies cannot be satisfactorily resolved from:

- (1) DLA Troop Support Medical
- (2) DLA customer assistance teams, or
- (3) The USAMMA

g. The Operating Force medical supply operations will report supply discrepancies to the supporting IMSA/MLC/TLAMM per local procedures.

3-28. INVENTORY AND ADJUSTMENT

a. The IMSA/MLC/TLAMM will report excess materiel through the source of supply. To determine what is excess, the reporting activity must compare current, on-hand materiel with active acquisitions and requirements. DMLSS/TEWLS are the automated tools used in identifying and reporting excess.

b. Assets determined to be excess to local activity needs are moved to the excess inventory category in DMLSS. Excess assets fall into one of 3 categories:

(1) Non-Medical – Excess non-medical items are processed for turn-in to the servicing DRMS

(2) Medical; Reportable to DLA. - All Excess materiel belonging to a DWCF site will be reported to DLA Troop Support Medical. Materiel in this category must meet the following reporting criteria:

(a) All materiel regardless of price

(b) Supply Condition Codes A, B, C only

(c) Dead Stock; items that have no sales within the last 6 months or more will be considered excess and reported.

(3) Medical. Non-Reportable to DLA (DHP funded)–Medical materiel belonging to a DHP funded activity, materiel rejected by DLA-Troop Support Medical or assets bearing FSC 6545. Materiel in this category must meet the following reporting criteria:

(a) Line Item value (quantity x unit price) must be at least **\$2500**.

(b) Dated items must have at least four months shelf life remaining

(c) Supply Condition Codes A, B, C only.

(d) Current and useful serviceable medical books including bound volumes of periodicals will be reported regardless of dollar value (Federal Supply Group [FSG] 76)

(e) Materiel identified by the AFMLO, NMLC or USAMMA for reporting under special projects. NOTE: Refrigerated/Frozen items (Notes coded G or W) will not be reported due to limited capability for icing/re-icing of shipments

c. DWCF sites will report all excess materiel, regardless of dollar value, to DLA on a quarterly basis. **DLA IS THE ONLY AUTHORIZED SOURCE FOR DISPOSITION INSTRUCTIONS FOR DWCF OWNED STOCKS.**

(1) Detailed instructions for managing DWCF/AMMA excess can be found in Chapter 13 of the AMMA Accountable Officers SOP.

(2) Each AMMA activity will provide a quarterly excess product report that lists items of DLA-owned materiel excess to the activity's foreseeable needs, along with its justification and rationale for the excess and all actions the site has taken to use the materiel. DMLSS-R sites will provide the excess report that is part of the MEDCOM Review & Analysis BO report. At a minimum, each report should list the product ID and other critical data elements outlined in Attachment IV. AMMA sites will hold materiel reported through MEDCOM to DLA Troop Support until they receive disposition instructions and then process the materiel according to instructions provided by DLA Troop Support. DWCF sites will report all excess items, including all Dead Stock to DLA and wait for disposition instructions. DLA considers all categories of Dead Stock as Excess Materiel and requires the reporting of Dead Stock as Excess materiel.

(3) Once DLA has reviewed the quarterly report, they will provide disposition instructions. If DLA has not responded by the 10th day of the month, AMMA sites will consider a non-response as the DLA approval to proceed with turning in the excess materiel.

(4) If DLA identifies an item they want to have returned to the depot or sent to another DLA plant, they will provide shipping instructions to the site. DLA will pay for all transportation costs when they dictate movement.

(5) Once DLA has provided disposition instructions or upon reaching the 10th day of the month, the AMMA site will advertise their excess materiel throughout their Region and then throughout all USAMEDCOM activities and TRIMEDS. If there are no requests for the excess materiel, the AMMA site will dispose of the materiel via the reverse distribution contracts (pharmaceuticals) or turning it in to the local DLA Disposition Services office.

(6) If an AMMA activity has excess to be reported during an off schedule report period, i.e. the first or second month of the report period, they will use the same process as

described above. The AMMA activity will notify their RHC, MEDCOM and DLA that they have excess materiel that wish to receive disposition for. The RHC, MEDCOM and DLA will review the materiel to see if it is needed elsewhere. Once all reviews have been completed, DLA will provide disposition instructions to the activity.

d. The USAMMA must approve all lateral transfers of equipment greater than the MEDCASE high dollar threshold.

e. Equipment less than the MEDCASE high-dollar threshold can be laterally transferred without the USAMMA's approval.

f. Reportable non-expendable or expendable excess materiel can fall into one of the following categories:

(1) Non-expendable:

(a) Medical equipment with a line item value that is consistent with current MEDCASE high dollar value threshold

(b) Serviceable nonstandard medical equipment with a line item dollar value of \$500 or above

(c) Regulated medical items identified with AAC "A" in the AMDF or FEDLOG. This includes MESs listed in the SB 8-75 Series or critical aeromedical evacuation equipment, such as patient monitors, defibrillators, pulse oximeters, and suction pressure apparatuses. the condition code

(d) Medical materiel with recoverability codes "D", "K", or "L" regardless of

(e) Equipment possessing command unique electrical characteristics (i.e., 220 volts, 50 hertz (HZ))

(f) Equipment (audiovisual, radioactive, or telecommunications) requiring special disposal procedures

(g) Automated Data Processing Equipment

(2) Expendable and durable excess medical materiel:

(a) Standard or nonstandard with a line item value of \$500 or more

(b) Repair parts with a purchase cost of \$100 or more

(c) Compressed gas cylinders (see *AR 700-68/DLAR 4145.25/ NAVSUPINST 4440.128C/MCO 10330.2C/AFI 67-12*)

(d) Aeromedical Evacuation materiel: This materiel could include litters and mattresses, pillows, blankets, litter straps, and patient restraints.

g. The IMSA/MLC/TLAMM must dispose of or destroy excess materiel not meeting the criteria above. Destruction or disposal can be completed through the use of:

(1) Government awarded pharmaceutical return contracts

(2) Contracts with other DoD medical facilities

(3) Contracts with DVA

(4) Other Government Agencies (National Institutes of Health and Public Health Services)

(5) Government awarded disposal contracts

(6) DLA Disposition Services (DLA/DS)

h. The IMSA/MLC/TLAMM will transfer the excess materiel within three weeks of disposition instruction receipt. The gaining activity is responsible for all shipping costs (see chapter 5-15 of this SB).

i. Non-reportable excess materiel follows:

(1) Non-expendable:

(a) Uneconomically repairable equipment with no recoverability code

(b) Equipment where the manufacturer no longer exists

(c) Equipment that lacks a model or part number

- (d) Equipment that is no longer made or has exceeded its life expectancy (*TB MED 7 or manufacturer literature*)
- (e) Equipment with a condition code "F"
- (2) Expendable and durable:
 - (a) Materiel with an expiration date of 3 months or less
 - (b) Refrigerated and freezer items
 - (c) Veterinary items
- (3) Miscellaneous materiel:
 - (a) Medical books and scientific journals: In OCONUS, Operating Force units should turn in obsolete, unserviceable excess medical books to the supporting medical facilities with the appropriate ACOM/ASCC/DRU/Command Surgeon approval. Volumes containing official AMEDD history will be sent to:
 - Director, Center of Military History
 - ATTN: DAHM-HM
 - Washington DC 20314-0200
 - (b) Radioactive Materiel (see *AR 385-11*)
 - (c) Flags and Guidons (see *AR 840-10*)

3-44. REPORTING EXCESS

a. The IMSA/MLC/TLAMM must report any reportable excess materiel monthly (quarterly for DWCF sites) in the form of a manual or automated report. The *AR 725-50* prescribes the codes for the automated report.

b. The RHCs/MSCs will establish manual reporting procedures for non-expendable and expendable excess materiel within their command. The USAMMA will establish manual reporting procedures for the USARC, ARNG, CONUS, and OCONUS activities not supported by an RHC.

(1) Examples of manual reporting procedures for non-expendable materiel follow:

(a) For regulated medical items including MES, include the set control code, estimated dollar value or shortages, and a statement of the set's condition. Aeromedical evacuation materiel and equipment is reported per procedures in *AR 40-538/ Department of the Navy, Bureau of Medicine and Surgery Instruction (BUMEDINST) 6700.2B/AFI 167-5*.

(b) For equipment requiring special disposal procedures, report through the commodities NICP or the responsible governing agency.

(2) The RHCs/MSCs will establish manual reporting procedures for expendable materiel. One category of expendable materiel requiring specific reporting is compressed gas cylinders. These cylinders should be reported for turn-in by using the NSN of an unserviceable (empty) cylinder.

c. APPENDIX H provides examples of how to Report, Advertise, Search and Request for Excess in DMLSS.

3-45. ADVERTISING EXCESS

a. The RHC/MSC will establish advertising procedures within their health care boundaries for excess equipment and materiel. The RHC/MSC will consolidate and screen all excess reports from their supporting activities. The RHC/MSC will satisfy any requirement within the command during the screening process.

b. DWCF sites will establish procedures that meet the DLA requirements listed previously in the SB.

c. The RHCs/MSCs will advertise excess materiel distributed throughout the command for no longer than 15 calendar days and 21 calendar days for DWCF owned materiel. If an organization outside of the RHC/MSC boundaries requests an item on the advertised excess list,

the RHC/MSM must request an exception to the redistribution priority scheme from the USAMMA or DLA if at a DWCF sites. Lateral transfer procedures will apply (see AR 710-2).

3-46. DISPOSAL THROUGH DLA DISPOSITION SERVICES

a. The IMSA/MLC/TLAMM will manage medical materiel turn in from installation and area activities to the DLA/DS. Other medical supply operations will turn-in materiel through the IMSA/MLC/TLAMM to the DLA/DS. The IMSA/MLCs/TLAMM will establish local procedures to minimize redundant storage and handling of turn-in materiel. When conditions permit, the IMSA/MLC/TLAMM should process and approve documentation for materiel turn in with condition codes that indicate a continued value to the government. This materiel will move directly from the unit to the DLA/DS. The Property Book Officer (PBO) may turn in medical equipment with condition codes "H" and "S" directly to the DLA/DS. The IMSA/MLC/TLAMM will:

- (1) Report the materiel turn-in to the DLA/DS
- (2) Provide technical assistance to the DLA/DS as required

b. Materiel turned-in to DLA/DS will be managed as follows:

(1) Medical materiel that is unserviceable, uneconomically repairable, or otherwise unsuitable for use will be marked "**CONDEMNED - NOT FOR PATIENT CARE**". Medical materiel determined hazardous, where the hazardous condition cannot be repaired, will be clearly marked and tagged stating the nature of the hazard. This marking will render the materiel unusable for its intended purpose before turn-in.

(2) Serviceable stock/materiel with lot or batch numbers and an acquisition cost of \$500 or more per lot or batch number will be processed according to *DoD 4160.21-M*.

(3) Compressed gas cylinders will be prepared for turn-in prior to transfer to the DLA/DS as prescribed in

- (a) *AR 700-68*
- (b) *DLAR 4145.25*
- (c) *NAVSUPINST 4440.128C*
- (d) *MCO 10330.2C*
- (e) *AFI 67-12*

As an alternative, the IMSA/MLC/TLAMM may contract for gas cylinder disposal with vendors licensed in accordance with Federal, State, and local laws.

(4) The IMSA/MLC/TLAMM will retain physical custody of standard and nonstandard pilferable items listed below until disposition instructions are provided by the DLA/DS.

(a) Medical items containing recoverable amounts of precious metals. The IMSA/MLC/TLAMM should precisely mark the items so that disposal personnel may take special handling precautions (see *DoD 4160.21-M*). Standard pilferable items are identified as Note "M" in the FSC and as Recoverability Code "A" in the AMDF or FEDLOG.

(b) Standard precious metals: Are identified as Note "R" in the Federal Supply Catalog.

(c) Tax-free alcohol and serviceable hypodermic needles and syringes: Clearly identify before transferring to the DLA/DS ensuring special processing (see *DoD 4160.21-M*).

(5) Unexposed and unexpired medical and dental film will be disposed through the precious metals recovery program.

c. The ACOM/ASCC/DRU/Command Surgeons will establish property disposal policies and procedures based on local command and DLA/DS procedures and the above guidelines.

d. Medical materiel eligible for disposal may be designated for training with the HCA commander's approval. Items approved for training use will be clearly identified with a "FOR TRAINING ONLY" label preventing accidental use on patients. Medical personnel must ensure approved training materiel has been properly disposed after the training mission. Expired drugs, biologicals, intravenous solutions, and reagents may be used for training purposes.

e. To prevent needed medical materiel from being transferred or disposed prematurely, obtain professional guidance outside Logistics Division, e.g., pharmacy, pathology/laboratory, radiology departments, to consider potential further use.

3-47. MANAGEMENT AND DISPOSITION OF DEAD STOCK

a. Accountable Officers have the fiduciary responsibility for materiel management and to ensure that efficient use of funds is employed. Accountable Officers will limit stockage of materiel to items that are demand stocked and meet stockage criteria. Stocks that remain on the shelf without movement over time are an inefficient use of funds. All efforts should be made to expend funds only for items that have an imminent requirement. Items that remain on the shelf for extended periods of time are referred to as Dead Stock.

b. Dead Stock is classified as any stocked item that has had no sales against it within the past 6 months or more. There are two basic categories of Dead Stock months

(1) 6 – 12 months – items that have had no sales transactions within 6 to 12

(2) 12+ months – items have had no sales transactions for more than 12 months.

****at DWCF sites, DLA considers this category as Excess stock and DWCF sites are required to list these items as excess and report to DLA for disposition instructions**

c. All efforts will be made to reduce Dead Stock from the inventory.

3-48. DISPOSITION AND REPLACEMENT CREDITS FOR EXPIRED PHARMACEUTICALS

a. DLA Troop Support offers national contracts for the purpose of returning pharmaceuticals and medical supplies dispensed by the Pharmacy and any related waste materials that may arise due to un-returnable pharmaceuticals. The contracts represent the Department of Defense and Department of Veteran's Affairs joint contracting initiative with the purpose of making multiple awards for CONUS and OCONUS return services. With regard to OCONUS Controlled Substance materials, Schedule II through V are not authorized to be returned from overseas, except for AK, HI and PR which are still within the DEA jurisdiction.

b. Activities can use pharmaceutical returns contracts for expired drugs. These contracts are with companies generically called 'Reverse Distributors' who remove expired drugs from an activity and obtain credits from pharmaceutical manufacturers for these unserviceable products. The reverse distributors then return the credits to the DLA Troop Support Medical Pharmaceutical PV which the activity can use for the procurement of new pharmaceuticals. Accumulated credits will be used within 90 days in accordance with the DLA Troop Support Medical Prime Vendor Contract. For pharmaceuticals where no credits can be obtained, the company must destroy the unserviceable materiel per Federal, state, and local laws. Remaining OCONUS locations will adhere to the local FGS and consult with the local installation environmental and security offices for appropriate disposal methods.

c. Use of the contract is mandatory. The website below has the DLA Troop Support Medical online enrollment procedure and the downloadable contract information:

<https://www.medical.dla.mil/Portal/PrimeVendor/PvPharm/ReverseDistribution.aspx>

d. The Chief of Logistics and the Chief of Pharmacy will ensure procedures are in-place addressing handling and accounting procedures ensuring maximum credit to the activity, and proper disposition of pharmaceuticals in accordance with all applicable federal, state, and local regulations. For example, pharmaceuticals that are also considered hazardous waste require special consideration regarding the applicability of the return program based on State and local regulations.

e. The contractor must fully document the receipt, transfer, and disposition of all pharmaceuticals and provide the activity pertinent documentation. The contractor will provide the activity with at least quarterly reports for the returned pharmaceuticals showing the

disposition status and credits. A contractor representative visiting a facility to assist in preparing expired drugs for shipment is required by law to provide a detailed inventory of all Schedule drugs before leaving the facility.

3-49. WIDE AREA WORK FLOW (WAWF)

a. WAWF is a secure Web-based system for electronic invoicing, receipt and acceptance. WAWF creates a virtual folder to combine the three documents required to pay a Vendor - the Contract, the Invoice, and the Receiving Report. The WAWF application enables electronic form submission of Invoices, government inspection, and acceptance documents in order to support DoD's goal of moving to a paperless acquisition process. It provides the technology for government contractors and authorized DoD personnel to generate, capture, and process receipt and payment-related documentation, via interactive Web-based applications. Authorized DoD users are notified of pending actions by e-mail and are presented with a collection of documents required to process the contracting or financial action. It uses Public Key Infrastructure (PKI) to electronically bind the digital signature to provide non-refutable proof that the user (electronically) signed the document with the contents. More importantly, WAWF helps to mitigate interest penalty payments due to lost or misplaced documents and highlights Vendor offered discounts so that the DoD benefits on both fronts, in addition to streamlining the whole process from weeks to days or minutes. Benefits include online access and full spectrum view of document status, minimized re-keying and improving data accuracy, eliminating unmatched disbursements and making all documentation required for payment easily accessible. WAWF is the system that allows DoD to reach its e-invoicing goals and reduce interest penalties due to lost or misplaced documents.

b. WAWF functionality allows an electronic receipt and acceptance (EDI 861) file from DMLSS to WAWF containing POC information to include name, telephone, e-mail and user ID in the receipt financial file; therefore, it is imperative that the POC table in DMLSS is accurate. The capabilities of this interface involve the electronic transmission of the Advanced Shipping Notice (EDI 856) and Receipt Acknowledgement (EDI 861). In the interface, DMLSS will receive the EDI 856 file from WAWF that a vendor submits to WAWF. This file will provide shipping status information, to include inbound passive Radio Frequency Identification (RFID) and UID. The interface between DMLSS and WAWF uses Public Key Infrastructure (PKI) to electronically bind the digital signature to provide non-refutable proof that the user (electronically) signed the document with the contents. Benefits of this functionality include:

- (1) Online access and full spectrum view of document status
- (2)- Minimized re-keying
- (3) Improving data accuracy
- (4) Eliminating unmatched disbursements
- (5) Makes all documentation required for payment easily accessible

c. DMLSS will display shipment information such as Shipment Number and Item Unique Identification Data (IUID) to allow a user to verify materiel received. DMLSS will display a modal window asking "Are you acknowledging receipt and acceptance for the item(s) selected?" Upon physical receipt/acceptance of the item, DMLSS will generate an EDI 861 to WAWF. This file will function as completion of the receipt/acceptance steps in WAWF.

d. All USAMEDCOM activities are required to utilize the DoD eCommerce initiative, WAWF for contractual goods and services not purchased by credit card or convenience check. This initiative, which uses existing systems compliant with the Prompt Payment Act, will decrease interest penalties.

e. The Chief of Logistics' key role in WAWF implementation is to ensure receiving reports are promptly signed and submitted electronically IAW Office of Management and Budget, *5 CFR Part 1315*. The following guidelines are provided:

- (1) Activities will operate only at the assigned basic DoDAAC address level. Activities utilizing extensions, Accounting Processing Code (APC), dummy DoDAAC, or equivalent will be dropped from WAWF.

(2) Activities receiving goods and services must record the receipts upon delivery or completion of services. Medical Maintenance and Property Management will ensure they receive and process receipts prior to completing technical inspections, calibration, or equipment system tests.

(3) Commercial items and services are not subject to extended acceptance periods. The inspection and acceptance process must be completed within five working days unless contract specifications state otherwise.

(4) Activities will forward receiving reports to the designated DFAS by the fifth working day after acceptance, or as otherwise specified in the contract.

f. Designated Logistics personnel will have their computers configured with WAWF and will then complete the DD Form 2875, System Authorization Access Request Form and a Rules of Behavior (ROB) document, available at <https://WAWF.eb.mil>. Submit the DISA form and then self-register at the site. Users are highly encouraged to register with the Electronic Document Access located at <http://eda.ogden.disa.mil>. This site has valuable information on validating receiving report data, vendor invoice data, contract numbers, and other important data field information.

g. Additional information on WAWF eCommerce is available at <https://WAWF.eb.mil>. The website contains information such as Web-based Training, Active DoDAACs and Roles, Frequently Asked Questions, DD Form 2875, and Policies and Procedures for Submitting Receiving Reports. Utilization of WAWF is a MEDCOM / RHC OIP inspectable program and will be inspected for compliance.

h. **WAWF 2n1 Report** is sent out weekly by G8, the report identifies 2n1 documents that need additional attention from the Contract Officer's Representative (COR)/acceptor in order to get the payment processed. Activity GAMs must work with the CORs/acceptors to resolve all lines in accordance with 5 CFR Part 1315.

i. **Duties of Contract Officer's Representatives (COR)** "The term COR refers to a person designated by the Contracting Officer to perform certain administrative tasks related to a specific contract in accordance with Subsection 201.602-2 of the Defense Federal Acquisition Regulation Supplement." **Alternate Contracting Officer's Representatives (ACORs) are also appointed in writing designating specific responsibilities, authorities, and limitations.** As the Government representative designated by the contracting officer, CORs are responsible for the technical monitoring of the contractor's performance, accepting or rejecting the contract services IAW the contract Performance Work Statement (PWS), and other contract administration duties IAW your COR appointment letter. The COR has the expertise in the area of contracted effort and possesses the necessary background to evaluate the contractor's performance in a fair, reasonable, and unbiased manner.

j. **COR/ACOR Training Requirements.** The COR and ACOR are required to take the COR Summit Course. Materials can be requested through your MEDCOM HQ GAM in G8. All CORs, ACORs and acceptors must have GFEBs access for reconciliation and to ensure they are prepared for any Supplier Self Service (SUS) awards that may be assigned. Contact your Resource Manager (RM) for training

k. **Contract Management** Prior to requesting any new contract or modification, the activity must first ensure they are using accurate estimates for the requirement. While preparing a requirement package to replace an expiring contract, the COR and RM staff need to review the execution of the previous award. If the contract was not fully executed a review must be done to determine the best estimate for future execution. For option year contracts please follow the CERB guidance outlined in the Acquisition Planning Guidance (APG) published annually in August by MEDCOM. **In order to ensure contracts are being properly managed, all CORs and acceptors must have GFEBs access.** Contract reviews must be completed quarterly in order to ensure deobligation requests are submitted by the suspense dates published in the APG. This report can be found at https://mitc.amedd.army.mil/sites/G8/Financial_Reporting_n_Operations/Reports%20Library/Fo rms/AllItems.aspx under the Action Report Section.

3-50. INVOICES WITHOUT RECEIVING REPORTS (IWORR)

a. Delinquent receiving reports over 30 days are incurring costly interest penalties to USA MEDCOM. The G4 goal is to ensure receiving reports are provided to Vendor Pay Offices within five working days of receipt or completion of services in accordance with Office of Management and Budget, 5 CFR Part 1315. Meeting this goal can be best accomplished through electronic submission of invoices and receiving reports in WAWF.

b. The following reports will now be used to resolve issues with Invoices Without Receiving Report for oversight:

(1) **GFEBs IWORR Report** sent out by G8 with data from WAWF and GFEBs for invoices considered to be without receiving reports. This report is sent to the Group Administrators (GAM) weekly and must be worked to completion with the COR/Acceptors in order to meet the provisions of the Prompt Payment Act.

(2) **CAPSW IWORR listing** This report is a listing of invoices without receiving reports based on a data pull from ODS and is sent to the Group Administrators by RM weekly. This report must be worked to completion with the COR/Acceptors in order to meet the provisions of the Prompt Payment Act. This report will no longer be sent once legacy contracts in CAPSW are fulfilled or closed.

(3) **WAWF 2n1 Submitted/Resubmitted/Accepted Status Report** sent by G8 weekly. There are three tabs on the excel spreadsheet; a submitted tab for acceptor action, an accepted tab for acceptor review/follow-up and a tab for contracting, listing misrouted documents requiring contracting return.

c. Logistics Divisions will monitor their contracts using the GFEBs Invoices Without Receiving Reports (IWORR) from GFEBs and the CAPSW IWORR Report for the legacy CAPS-W tool. GAMs will monitor both IWORR reports and the WAWF database at least weekly (daily is preferred), to prevent aged invoices from accumulating interest penalties. Based on 5 CFR, part 1315, "Prompt Payment Act": An invoice must be reviewed for validity and returned within 7 calendar days if invalid for payment. 16 days and older are of particular concern and require immediate attention. Contract payment information can be reviewed by Region, DoDAAC and Site, within the IWORRs for all invoices needing a receiving report. WAWF 2n1 invoice actions can be monitored through the WAWF 2n1 Submitted/Resubmitted/Accepted Report from RM or in WAWF. The receiving report is signed in DMLSS to transmit via EDI receipt and acceptance to WAWF which automatically matches to the invoice. No manual intervention should have to be done in order for the vendor to be paid under the Gen IV Contract. Activities must monitor WAWF to ensure the EDIs are flowing properly. Any invoices in WAWF that stay more than 7 days should be investigated and worked to resolve errors.

3-51. RENOVATION OF HEALTH CARE FACILITIES

a. Obtain equipment and furnishings needed to support Medical Military Construction (MILCON) projects by using MEDCASE procedures (see the current edition of the SB 8-75-MEDCASE).

b. Use GSA or commercial interior design services to determine entire furnishing requirements and design decor when renovating entire offices or areas. Fund design services from local operating funds.

3-52. REVIEW PROGRAM FOR DURABLE MEDICAL MATERIEL

a. The HCA Commanders/Command Surgeons must establish a formal program for reviewing the consumption of durable medical materiel. This program is designed to:

- (1) Improve supply discipline
- (2) Emphasize economy
- (3) Monitor usage

(4) Focus attention on the prudent use of durable medical materiel

b. To manage the program, commanders must conduct semi-annual consumption reviews. The review should include the 20 durable medical materiel items where the activity experienced the greatest expenditure during the last year. During the semi-annual review, Commanders should focus attention on increased usage and potential savings for the activity. MTF reviews are to focus on internal hospital consumption of durable items as demands for external customers are beyond their control. Reviews may also be conducted on the remaining durable medical materiel items for which the activity desires control visibility, such as items experiencing a high loss rate. From this review, items will be selected for intensive management and will be managed as stated below.

c. Durable medical materiel selected for intensive management may be managed as turn-in and direct exchange items. If an unserviceable item is not available for exchange, the IMSA/MLC/TLAMM justifying the items can require a letter or form.

d. Usage levels can be established for the organization and for individual customers. Actual usage should be reviewed against established usage levels. Activities will document the review to include corrective action taken or the cause(s) for usage in excess of the established rate. These reviews will be maintained according to AR 25-400-2.

e. The Operating Force units normally will not establish usage levels unless actively engaged in patient care.

f. Activities will dispose of uneconomically repairable durable medical materiel items through their IMSA/MLC/TLAMM to the DLA/DS.

3-53. GOVERNMENT PURCHASE CARD (GPC) PROGRAM

a. The Principle Assistant Responsible for Contracting (PARC) is the proponent for the Government purchase card program. The USAMEDCOM activities will use only Government purchase cards issued by the USAMEDCOM contracting offices using the HCAA GPC Application / Maintenance Form, this form requires selections made from the drop down menus (see Appendix O). The USAMEDCOM contracting offices will provide the following types of guidance.

(1) Clarification of advice from the Assistant Secretary of the Army for Research, Development, and Acquisition (ASARDA), to include providing interpretations, clarification, and resolution of conflict between implementing activities and ASARDA.

(2) The USAMEDCOM policies and responsibilities regarding the Government purchase card program.

(3) Monitoring and reporting USAMEDCOM progress to ASARDA.

(4) Logistical responsibilities are identified in PARC memorandums and implementation plan for purchasing of supplies, equipment, and services.

b. Monthly reconciliation process for DHP and DWCF-funded activities. The Access Online (AXOL) tool is the US Bank electronic access system which allows review of transactions and electronic payments for purchase card purchases. The US Bank GPC billing cycle ends on the 19th of each month. Approving Officials (AOs) have three business days from the end of the billing cycle to reconcile their GPC Accounts. AXOL step-by-steps: Get a Quick Answer Quick Reference, Web-Based Training (WBT) Site, WBT Registration and Login Quick Reference, WBT Lesson and Document Selection, Create a Learning Plan Quick Reference, and GFEBS PR/PO Single Charge Card Solution Frequently Asked Questions are located on MEDLOG Support at <https://www.us.army.mil/suite/files/47455037>. You can find the MEDCOM job aid(s) at: https://mitc.amedd.army.mil/sites/G8/Financial_Reporting_n_Operations/Financial_Policy_Library/Forms/PersonalViews.aspx?PageView=Personal&ShowWebPart={F9FC358E-4E7E-4EB3-90D1-C092D44BFB43}.

c. DMLSS and AXOL purchase card reconciliation process is mandatory for both DHP and DWCF sites. The AOs have three business days from the end of the US Bank GPC billing cycle to reconcile their DMLSS accounts. DMLSS Purchase Card step-by-steps are posted on the JMLFDC Resource Center at <https://jml149.dmlss.detrick.army.mil/resourcecenter>.

d. AXOL electronic printed statement will list all purchases for audit/oversight. The AXOL printed statement along with receipts will document approvals for purchases IAW the FAR/DFARS/AFARS.

e. DMLSS Purchase Card Register provides line item detail for complete visibility and allows AOs the capability to view cardholder's purchases. AOs can monitor unauthorized, erroneous or questionable purchases to ensure compliance with the DA Government Purchase Card Operating Procedures (found at Army Federal Acquisition Supplement (AFARS), Appendix EE and MEDCOM GPC SOP (3 May 2016). The DD1155 form that is printed from DMLSS will be maintained with other supporting documentation to validate purchases are entered into DMLSS. For more information about DMLSS, review the MEDLOG Support website AMEDD Link, DMLSS e-learning Center for instructions (<https://jml149.dmlss.detrick.army.mil/DMLSSU/>).

f. For DWCF sites only – The AMMA empowers select Army sites to use the DWCF funded GPC. These credit cards are provided to give the DWCF site the flexibility it requires to support its retail customer when required items are unavailable through electronic DLA ordering programs. Use of DLA funded credit cards must be within the parameters outlined in the AMMA and must be consistent with DoD and Army medical materiel procurement management policies. The core concept of AMMA is that the DWCF site purchase medical materiel using the DWCF for the express purpose of **imminent** resale to a DLA retail customer and DWCF reimbursement. Any purchase, to include credit card purchases, must be consistent with this core concept. DWCF sites must be capable of tracing all materiel purchases made with DLA funds (fund code 7H) to the resale of that specific materiel to a retail customer and a subsequent reimbursement action to the DWCF.

g. Current functionality in DMLSS at DWCF sites restricts the use of the DWCF funded (7H) GPC for purchases of materiel other than for stock. If non-stocked items are ordered, the DHP funded GPC will be used (automatically defaulted to the purchaser's DHP GPC). **Changing the STRAT state of an item from non-stocked to a stocked item to bypass DMLSS functionality is prohibited.** Accountable Officers at DWCF sites will ensure that GPC purchase cardholders adhere to proper system functionality when ordering materiel in the approved AIS. For stockage criteria see paragraph 3-9 and 3-13 of this SB.

h. USAMEDCOM will provide a list of DWCF purchase cardholders to DLA Troop Support Medical. Each DWCF site will submit a list of all stock fund/DLA purchase cardholders to G4, USAMEDCOM, ATTN G44, DWCF manager, twice each year (Oct & Apr). The list will contain the following information:

- (1) Name of card holder
- (2) Single Purchase card limit
- (3) Monthly purchasing limit
- (4) Approving/Billing Official
- (5) Start date of card
- (6) Expiration date of card

i. In addition to the information identified in para 3-53(f) above, the following documents of required training will be provided on an annual basis:

- (1) Initial or current annual refresher training
- (2) Acquisitions Ethics Training
- (3) Training for any cardholder or Billing Official that have \$25K Purchase Cards
- (4) MTFs will train personnel ordering supplies using contracts on how to record purchases in DMLSS system as required by *AR 40-61* Training can found at <https://jml149.dmlss.detrick.army.mil/resourcecenter/> on the SC SxS tab

j. Nominations/recommendation for all new Stock Fund purchase cardholders will be routed through MEDCOM G44, signed by the G4 and sent to DLA-Troop Support for approval. Additional information is outlined in the AMMA Standard Operating Procedures. The sample nomination form is in Appendix H of this SB. The nomination request will include the following information:

- (1) Name
- (2) Rank/grade
- (3) Site Name
- (4) Single Purchase Limit
- (5) Monthly Purchase Limit
- (6) Approving/billing Official
- (7) List of training completed
- (8) Short explanation of need for GPC
- (9) Notification of GPC account termination must be provided to DLA within 3

business days of termination request.

3-54. AUTOMATED FINANCIAL AND COMMAND MANAGEMENT REVIEW AND MANAGEMENT REPORTS FOR DHP AND DWCF ACTIVITIES

a. The following procedures outline the management report submittals in support of the Command Management Review (CMR) and other management requirements for DHP and DWCF activities. The overarching goal is to minimize and standardize the submission of electronic management reports and eliminate hard copy/facsimile submittals.

b. Activities should review these reports to assess their position and performance toward USAMEDCOM goals and management objectives; this encourages corrective actions to affect change before quarterly updates to TSG.

c. DMLSS and TEWLS reports are must be generated after the 1st and submitted in Excel format and are due to USAMEDCOM by Close of Business (COB) the 5th of the month for the preceding month except for September; these reports need to be sent prior to EOY run. This allows for required posting and reconciling of the data (Purchase Card, etc.). **DWCF activities will submit the AXOL Managing Account Statements each month.** Submit all reports in accordance with your RHC instructions for submittal to USAMEDCOM.

d. DMLSS BO Report, MEDCOM R&A is required monthly and saved in Excel format. The following reports are embedding into the BO Report:

- (1) IM Receipts Rollup
- (2) IM Receipts Detail
- (3) CAIM Receipts Rollup
- (4) CAIM Receipts Detail
- (5) CAIM IM Combined Receipts
- (6) DLA Purchase Card Purchases
- (7) DLA Purchases Detail
- (8) DHP Purchase Card Purchases
- (9) DHP Purchase Card Detail
- (10) Aged Due-in Summary
- (11) Aged Due-in Detail Report
- (12) Aged Due-out Summary
- (13) Aged Due-out Detail Report
- (14) Stock Rollup
- (15) Stock and or Excess Detail
- (16) IAR

- (17) Stock Status Detail Report
- (18) Stock Status Rollup Report

e. DMLSS BO Reports MEDCOM R&A Report, MEDCOM Stockage List Report and Contract PC Payment will be submitted in Excel format and is due to the USAMEDCOM by COB the 5th of the month for the preceding month with the exception of EOY reporting.

f. TEWLS reports must be run on or after the 1st of the month for the prior month. The resultant reports must reach USAMEDCOM NLT COB the 5th of the month. The following reports will be submitted.

- (1) Balance of Obligation Authority Report (information will be provided when available)
- (2) Transaction Summary Totals (information will be provided when available)
- (3) MEDCOM R&A Report (information will be provided when available).
- (4) Stock Status Summary Recap

3-55. MEASURING MEDICAL SUPPLY PERFORMANCE

a. Measuring customer support

(1) Demand satisfaction: Demand satisfaction represents the percentage of demands for stocked lines satisfied by 100% of the total quantity demanded. Use the formula shown below to compute this figure:

$$\frac{\text{Valid Demands for Stocked Items}}{\text{Total Valid Demands for Stocked Items Received}} \times 100 = \text{Demand Satisfaction Stocked Items Satisfied by 100\%}$$

Example: 6,378 of 6,700 total demands for stocked items were 100% filled.

$$\frac{6,378}{6,700} \times 100 = 95\%$$

(2) Performance measures are as follows:

- (a) Management objective: 95%
- (b) Management level: 90 to 98%

(3) Indicate the adequacy of RO levels; that is, whether stockage quantities are sufficient considering OST and fluctuating demands.

(4) May indicate, if extremely high, that stock levels are too high. If demand satisfaction is low, examine the following items:

- (a) Zero-balance rate
- (b) Receipt processing time.
- (c) Validity of OST quantities based on recent experience

(5) Demand accommodation: Not generally applicable for items obtained through PV contracts.

(a) Demand accommodation indicates the IMSA's/distribution centers success at stocking items demanded by customers and response to changing customer demand patterns.

(b) It must be used with caution since some customers are research activities, specialty treatment centers and or special deploying forces whose demands are nonrecurring or materiel requirements that should not be stocked because of rapid obsolesce or short shelf life. Additionally, the command accommodation is of limited use for an IMSA when in lieu of stocking an item the IMSA passes the requisition directly to the PV and receives next day delivery for that item.

(6) Demand accommodation will show the percentage of total valid stocked demands (total demands minus rejected demands) received. It is computed as shown below:

- (a) Formula: Divide the number of demands for stocked items by the total number of demands received, and multiply the resulting number by 100
- (b) Example: 6,700 demands for stocked items are received out of 10,000 total demands received: $6,700 \div 10,000 \times 100 = 67\%$

(7) Performance measures are as follows:

- (a) Management Objective: 75%
- (b) Management level: 65 – 85%

b. Measuring inventory management

(1) Zero balance rate (percentage out of stock).

- (a) The zero balance rate indicates the percentage of stocked lines at zero balance.
- (b) It is an indicator of inventory management effectiveness and is usually related to demand satisfaction.
- (c) It is a measurement that detects inventory management problems earlier than other indicators.
- (d) It gives a rapid general picture of inventory status for RO/level (demand supported) stocked lines at a given point in time. Potential problems highlighted by this indicator may not have been discovered with other indicators, because the system deficiency may have occurred only recently. For example, if a series of requisitions to a supply source had been lost or if transportation breakdowns had frustrated one or more shipments, this measure would quickly reflect either problem. Only later would these same problems also affect the demand satisfaction. A very low zero balance rate may reflect significant improvements in the resupply system, improvements in transportation support to the IMSA, or a significant downturn in customer demands.

(e) Formula:

$$\frac{\text{Number of Stocked Lines at Zero Balance With an Established Due Out}}{\text{Number of Stocked Lines}} \times 100 = \text{Zero Balance rate}$$

(f) Example: If there are 70 stocked lines at zero balance out of a total of 1,578 stocked lines, then:

$$\frac{70}{1,578} \times 100 = 4\%$$

(g) Performance measures are Management objective: less than 5% and Management level: 2 to 8%

c. Issue Priority Designator (IPD) high priority request/requisition rates.

(1) This rate indicates the percentage of all requisitions placed upon a supply source (either local procurement or the DLA supply system) that have an IPD of 01-08 (exclude life or death IPD 03 requisitions from all calculations).

(2) Use the formula below for computing these rates

(a) Formula:

$$\frac{\text{IPD 01 to 08 Requests/Requisitions}}{\text{Total Requests or Requisitions}} \times 100 = \text{IPD Request/Requisition Rate}$$

(b) Example: If there are 17 IPD 01 through 08 requests/requisitions out of 189 total requests or requisitions submitted,

$$\frac{17}{189} \times 100 = 9\%$$

- (c) Performance measures are as follows:
 - Management objective: Less than 20%
 - Management level: None

(3) Excessive use of high IPDs is symptomatic of a variety of potential problems but may, infrequently, be totally reasonable and necessary. Routine use of IPDs 01 through 08 indicates the following:

- (a) Basic data believed reliable in establishing OST values may not be valid
- (b) Proper materiel is not stocked
- (c) Customers require assistance in identifying new requirements for IMSA/MLC/TLAMM stockage or need assistance in establishing a local resupply mechanism
- (d) The pipeline for heavily demanded materiel has been interrupted
- (e) A new, high priority mission is demanding expedited support

d. Inventory accuracy rate

(1) The inventory accuracy rate provides information regarding the accuracy of on-hand balances recorded on accountable records.

- (a) Formula:

$$\frac{\text{Total Number of Lines Requiring Adjustment}}{\text{Total Number of Lines inventoried}} \times 100 = \text{Percentage}$$

Then, 100% - Percentage = Inventory Accuracy Rate

(b) Example: If 100 lines required adjustment at the conclusion of the inventory and 1,000 lines were counted,

$$\frac{100}{1,000} \times 100 = 10\%$$

Then, 100% - 10% = 90%

The inventory accuracy rate is 90%.

- (1) Performance measures are as follows:
- (2) Management objective: 95%
- (3) Management level: 90% or above
- (4) Values less than 90% indicate a problem with the reliability of on-hand balances.

Problems affecting accuracy may be failure to post receipts in a timely manner or issuing items by the wrong unit of issue.

e. Percent of excess to total inventory.

(1) Excess inventory is that materiel measures both the stocked and non-stocked inventory that is not supported by demands

- (a) Formula:

$$\frac{\text{Dollar Value of Excess Inventory}}{\text{Dollar Value of On Hand Inventory}} \times 100 = \text{Percent of Excess Total Inventory}$$

(b) Example: The account has \$25,000 of excess (stocked and non-stocked combined) as shown in the Stock Status Report (or DMLSS Excess Report). Total dollar value of on-hand inventory is \$1,000,000. The percent of excess to total inventory would be:

$$\frac{\$25,000}{\$1,000,000} = 0.025 \times 100 = 2.5\%$$

- (c) Performance measures are as follows:
 - Management objective: 10% or less
 - Management level: less than 15%

(2) A rate greater than 15% indicates that the account is not taking timely action to remove non-demand supported items from the inventory.

f. Maximum percent of IMSA/MLC pharmaceutical stockage levels CONUS activities only).

(1) This measures the percent of pharmaceutical stocks compared to the value of annual pharmaceutical orders. The intent is to maximize utilization of government contracted commercial distributors (PV/ECAT). Utilizing these contracts results in inventory reduction through engaging "Just in Time" supply support.

(a) Formula:

$$\frac{\text{Dollar Value of Pharmaceutical Stockage Level}}{\text{Annual Total Dollar Value of Pharmaceuticals Ordered}} \times 100 = \text{Max \% of Pharmaceutical Stockage Levels}$$

(b) Example: The IMSA/MLC has a stockage level for pharmaceuticals valued at \$50,000. During the year, the pharmacy service ordered \$5,000,000 of pharmaceuticals directly from a government contracted commercial distributor. The percent of IMSA/MLC pharmaceutical stockage level would be:

$$\frac{\$50,000}{\$5,000,000} = 0.01 \times 100 = 1\%$$

- (2) Performance measures are as follows:
 - (a) Management objective: Less than 4%
 - (b) Management level: None

(3) A rate of 4% or greater may indicate that the IMSA/MLC is investing too many dollars in pharmaceutical inventory. In this case the IMSA/MLC is not taking advantage of PV/ECAT contracts as a means of reducing inventory.

c. Measuring processing time

(1) Request processing time:

(a) For stocked lines, it is the number of days from the date a customer request is received at the IMSA/TLAMM/MLC to the date the material is delivered to the customer or the customer is notified that the material is ready for pickup.

(b) For non-stocked lines, it is the number of days from the date a customer request is received at the IMSA/TLAMM/MLC to the date the request is passed to the supply source or to the supporting contracting activity.

(c) To compute the request processing time at the IMSA/TLAMM/MLC, survey past customer requests. The date received is not counted; however, the date passed to the supply source or supporting contracting activity is counted, as is the date of delivery or date of notification to the customer. The computation is:

$$\text{The Processing Time} = \text{Date Passed} \text{ minus } (-) \text{ the Date Received plus } (+) 1$$

As such, when the requisition is passed on the same day it was received the Processing time is one (1) day. This measure indicates the efficiency of the IMSA/TLAMM/MLC in processing requests for both stocked and non-stocked lines. Longer processing times may indicate i.e. system deficiencies, inadequate staffing, training shortfalls or a combination of these factors.

- (d) Performance measures are as follows:
 - Management objective: One (1) day
 - Management level: One to two (1 to 2) days.

(2) Receipt processing time:

(a) This measure represents the lapsed time from the receipt of materiel at the IMSA until the receipt is posted to accountable records.

(b) Use the receipt documentation and accounting records to obtain needed information. The date received is not counted; however, the date posted is counted. The computation is similar to above, Receipt Processing time = Date Posted – Date Received + 1.

(c) Performance measures are as follows:

- Management objective: 1 day
- Management level: 1 to 2 days

(d) Longer processing times may indicate:

- Inadequate receiving or posting procedures
- Training needs
- Staffing level problems

d. Measures of storage management

(1) Materiel release denial rate (warehouse denials).

(a) This is the percentage of Materiel Release Orders (MRO)/pick list denied by storage. It indicates the number of MROs/pick list lines generated where stock is not on-hand in the warehouse, though records indicate that on-hand balances exist.

(b) Formula:

$$\frac{\text{Number of MRO Denials}}{\text{Total MROs}} \times 100 = \text{Materiel Release Denial Rate}$$

Example: If there are 28 MRO/pick list denials out of 3,253 total MROs/pick list lines, then:

$$\frac{28}{3,253} \times 100 = 0.9\%$$

(c) Performance measures are as follows:

- Management objective: 1%
- Management level: 0-2%

(d) This measure can indicate a variety of potential problems, such as:

- Erroneous inventories
- Locator inaccuracies
- Stocks released to customers without the transaction being posted to accountable records
- Inaccurate selection of materiel for shipment or delivery
- Erroneous quantities verified on receipt documents
- Erroneous posting of receipt documents or misappropriation.

e. Location accuracy (see AR 710-2).

(1) This measure is a comparison of locator records with actual physical location of assets expressed as a percentage of accuracy. It is produced from a random sample of storage locations from either the locator records or from the physical location.

(2) There are two types of location survey errors:

(a) Location records showing a recorded location without corresponding stock at that warehouse location, provided that a permanent location is not being reserved for the item.

(b) Physical assets in warehouse locations without a supporting location record.

(3) Formula

$$\frac{\text{Total Correct Inventory Locations}}{\text{Total Inventory Locations Surveyed}} \times 100 = \text{Location Accuracy}$$

Example: If out of 150 locations surveyed, 146 were correct, then:

$$\frac{146}{150} \times 100 = 97\%$$

(4) Performance measures are as follows:

- (a) Management objective: 98%
- (b) Management level: Greater than 95%

(5) Location accuracy shows the effectiveness of the storage activity at placing materiel in its designated location and posting appropriate data to locator records, to include deleting invalid location assignments resulting from re-warehousing (reorganizing and restocking the current warehouse) and stock depletion.

3-56. TEMPERATURE SENSITIVE MEDICAL PRODUCTS (TSMP) STORAGE AND HANDLING

a General. Vaccines, blood products, tissue products, temperature sensitive reagents and other temperature sensitive items are collectively referred to as Temperature Sensitive Medical Products (TSMP). For purposes of this policy, there are four classes of TSMP: Vaccines & Mission Essential TSMP (V&ME TSMP), Blood Products (BP TSMP), Tissue Products (T TSMP) and General Use TSMP (GU TSMP). The activity Commander or his designee must identify and designate Mission Essential TSMP; GU TSMP will include all Non-Vaccines and Non-Mission Essential TSMP. These four categories have different monitoring and storage requirements. The intent of this guideline is to safeguard the efficacy of the products and reduce potential losses by ensuring AMEDD and AMEDD supported activities develop proper storage and handling requirements of TSMP from receipt throughout the distribution process until administered. Product specific guidelines may be published by other entities such as Centers for Disease Control (CDC), Food and Drug Administration (FDA), AABB (formerly known as the American Association of Blood Banks), American Association of Tissue Banks (AATB), product manufacturers, etc. addressing proper vaccine and other TSMP storage and handling requirements. If a conflict exists between this guideline, manufacturer specifications or other regulatory requirements, the AMEDD and AMEDD supported activities will follow the most stringent guidelines.

(1) Vaccines and Mission Essential TSMP: V&ME TSMP storage refrigerators and freezers will be connected to an emergency or backup power source to ensure proper storage conditions are maintained during commercial power interruption. The outlying clinics are an exception to the backup power source, see para g for further guidance. The commander must outline inspection and recording requirements for V&ME storage units. Each refrigerator and freezer must be labeled as "Refrigerator" or "Freezer" and must be labeled for "Vaccines & Mission Essential Temperature Sensitive Medical Product storage" on the outside of the unit. Ensure that vaccine temperatures are documented for each vaccine storage unit. Physically confirm the temperature of all vaccine refrigerators and freezers at a minimum of two times per day, Physical checks should be performed at the beginning and end of shift changes.

(2) Blood Product TSMP: Blood Product TSMP must be stored IAW AABB accreditation standards & FDA regulatory requirements. For storage of blood or blood components the temperature shall be continuously monitored (electronic recording devices) or the temperature shall be physically recorded at least every 4 hours. Blood Bank temperature records will be maintained for 10 years. No exceptions to these requirements will be authorized. Manual/direct physical temperature checks should be performed only when the central electronic monitoring system is not functioning as expected.

(3) Tissue TSMP: Tissue TSMP must be stored in accordance with AABB and AATB guidance. For Tissues TSMP stored in laboratories or blood banks, temperature shall be continuously monitored (electronic recording devices) or the temperature shall be physically recorded at least every 4 hours. Tissue TSMP temperature records will be maintained for 10 years in accordance with regulatory guidance. No exceptions to these requirements will be authorized. Manual/direct physical temperature checks should be performed only when the central electronic monitoring system is not functioning as expected.

(4) General Use TSMP: The Commander shall identify an acceptable dollar value risk level below which refrigerators/freezers used solely for GU TSMP do not require a centrally

monitored electronic alarm system. The risk level must be identified per TSMP refrigerator and freezer. A refrigerator or freezer designated for GU TSMP may not be used to store V&ME TSMP. GU-TSMP may include but are not limited to Antidotes, Laboratory Reagents and supplies, and medicines requiring temperature controlled storage, provided these supplies are not designated as mission essential by the commander or his designee. A temperature log must be posted in a readily accessible location on the GU TSMP storage unit. The Commander must outline inspection and recording requirements for these applicable storage units. At a minimum physically confirm the temperature of all GU TSMP refrigerators and freezers at a minimum of two times per day, Physical checks should be performed at the beginning and end of shift changes. For GU that is not monitored by an electronic monitoring system, temperatures shall be physically recorded at least every 6 hours. Each refrigerator and freezer must be labeled as "Refrigerator" or "Freezer" with the corresponding dollar value risk posted. Additionally, the refrigerator or freezer must be labeled for "General Use Temperature Sensitive Medical Product storage only, do not store Vaccines or Mission Essential TSMP or exceed the (\$xxx) dollar value risk level". For GU that is not monitored by an electronic monitoring system, temperatures shall be physically recorded at least every 6 hours. Electronic monitoring is the preferred mechanism for ensuring quality of Laboratory Reagents. Laboratory TSMP will be stored in accordance with applicable College of American Pathologists (CAP) or FDA requirements. Temperature records will be maintained for a minimum of 3 years. No exception to these requirements will be authorized.

b. Proper TSMP Cataloging Requirements. DMLSS activities will use the "cold chain" indicator and "special handling" drop-down list of all TSMP items/equipment to properly identify them in DMLSS as shown in Appendix P. This will enable the system to track these items and make handlers aware of the special care required by these items.

c. Policy Requirements. Each AMEDD and AMEDD-supported activity will develop and maintain a policy that includes all requirements set forth in this SB regarding the monitoring, storage, documenting and reporting requirements for TSMP. The policy will define TSMP storage, handling and monitoring requirements, training and required actions to be taken in the event of a compromised storage environment. Other topics to be included are:

- (1) Locations of applicable refrigerators and freezers storing TSMP.
- (2) Alternate storage facility locations (i.e., Clinic, Laboratory, Pharmacy, external storage facility, etc.) with specified building and room number which have emergency/back-up power (i.e. generator) and storage capacity where the TSMP can be temporarily relocated and monitored. If the TSMP is moved to an interim storage location, the activity will document the chain of custody and accountability for the items.
- (3) The methodology used to determine viability of compromised TSMP and the approving authority utilized (i.e. pharmacy, USAMMA, manufacturer, CDC).
- (4) Emergency contact and notification information for the following:
 - (a) Logistics, Pharmacy, Laboratory, and Medical Maintenance personnel
 - (b) Refrigerator/freezer repair technician or emergency repair companies
 - (c) Temperature alarm repair technician
 - (d) Dry ice vendors
- (5) A current list of vaccines stocked in the activity and the telephone listing of all applicable vaccine manufacturers, USAMMA and the CDC.

d. Storage Requirements. Specialized procedures and equipment are required to protect TSMP viability until the time of administration. TSMP are frequently sensitive to sunlight, heat, freezing temperatures, moisture and humidity which will reduce its efficacy and suitability for its intended purpose. Maintaining TSMP in optimal conditions throughout all phases of the distribution and issue process is called "Cold Chain Management (CCM)."

(1) Proper temperature monitoring is paramount to CCM. TSMP may require controlled storage temperatures between 2°C and 8°C (35°F to 46°F) while others may require temperatures between -25°C and -10°C (-13°F and 14°F). Blood and Blood products may have a different storage requirement of 1°C whereas some blood products require 1°C to 6°C and frozen blood products may require either <-18° or <-65°C. Blood products require compliance with applicable guidelines.

(2) Stand-alone refrigerators and freezers are recommended for storage of vaccines. A combination refrigerator/frost-free freezer for home use is acceptable if ONLY the refrigerator compartment of the combination unit is used to store refrigerated vaccines. A separate stand-alone freezer should then be used to store frozen vaccine. Dormitory style refrigerators are not authorized for vaccine storage. Use certified and calibrated thermometers in all vaccine storage units. Uncertified liquid (mercury or alcohol) thermometers and uncertified dial-type household refrigerator/freezer thermometers are not authorized.

(3) Refrigerators and freezers used for TSMP storage must be dedicated for storage of TSMP, maintain the required storage temperatures, be appropriately labeled to identify and have a calibrated (periodically calibrated by medical maintenance and calibration label affixed) working recording thermometer.

(a) Each refrigerator and freezer must be labeled as "Refrigerator" or "Freezer" Additionally, the four classes of TSMP have different guidelines of storage labels that are addressed in para a. (1)-(4).

(b) Record date and time of any mechanical malfunction or power outage on the temperature log or on another equipment-tracking document. The manufacturer specified environmental conditions must be maintained to ensure safety, potency, purity, chemical, and biological viability of the TSMP.

(4) All activities/sections handling TSMP will comply with any special handling instructions on the TSMP, shipping label, manufacturer's literature/package inserts, Universal Data Repository, or in the Federal Supply Catalog.

e. TSMP Coordinators. The Commander will designate a primary and alternate TSMP coordinator, on orders, with overall responsibility for monitoring the TSMP program for their activity. The alternate TSMP coordinator will ensure 100% coverage during periods when the primary TSMP coordinator is on leave, TDY, etc. The designated coordinators are responsible to ensure policies are in place and procedures are being followed to safeguard the efficacy of TSMP. Staff working with TSMP and the Administrative Officer of the Day (AOD) monitoring and documenting temperature of TSMP storage units must know how to respond to, take and document actions when the storage temperature is outside the manufacturer's specified range. The TSMP coordinator will review and maintain refrigeration temperature logs for at least three years along with the documentation of CCM training and certificates.

f. Training Requirements. RHCs will establish a formal cold CCM training program that includes initial and annual refresher training.

(1) USAMMA has a training program located <https://www.usamma.amedd.army.mil> and monthly training via Defense Connect Online (DCO). The monthly online training dates and times are posted via the following link at <http://www.usamma.amedd.army.mil/net/Pages/doc/coldChainManagement.aspx>.

(2) JKO course DHA -US070-Seasonal Influenza Vaccine Cold Chain Management for Logistical Personnel (1 hr) at https://jkodirect.jten.mil/html/COI.xhtml?course_prefix=DHA&course_number=-US070 . This course was designed to help provide non-clinical personnel (i.e. pharmacy, logistics, and support staff) with important and comprehensive information concerning storage and handling of the influenza vaccine. It is designed to prepare healthcare personnel with handling of the influenza vaccinations and perform required administrative tasks in support of the DOD's Influenza Vaccination Program. NOTE: This training is off-line for seasonal updates (typically June and July).

(3) **ALL** Personnel designated to handle TSMP and **all Action Officers on Duty (AOD)** are required to take the training addressed above and will have their certificate of training loaded into DTMS under task number MC_ 00535A and will be an inspectable item under the MEDCOM OIP.

(4) The TSMP Coordinator, alternate TSMP Coordinator and identified activity staff members routinely handling TSMP will be certified and recorded in Digital Training Management System (DTMS). The additional TSMP training will provide particular emphasis on conducting and documenting physical inspections of TSMP locations, monthly testing of TSMP monitoring systems, and the associated requirement to update the TSMP monitoring systems with revised contact information (examples: telephone numbers, email addresses, and primary and alternate TSMP Coordinators). This training is in addition to the annual required TSMP training outlined.

Activities are required to maintain the TSMP training documents for a minimum of three years (five years for blood bank refers/freezers).

g. Transporting vaccines. Always transport vaccines in properly insulated containers to maintain the required temperatures. The transport containers used for vaccines should have maintenance conducted IAW manufacturer's specifications and must be in working order, if not, must show work order submission and labeled as non-operable. Containers should be capable of maintaining the vaccine at the correct temperatures. Validated storage devices include the Acutemp PX1L, PX6L and AX27L, manufacturer shipping containers, Styrofoam coolers with at least 2-inch thick walls or Endurotherm insulating shipping containers according to the cold chain handling guidance provided by the USAMMA Distribution Operations Center the following actions should be followed:

(1) Include calibrated thermometers to track temperatures in all transportation containers.

(2) Pack vaccines in their original packaging. Do not remove vaccine vials from boxes.

(3) Document vaccine type, quantity, date, time and originating facility on the outside of the transportation containers.

(4) Ensure temperatures are tracked during transportation and any deviations in temperature are readily identified.

h. Transportation of TSMP: TSMP require specific transportation controls to ensure maintenance of their viability between source and patient delivery. For items requiring cold chain management functions, the supporting TLAMM or the USAMMA Distribution Operations Center will provide all packing and transportation instructions to ensure adequate cold chain management measures are performed. Suspect medical materiel will be segregated and reported using M/DPQDR - formerly SF380--Medical Complaint procedures to prevent patient injury or death.

i. Outlying Clinics. Proper TSMP handling processes and procedures must be maintained when TSMP is transported and while used at the off-site clinics and other remote locations (away from the main activity) such as a Soldier Readiness Processing site. To reduce potential losses at these sites, minimize on-hand materiel and return remaining TSMP to a properly monitored and alarmed storage area at the end of each duty day. The Activity Commander may designate specific remote and isolated clinics where travel or personnel staffing prevents the daily return of TSMP to a designated location as exempt from the monitoring and/or physical check requirements during non-duty hours. In this instance, the Activity Commander must specify a maximum risk dollar value of TSMP that may be stored in that clinic only. Activities must maintain annual risk assessments of these isolated clinics and will periodically monitor quantities of TSMP on hand at these clinics to ensure the maximum risk dollar value remains within specified limits. Activities must develop specific guidelines that outline procedures for the verification of nightly storage temperatures at the start of each work day to prevent administering potentially non-viable or compromised TSMP. All installed alarm systems must meet requirements outlined in para h. below.

j. Temperature Alarm System(s). All USAMEDCOM activities are required to enter their TSMP monitoring systems into DMLSS/TEWLS as maintenance significant equipment and assigned scheduled services for both accountability and sustainment as shown in Appendix Q. The systems should be entered into DMLSS/TEWLS using the standardized nomenclature from the ECRI Institute: alarms, equipment, temperature, and refrigerator/freezer alarm. The TSMP systems must be capable of monitoring storage locations 24 hours a day, 7 days per week. Ensure the system either notifies an accountable person when a failure is detected or the system is capable of indicating that the vaccine temperature integrity was maintained during the storage period. The alarm system must be capable of alerting individuals (telephonically, pager, etc.) tasked to take appropriate action and safeguard the TSMP should storage conditions become compromised. The entire alarm system from the refrigerator/freezer unit sensor to the remote monitoring station and telephone or pager must be tested at least monthly. The organization will retain documentation of the test for a minimum of 3 years and a copy will be furnished to the TSMP coordinator. The alarm system on all units will be designed to notify the AOD, section OIC/NCOIC or the installation Fire Station; Provost Marshals Office or other locations that are

monitored continuously (24/7). Alarms at these monitoring locations must be appropriately labeled and will clearly identify the type and cause of the alarm. Storage areas with restricted access will have appropriately labeled device(s) installed (light indicator and/or audible alarm) indicating the cause of the alarm when the storage conditions are compromised. Each device must incorporate a method that allows it to be activated or tested without physically entering the restricted area. Blood Banks will have an alarm system that will monitor and record temperatures and allows easy data retrieval. The alarm system must be capable of telephonically alerting individual's tasked to take appropriate action and safeguard the blood and blood components should storage conditions become compromised. The entire alarm system from the refrigerator/freezer unit sensor to the entire telephone tree activation must be tested at least monthly. The Blood Bank will retain documentation for at least 10 years. Blood and blood component storage units going into alarm will be documented with a thorough investigation to include any movement of blood and blood components and corrective actions taken.

k. The USAMEDCOM activities will initiate a Financial Liability Investigation of Property Loss (FLIPL) of TSMP loss in the amount of \$2,500 and above (see chapter 5-5 of SB 8-75-11 for procedures and processing of FLIPL).

l. Commander's Critical Information Report (CCIR). All activities will submit an EXSUM within 24 hours of a TSMP loss that has the potential to exceed \$2,500 IAW OTSG/MEDCOM OPERATION ORDER 16-35, dated 16 Feb 2016. All CCIRs are submitted to OTSG/MEDCOM through the Medical Operations Center (MOC) via email at: army.medcom-ops-center@mail.mil. The CCIR will be forwarded to the Commander and his designated appointee following the loss. A follow-up CCIR and synopsis of the results from any investigation or changes to the original CCIR must be **immediately** forwarded to OTSG/MEDCOM through MOC as stated above.

3-57. STORAGE METHODS FOR IMSA, MLC, TLAMM, AND OTHER MEDICAL SUPPLY OPERATIONS

a. Store controlled items that require special storage and handling procedures to protect against theft per *AR 190-51*.

b. Store hazardous material, including acids, flammables, corrosives, gasses, and poisons per:

- (1) *DLAI 4145.25/AR 700-68/NAVSUPINST 4440.128D/AFJMAN 23-227(I)/MCO 10330.2D*
- (2) *TM 38-410/Defense Logistics Agency Manual (DLAM) 4145.11/Navy Supply Publication 573/AFI 69-9/MCO 4450.12*
- (3) *AR 200-1*
- (4) Applicable Federal, state and local laws

c. When storing hazardous material/medical gases, at a minimum, the activities must:

- (1) Consider the:
 - (a) Compatibility of chemicals
 - (b) Ventilation
 - (c) Fire protection
 - (d) Spill prevention and response
 - (e) Containment
 - (f) Protection from the weather
- (2) Locate an inventory list of hazardous materials and all applicable SDS in each storage area where hazardous material/medical gasses are maintained within the HCA.
- (3) Medical Gases. The catalog should annotate the correct commodity class and MTF restrictions based upon the gas classification.

d. Provide heat, refrigeration, and humidity control where necessary to protect stock. Physically separate suspended materiel from other stocks and mark with the authority for suspension.

e. Establish stock locator systems, automated or manual, at each storage site to control the use of storage space. Survey storage locations prior to performing an inventory and reconcile survey results with the locator file. A 100% storage location survey will be performed at least annually.

- f. Medical supply operations must establish stock locator systems per:
- (1) ACOM/ASCC/DRU or Command Surgeon guidance
 - (2) AR 710-2
 - (3) DoD 4145.19-R-1

3-58. REUSE AND REPROCESSING OF MEDICAL SINGLE-USE DEVICES (SUD)

a. The FDA provided guidance on Enforcement Priorities on Reprocessing SUDs Reprocessed by Third Parties and Hospitals. These and other pertinent documents are located at <http://www.fda.gov/NewsEvents/Testimony/ucm114926.htm> .

b. The decision to reprocess SUDs must be made by each individual activity, supported by the command leadership, and documented. Oversight shall be delegated to an appropriate internal command authority (e.g., the command's infection control or patient safety committee) to ensure compliance with the most current FDA guidance and to ensure adequate awareness and training of personnel is achieved in the reuse of SUDs. Activities should review their program on a periodic basis to assess its efficacy. Activities choosing to reuse SUDs must select an FDA-approved reprocessing vendor. Prior to soliciting information from a third-party reprocessing vendor, thoroughly review and understand the FDA guidelines. It is imperative that the full scope of the issue be addressed by a multidisciplinary group comprised of a Physician Representative, Nursing Representative, Patient Safety Representative, Infection Control Officer, Risk Manager, central service supply personnel, medical supply personnel, contracting personnel and other appropriate members.

c. Guidance to the military medical facilities (hospitals and clinics) is as follows:

(1) Medical facilities may use third-party reprocessors to reprocess SUDs. The SUD categories normally processed by the third party are:

- (a) Critical SUDs: Those intended to contact normally sterile tissue or body spaces during use.
- (b) Semi-Critical SUDs: Those intended to contact intact mucous membranes and not penetrate normally sterile areas of the body.
- (c) Non-Critical SUDs: Those intended to make topical contact and not penetrate intact skin.

(2) Regional Medical Commands interested in reprocessing and reuse of SUDs may use established IDIQ contracts or develop a regional contract initiative.

(3) The reprocessing contractor must:

- (a) Comply with FDA guidelines.
- (b) Be a member of Association of Medical Device Reprocessors. A list of AMDR members are shown at <http://www.amdr.org/>

d. Activities electing to use third-party reprocessors to process SUDs should first contact their Prime Vendor for service. The current DLA Troop Support Medical PVs, Owens & Minor and Cardinal Health have agreements with third-party reprocessors. If the PV does not have an agreement with a particular reprocessor or the service is cost prohibitive, contact the DLA Troop Support Medical, which has DAPAs. **NOTE:** See Assistant Secretary of Defense Memorandum, DTD Jul 7, 2006; Policy on Reprocessing Medical Single-Use Devices.

3-59. MEDICAL INSTRUMENT RECYCLING PROGRAM (MIRP)

a. Program definition:

(1) The MIRP provides for the repair, refinishing, and reconditioning of economically repairable instruments. It applies to medical and dental instruments and involves returning the instruments to a serviceable condition.

(2) Recycling includes:

- (a) Replacing missing parts for example, screws and carbide inserts
- (b) Adjusting for proper tension
- (c) Redefining ratchets
- (d) Sharpening cutting edges
- (e) Cleaning, re-polishing, and re-plating surfaces
- (f) Realigning tips and edges

b. Implementation: The activity commander will establish a MIRP if economically feasible based upon a cost benefit study. Costs inherent to administering the MIRP contract must be judiciously considered. A copy of the cost benefit study will be retained on file for review by the USAMEDCOM command logistics review program team. If determined not economically feasible, an update review of the cost benefit study will be conducted annually.

c. Recycling guidance:

(1) Instruments damaged or unsuitable for use will be turned in to a designated collection point by the functional area within the activity. String or other appropriate binding may be used to group like items for ease of management and turn in. Groups should be tagged. The tags should indicate the NSN/MCN (Management Control Number), nomenclature, total number in group, and generating functional area.

(2) The designated collection point program manager will determine the procedures for turn-ins and account for all receipts, repairs, and disposals. If a PR is initiated for each turn-in to the contractor a suspense copy should be retained on file.

(3) Recycling costs will be borne by the functional area

(4) The MIRP assets will remain functional area-owned from the time of turn in until the item is subsequently reissued

(5) All instruments must meet the following recycling criteria:

- (a) The instrument should be unserviceable or otherwise unsuitable for use
- (b) A replacement item is required to accomplish the mission
- (c) The replacement unit cost exceeds \$8
- (d) The estimated recycling cost is less than 60% of estimated replacement cost
- (e) The Accounting Requirements Code (ARC) is D (e.g., a durable item) in the AMDF or FEDLOG or a similar nonstandard item.

d. The activity commanders may exempt any specific instrument from MIRP for a valid reason. A record of exempt items and the reason for exemption will be maintained on file.

e. Medical instrument recycling equipment program contracts: Recycling services will be obtained through local purchase procedures. Contracts will provide for:

- (1) An itemized receipt for instruments turned over to a contractor for recycling
- (2) An itemized statement of recycling cost

3-60. CUSTOMER SUPPORT (IMSA)

The IMSA will have a "Customer Support Pamphlet" for the users detailing how to receive support from the IMSA. Support for external customers can either be an "Appendix A" to the pamphlet or a standalone document. As a minimum, that pamphlet will define:

- a. The Logistics organizational structure with POCs and phone numbers
- b. Detailed, specific procedures for all functions of logistics (i.e., excess turn in, requisitioning, maintenance, training, obtaining status, etc.)
- c. Sample documents customers use for support

3-61. SUBMITTING MEDICAL/DENTAL PRODUCT QUALITY DEFICIENCY REPORTS (M/DPQDR)

SB 8-75-S3 has specific instructions for submitting all medical materiel complaints on an M/DPQDR, regardless of procurement source, to report materiel or equipment determined to be harmful and/or defective that may result in injury or death. See Chapter 4 for guidance.

3-62. MATERIEL STANDARDIZATION OVERVIEW

- a. The DHA MEDLOG is responsible for DoD enterprise wide medical materiel standardization actions combining operational and institutional requirements for the purpose of improving clinical outcomes, enhancing readiness and training, controlling costs, and improving interoperability. Commanders and Command Surgeons at all levels will maximize use of standardized products.
- b. The RHC/MSC Command appointed Designated Senior Logistician (DSL), Designated Senior Clinician (DSC), Associate Designated Senior Logistician (ADSL), and Associate Designated Senior Clinician (ADSC) will coordinate DHA MEDLOG standardization initiatives for all DoD healthcare activities within their respective Regions AORs.
- c. DSLs, DSCs, ADSLs, and ADSCs will work with the Medical Materiel Enterprise Standardization Offices (MMESOs), the operation and management arm of the DHA MEDLOG to:
 - (1) Define regional target products and/or product groups.
 - (2) Recommend to the MEDCOM regional target products (supplies & equipment) for standardization.
 - (3) Conduct standardization evaluations for specific product groups as directed by the MEDCOM.
 - (4) Monitor and enforce MTF standardization compliance.
- d. All MTFs and healthcare activities will establish internal processes that support DHA MEDLOG/MMESO data calls and standardization efforts. These processes will be developed and documented to include mechanisms that indicate how they comply with enterprise standardization decisions.
- e. The DSL and DSC will establish a Regional Standardization Committee IAW *MEDCOM Pam 40-18*.
- f. Individual MTFs and healthcare activities will coordinate with their supporting contracting office to establish local standardization processes for products in addition to those directed by MEDCOM but those processes must complement, not compromise MEDCOM/DHA MEDLOGs enterprise wide standardization efforts. Any items or products selected for standardization in exception to those directed by MEDCOM must receive prior approval through

the appointed DSL/DSC for that Region. When a local standardization action is established, the metrics to track the process will mirror enterprise supplied metrics that:

- (1) Adopt best practices to enhance clinical outcomes.
- (2) Facilitate clinical participation and acceptance of standardization efforts while incorporating best clinical practices.
- (3) Comply with mandatory participation in MEDCOM/DHA MEDLOG enterprise-wide standardization initiatives.
- (4) Decrease inventory while increasing product velocity.
- (5) Create supply cost savings or cost avoidance.
- (6) Approved waivers will continue to be counted against the standardization compliance measure of 90% per *MEDCOM Pam 40-18*. (See Appendix N)

g. The MEDCOM in coordination with the RHCs/MSCs will evaluate supplies and equipment items recommended for standardization and forward appropriate suggestions to the DHA MEDLOG for consideration as candidates for DoD Enterprise wide standardization. When the DHA MEDLOG does not standardize a product recommended by the MEDCOM, the item will become a MEDCOM standardization initiative and follow the procedures outlined in *MEDCOM Pam 40-18*.

3-63. FUNDING CLASS VIII SUPPLIES USED BY BATTALION AID STATIONS IN SUPPORT OF SICKCALL IN GARRISON

a. This section was coordinated with the MEDCOM G8. It provides general policy for funding Class VIII consumable medical supplies to include over-the-counter medications and pharmaceuticals used to conduct sick call in garrison. This policy is applicable to a MTF/Health Care Activity (HCA) supporting a Brigade Medical Supply Office (BMSO), Battalion Aid Station (BAS) or an equivalent training unit medical support entity (e.g. Ranger Training Brigade).

b. The medical unit operating a Troop Medical Clinic (TMC) or dispensary as an element of the garrison or installation level health services will obtain Class VIII consumable supplies from the supporting HCA in accordance with *AR 40-4*, section 1, Para 8, Army Medical Facilities and Activities; and *AR 40-61*, Chapter 5-23, Para I, Medical Logistics Policies. Class VIII consumables supplies used to conduct garrison sick call will be paid for by the supporting MTF/HCA based on workload data submitted by the activity operating the TMC/dispensary as specified in the memorandum of understanding between the support HCA and the medical unit.

c. The BMSO/BAS or equivalent conducting garrison sick call will have an established funding account or will be reimbursed for medical supplies by the supporting MTF. If a BMSO/BAS or equivalent receives medical supplies from the TMC that were originally purchased by the TMC, there will not be a reimbursement.

d. The supporting MTF/HCA Commander will establish local funding and accounting procedures between the MTF's Resource management (RM) Office and the BMSO/BAS or equivalent. The RM office will provide funds oversight and management of these accounts.

e. The cost of medical supplies to treat patients in a field environment, such as a field training exercise, is classified as training related. This cost along with the sick call workload is funded by and belongs to the field unit. Medical supplies used for sick call in garrison, paid for with Defense Health Program (DHP) appropriation funds, are for use in garrison only. Medical items or replacement items for medical equipment sets, kits, and outfits or other field-related requirements cannot be purchased with DHP funds. Training and field-related requirements are funded from the appropriation supporting the unit's Training and Readiness requirements.

3-64. FEDERAL INFORMATION SYSTEM CONTROLS AUDIT MANUAL (FISCAM)

Due to advancements in computer technology, federal agencies and other government entities have become dependent on AIS to carry out their operations. To help ensure the proper

operation of these systems, FISCAM provides auditors with specific guidance for evaluating the confidentiality, integrity, and availability of information systems consistent with the Generally Accepted Government Auditing Standards and the Financial Audit Manual. FISCAM is also consistent with the National Institute of Standards and Technology's (NIST) guidelines for complying with the Federal Information Security Modernization act of 2014 (FISMA). This section will provide guidance and procedures required of Logistics AIS users to ensure compliancy with FISCAM control techniques.

a. **Segregation of Duties (SoD)**; FISCAM Control Technique SC-1.1.3: The SoD guidance states that no single person has complete control over all aspects of the ordering/purchasing process. To assist in preventing fraud, the Receipt Rule in DMLSS controls whether or not users are prohibited from placing and receiving the same order. To meet the requirements of the SoD:

(1). DMLSS activities have the option to enable the Receipt Rule for the entire site or to manage the exception by User.

(a) By default, the Receipt Rule is set to ON for all users. Changing the Site-Wide Receipt Rule Setting to "Managed per User" in the Defense medical Logistics Standard Support (DMLSS) System Administration (SA) Tool does not automatically turn OFF the Receipt Rule for all users.

(b) The DMLSS System Administrators will ensure that "Receipt Rule" in the Systems Administration Tool is enabled (checked) for either the "Site-Wide" receipt functionality or the "Managed per User" functionality. A policy of "least privilege" will be implemented to ensure that all users have only the roles needed to perform their authorized tasks. When the Site-Wide Receipt Rule is in place, no DMLSS user should have the requesting and receipt roles assigned to their user id. **NOTE: If a system user requires the capability to order and to receipt the requests, a Segregation of Duties waiver request will be submitted to their respective Regional Health Command (RHC). The Segregation of Duties (SoD) Waiver form (Appendix L) will be used to request approval.**

(c) The System user will fill out the Segregation of Duties (SoD) Waiver request and submit it to the site DMLSS Administrator.

(d) The site DMLSS Administrator will validate the need for the SoD waiver request verses controlling access with DMLSS role management. SoD Waivers must be kept at the lowest number possible and utilized only on an as needed basis.

(e) When the DMLSS System Administrator validates the need for the SoD waiver request, they will ensure all appropriate data is supplied and all required signatures have been obtained and submit the SoD waiver request to their Regional Health Command (RHC) for approval.

(f) The RHC DMLSS System Administrator will validate the requirement of the SoD Wavier request. They will approve or disapprove the request.

If the Receipt Rule waiver is approved by the RHC G4, the System Administrator will log into the DMLSS System Administration Tool and set the "Manage Site-Wide Receipt Rule Setting to "Manage per User". (Note: when the rule is managed per user account, users on the "Manage Receipt Rule Setting per User" page with Receipt Rule set to ON, are still prohibited from placing and receiving the same orders. Only users that have the Receipt Rule set to OFF can place and receive the same order) The System Administrator will then open the "Mange Receipt Rule Setting per User" and insert the user_id of the DMLSS user that was approved.

(g) If the SoD Waiver is approved, a copy of the approved waiver will be maintained on site for compliance purposes, at the supporting RHC G4 and a courtesy copy submitted to the MEDCOM G44 at usarmy.jbsa.medcom.list.medcom-omd-g44@mail.mil

(h) Approved SoD Waivers are valid for a period of two years from the date of the RHC approval. DMLSS users will resubmit a SoD waiver request 30-45 days prior to the expiration of their current SoD waiver.

b. **DMLSS User Access & Audit Procedures**: NIST 800-53 Control Technique AC-1 (Access Controls Policies and Procedures) and AC-2 (Account Management) addresses the establishment of policy and procedures for the effective implementation of an access control policy that addresses purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance.

(1) Creating a New User Account

- (a) User Responsibility
 - Complete DHA-US316 Defense Medical Logistics Standard Support (DMLSS) Basics (FOUO) (2hr) course @ <https://jkodirect.jten.mil>. Complete DD2875 -System Authorization Access Request (SAAR). See Appendix S for instructions on completing form DD2875.
 - Complete training provided by site DMLSS Systems Analyst as required per roles and responsibilities.
 - Submit course certificate, completed forms DD2875 and DA1687-Notice of Delegation of Authority-Receipt for Supplies (if required) to DMLSS Systems Analyst.
- (b) Supervisor/Authorizing Authority Define the roles/responsibilities of the DMLSS user(s) in coordination with the DMLSS Systems Analyst
 - Complete form DD2875 according to Appendix S.
- (c) System Analyst
 - Obtain and verify form DD2875 is complete in accordance with Appendix
 - Obtain completed training documentation and form DA1687.
 - Create CAC enable account in System Administrator Tool. For instructions go to <https://www.milsuite.mil/book/docs/DOC-431383>
 - Associate authorized user roles, responsibilities, and accounts according to forms DD2875 and DA1687 ensuring appropriate management controls are in place to minimize occurrences of fraud, negligence, and theft.
 - Per National Archives Records Administration (NARA) General Records Schedule (GRS) 3.2 Item 31 the DMLSS systems Analyst will maintain all documentation six years after the user account is rescinded/terminated or account is modified.
- (2) Rescinding/Terminating a User Account
 - (a) User Responsibility
 - Provide the DMLSS Systems Analyst notification via e-mail of intent to terminate an account within a minimum of 15 business days.
 - Close out any pending/open transactions a minimum of 30 calendar days prior to account termination.
 - (b) Supervisor/Approving Authority
 - Supervisor/Authorizing Authority will ensure employee DMLSS user account is terminated. Example: Duties have changed and/or leaving the organization.
 - In coordination with the DMLSS Systems Analyst validate the employee does not have any pending/open transactions via a Transaction History report.
 - (c) System Analyst
 - Verify user has no pending/open transactions. Example: Purchase Card transactions, Biomed/Facilities Management Work Orders closed out
 - Remove all associations from user profile in Systems Services as applicable.
 - Ensure removal DMLSS system access is terminated for employees during out-processing. Annotate the date a user's access to DMLSS was removed on the DD Form 2875.
- (3) Modifying a User Account
 - (a) User Responsibility
 - N/A
 - (b) Supervisor/Authorizing Authority - Notify DMLSS Systems Analyst via e-mail identifying types of modifications/changes to the user's roles/responsibilities. Submit a new DA1687 if required.
 - (c) Systems Analyst - Review and modify user account based on the supervisor/authorizing authority request.
- (4) User Account Roles & Responsibility Auditing

- manner
- (a) User Responsibility - User processes requirements in an acceptable timely manner
- (b) Supervisor - Validate/update user(s) access level(s) throughout the length of the account.
- (c) System Analyst
- Systems Analyst will utilize "SS_User Roles and Associations.rep" located on SharePoint @ <https://mitc.amedd.army.mil/sites/G4/G46/SitePages/Home.aspx> and approved SoD waiver to conduct a 100% annual review validating user roles and responsibilities, and account associations to the fullest extent possible to determine that a single person is not responsible for all functions.
 - Perform 100% annual validation of user accounts during the last quarter of the FY (1 July to 30 September). Ensuring appropriate management controls are in place to minimize occurrences of fraud, negligence, and theft.
 - Electronically sign and date "SS_User Roles and Associations.rep" affirming user accounts/associations have been validated against approved SoD waivers, DD2875 and DA1687 (if applicable).
 - DMLSS System Analyst will maintain the electronically signed "SS_User Roles and Associations.rep" report on file for a period of 6 years from the date of electronic signature. The digitally signed user report will be submitted to the RHC G4 for Regional Repository and validation. The signed user report will be available for audit trail review upon request by the auditing agency. DMLSS Systems Analyst will maintain rescinded/terminated/modified DD2875's six years after the user account is rescinded/terminated or account is modified.

CHAPTER 4. QUALITY CONTROL INFORMATION

This chapter provides sequential procedures for activities that store medical materiel.

4-1. QUALITY CONTROL

Medical logistics activities [IMSA/MSA/MLC/TLAMM/Army Pre-Positioned Stock (APS)] are the focal point for all Quality Control Information, which includes:

- a. Collect and disseminate Medical Material Quality Control (MMQC) information.
- b. Establish and operate medical materiel surveillance programs, including registering and maintaining materiel in the DOD/FDA SLEP Program.
- c. Initiate Action on all Quality Control (QC) information by ensuring that all sequentially numbered USAMMA Quad-Service DOD-MMQC; vendor generated messages; *SB 8-75 series* and recall notices from the supporting commercial distributors' PV are received, registered, validated, observed and disseminated to all customers.
- d. Act on all sequentially numbered DOD/FDA SLEP Messages.
- e. Provide QC information to medical receiving, storage, shipping, and maintenance elements and to supported activities that consume medical materiel.
- f. Provide QC information (such as reports of materiel defects) to the wholesale system based on surveillance findings and reports from customers.
- g. Prepare reports or take action as required by Regulation, *SB-8-75-S7, SB-8-75-S10* (ARNG only) and this SB.
- h. Ensure that materiel is stored in such a manner as to prevent deterioration and in accordance with manufacturer's guidance.
- i. Act as a source of QC information by conducting a constant surveillance program of medical materiel in storage or use.
- j. Dispose of unserviceable materiel through the use of national, regional, or local disposal contracts.
- k. Provide logistics assistance to supported units for QC matter.

4-2. SOURCES OF QUALITY CONTROL INFORMATION

- a. Quality Control Information is disseminated in the following ways:
 - (1) Department of Defense MMQC (DOD-MMQC) messages
 - (2) Army Medical Materiel Information (MMI) messages
 - (3) DOD/FDA Shelf Life Extension Program Messages (SLEP)
 - (4) Prime Vendor (PV)
 - (5) Senior Service Representative notifications
- b. Procedures: Supply accounts at the IMSA/MSA/MLC/TLAMM/APS level will maintain a record, either automated or manual, of these messages in numerical sequence. As a minimum,

the data will reflect the date received, message number, NSN (or other identifying number), nomenclature, action required, and remarks. If a message is missing, initiate tracer action through message-routing channels or obtain a copy from either:

(1) World Wide Web Address: <http://www.usamma.amedd.army.mil>

(2) Commander, USAMMA
ATTN: MRMC-Distribution Operations Center
693 Neiman Street
Fort Detrick MD 21702-5001

(3) The DOD/FDA SLEP System: <https://slep.dmsbfda.army.mil>

(4) Activities with an automated QC module in the inventory management system, i.e., TEWLS/DMLSS, are not required to maintain a manual register, except for the MMQC messages and DOD/FDA SLEP messages; these will be retained for at least the current and the prior calendar year per *AR 25-400-2*.

c. Transmission: DOD-MMQC messages are published on the USAMMA website (<http://www.usamma.amedd.army.mil>).

(1) Units and activities of Active Army, USAR, and ARNG, as well as other services are required to register on the USAMMA website to receive Department of Defense Medical Materiel Quality Control (DOD-MMQC) messages via email. These messages are also disseminated via FTP to TLAMMs, and are also provided to the JMAR and DMLSS for dissemination.

(2) USAMMA MMI messages are also published on the USAMMA website (<http://www.usamma.amedd.army.mil>)

(3) Only registered US Army Activities, (Active Army, USAR, and ARNG) will receive the MMI messages via email as well.

d. The DOD SLEP Messages are the responsibility of the DMMPO. The website is: <https://slep.dmsbfda.army.mil>.

(1) The DMMPO established the DOD/FDA SLEP Web Based System. This system (a one-stop shopping for SLEP management) allows each activity to:

- Enter their own inventory
- View results of FDA testing of their inventory
- View SLEP messages
- Be tasked to provide samples to the FDA for testing
- Receipt for Labels (for extended materiel)

(2) Access is limited by password and user permissions. This includes access to the SLEP messages. All testing and extension data provided to the SLEP by the Food and Drug Administration (FDA) is considered **For Official Use Only** and cannot be shared with anyone outside the user's organization. Sharing this information with local, civilian counterparts is a violation of the terms agreed to by the FDA but also a violation of the MOA each participant organization signs prior to entering the SLEP program. Non- SLEP organizations that use SLEP information are in violation of Federal law [Code of Federal Regulations (CFR) 21] governing "misbranded" pharmaceuticals.

(3) Activities may register for access to the SLEP system. To access the SLEP web application:

- Open your Internet Explorer
- Click on File
- Click on Open
- Type in the following URL <https://slep.dmsbfda.army.mil>
- Click Okay
- Save this page as one of your favorites
- You should now be at the SLEP Main Page
- Click on <USER REGISTRATION> on the top Left on the page
- Read the General Counsel Directive
- Click Continue

- Scroll down the page and make sure that you see a <SUBMIT APPLICATION> button at the bottom of the page. If not, close your Internet Browser and begin again because the page did not completely load.

- If the <SUBMIT APPLICATION> button is at the bottom of the form, complete the form; ensure you indicate why you need access to the SLEP System (limited to 4 lines). Make sure you use your Activity's Mailing Address. This is where the labels will be sent.

- Once granted access to the system, go to <INVENTORY>, download and print the <INVENTORY HELP>. This will walk you through the program along with the Frequently Asked Questions (FAQs).

NOTE: Your Password and User ID will be sent to you in 1-2 working days after your Security Officer has responded back to the email requesting verification that you have a positive National Agency Check (NAC). See the SLEP FAQ on the LEFT side of the MAIN Menu before sending email questions to: *dmsbDOD-fdaslep@amedd.army.mil*.

(4) Activities must be registered to receive SLEP messages. Only SLEP Messages for FY04 and before are available on the USAMMA Web site. All SLEP Messages from 2005 forward are on the DOD/FDA SLEP Web Site.

e. The IMSA/MSA/MLC/TLAMM/APS are responsible for making distribution of messages to supported customers - except the DOD/FDA SLEP Messages, which are for internal use only.

f. The Army National Guard actions: Upon receipt, Chief, National Guard Bureau (NGB) will distribute copies of all MMQC messages to BMSO and ARNG training sites operating troop medical clinics. Additionally, the Chief, NGB, will immediately distribute all MMQC messages concerning Type I medical materiel complaints and the FDA Class I recalls to the State Safety Office and all medical elements in the State, including separate medical detachments and medical sections of maneuver battalions. ARNG units who store stockpiles of medical materiel, e.g., the Weapons of Mass Destruction Civil Support Teams (WMD-CST) will register and maintain their inventory in the DOD/FDA SLEP System as directed by the National Guard Bureau and *SB-8-75-S10* dated 20 October.

g. The USAR action: The MLCs and USARC medical units designated as a SSA within a command or area of operations are responsible for the distribution of all applicable DOD-MMQC messages to supported customers, minus the DOD/FDA SLEP Messages; they are for internal use only. USAR medical units, e.g., MLCs, ASMB and hospitals will register for the DOD/FDA SLEP program upon mobilization.

h. The on-line query search: The USAMMA has an on-line query capability for all QC messages, SLEP messages before FY05, and information bulletins. Search by Message MMQC/MMI Number, NSN, National Drug Code (NDC), Subject, or Lot Number by accessing the USAMMA homepage at <http://www.usamma.amedd.army.mil>.

i. The *SB 8-75 series*: The SBs are available through Army Knowledge Online (AKO) and provide other essential medical logistical information.

j. The *AR 702-18*, *DLAR 4155.37*, and *AFR 67-43*: These publications contain storage QC procedures and serviceability standards applicable at all levels of materiel management. Questions related to information contained in the publications may be directed to:

Commander, USAMMA
ATTN: MCMR-FPD, Contingency Planning
693 Neiman Street
Fort Detrick MD 21702-5001

The MEDSILS, FLIS, AMDF, FEDLOG, and, UDR: The MEDSILS, AMDF, or FEDLOG, UDR, and FLIS are the official sources of supply management data, i.e., Shelf Life Codes (SLCs), and AAC. They have precedence over conflicting data published in other Army publications as well as AR 702-18, DLAR 4155.37, and AFR 67-43, unless otherwise stated in DOD-MMQC messages. Issues with SLCs may be sent to DLA Troop Support through <https://dmmonline.dscp.dla.mil>, NSN Action Feedback Form or to the DOD/FDA SLEP Program at the following email address: DMSBDOD-FDASLEP@DETRICK.ARMY.MIL.

4-3. STORAGE PROCEDURES AND SHELF LIFE OF MEDICAL MATERIEL

- a. All activities that store medical materiel are responsible for the:
 - (1) Care, preservation, and surveillance of all medical materiel under their control.
 - (2) Establishment of storage policies for the materiel they store.

b. Store medical materiel in unit of issue and/or unit of measure. Establish stock control records for both unit of issue and unit of measure items. Determine the unit of measure price by dividing the unit price by the number of units of measure in the unit of issue.

$$\frac{\text{Unit Price}}{\text{\# of Units of Measure In the Unit of Issue}} = \text{Unit of Measure Price}$$

c. Storage conditions. Specialized procedures and equipment are required to prevent the deterioration of medical materiel in storage. Medical materiel is frequently sensitive to sunlight, temperature extremes, and moisture. Therefore,

(1) Controlled items requiring special storage and handling procedures to protect against theft will be stored per *AR 190-51* and chapter 3 of this *SB*.

(2) Temperature Sensitive Medical Products (TSMP) will be stored and handled as outlined in chapter 3 of this *SB*.

(3) Hazardous material, including acids, flammables, corrosives, gasses, and poisons will be stored per:

(a) *DLAI 4145.25/AR 700-68/NAVSUPINST 4440.128D/AFJMAN 23-227(I)/MCO10330.2D*

(b) *TM 38-410/DLAM 4145.11/Navy Supply Publication (NAVSUP PUB) 573/ AFR 69- 9/MCO 4450.12*

(c) *AR 200-1*

(d) Applicable Federal, state and local laws

(4) When placing medical materiel in storage, at a minimum, consider the following:

- (a) Temperature requirements
- (b) Compatibility of chemicals.
- (c) Ventilation.
- (d) Fire protection.
- (e) Spill prevention and response.
- (f) Containment.
- (g) Protection from the weather.

(5) Post an inventory list and all applicable SDS near the storage area within the activity.

(6) Suspended materiel will be physically separated from other stock and marked with the authority for suspension, e.g., DOD/FDA SLEP Message # xx, MMQC Message yy

d. Retention of QC records: The IMSA/MSA/MLCs/TLAMM will maintain QC records for all on hand expiration-dated materiel. These records will be maintained in the DMLSS/TEWLS QC module. Activities without the DMLSS/TEWLS QC module will use the DOD/FDA SLEP System for all QC records for stocked materiel and the DA Form 4996-R (Quality Control Card) for all other non-FSC 6505 materiel. Other medical supply operations (those without automated QC systems) will maintain QC records in accordance with command or command surgeon guidance. As a minimum, QC records will reflect the manufacturer, lot number, and current expiration date. Use 8-inch by 5-inch card stock to reproduce the DA Form 4996-R (see Figure 4-1, next page). Table 4-1 provides the preparation steps for DA Form 4996-R. Use QC records to:

- (1) Ensure rotation of stocks.
- (2) Prepare reports of items that cannot be used prior to expiration for extension, disposal, or destruction.
- (3) Budget for replacement of Expired stocks.

NSN		DESCRIPTION			INSP FREQ	DATE LAST INSP	DATE NEXT INSP
QUALITY CONTROL CARD							
<small>For use of this form, see AR 40-61; the proponent agency is OTSG</small>							
NO	MANUFACTURER	LOT NUMBER	EXP DATE	DATE MFG	SHELF LIFE	DATE RECD	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
NSN		DESCRIPTION			INSP FREQ	DATE LAST INSP	DATE NEXT INSP

DA FORM 4996-R, APR 1994 REPLACES DA FORM 4996-R, AUG 1981, WHICH IS OBSOLETE USAPA V1.00

Figure 4-1. Sample of DA Form 4996-R

Marking potency extensions: Medical items whose potency expiration date is being extended will be re-marked with the new expiration date. The DOD/FDA SLEP will provide labels for each item extended in the SLEP program. Any updated information for labeling requirements will be posted on the SLEP website. Before issue, the label with the new expiration date must be attached covering the current expiration date. The large labels are to be used on the carton/box/pallet, the smaller labels for the individual item. The quantities and lots of labels provided are based on the on-hand inventory reported in the SLEP system during the time of testing. You may not line out expiration dates. Additional direction on placement and use of the labels will be on the back of each label or as directed by USAMMA. See Table 4-1.

Table 4-1. Steps to Prepare DA Form 4996-R Type II and Estimated Storage Life (ESL) from FEDLOG or UDR

Step	Description
1	NSN: NSN/MCN/Universal Product Number (UPN)/NDC (pen entry)
2	Description: Name of item (pen entry)
3	Inspection frequency: How often does this item require inspection? [See AR 702-18 / DLAR 4155.3 7 / AFR 67-43, UDR, or Defense Logistics Information
4	Date last inspected: (pencil entry)
5	Date next inspection: (pencil entry)
6	Manufacturer: Name of manufacturer. There may be more than one.
7	Lot number: Lot number from package.
8	Expiration date: Expiration date on package, if applicable.
9	Date manufactured: Date manufactured on package, if applicable.
10	Shelf life: Type I (excluding pharmaceuticals/drugs),
11	Date received: (pencil entry)

Type II and Estimated Storage Life (ESL) from FEDLOG or UDR

4-4. DETERMINING SHELF LIFE FOR MEDICAL MATERIEL

a. The Shelf Life starts when an item is manufactured. The 21 CFR requires all Pharmaceutical items to have an expiration date [Potency and Dated (P&D)] affixed. The US Pharmacopeial (USP) founded in 1820, is a nongovernmental, nonprofit organization whose mission is to promote public health and is recognized by Federal law as the official body that sets standards for prescription drugs. The USP defines the expiration date as "the time during which the article may be expected to meet the requirements of the Pharmacopeial monograph provided it is kept under the prescribed conditions." The expiration date, which limits the time during which the article may be dispensed or used, is based on scientifically sound stability studies and is usually expressed in terms of the month and year, as stated on the manufacturer's container. The product may be used until the last day of the stated month and year, unless it has been extended by the FDA through empirical testing at its labs through the DOD/FDA SLEP program. Medical materiel storage periods are categorized as follows:

(1) Type I shelf life items: Type I items are supply items having a definite storage period terminated by an expiration date that was established by empirical and technical test data. Routinely, these supply items are considered non-extendable except when large quantities are being stored for contingency purposes. In these cases, the supply item may qualify (based on technical and economic considerations) as a candidate for the DOD/FDA SLEP. This program requires testing by the FDA. These items are identified by "01" in the fourth and fifth positions of the MCSC and by an **alpha** character in the SLC.

(2) Type II shelf life items: Type II items are supply items having a definite storage period terminated by an expiration date that may be extended after a prescribed inspection or restorative action. These are identified by "02" in the fourth and fifth positions of the MCSC and by a **numeric** entry in the SLC.

(3) Shelf life condition codes: Shelf life medical materiel is condition coded per AR 702-18 / DLAR 4155.37 / AFR 67-43 as follows:

- (a) Condition code A - 6 months remain on the shelf life
- (b) Condition code B - 3 to 6 months remain on the shelf life
- (c) Condition code C - less than 3 months remain on the shelf life

(4) Reclassified materiel: Medical materiel bearing expiration dates are reclassified from condition code A to B or C based upon the number of months remaining in the unexpired dating period. This is automatically done to the items in the DOD/FDA SLEP system. The CONUS and OCONUS activities may receive condition code A stocks for shelf life materiel issued from DLA Troop Support. Condition code B stocks are only issued to CONUS activities, with prior approval OCONUS activities may agree to accept Condition Code B stocks. Activities will use, the **SHIPMENT DISCREPANCIES** guidelines (see chapter 3, paragraph 3-46, of this SB) to report any P&D materiel, which OCONUS activities receive with a shelf life condition coded B or C or CONUS activities receive with a shelf life condition coded C.

b. The FDA, under the DOD/FDA SLEP is the approving authority for medical extensions on Type I shelf life items.

c. The Shelf Life of a medical item is only for the period of time it is in storage. Once removed from storage, Service life begins. The Service life for a medical item is the period of time it may be used after it is removed from storage and or issued. It is determined by:

- (1) How was it stored?
- (2) Current expiration date
- (3) The number of hours, days, months it may be used after it is mixed or removed from refrigeration or the freezer, e.g., Pyridostigmine Bromide Tablets may only be out of the refrigerator for a total of 90 days to be eligible for issue to an individual.
- (4) A maximum of one (1) year from the day issued, per the US Pharmacopeial

4-5. MANAGEMENT OF SHELF LIFE ITEMS

a. Medical logistics activities managing Army Pre-positioned Stocks, MCDM, Unit Deployment Packages (UDP), Installation CBRN, and any other stockpile of Army medical materiel will:

- (1) Register for and participate in the DOD/FDA SLEP Program
- (2) Issue the earliest dated materiel first
- (3) Enter on-hand, stockpiled inventory in the DMLSS/TEWLS QC module or in the SLEP system as soon as the items are received and update the inventory on a quarterly basis
- (4) Store all materiel in a controlled environment under conditions recommended by the manufacturer. Those stocks that were stocked outside of the manufacturer's recommended storage parameters will be reported to USAMMA, ATTN: MCMR-MMO-P.
- (5) Maintain an automated or manual log of the daily temperature and humidity in the storage facility. This information may be reported in the DOD/FDA SLEP System on a monthly basis. Normal temperature for pharmaceuticals as defined by the US Pharmacopeial as Controlled Room Temperature is 68-77 degrees Fahrenheit at 60% relative humidity and allows for a variation of between 59-86 degrees Fahrenheit which may be experienced in pharmacies, hospitals and warehouse.
- (6) Send all samples requested by the FDA for testing within 14 days of the request. Instructions on how to ship and where to ship are on the DOD/FDA SLEP site, SLEP message 2005-57.re-label.
- (7) Comply with all directions in the DOD/FDA SLEP message, e.g., suspend, destroy,
- (8) Re-Label all products in accordance with the SLEP message. As a minimum, re-label the exterior package/pallet/box. The individual items do not need to be labeled until issued. (9) See *SB-8-75- S7* for additional directions on management of MCDM, APS, UDP and the DOD/FDA SLEP Program.

b. Biologicals. The FDA will not accept shelf life extension requests for FSC 6505 items classified as "biologicals", e.g., vaccines or lab reagents. The USAMMA will provide guidance through MMQC messages on reporting and disposal of biological items.

c. Criteria for field initiated extension requests. Items reported for potential extension will meet the following criteria:

- (1) Stocks on hand will reach their expiration dates or assigned shelf life prior to use.
- (2) Generally, the quantity projected to be on hand at the time of shelf-life expiration must have acquisition costs of \$10,000 or more per lot. USAMMA will authorize by message the destruction of lines with acquisition costs of less than \$10,000 per lot once the stocks reach the assigned expiration dates, unless extensions have been given.
- (3) Testing of P&D items for possible shelf-life extension will be confined to medical unique (MU) items and medical pharmaceutical items in limited production and/or indefinite manufacture backorder and could have potentially adverse impacts on medical readiness.

4-6. SURVEILLANCE OF MATERIEL

- a. All activities stocking medical materiel will establish a surveillance program to:
 - provide for the scheduled inspection of medical materiel
 - provide for rotation of mobilization reserve stocks with operating stocks
 - provide for timely action to preclude undue loss through deterioration or destruction
- b. The basic publications and systems used for surveillance programs are:
 - MEDSILS, FLIS, AMDF, FEDLOG and UDR
 - *AR 702-18/DLAR 4155.37/AFR 60-10*, Appendix M
 - *DA SB 8-75* series

- Military Item Disposition Instructions (MIDI)
- Universal Data Repository (UDR)
- Defense Logistics Information System (DLIS)
- Military Environmental Information Source (MEIS)
- DOD-MMQC messages
- DOD/FDA SLEP messages

c. AR 702-18 / DLAR 4155.3 / AFR 60-10 / and DLAM 4155.5, Appendix M, contains procedures and standards for visual inspections of medical materiel. The standards identify the physical properties (discoloration, precipitation, odor change, and so forth) indicating product deterioration rendering the item unsuitable for issue and use. The Appendix M is available on the USAMMA web site at <http://www.usamma.amedd.army.mil>.

4-7. INSPECTION OF LOCALLY PURCHASED MATERIEL

a. Personnel assigned to the receiving section of the IMSA/MSA/MLC/TLAMM/APS will inspect all materiel before acceptance. When materiel is delivered direct to the activity/requester, individuals receiving materiel are required to conduct an inspection prior to acceptance. Applicable MMQC, MMI and SLEP messages should be used for this surveillance. Furthermore, IMSA/MSA/MLC/TLAMM/APS will report any problems discovered relative to usage as medical materiel complaints. This requires a visual inspection of materiel to ensure that the product appears in good condition. For specialized materiel requiring inspection expertise beyond the capabilities of the IMSA/MSA/MLC/TLAMM/APS, the requester or other appropriate specialist should assist in the inspection. The supporting medical maintenance activity will perform technical inspections of all medical equipment as appropriate. Receiving reports will be processed in a timely manner. Report problems with materiel identified after processing the receiving report to the supporting contracting officer for appropriate resolution. The USAMMA can provide assistance in specialized or technical inspections.

b. The IMSA/MSA/MLC/TLAMM/APS or credit card holder will respond within the scope of their authority using local credit card procedures to resolve the issues. Contact the issuing contracting office for further resolution as required.

c. The receiving activity/requester must forward a copy of the SDS when direct delivery occurs to the IMSA/MSA/MLC/TLAMM/APS and comply with the activity's hazard communication program.

4-8. RECALL OF NONSTANDARD DRUGS AND DEVICES

a. A nonstandard drug is defined as any item that does not have a DMMPO-approved NSN. Nonstandard drugs and devices announced by the FDA as being recalled by manufacturers/distributors will be published in DOD-MMQC messages.

b. Activities having quantities of these items on-hand will suspend the materiel from issue and use.

c. The CONUS activities will contact the respective manufacturer or distributor for disposition instructions.

d. The OCONUS activities will comply with DOD-MMQC messages. If further disposition instructions are required, report NSN and quantities suspended to:

Commander, USAMMA ATTN: MCMR-FSD
693 Neiman Street
Fort Detrick MD 21702-5001

Reports must include the following items:

- MMQC message reference

- Nomenclature
- Lot or batch number
- Quantity
- Requisition number under which the materiel was obtained
- Purchase order or contract number
- Location of the materiel

e. The USAMMA will coordinate with DLA Troop Support or the manufacturer for disposition instructions and will advise the reporting activities.

f. The OCONUS activities may contact the responsible manufacturer or distributor for items procured directly from an overseas acquisition source other than DLA Troop Support.

4-9. DISPOSAL AND DESTRUCTION OF SHELF LIFE ITEMS

The preferred method of destruction is using contracted services for disposal of unserviceable medical materiel. In the event that the item(s) cannot be disposed of using contracted services, then local destruction of unserviceable medical materiel is authorized. Local destruction is restricted to those items approved by the Environmental Science Officer (ESO) of the Preventive Medicine (PMed) Service consultants or ESO from the RHC/MSC.

a. The IMSA/MSA/MLC/TLAMM/APS will accept items for destruction from any activity not capable of accomplishing destruction actions. This acceptance constitutes informal accountability and storage by the IMSA/MSA/MLC/TLAMM pending review by the ESO destruction officer. The IMSA/MSA/MLC/TLAMM/APS will sign the DA Form 3161 (Request for Issue or Turn-In) from the activity to show acceptance and storage of the items pending environmental review and destruction.

b. The activity submitting medical materiel for destruction will complete a DA Form 3161 clearly marked "FOR DESTRUCTION PURPOSE ONLY" (see Table 4-2). Document numbers for the DA Form 3161 will be assigned by the requesting activity. The IMSA/MSA/MLC/TLAMM/APS will assign a voucher number to the document (considered a debit/credit voucher and not posted to the accountable records) for internal control and filing.

c. Medical materiel authorized for destruction will be processed as follows:

(1) The fixed facility HCA or deployable unit commander will appoint a disinterested officer (E7/GS 07 or above) to be responsible for all destruction at the IMSA/MSA/MLC/TLAMM/APS or deployable unit and for controlled substances at the user level.

(2) The ESO/destruction officer will certify as to the accuracy of all facts entered on destruction documents. Units not authorized TEWLS /DMLSS may use DA Form 3161 as their destruction document (see Table 4-2). Activities using TEWLS/ DMLSS will use the system generated destruction document. The statement shown in Figure 4-2, signed by two witnesses, will be placed on the destruction document below the signed certificate of the ESO/destruction officer.

d. The MIDI/MEIS provides guidance for the destruction of materiel. If a method of destruction code is required but not assigned, contact:

Commander, US Army Center for Health Promotion and
Preventive Medicine
ATTN: MCHB-TS-EHM
5158 Blackhawk Rd.
Aberdeen Proving Ground MD 21010-5403

Items included are as follows:

(1) Unidentifiable items or items which, when intended to be disposed of, are hazardous wastes according to criteria developed under the authority of Public Law 94-580 and

its implementing Federal and state regulations, such as *Title 40, Parts 260-270, (40 CFR 260-270)*.

(2) Partially used excess items. These items tend to deteriorate faster after the opening of a container. The packing list or attached covering label may not actually describe the contents of the container.

(3) Items cited for destruction by the MMQC or MMI messages.

(4) Items cited for destruction by the DOD/FDA SLEP messages and the DA SB 8-75 series.

e. Destruction and documentation of destruction will comply with the following:

(1) When a contractor disposes of hazardous waste, contracts will contain a statement requiring the contractor to furnish a certificate of destruction with the invoices for payment. Follow-up will be made on the status of destruction when invoices are received without a certificate of destruction.

(2) A witnessing statement on the DA Form 3161 is not required when a contractor accomplishes destruction of hazardous waste.

(3) Local controls will be established to ensure that the contractor is given an itemized listing indicating the product identification number, nomenclature, unit of issue, quantity, and shipping weight of all items to be picked up for destruction. This listing will be filed with the required DA Form 3161.

(4) The completed DA Form 3161 will be used as a voucher for dropping the materiel from accountability. It will cite the reason for destruction, method of destruction (disposal code) (MIDI), and the location of destruction.

(5) When instructed by the USAMMA or DLA Troop Support, the medical activity will submit certificates of destruction. Where credits are involved, the local finance and accounting division must also submit MILSTRIP DIC FAE (request for billing adjustment) transaction. This transaction generates interfund credits from the DLA Troop Support while the certificate is used by the DLA Troop Support to support claims for reimbursement against contractors. (See *AR 725-50*).

(6) The Chief of Preventive Medicine Service [or designated representative(s)] will review destruction documents from HCA customers and certify that the destruction codes assigned to the items are correct. The installation environmental coordinator will review destruction documents from deployable units that have the capability of performing their own destruction actions. The destruction codes will be checked using the publications stated above. The following statement will be cited on all destruction documents and will be signed by the ESO or installation environmental coordinator:

"I certify that the destruction codes assigned to the above items are acceptable, environmentally sound, destruction/disposal methods for this materiel, and comply with Federal, state, and local laws."

(7) Materiel in less-than-unit-of-issue quantity will be informally accounted for pending destruction. Keep a copy of the turn-in document with the materiel until destruction. Upon destruction, file the copy with the destruction certificate.

(8) Note R and Q drugs less-than-unit-of-issue quantities will not be turned in to IMSA/MSA/MLC/TLAMM/APS. They will be returned to the supporting pharmacy for destruction.

TABLE 4-2. STEPS TO PREPARING DA FORM 3161 AS A DESTRUCTION DOCUMENT	
Step	Description
1	Sheet Number: Self-explanatory.
2	Number of Sheets: Self-explanatory.
3	Voucher Number: Self-explanatory.
4	Send to: Destruction.
5	Request from: Activity/unit desiring destruction.
6	Item Number: Self-explanatory.
7	Stock Number: Enter NSN, MIIN (Medical Item Identification Number), NDC, UPN, or MCN.
8	Item Description: Brief nomenclature, manufacturer, lot number, expiration date/manufacture date, and reason for destruction, e.g., expired, MMQC message, manufacturer's recall, broken, non-returnable excess.
9	Unit of Issue: Self-explanatory. (Continued on next page)
10	Quantity: Enter quantity to be destroyed.
11	Code: Destruction Code from the MIDI, US Army Center for Health Promotion and Preventive Medicine, or activity ES/PMed officer. If the code is obtained from other than the MIDI, state from whom and when.
12	Supply Action: The quantity actually destroyed. Entered by Destruction
13	Unit Price: Self-explanatory.
14	Total Cost: Self-explanatory.
15	Sheet Total: The sum of all lines on the sheet.
16	Grand Total: The sum of all sheet totals for the same voucher number.
17	The document will be closed with either "LAST ITEM" or "NOTHING"
18	The destruction officer's certificate will begin on the next available line or on a continuation sheet. The certificate will be signed and dated. The destruction officer's name and grade will be typed. The certification statement should state specifically how each line was destroyed following the codes assigned and definitions provided in the SB 8-75 series. NOTE: If the items are turned over to a contractor for destruction, the name of the contractor will be shown, the destruction certificate will be changed to reflect this action and the representative will sign for receiving the items in the presence of the two witnesses.
19	If the materiel is buried in an on-post landfill, the grid coordinates of the site will be shown. If using an off-post landfill, include specific address (street, city, state) and grid coordinates. If the materiel is incinerated, include the on-post building number or specific off-post address.
20	The witnesses' statement (see the sample in figure 4 below) will start on the next available line. The statement will be signed and dated by both witnesses. Be sure typed names and grades are included.
21	The certification of the ESO/destruction officer will begin on the next available line. When an ESO is not assigned, the appointed Destruction Officer will sign the certification. This certification is required for Federal, state, and local environmental standards.

TABLE 4-2. STEPS TO PREPARING DA FORM 3161 AS A DESTRUCTION DOCUMENT	
Step	Description
(Continued)	
22	Add a statement on the destruction document that credit was sought but not granted if the destruction includes nonstandard drugs or biologicals with a line acquisition value of \$100 or more and replacement or credit was not obtained.

An example of the Destruction Statement Format is shown in Figure 4-2, below.

<p>I have witnessed the destruction of the materiel described which was (were) destroyed on the date _____ and in the manner stated. (Signature) _____</p> <p>_____ (Witness 1) (Typed name, Witness 1) (Signature)</p> <p>_____ (Witness 2) (Typed name, Witness 2) (Signature)</p>
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Figure 4-2. Destruction Statement Format

4-10. QUALITY ASSURANCE FOR MEDICAL GASES

- a. Bulk (liquid) gases may be oxygen or ethylene oxide. The Quality Assurance (QA) procedures for bulk (liquid) gases are:
 - (1) The HCA Commander will designate in writing, those individuals who received training in the use of the gas analyzer as being responsible for monitoring bulk gas deliveries. These individuals will:
 - (a) Document name of individual responsible for receipt of bulk gas and date and time of delivery
 - (b) Document the results of gas analysis before acceptance
 - (c) Document amount received
 - (d) Document corrective actions if gas fails to meet U.S Pharmacopeial standards (less than 99.0% by volume for oxygen)
 - (e) Maintain (or cause certification/documentation) of accuracy of the gas analyzing equipment
 - (2) The HCA Commander will ensure that the bulk gas storage container has an outlet that allows for gas analysis. Specific storage procedures for bulk gases are found in AR 700-68 and NFPA codes.
 - (3) Records of receipt and gas analysis must be maintained for two years per AR25-400-2.
 - (4) The HCA Commander will establish a written plan to handle bulk gas emergencies (medical gas alarms or equipment failures). This plan must identify clinical areas requiring alternate gas supply until the central supply is functioning properly.
 - (5) Equipment using bulk gases must be tested for proper functioning before patient's use. Follow manufacturer guidelines to complete this testing.
 - (6) The HCA Commander must ensure that all personnel handling bulk gases are properly trained. Initial training must be conducted, and refresher training every three years. Training must be documented and documentation retained for duration of employment.
- b. The HCA Commander must ensure that all personnel handling medical gases in cylinders are properly trained on transporting, handling, storing and the hazardous of working

with medical gases. Initial training must be conducted, and refresher training every three years. Training must be documented and documentation retained for duration of employment.

c. Medical gases maintained in cylinders require the following QA procedures; upon receipt, the cylinders containing oxygen must have DD Form 1191 (Warning Tag for Medical Oxygen Equipment) attached (*TB MED 245*). The oxygen purity percentile, name of individual testing the oxygen purity and date of the test will be written on the DD Form 1191.

- Oxygen cylinders must be tested for purity upon receipt and documented on DD Form 1191.
- Document corrective actions if gas fails to meet U.S Pharmacopeial standards (less than 99.0%). designed.
- Oxygen Cylinders must have empty, full, in-use tags attached to cylinder.
- Cylinders containing any gas must have the cylinder valve cap in place when so; cylinders must be inspected upon receipt for proper color-coding, bulges, or damage (*MIL-STD-101*).
- Cylinders must be stored per *NFPA* codes and *AR 700-68*.
- Cylinders cannot be refilled and shipped beyond retest date(s). Using gas from a cylinder that is past due for retest is permitted. No time limit is imposed.
- Safe handling practices of cylinders (*TB MED 245*) must be followed.
- Disposal and turn-in procedures are contained in *AR 700-68, Sect. 7 & 8*.
- Physical Security must be conducted on medical gas storage locations IAW *MEDCOM Reg. 190-1*.
- Medical Gas storage areas must be added on the Mission Essential/Vulnerable Areas (MEVA) listed IAW *MEDCOM Reg. 190-1*.

4-11. SUBMITTING PRODUCT QUALITY DEFICIENCY REPORT FOR MEDICAL AND DENTAL

a. Product Quality Deficiency Report. This report is the customer's way of letting the agencies responsible for medical and dental products know there is a quality deficiency in a certain product.

b. Use the following instructions to submit a new report located at <https://www.medical.dla.mil/Portal/Customer/ProductQualityDeficiency.aspx>:

- (1) Complete the Product Quality Deficiency Report, SF 368 (link provided in the above URL).
- (2) Save as an Adobe file to your computer.
- (3) Open the email link and attach the completed SF 368 in order to submit to DLA. This email link also notifies USAMMA. Add additional address for the local contracting activity and MMESO office.

c. Reports should be submitted to report materiel or equipment determined to be harmful and/or defective that may result in death, injury, or illness. They are categorized into two types:

- (1) Category 1 complaints are materiel that has been determined by use or testing to be harmful or defective to the extent that its use may cause death, injury, or serious illness. Category 1 can only be submitted with the approval of the authorizing medical officer.
- (2) Category 2 complaints are drugs, devices, supplies, or equipment that is suspected of being harmful, defective, deteriorated, or unsatisfactory because of malfunction or design, which are attributable to faulty materiel, workmanship and/or quality inspection, or performance or are otherwise unsuitable for use.

d. Examples of discrepancies include:

- (1) Wrong or deficient labeling
- (2) Foreign or particulate matter in liquids and solids
- (3) Imperfectly manufactured items which are off-color, off-taste, and off-odor
- (4) Suspected sub-potency or super-potency

- (5) Defective devices
- (6) Pinholes in tubing
- (7) Faulty calibrations
- (8) Systemic equipment failures
- (9) Poor quality products

e. The 21 CFR prescribes reporting certain materiel/equipment conditions to the FDA under the Safe Medical Devices Act (SMDA). Logistics personnel will coordinate and provide a copy of the Product Quality Deficiency Report to the Risk Manager as part of the Risk Management Program. PQDRs do not take the place of required safety reports, patient safety reports or risk management reports. The Risk Manager should be contacted for both Category 1 and Category 2 reports to ensure that all local required reporting requirements are met. The Risk Manager is required under Joint Commission (JC) guidelines to review the SMDA information on the Product Quality Deficiency Report and assess the potential risk. Additional reports may be required under AR 385-40.

(1) Medical materiel complaints submitted on a Product Quality Deficiency Report are exempted from information requirements control under *AR 335-15*.

CHAPTER 5. MEDICAL EQUIPMENT MANAGEMENT

5-1. PROPERTY ACCOUNTABILITY AND MANAGEMENT

a. IAW DA EXORD 259-10 ANNEX A, COL and LTC-level commanders will sign a statement acknowledging responsibility for all property under their command within seven days of assuming command.

b. The USAMEDCOM requires activities to maintain formal property book accounting records only for equipment costing \$5,000 or more with the exception of equipment that falls into one of the below criteria. These item types require formal property book accountability regardless of cost:

- (1) Rented, leased, or loaned property.
- (2) Maintenance significant equipment including Test, Measurement and Diagnostic Equipment (TMDE).
- (3) Army-managed items with Reportable Item Control Codes of 2, A, B, C, D, E, F, G, H, and J.
- (4) Army-managed items with CIIC 1-9, N, Q, R, and Y (night-vision goggles) (these items are categorized as sensitive and inventoried quarterly). See *AR 710-3*, Table F-1 and *DA Pam 708-2*, Table 3-9.
- (5) Library Media costing over \$100.00 IAW *AR 735-17*, Chapter 1, para 1-1 which prescribes policies and procedures for accounting for DA medical library materials, regardless of the source of funds or the method of acquisition such as donations, grants, and transfers. See Chapter 3-23c of this publication *AR 710-2*, Chapter 2, para 2-5 (13) and SB 8-75-S9 for further guidance.
- (6) Property determined to be highly pilferable to include property potentially convertible for private use, (cell phones, or Blackberry devices) or has a high potential for theft. Regardless of unit cost, this property will be controlled and maintained as accountable property on accountable records at the discretion of the Property Book Officer (PBO) as directed by *AR 40-61* and *AR 735-5* para (7-4h). Included in this category, but not limited to, are the following items:
 - (a) Photocopy and facsimile machines
 - (b) Televisions and projectors
 - (c) Firearms
 - (d) Cameras
 - (e) Automated information management systems
 - (f) Handheld communication devices
 - (g) Global Positioning Systems (GPS)
- (7) Property authorized by TDA.
- (8) Property authorized by CTA 50-900
- (9) Property authorized by CTA 50-909
- (10) Research, development, test and evaluation property authorized by *AR 70-6*.
- (11) On-hand commercial items similar to items coded non-expendable in FEDLOG.
- (12) Homeland Defense and Specialized MEDCOM Response Capabilities (SMRC) equipment. For purposes of accountability, Homeland Defense equipment is defined as all Hazardous Materiel (HAZMAT), Medical, Chemical Defense Material (MCDM), and specialized equipment designed to support MCDM, incident response. This includes personal protective equipment, decontamination equipment and any other locally procured defensive or response equipment.

c. Leased, loaned, rented, cost per test, and no cost equipment: The PBO will establish property accountability for this equipment within three working days after receipt, regardless of the length of the lease, loan, rented, cost per test, or no cost contract or agreement.

Note: Equipment that is leased, loaned, rented, cost per test, and no cost for less than three days will be temporarily accounted for by the PBO using a *DA 3161* for a period not exceeding 30 calendar days. Once equipment is accounted for and a technical inspection is completed, the equipment can be issued to the end user as detailed by the leased/loaned agreement. Identify this equipment with the appropriate ownership code in accordance with system (DMLSS) procedure which includes the following:

- Leased – Operating Leased
- Rented – Operating Leased
- Cost Per Test – Non-Government Owned
- No Cost – Non-Government Owned
- Loaned – Non-Government Owned

(1) The PBO will maintain a leased equipment file for each contract *IAW AR 710-2*. The PBO will establish similar folders for rented, loaned, cost per test, and no cost equipment. For medical equipment, include a copy of the maintenance acceptance inspection work order in addition to the documents required by *AR 710-2* and *AR 71-32*. Return of leased items after the expiration of the lease term will be accomplished through normal methods to transfer equipment. Lateral transfer to a Non-DOD organization will allow the printout of DA Form 1149 (when asked to provide a DoDAAC type in "NON" and another window will open to allow for Non-DOD organization information to be entered.)

(2) In accordance with *DFARS*, subpart 207.4, paragraph 207.401, if the equipment will be leased for more than 60 days, the requiring activity must prepare and provide the contracting office with the justification supporting the decision to lease or purchase.

d. Authorization of Property: Property authorizations serve as the authority (but not funding source) to requisition and retain equipment to perform directed missions. Commanders will ensure all property acquired from whatever source, to include excess, will have the proper authorization and justification documents developed and in place prior to obtaining the property.

e. Authorization Documents: The authorization document is the basis and authority for submitting requisitions for authorized equipment listed in the document. The property book will reflect this authorization. Non-expendable personal property acquired for use within USAMEDCOM will use the following authorization documents:

(1) A Table of Distribution and Allowances (TDA) is a document that prescribes the organizational structure, personnel, equipment authorizations, and requirements of a command. Procedures for modifying a TDA are contained in Appendices C and D (MEDCOM Guide to TDA Changes/Equipment Authorization, and Annex A & B). *IAW Force Development and Documentation (AR 71-32, 7-28.a, 1 July 2013)* fixed AMEDD activities and MEPS commanders will establish and revise commercial equipment requirements based on assigned mission according to major medical command or command surgeon policies. Accordingly, this material is exempt from type classification (*AR 700-142*), from assignment of a line item number (LIN), and from listing in section III of the TDA. Medical equipment management criteria for fixed AMEDD activities and MEPS are prescribed in *AR 40-61*. A TDA consists of the following three sections:

(a) Section I: 'General' describes summary of manpower/equipment, the mission, organization, capabilities, and other general information pertinent to the unit.

(b) Section II: 'Personnel Allowances' reflects the types and quantities of civilian and military expertise at paragraph and line level of detail. It includes position titles, MOS, grade/rank, identity code, branch code requirements authorizations, and remarks codes.

(c) Section III: Equipment Allowances documents at the LIN level detail, the controlled and non-controlled Army-adopted items of equipment having a standard LIN in SB700-20, except for Common Table of Allowance (CTA) items listed in Chapter 8. LIN, generic nomenclature, and the required and authorized quantities identify equipment allowances.

(2) The CTA is an authorization document for items costing less than \$100,000 required for Army-wide use. The CTA purpose is to authorize widely used items of relatively low-

dollar value in one document rather than documenting the items separately in each TDA. Items authorized by a CTA will not be further documented in the TDA. CTA items can be authorized for various purposes and are addressed in:

- (a) CTA 8-100, Army Medical Department Expendable/Durable Items
- (b) CTA 50-900, Clothing and Individual Equipment
- (c) CTA 50-909, Field and Garrison Furnishing and Equipment
- (d) CTA 50-970, Expendable/Durable Items (except Medical, Class V, Repair

Parts and Heraldic Items)

(3) Non-expendable property authorized in CTAs 50-900 and 50-909 will be accounted for on property books as prescribed in *AR 710-2*, paragraph 2-5. Include the appropriate LIN from the cited CTA in the authorization information.

(4) Printed or hard copies of these CTAs are no longer available through publications channels. Electronic versions of these publications are located on the US Army Force Management Support Agency (USAFMSA) web site at:

<https://fmsweb.army.mil/unprotected/splash>.

(5) As a general rule ARs are not equipment authorization documents; however, the regulations listed below are exceptions. Listed with each regulation and directive is a brief description of the equipment the regulation authorizes. The regulations and directives listed below can be used as authorization on the property book:

- (a) *AR 1-100*, The Army Gift Program, 27 Jul 15. Donated, conditional or unconditional gifts of tangible personal property.
- (b) *AR 25-1*, Army Information Technology, 25 June 2013. Non-investment systems or equipment for authorized visual information activities.
- (c) *AR 40-61*, Medical Logistics, Policies, and Procedures, 28 Jan 2005. Medical equipment and supplies not listed in Chapters 2, 4, or 6 of SB 700-20. Medical equipment assigned a LIN and listed in the above document must have TDA authorization.
- (d) *AR 70-6*, Management of the Research, Development, Test, and Evaluation Army Appropriation, 16 Jun 86. Research, Development, Test, and Evaluation (RDTE) property.
- (e) *AR 600-8-22*, Military Awards, 24 June 2013. Trophies and similar devices (See Chapter 11).
- (f) *AR 608-4*, Control and Registration of War Trophies and War Trophy Firearms, 28 Aug 69. War trophies and war trophy firearms.
- (g) *AR 725-1*, Special Authorization and Procedures for Issues, Sales and Loans, 17 Oct 03. General officer pistol and flag.
- (h) *AR 840-10*, Flags, Guidons, Streamers, Tabards and Automotive and Aircraft Plates, 1 Nov 98. Flags, guidons, plates, and tabards.
- (i) *AR 870-20*, Museums, Historical Artifacts, and Art, 11 January 99. Historically significant items such as weapons, military equipment, flags, or articles of uniform or personal equipment.
- (j) *AR 71-32* 1 July 2013, Local Commander Authorized Approval. This is an authorization for personal property item that is not covered under above sources, not qualified for inclusion on the TDA, and is required by the command.
- (k) *AR 735-17* 28 April 2015, Property Accountability, Accounting for Library Materials.
- (l) *AR 710-2* 28 March 2008, Supply Policy Below the National Level, Chapter 2 Section II, Accounting for and Controlling Property.

5-2. EQUIPMENT RECEIPT PROCESSING

a. All accountable property procurement actions will be processed through the organization's PBO; this establishes proper control and accountability. Customers with Government Purchase Card (GPC) cards are required to receive authorization to purchase property book items only with the approval of the PBO. In many instances, the procurement action can be accomplished through the organization's Capital Equipment Requirements Program (CERP) process and will use DMLSS as the accounting system to be in compliance with the

OPORD 14-88, GPC Visibility in DMLSS. **Note:** Effective immediately, IAW MEDCOM OPORD 14-88, GPC procurements of medical devices/systems/materiel made with Defense Health Program (DHP) funding by MEDCOM, RHCs, MSCs or MTFs will be placed in DMLSS by line item detail for accountability purposes.

b. When accountable property is received, the PBO will:

(1) **Verify all elements of the DMLSS/LogiCole Equipment Record are accurately entered, to include the ACN, the Life Expectancy, and if IP Connectable, the Network Tab data elements.**

(2) File the receipt document in the supporting document file to support the increase to the property accounting records. For investment or capital equipment, a copy of the DD250, the contract and the completed "New Equipment Onboarding" checklist found at: <https://mitc.amedd.army.mil/sites/G4/G4TAP/MEDCASESuperCEEP%20Requirements%20Tracking%20Database/Forms/AllItems.aspx> , Phase VIII (New Equipment Onboarding) must be provided to USAMMA-ICS via usarmy.detrick.medcom-usamma.mbx.medcase-mgr@mail.mil.

(3) Ensure a Technical Inspection (TI) work order is generated for all medical devices/systems. Personnel will perform a TI of the equipment to ensure the delivered equipment is in compliance with the specifications of the contract, and is operational and safe for patient use. Attention to detail should be given to this process as some equipment may require vendor installation and any package opened may void the contract. A complete TI, if possible, will be performed within three workdays of receipt of the work order by Clinical Engineering. Upon release of the equipment by Clinical Engineering, arrange for delivery to the using activity and obtain the hand receipt holder/ custodian's signature on the hand receipt transaction register/custodial actions list or DA Form 3161 if equipment is issued before the hand receipt transaction register/custodial actions list is produced. Equipment requiring an extended storage period before installation or acceptance will remain the custodial responsibility of the PBO until installation and acceptance are completed.

(4) File the signed copy of the hand receipt transaction register/custodial actions list or DA Form 3161 in the applicable hand receipt/property custodian file. Destroy this copy when the item appears correctly on the hand receipt/custodian-receipt/locator list and the hand receipt-holder/custodian has signed it.

c. No equipment will be delivered directly to the end user. However, should delivery occur, the end user/hand receipt holder/custodian is required to notify the PBO immediately. Local instructions will be published to inform customers of this requirement. The PBO will coordinate the proper receipt and inspection with the appropriate supply support activity and Clinical Engineering, if applicable.

d. Receipts for accountable property must be posted to the property records within three working days of receipt of the item. The three working days begin when Property Management personnel physically receive the item as signified by the date the receiving document is signed. No delay in the receiving process is authorized for TI of the equipment either by the vendor or Clinical Engineering. **Note:** See chapter 6-14 for establishing medical equipment maintenance records.

e. Concern for voiding a manufacturer's warranty as a result of opening packages to obtain receipt data is not reason for delay in posting items to the property book. While it is important not to unpack equipment prior to the arrival of a vendor who is contractually bound to assemble or install the equipment, this does not prevent recording the receipt of the equipment. Information from the receipt document or packing list accompanying the equipment should be used to process an initial receipt. When the vendor installs the equipment, the initial receipt can then be adjusted with the actual data required to properly account for the item on the property book. In this way, both accountability and responsibility for the equipment are established without invalidating the warranty. The longer equipment remains unaccounted for at an activity, the higher the probability for theft, diversion, or misappropriation.

5-3. DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT (DMLSS) PROPERTY RECORD ADMINISTRATIVE ADJUSTMENT REPORTS

a. Property Record Administrative Adjustment (PRA) reports are automatically generated by DMLSS when transactions are processed to change the serial or stock number of an item. The report documents minor changes used to adjust or correct property record deficiencies. The PRA report will not be used as a substitute for financial liability investigations of property loss or other adjustment documents when the possibility of physical substitution or actual loss of property exists.

b. The PRA reports produced by DMLSS will contain a document number with a Julian date equal to the current date and DMLSS assigned serial number. The DMLSS-assigned document number will be used to record and file the automated PRA report.

c. The PBO and the Chief of Logistics will sign the last page of the PRA report indicating a review and concurrence of actions taken. The report contains only minor property adjustments; therefore, there is no need for command review or approval. Once signed, the PRA report is filed in the supporting document files. All documents supporting entries to the accounting data record in the property book will be filed in the supporting document file and retained for a period of six years. Contract files are considered supporting document files. All source documents supporting the initial purchase of capital equipment (\$250,000 and above in unit cost) entered on the property book must be maintained on file on a permanent basis. The documentation will be transferred with the capital equipment upon lateral transfer, turn-in to the national level or to the DLA Disposition Services (DLA-DS). A memorandum will be prepared to substitute for a missing supporting document. The statement will include all information recorded in the document register for the lost document. The PBO must sign the statement. **Note:** IAW SECDEF memorandum SUBJECT: Increase to Capitalization Thresholds for General Property dated 20 Sep 2013. Asset acquisitions and modifications/improvements placed into service prior to 1 October 2013 (CFO files \$100,000 and above), will be maintained as detailed in paragraph 5-3c. Asset acquisitions and modifications/improvements placed into service on or after 1 October 2013 (CFO files \$250,000 and above) will be maintained in the supporting document file.

5-4. HAND RECEIPT HOLDER/CUSTODIAN PROCEDURES

a. Acceptance of and relief from custodial responsibility for accountable property will be accomplished as follows:

(1) When hand receipt/custodial responsibility is to be assumed, the PBO will provide the hand receipt holder/custodian with a hand receipt/custodian-receipt/locator listing (initiated from the originating office) showing all property charged and due in to the hand receipt/custodian account. Upon signing and dating the listing, the hand receipt holder custodian assumes responsibility for all in-use items in the quantities indicated and verifies the requirement for all due-ins on the listing. The hand receipt holder custodian will return the original signed listing to the PBO and retain a signed copy as a record of equipment authorized and on hand or due in. As items are issued to or turned in from the account, the hand receipt holder/custodian will keep a signed hand receipt transaction register/custodian action list or DA Form 3161 showing the action taken, until the item is correctly listed on the applicable hand receipt/custodian-receipt/locator listing at which time it may be destroyed. In accordance with *AR 710*, Para. 2-10 (h) 5, all hand receipt change documents must be updated and signed at least every six months. The six month period is based on the date of the oldest change document. **Note:** IAW *AR 710-2* and *DA PAM 710-2-1*, DA Form 1687, Receipt for Supplies Delegation Authority form requires both hand written and digital signatures from the annotated authorized representatives to ensure total identification for personnel and units taking rights to Army equipment. This measure is a requirement until rescinded by DA G4.

(2) The hand receipt holder/custodian will ensure, by spot check and periodic inventory, that all property in the account is properly charged to the account, is physically on hand, or that appropriate action has been taken to affect settlement for missing or damaged items.

(3) Before a hand receipt holder/custodian is relieved from duty, transferred, separated from service, or absent from the account for a period longer than 30 days, the PBO will transfer the property to an authorized successor. The hand receipt holder/custodian will not be relieved of property accountability responsibility until officially cleared by the PBO.

b. Contractors or contractor personnel shall not be hand receipt holders/custodians for equipment listed on a USAMEDCOM activity's property books. A contractor can only have responsibility for specifically identified Government Furnished Property (GFP) provided to the contractor under the terms of the contract.

c. In accordance with AR 735-5 (para 2-5) property provided to a contractor under the terms of a contract assigned or transferred to the Defense Contract Management Agency (DCMA) for administration remains Army property. Contractor acquired property (CAP) is any property acquired, fabricated, or otherwise provided by the contractor for performing a contract, and to which the Government has title. The CAP that is subsequently delivered and accepted by the Government for use on the same or another contract is considered GFP. Policy and procedures for accounting for CAP equipment is in accordance with FAR.

d. Annual Property Inventory.

(1) All property will be inventoried annually by the hand receipt holder/custodian in coordination with the PBO. The PBO will establish a schedule with which to complete the inventory, conduct training, ensure bar code scanners are used, and accomplish the automated reconciliation process available in DMLSS to determine discrepancies between the physical inventory and the property book.

(2) Hand receipt holders/custodians will use bar code scanners to scan all property and conduct a thorough physical area search for any non-expendable property not bar coded. Record the results of the inventory including any overages or shortages on a memorandum. The hand receipt holder/custodian will sign the memorandum. The original copy of the memorandum is filed in the hand receipt/custodian receipt/location list file maintained by the PBO. The hand receipt holder/custodian retains the duplicate copy.

(3) The PBO will review all inventory memorandums submitted by hand receipt holders/custodians for completeness and conduct causative research of any discrepancies. Causative research includes but is not limited to, comparing all postings to the applicable property book records against documents that support those postings, verifying all hand receipt/custodian receipt/location listing change documents, and searching storage areas controlled by the PBO.

(4) A Financial Liability Investigation of Property Loss (FLIPL) will be initiated and properly adjudicated for any property losses that cannot be reconciled.

(5) Establish property book accountability for un-reconciled overages using "found on installation" procedures.

(a) If no requirement exists for the found (property book) item, gather as much information about the found property as possible and prepare a memo for record to gain the equipment to the property book. Forward the documentation to PBO and request disposition instructions. The PBO will attempt to direct the item to a unit with a requirement.

(b) If a requirement exists *without* an authorization for the found item, prepare and process a DA Form 4610-R and supporting documentation, only for a DA Manage Line that is found in SB-700-20, chapter 2, 4, and 6 electronic through FMSWeb.

5-5. PROCEDURES FOR PROCESSING THE FLIPL

a. The initiator of a FLIPL, IAW AR 735-5, Chapter 13-7, will normally be the hand receipt holder, the accountable officer, or the individual with the most knowledge of the incident. The Active Army will initiate and present the FLIPL to the appointing authority or approving authority as appropriate no later than 15 calendar days after the date of discovering the discrepancy. The discovery date also includes the day the hand receipt holder is notified by maintenance personnel that their equipment is "Unable to Locate" for service(s). Upon hand receipt holder notification,

maintenance personnel must also notify the accountable officer of the unlocated item and the primary hand receipt holder must initiate a FLIPL. In the absence of the hand receipt holder, the accountable officer may initiate a FLIPL to meet the date of discovery suspense. (AR 735-5 Figure 13-1 provides time segments for completion of FLIPL process). The FLIPL, DD Form 200 with instructions for completion (Fig 13-2, AR 735-5) and the mandatory DA Form 7531 (Fig 13-3, AR 735-5) FLIPL Checklist are used to document the circumstances surrounding the loss, damage, or destruction of Government property and assess financial liability where appropriate. **Note:** IAW AR 735-5, 13-21, c. On receipt of DD Form 200 from the accountable officer, the appointing authority when designated, or the approving authority will review the information in blocks 9, 10, and 12 along with any exhibits provided by the initiator and determine if the expense of performing an investigation is worth the significant expenditure of time and effort.

b. Approval authority for financial liability investigations, as of 3 Aug 2015 as directive by the Department of the Army, assessing in a final loss in excess of \$100,000 or controlled items, to include sensitive items will be the first general officer or Senior Executive Service (SES) employee in the rating chain. This includes Officers in the grade of O6 with a promotable status to the grade of O-7. Approving authorities in the rank of COL (O-6) and/or GS-15 or above may delegate, in writing, approving authority to an Army officer in the rank of LTC (O-5) for financial liability investigations assessing a final loss of \$5,000.00 or less that do not include equipment classified as COMSEC, sensitive items, and/or equipment that contain personal identification information (PII), IAW AR 735-5, 13-13 (b).

c. The responsible officer and/or reviewing authority will forward financial liability investigations of property loss with exhibits, to the approving authority for assignment of an inquiry investigation number (block 2) and then to the accountable officer for assignment of a document and/or voucher number IAW AR 735-5 (PARA 13-20.(5)). The inquiry or investigation number will be formed using the approving authority's UIC, the two-digit year, the inquiry or investigation number assigned, and a serial numbering system determined by the approving authority. The inquiry or investigation number can be up to 44 characters, such as, WAJBAA-07-HQ-0002, AR 735-5 Chapter 13-20 a (6).

d. The DA Form 1659 (Financial Liability Investigation of Property Loss Register and files are maintained according to AR 25-400-2 and figure 13-11. The register and the files of approved financial liability investigations of property loss are maintained at the headquarters of the approving authority. This includes the battalion or brigade S4, division, corps, or theater support command G4, Director of Logistics (DOL), or other subordinate staff elements as designated by the approving authority. Automated substitutes of DA Form 1659 must contain all the elements of information contained on the DA Form 1659.

e. A FLIPL must be initiated for the following reasons:

- (1) Negligence or willful misconduct is suspected as the cause but there is no admission of liability and refusal to make payment.
- (2) When a Soldier refuses to sign a DD Form 362 as a requirement to initiate and process a DD Form 200 (para 13-3a (16)).
- (3) For all sensitive items (CIIC of 1-6, 8, 9, N, P, Q, R, and Y) an AR 15-6 investigation is required and the results are attached to the DD Form 200. In this case, the FLIPL is used as a voucher to adjust the property.
- (4) The property involves a change of an accountable officer's inventory and there is no voluntary reimbursement by the outgoing accountable officer.
- (5) The value of the property involved exceeds the individual's base pay.

f. Complete the investigation using the reference AR 735-5 Chapter 13-40 approving authority's action after review of financial liability investigations of property loss. Note: 13-40 (b) states, **"The approving authority will clearly state the mitigating circumstances that justify waiving any or all financial liability in the comments/rationale (block 14b of DA Form 200) or on a separate memorandum for record."** If a separate memorandum is used,

add the statement "See separate memorandum for rational of financial liability waiver" in comments and/or rational (block 14b).

g. For more information on how to initiate and conduct a FLIPL refer to *AR 735-5* Chapters 13 and *DA PAM 735-5*.

h. FLIPL pertaining to inactivated installations, activities, or organizations. Any unit with an inactivating/deactivating UIC must clear or transfer all property within 90 days after the officially published inactivation/deactivation date from their property book, IAW *AR 735-5* (para 14-3).

5-6. PROCEDURES FOR MANAGING AND CONTROLLING DURABLE ITEMS/ EQUIPMENT

a. Durable property is personal property that is not consumed in use and/or does not require property book accountability, but because of its unique characteristics requires control when issued to the user. The following classes or types of property will be coded durable and responsibility assigned as follows:

(1) All hand tools in FSCs 5110 , 5120 , 5130 , 5133 , 5136 , 5140 , 5180 , 5210 ,5220 , and 5280 with a unit cost of \$50.00 or more. When the unit of issue contains more than one item (such as, package, box, dozen, and so forth and the cost of a single item (unit of measurement) is less than \$50.00, the hand tool will be treated as an expendable item at the user level, even though it is coded as durable in the AMDF contained on FEDLOG.

(2) Personal property having a unit cost over \$500, but less than \$5,000, assigned a CIIC of "U" or "7," and a RICC of "0."

(3) Non-consumable supply class 8 items as limited by *AR 40-61* and not otherwise coded with an ARC of "N" (nonexpendable) in the AMDF contained on FEDLOG.

(4) Commercial and fabricated items similar to those items coded with an ARC of "D" (durable) in the AMDF contained on FEDLOG.

(5) Audiovisual production master material and copies accounted for under *AR 25-1*.

(6) Durable software will be controlled in accordance with *AR 710-2*.

b. Exceptions to this are:

(1) Property that is classified and/or sensitive.

(2) Property that is medical maintenance significant.

(3) Leased, rented, historical, heraldry, or negotiable media.

(4) Automated Data Processing Equipment (ADPE); defined as laptop computers, notebook computers, central processing units, printers, digital assistants (DA), and communications equipment.

(5) Items listed on the TDA. TMDE requiring calibration.

(6) Handheld electronic communication devices (i.e. cellular phones, tablets, scanners, pagers) with a unit cost less than \$500.00 and considered pilferable by the Commander.

(7) The above items (1-6) will be accounted for as non-expendable because of its unique characteristics and the nature of the item. These items will be controlled and responsibly accounted for when issued/turned-in by the end user.

c. Responsibilities

(1) The Commander is responsible for conducting an annual management review of all on hand durable items per *AR 735-5*, paragraph 7-5, (2) d. and f., to determine whether any items are missing or for indications of fraud, waste, or abuse. The Commander will utilize the Command Supply Discipline Program (CSDP) to conduct the management review of durable property.

(2) The Commander or the head of the activity will document that a management review of durable property was conducted, stating what the results were, and what corrective actions, if any, were taken. Documentation will be prepared in the form of a memorandum for

record (MFR) in duplicate. One copy will be retained at the unit or activity, and one copy provided to the financial liability investigation approving authority. These MFRs will be retained on file for two years before being destroyed.

(3) *AR 735-5* reminds us that every supervisor has the obligation to ensure all Government property issued to or used by his or her subordinates is properly used and cared for, and that proper custody, safekeeping, and turn-in action promptly takes place.

(4) Since the supervisory position is a specific position on the TDA, some responsibilities cannot be delegated. For instance, the following supervisory responsibilities are inherent and are NOT contingent upon signed receipts or responsibility statements. Supervisors shall:

- (a) Provide proper guidance and direction
- (b) Enforce all security, safety and accounting requirements
- (c) Maintain a climate facilitating proper care and use of Government property.

d. Durable Items/Equipment Accounting Procedures

(1) Accounting procedures for durable items before issue to the user level are the same as for expendable and nonexpendable items.

(a) Accounting for durable property at the user level is not required. However, because of the nature of these items, they must be controlled. Durable hand tools that are components of sets, kits, and outfits will be controlled using hand receipt annexes or component hand receipts, per *AR 710-2*, para 2-10i. Durable hand tools that are not components of sets, kits and outfits will be controlled using hand receipts and sub hand receipts. Tool room or tool crib procedures may be used in lieu of hand receipts and sub hand receipts in accordance with *AR 710-2*, para 2-10i or j, as applicable, and *DA Pam 710-2-1*, para 6-3.

(b) Expendable property is property that is consumed in use, or loses its identity in use. It includes items not consumed in use, with a unit cost of less than \$500 and having a CIIC of "U" or "7" assigned.

(c) Nonexpendable property requires formal accountability throughout the life of the item. Nonexpendable items will be accounted for at the using unit level using property book procedures in accordance with *AR 710-2*.

(d) IAW *AR 735-5* paragraph 7-3j, all hand tools or measuring tools and the units price of the items is equal to or exceeds \$300, the items is nonexpendable .

(2) Each activity will establish a method to account for on-hand durable items/ equipment. You may develop your own accounting system or you may use one of the following management tools to track your durable items/equipment:

(a) Utilize Microsoft Excel software to create a spreadsheet that depicts each user by name and identify each piece of equipment by description, serial number, location, etc., in his/her possession/control. Be sure to gain the signature and date of each individual on the customized spreadsheet.

(b) Setup a manual system of manila folders by individual name. Prepare and issue equipment on the DA Form 2062, hand receipt/annex number (Sub-HR form) to each individual. Retain the original of the signed DA Form 2062 in the individual's respective folder.

(c) Develop a journal/register. Prepare and maintain equipment information as cited above and update as necessary.

(3) Whatever accounting system selected/developed, a clear audit trail of equipment acquisition to disposal must be maintained through the retention of various documents, such as issue, turn-in, or transfer documents. Each type of transaction document must be signed and dated by the individual. Update the documents as changes occur or at least quarterly. File and retain the documents for two years before destruction.

e. Annual Management Review Procedures

(1) The Chief of Logistics will oversee the management review for the Commander; ensure Department Chiefs/Supervisors throughout the facility are maintaining a durable hand-receipt inventory in accordance with the above guidance and the Commander's guidelines. The CSDP, Logistics Division personnel will inspect activities to ensure compliance of the property

accountability requirements for durable equipment. The following questions will be added to the existing CSDP checklist:

(a) Has there been any loss of durable items/equipment during the past twelve months? If yes, identify the nomenclature and quantity of the lost item(s).

(b) Was the supervisor notified of this loss? If not, why? Explain.

(c) Was the loss reported to the Provost Marshall and /or Security Guard force? If not, why? Explain.

(d) Was a Security Investigation Report completed?

(e) Was a DD Form 200, FLIPL prepared for the lost item(s)? If not, why?

Explain.

(f) Is a file maintained of the DD Form(s) 200 IAW *AR 735-5*?

(2) The CSDP representative will be responsible for inspecting, collecting copies of the Durable Hand Receipt Inventory, reporting non-compliance through the Chiefs of Logistics, and provide the commander a written report of the inspection results.

(3) The commander's responsibility to perform and document the annual management review is covered in *AR 735-5*, paragraph 7-5, (2) d. and f. The commander or the head of the activity will annually certify the review of durable items/equipment by compiling finding(s) of the CSDP inspection results, and what, if any, corrective actions were taken, in a MFR format. When signed by the commander, this memorandum documents the annual management review of durable items. One copy will be retained at the unit or activity, and one copy provided to the next level of command. These MFRs will be retained on file for two years before being destroyed. The activity PBO may not be delegated to monitor the completion of the annual management review.

5-7. MONTHLY WEAPONS AND AMMUNITION INVENTORY

a. *AR 710-2*, Table 2-2j, prescribes monthly physical inventories of weapons and ammunition. Standard procedures for performing the inventory are in *DA Pam 710-2-1*, paragraph 9-10. Specific procedures for USAMEDCOM activities are outlined in the paragraphs below.

b. The Commander or Command Surgeon in the rank of LTC or above will: (Appointment responsibility cannot be delegated) a disinterested officer (this may be an officer, noncommissioned officer or civilian of appropriate rank/grade, E7 or GS-7 or above) IAW *AR 40-3*.

(1) Appoint a different disinterested inventory officer each month in writing on orders.

(2) Provide written inventory procedures based on current Army/AMEDD regulations.

(3) PBO, hand receipt holder, or custodian and unit armories may not be appointed as disinterested officers.

c. The PBO will monitor and receive inventory results. As a minimum, the PBO will

(1) Establish stringent controls on conducting inventories monthly.

(2) Provide the appointed disinterested inventory officer with an automated controlled items inventory list from DMLSS or a USAMEDCOM approved system of record.

(3) If no automated system of record is available, the PBO may use a preprinted controlled item inventory list.

(4) Confirm someone other than the responsible hand receipt holder/custodian/unit armorers conducts the monthly inventory

(5) Ensure the same individual does not conduct consecutive inventories.

(6) Ensure weapons are inventoried with AIT devices (bar code scanners) when functionality allows. **Note:** If other regulatory guidance has more stringent requirement the more stringent requirement will be followed.

(7) PBO of DMLSS activities will ensure that the equipment detail record contains at a minimum accurate location data (i.e., building, equipment location, floor or room) or temporary location, if needed.

(8) Establish and maintain weapons and ammunition supporting documentation file. The files will contain as a minimum:

(a) Copies of the monthly inventory reports and results on file IAW *DA Pam 710-2-1*, paragraph 9-10b. (two years if no discrepancy noted; four years if a discrepancy was noted).

(b) Copies of disinterested inventory officer appointment orders for (two years if no discrepancy noted; four years if a discrepancy was noted).

(c) Original DMLSS automated controlled items inventory list (serial number listing) two years if no discrepancy noted; four years if a discrepancy was noted). Original DMLSS official generated inventory report for two years if no discrepancy noted; four years if a discrepancy was noted.

(9) PBO will maintain a current listing of all weapons not on hand because of repair. (Copy of listing will be provided to disinterested officer appointed for inventory).

(10) Ensure all weapons and ammunition inventoried is on the property book.

(11) Procedures to account for ammunition can be found on <https://www.us.army.mil/suite/files/16471443>.

(12) Take immediate corrective action to resolve all discrepancies.

d. The disinterested officer appointed to conduct the monthly weapons/ammunition inventory will:

(1) Record the serial number of weapons inventoried and weapons properly checked out.

(2) Clearly distinguish between the two groupings. Notify responsible individual and PBO of any listed weapons you cannot locate or which are not properly checked out.

(3) Ensure weapons checked out will have a DA Form 3749 Equipment Receipt in the arms rack.

(4) Record the ammunition inventoried by quantity, lot number, and NSN. Clearly highlight discrepancies noted during the inventory of both weapons and ammunition with information recorded on the memorandum or automated listing provided by the PBO.

(5) Sign and date the inventory reports and forward the original copy to the PBO.

5-8. MANAGEMENT OF CAPITAL EQUIPMENT

a. Equipment that is defined as investment or capital equipment must be accounted for and reported for capitalization and depreciation in accordance with the Chief Financial Officer (CFO) Act of 1990 and the Federal Financial Management Improvement Act of 1996. USAMEDCOM is responsible for reporting medical investment equipment accounting information to DFAS annually for all USAMEDCOM activities.

b. An automated property accounting system user will adhere to their automated system's procedures when entering investment/capital equipment into the system.

(1) Depreciation of investment equipment is calculated in General Fund Enterprise Business System (GFEBS), based on a straight-line depreciation method over a five year life. Fully depreciated equipment will have zero depreciation at the end of the five years and will no longer be reported. The useful life of five years does not change the life expectancy for the equipment listed in *TB MED 7*.

(2) Original acquisition cost includes all costs incurred to bring capital equipment into service for its intended use. These costs include amounts paid to vendors, transportation to point of initial use, handling and storage costs, interest costs paid, direct and indirect production costs, installation costs, value of equipment traded-in, and training costs.

(3) Investment equipment acquisition date (in-service date) is the date when the title for the equipment passes to the Army or when the item is delivered to the Army or to an agent of

the Army. Investment equipment acquired under a capital lease should be recorded as an asset at lease inception. For constructed assets, the "acquisition date" should be the date the asset is placed in service.

(4) Only add the value of upgrades/improvement costs if equal to or greater than \$100,000.

(5) Transportation costs for lateral transfers must be added to the equipment CFO Record for a single piece of equipment or to the system line. Do not add it to the component lines. The losing PBO must request a copy of the Government Bill of Lading showing the transportation cost, shipping and handling from the Installation Transportation Office (ITO). For shipments containing multiple items, ask the ITO to list the costs of the individual items of equipment, if possible. If the ITO cannot provide the separate lines, then pro-rate the cost to each item by dividing the total cost equally among the items and input to the CFO record. If the transportation cost is not available at the time of shipment, the losing PBO will, upon receipt of the transportation costs, adjust the equipment record. Print and fax a copy of the adjusted CFO Record to the gaining activity with the added transportation cost. The transportation costs are depicted on both property books, as a loss to the losing activity and a gain to the receiving activity. **NOTE:** The 2.5% cost associated with DLA Troop Support Medical contracts is not included on acquisition cost.

c. The PBO is responsible to ensure required source documentation is maintained for all capital equipment on hand. Capital equipment (including central purchases) will be supported by the contract (DD Form 1155), receiving report (DD Form 250), vendor invoice, and other sources that capture and document ancillary costs. Transferred capital equipment will be supported by the DD Form 1149/DA Form 3161, contract, receiving report, vendor invoice, and other appropriate documents. Figure 5-1 outlines procedures the PBO must follow to locate the source documentation if not on file, and after searching for the ACN in WebMRE at: <https://app.usamma.amedd.army.mil/MRE>.

MISSING DOCUMENTATION

Who Shall PBO Contact? What Shall Functional Person Do?

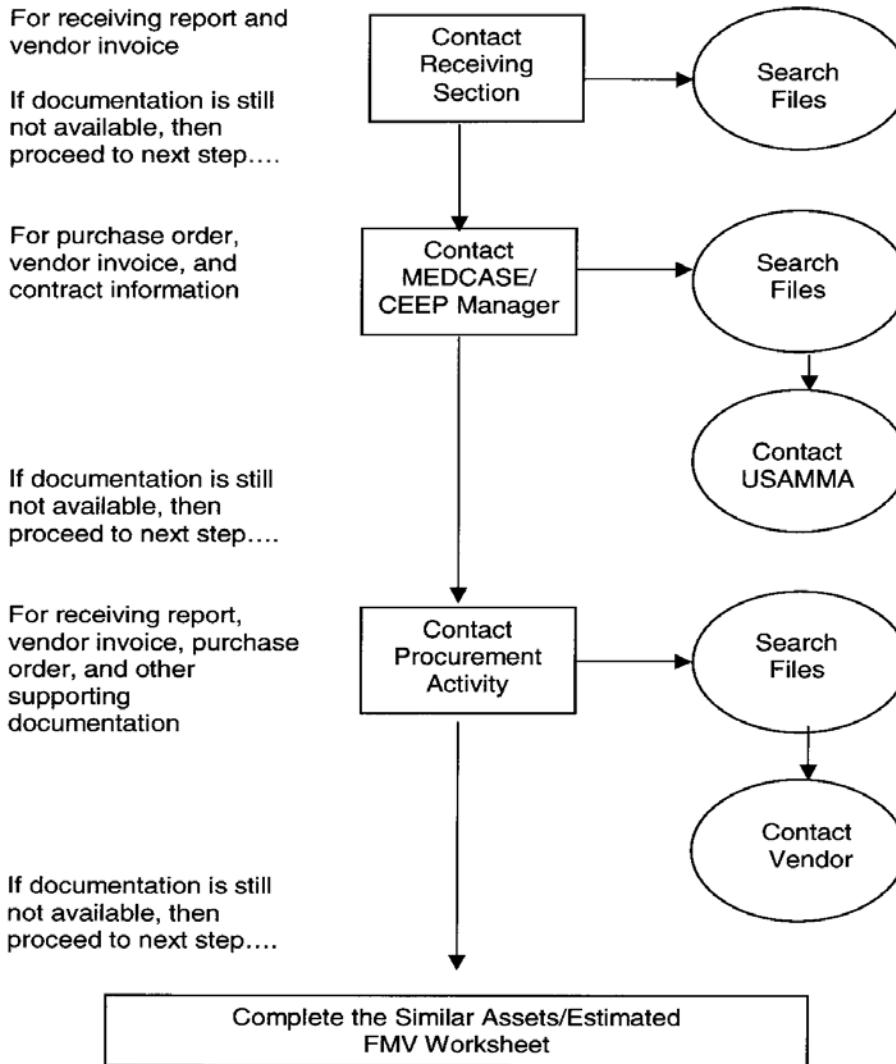


Figure 5-1. Locating Missing Documentation

If the source documents cannot be obtained, the PBO will prepare a similar asset/estimated fair market value (FMV) Worksheet. A copy of the instructions and worksheet are Appendix A.

- (1) Donated or found capital equipment will be supported by the similar assets/estimated FMV worksheet.
- (2) Searching for source documentation or preparing the similar asset/estimated FMV worksheet is not required for fully depreciated equipment as of 1 October 2003.
- (3) Acquisition cost estimates will be used only when the acquisition cost is unknown, source documentation is unavailable, and a similar asset exists. If a cost estimate is required for capital equipment item, the PBO will proceed as follows:
 - (a) Locate a similar asset using the property book database.
 - (b) Determine if the assets have similar model years.

(c) If the previous two criteria are met obtain a copy of the supporting documentation and document on a Similar Assets/Estimated FMV Worksheet why the assets are comparable. Review the documentation for cost information, specifications, and other pertinent information (method of acquisition, nomenclature, and description of function) to assign an acquisition cost. The estimated acquisition cost may be based on the cost of similar assets at the time of acquisition or the acquisition costs of similar assets, taking into consideration changes in the Consumer Price Index between the date the item was acquired and the date the similar asset was acquired.

(d) If a similar asset cannot be located, determine the capital equipment's FMV from the vendor quote, the catalog price, or the GSA schedule. Document the information on the similar assets/estimated FMV worksheet.

(e) In the event the documents described above are not available, document the justification for the estimated FMV on the similar assets/estimated FMV worksheet.

d. When transferring capital equipment between property books, data required by the CFO Act must be entered on the applicable lateral transfer document (DD Form 1149 or DA Form 3161). Data elements required in addition to identification data elements are:

- (1) Acquisition Cost – required
- (2) Residual Value – optional (only required if assigned by losing activity)
- (3) Transportation Cost – optional (only required if assigned by the losing activity)
- (4) Operating System
- (5) Improvement Cost – optional (only required if assigned by the losing activity)
- (6) Accumulated Depreciation – mandatory
- (7) Accumulated Improvement Depreciation – optional (This is only required if assigned by losing activity. If there is an improvement cost there must be accumulated improvement depreciation).

e. All documentation must accompany equipment when it is transferred. This includes the documents from the supporting document file, MEDCASE file and a copy of the CFO Record. Copies of supporting documentation shall be retained by the transferring activity; the originals are forwarded to the gaining activity. The gaining PBO must contact the losing PBO if this documentation isn't received with the equipment.

f. The lateral transfer loss is not removed from the losing activity accountable records until a copy of the signed DD Form 1149 or DA Form 3161 is received from the gaining PBO.

g. Capital equipment leases are leases that transfer substantially all benefits and risks of ownership to the lessee. If, at its inception, a lease meets one or more of the following four criteria, the lessee should classify the lease as a capital lease.

- (1) The lease transfers ownership of the property to the lessee by the end of the lease term.
- (2) The lease contains an option to purchase the leased property at a bargain price.
- (3) The lease term is equal to or greater than 75% of the estimated economic life of the leased property.
- (4) The present value of rental and other minimum lease payments, excluding that portion of the payments representing executor cost, equals or exceeds 90% of the fair value of the leased property.

h. If the leased equipment meets any one of the four criteria for capital lease, identify it on the automated property records as such in accordance with the system procedures. The acquisition cost will be the actual cost of a like item or the fair market value if no like item is available. An acquisition cost is required regardless of the type of lease. Leases not meeting the above criteria are classified as an operating lease. Operating leases are leases in which the

activity does not assume the risks of ownership of the equipment. Multi-year service contracts and multi-year purchase contracts for expendable commodities are not capital leases.

i. Reporting and turn-in of investment equipment is processed IAW *AR 710-2* and *AR 40-61*. All documentation will be transferred with the equipment when turned-in to the supply support activity or DLA-DS. The PBO will retain a copy of this documentation on file along with the turn-in documentation.

5-9. MANAGEMENT OF SYSTEMS AND COMPONENTS

a. Accountable property should be recorded on an item-level basis (i.e., each individual item in a separate record). However, when considered advantageous to do so or required to comply with capital equipment reporting requirements, records will be maintained on a system basis. The system method may be used when:

- (1) Two or more individual items (equipment components) are part of a system; and
- (2) The system is considered to be incomplete or inoperable in the absence of any one of its component equipment items.

b. DMLSS users will adhere to the following procedures to establish a system on the property book:

- (1) Establish a "due-in" for the item in accordance with DMLSS procedures.
- (2) Receive the system in accordance with DMLSS and local procedures. Identify this with an equipment type of "system". This is an actual item and should be the major component of the system. Record the total cost of the system on this Equipment Control Number (ECN).
- (3) Gain the other components of the system using the "Gain" function within the DMLSS Equipment Management (EM) module with the reason of "component gain" and equipment type of "component" with an acquisition cost of \$0.00. Ensure the components are associated with the system ECN.
- (4) Record the acquisition cost the component in the "notes" tab of the equipment (component) record.
- (5) Return to the system record and select the acquisition cost icon and adjust the purchase price to reflect the actual acquisition cost, installation cost, trade-in value, etc. The total cost of the system is recorded on the system line.
- (6) Identify components requiring clinical engineering services. Update the catalog record to signify which components require maintenance services.

c. USAMEDCOM activities with Digital Imaging Network – Picture Archiving Communications Systems (DIN-PACS) will ensure the system and all components are properly accounted for in DMLSS. Device tracking is a requirement of the Joint Commission. Appendix B contains detailed procedures.

5-10. MILITARY MEDICAL BENEFITS PROPERTY (MMBP) LOAN PROCEDURES

a. Activities maintaining equipment accounting record using the DMLSS system will manage the MMBP loans in accordance with the applicable system's operating procedures.

b. Activities using manual equipment accounting records or an automated system without a specific MMBP loan process will account for and record MMBP property loans as follows:

- (1) MMBP property will be listed on a separate hand receipt.
- (2) MMBP property lent to a patient will be listed on DA Form 3161.
 - (a) Block 2 of DA Form 3161 will reflect the complete name, address, category, telephone number, and social security number of the borrower.
 - (b) DA Form 3161 will have, in addition to a listing of the loaned equipment, the following statement:

I hereby acknowledge acceptance of the above-listed Government-owned equipment received in good working order and repair, for temporary use. During the period (___enter date ___) to (___enter date ___). I understand that I am responsible for proper care and safekeeping of the equipment and will promptly return it/them in the same condition as received, fair wear and tear expected, upon termination of the loan period specified unless an approved extension is obtained, or at such earlier date as I may elect. In the event of loss, damage or destruction of the equipment through fault or neglect, I agree to reimburse the Government the cost of repair or fair market value of the equipment as appropriate.

I have been informed that periodic maintenance services are to be performed (insert frequency). Service is required (___enter dates _____). When feasible, it is my responsibility to transport the equipment to (insert

HCA___) to obtain the required services. Prior arrangements by telephoning (___number___) for services should be made. If I relocate to another area and will receive medical care from another Federal health care facility I must notify (___insert property manager _____) so that equipment transfer can be accomplished and designation of a new supporting maintenance activity can be established.

It is further understood that the equipment on loan is not to be permanently removed from the address indicated in block 2 of the hand receipt without prior authorization of the commander (name of the HCA).

(Signature of patient or sponsor)

(c) DA Form 3161 will be prepared in duplicate and signed by the patient or sponsor accepting the loan. The MMBP manager will keep the original copy with the written prescription or letter. The second copy will be given to the borrower.

(d) MMBP Reconciliation: The physical inventory of MMBP equipment on loan is not required. However, equipment on loan will be reconciled each year to verify the accuracy of property book and hand receipt balances. Reconciliation may be accomplished telephonically or by certified mail. If all efforts to reconcile lent MMBP property fail, obtain relief from property accountability through procedures in *AR 735-5*.

(e) Record the acquisition cost of the component in the "notes" tab of the equipment (component) record.

5-11. LOAN OF OPERATING FORCE MATERIEL (EQUIPMENT) IN SUPPORT OF PROJECTS AT HEALTH CARE ACTIVITIES (HCAs)

a. These loans apply to Active Army-owned/controlled assets only, not to USAR or NGB-controlled assets.

b. Requesting HCAs must ensure that funding is available to cover all associated costs such as transportation, materiel fielding, travel, maintenance/repair, and site preparation. HCAs must identify and program for the loan of equipment early in their budget cycles to avoid delays.

c. Requesting HCAs will prepare and submit Memorandums of Agreement (MOA)s or Memorandums of Understanding (MOU)s through their supporting RHC/ACOM/ASCC/DRUs, USAMMA, USAHFPA, and OTSG for approval.

d. MOAs/MOUs will undergo the following approval process:

(1) RHCs and ACOM/ASCC/DRUs will:

- (a) Coordinate and validate information in the MOAs/MOUs.
- (b) Ensure funding is available.
- (c) Recommend approval and forward to USAMMA.
- (2) USAMMA, Force Sustainment Directorate will:
 - (a) Review the MOAs/MOUs to determine whether the equipment is available or that the action will not impact fielding of equipment to Operating Force units.
 - (b) Provide technical assistance to the HCAs.
 - (c) Recommend approval/disapproval.
 - (d) After final approval, field the equipment in the same manner as normal DEPMEDS unit fielding to include pre-brief, hand-off, and displacement.
 - (e) Prepare loan agreements and provide disposition instructions. (See *AR 700-131* for additional information on loan agreements.).
 - (f) Forward approval to USAHFPA.
- (3) USAHFPA will:
 - (a) Assist HCAs in developing phasing plans and requirements for temporary facilities during the design and development process.
 - (b) Provide technical assistance on medically related space and utilities issues.
 - (c) Upon ACOM/ASCC/DRU approval, review the MOAs/MOUs to confirm that they effectively support the MILCON projects.
 - (d) Recommend approval/disapproval.
 - (e) Forward approval to OTSG.
- (4) OTSG will:
 - (a) Resolve conflicts between offices.
 - (b) Provide final approval/disapproval.

5-12. LOAN OF MEDICAL EQUIPMENT TO CIVILIAN AUTHORITIES

Army medical equipment may be loaned to civilian authorities. Loans, whether emergency or preplanned, must be processed IAW *AR 700-131*.

5-13. OXYGEN FOR HOME USE

Oxygen and oxygen-related supplies provided to outpatients for home use may be provided pursuant to the availability of funds by one of the following methods:

- a. The HCA may contract with a local oxygen supplier to provide complete home service. This service should include safety and operating instructions, gas cylinders, tubing, regulators, maintenance, and all other related supplies.
- b. When a HCA does not contract for home oxygen service, government-owned cylinders and equipment may be provided for outpatient use. If this method is used, follow these guidelines:
 - (1) Establish local procedures to provide safety, operating, and refill procedures as well as tubing, regulators, and other necessary supplies.
 - (2) Establish procedures for Clinical Engineering to inspect regulators and other oxygen related equipment prior to issue or loan to the patient, during home use, and upon return of the equipment to the HCA.

5-14. ORGANIZATIONAL CLOTHING AND INDIVIDUAL EQUIPMENT (OCIE) WAIVER PROCEDURES

- a. All USAMEDCOM activities/units located on an installation with a Central Issue Facility (CIF) must seek and obtain OCIE support from the supporting CIF. Coordination should be made with the supporting CIF to transfer on-hand property book OCIE items and determine specific method of

support; support levels and means or reimbursement must be documented on an Installation Support Agreement. When the activity/unit is not located on an installation, or located on an installation without a CIF, and the distance is such as to cause significant inconvenience/hardship, the activity/unit must request authorization to maintain OCIE as an exception to policy.

b. The request must explain why installation support is not used. Along with the request for an exception to policy, the activity/unit must submit its written operating procedures for the unit OCIE Issue Point in accordance with *AR 710-2*, *DA Pam 710-2-1*, and *AR 735-5*. The exception to policy must be submitted through formal channels beginning with the applicable RHC or MSC through USAMEDCOM to the DA. The USAMEDCOM will review and submit to DA (for approval/disapproval) only those exceptions to policy, which meet the criteria identified above.

c. Commanders authorized to maintain OCIE on their property books will follow procedures described in *DA Pam 710-2-1* (Chapters 4 and 10) to account for and assign responsibility of OCIE, respectively.

5-15. LATERAL TRANSFER PROCEDURES

a. Activities may laterally transfer excess equipment with a unit price less than \$250,000 without reporting it as excess if they have identified a gaining activity. Activities projecting to have excess equipment with a unit price greater than \$250,000 that also has more than 24-months of useful life remaining will forward the equipment list to the MEDCOM G-4 TAP. The G4 TAP will compare the list of projected excess to current MEDCASE requirements to identify potential reuse at other MTFs. Activities will report excess equipment Command wide if they cannot find a gaining activity. IAW *AR 710-2* Transfers of property between Army and non-Army organizations requires the approval of HQDA (DALO-SMP). Property transferred will meet the standards in *AR 750-1*, chapter 4.

b. The losing activity commander or their designee, signs the lateral transfer document as the approving authority. The Regional Health Commanders (RHC) can withdraw or modify lateral transfer authority from its activity Commanders. The RHC Commander can supplement these lateral transfer procedures as they see appropriate. The losing activity will:

- (1) Notify the gaining activity of the transfer arrangements
- (2) Complete all necessary documentation per *AR 710-2* to facilitate the transfer
- (3) Ensure that appropriate maintenance personnel technically inspect the equipment to be transferred. A DA Form 2407 will be completed and sent with the equipment
- (4) Ensure equipment is properly packed, crated and shipped per *AR 700-15* and *AR 700-37*. The following must accompany the shipped equipment:
 - (a) Supporting supplies (expendables) and accessories
 - (b) Repair parts and listing
 - (c) Operator and technical manuals and manufacturer literature
 - (d) The maintenance history/records to include the work order requesting the excess technical inspection for condition code. Activities using DMLSS to account for their property will send the Historical Maintenance Report and the Equipment Detail Report. Both reports are printed from the Equipment Management equipment detail window.

(5) Ship equipment to the gaining activity within three weeks of disposition instruction receipt

- (6) Receive a signed copy of the completed lateral transfer document
- (7) Notify the Resource Management Office to obtain the LIN deleted from the TDA, if applicable
- (8) Delete the property record
- (9) Maintain the lateral transfer documentation for two years

c. The gaining activity will be responsible for all shipping costs, and will:

- (1) Notify the USAMMA of the requirement for excess equipment/materiel. Arrange the transfer with losing activity's point of contact

- (2) Upon receipt of the excess equipment:
 - (a) Inspect transferred equipment for damage and resolve discrepancies with the losing activity.
 - (b) Sign and return the original lateral transfer document to the losing activity within three days
 - (3) Establish a property book record within three days of receipt
 - (4) Submit a 4610-R via FMSWeb to add the LIN to the TDA, if applicable
 - (5) Maintain accountability for the transferred equipment throughout its life cycle.
 - (6) Place the signed copy of the documentation for the lateral transfer in the supporting document files.

d. Transferred from a DMLSS property book to another DOD-Non DMLSS property book. Equipment that is being transferred from a DMLSS property book to another DOD non DMLSS property book, the most appropriate property book loss transaction reason is "turn-in to installation supply". This reason will allow the PBO to print all required documents and have an audit trail established for their supporting document file.

5-16. EXCESS EQUIPMENT MANAGEMENT PROGRAM (EEMP)

a. The AMEDD Generating Force activities will use DMLSS ETM for reporting non- expendable equipment. Activities using DMLSS ETM will report equipment excess in accordance with the procedures outlined in Chapter 5, Para 5-17. The Operating Force units will follow guidance from either their ACOM/ASCC/DRU or the USAMMA when using Global Combat Support System – Army (GCSS-Army). The Operating Force can only generate excess non-expendable equipment through a change of the MTOE (authorization document), fielding plans, and/or deployment/contingency.

(1) The PBO, when using DMLSS ETM, will establish excess property records for reportable excess equipment. The Tri-Service Medical Excess Distribution System (TRIMEDS) coordinates the report of excess equipment worldwide for redistribution.

(2) Automation equipment requires specific automated reporting procedures (see AR 25-7). The AMEDD activities will establish an Automation Resources Management Systems account with the Defense Automation Resources Management Program to report excess automation equipment per DOD 7950.1M.

b. The RHC/MSC will require the following information on manual or automated excess reports:

- (1) Nomenclature, make and model number
- (2) NSN, if assigned
- (3) Date placed in service
- (4) Quantity
- (5) Line item dollar value
- (6) Condition code
- (7) Local point of contact

5-17. EXCESS PROPERTY PROCEDURES

a. Effective and efficient utilization and disposal of excess equipment is one of the most important phases in life-cycle management. Every facility benefits from timely and proper disposal of excess property because timely disposal makes property available to the entire DOD and possibly reduce costs by using other facility's excess equipment. Disposal of excess equipment reduces the time needed to locate unused equipment during required inventories and for maintenance services being properly prepared for any audit.

(1) The objective for each property book is to have no more than 3% (equipment items and/or property book value) as excess.

(2) Each activity will establish controls to ensure that all hand receipt holders/custodians continually evaluate the need for assigned equipment. Hand receipt holders/custodians will retain only that equipment necessary to perform the assigned functions. When excess equipment is identified, it will be turned in for reassignment or disposal as excess.

(3) Equipment determined to be excess to an activity is transferred to the designated excess hand receipt/custodian location list in accordance with automated property book system procedures. A technical inspection/classification will be initiated by the equipment maintenance officer within 15 days of the date the equipment is turned-in as excess. It is essential that an accurate condition code be assigned to all equipment prior to it being reported as excess. This equipment is redistributed directly from one activity to another based on the reported condition code. The credibility of this program is a direct result of the reporting activity's ability to correctly identify the condition of each piece of equipment.

(4) Equipment turned in that is neither serviceable nor economically repairable due to normal usage will be disposed of in accordance with DOD Regulation 4160.21-M within 30 days of turn-in.

(5) Serviceable/economically repairable equipment will be advertised to internal customers. The PBO will broadcast the availability of excess equipment to internal sections and staff using standard departmental e-mail, posted lists and/or routed notices. Excess equipment not redistributed internally will be reported as excess within 30 days of excess determination in accordance with automated property book procedures. The 30-day time limit starts on the date of transfer to the excess hand receipt/custodian location list.

b. DMLSS Reporting and Requesting Materiel through the TRIMEDS.

(1) All excess reported by DMLSS sites is posted daily on the TRIMEDS website: <https://medlog.us.af.mil>. Users can browse the website at their convenience. Air Force as well as Army excess is advertised on this site and is available to all three services. The reporting criterion for excess equipment is as follows:

(a) Total minimum line item value is \$250.

(b) Condition codes A and B are the only acceptable codes.

(2) Excess will be advertised for 45 days through the TRIMEDS website. Army excess will be available to Army activities only for the first 20 days and then to all other eligible requesters for the remaining 25 days (totaling 45 days). The gaining activity is responsible for coordinating the transportation of excess equipment.

(3) Activities should screen the TRIMEDS website excess list at <https://medlog.us.af.mil> closely for equipment that can be used in their activities before creating a new-purchase request. Pay particular attention to condition codes and dates. When requesting equipment items, the clinical engineering at the requesting activity should contact the Clinical Engineering at the reporting facility to determine if the equipment can meet the requesting activity's needs.

(4) Gaining activities that receive discrepant shipments or do not receive a shipment within normal pipeline time for the mode of transportation used will notify the reporting activity in writing requesting an explanation for the delay or explaining the discrepancy. File a copy of the written notice with the receipt document.

(5) Reporting activities not receiving redistribution instructions by the end of the 45 day advertisement period will initiate a turn-in to the DLA-DS in accordance with DOD 4160.21M. Turn-in will be accomplished within 30 days of the end of the advertising period.

CAUTION: Excess property may not be provided to governmental agencies outside DOD such as the DVA, Public Health Service (PHS), Indian Health Service (IHS), or to state and local governments, or civilian concerns without prior screening by USAMEDCOM activities, other Army activities, and DOD, and without going through the local DLA-DS. DLA-DS is the official conduit for transferring DOD excess property to any agency outside DOD. Assistance may be obtained from the local DLA-DS.

c. Turn-in Procedures: The IMSA/MLC/MMC will manage medical materiel turn-in from installation and area activities to the DLA-DS. Other medical supply operations will turn-in materiel through the IMSA/MLC/MMC to the DLA-DS. The IMSA/MLCs/MMC will establish local procedures to minimize redundant storage and handling of turn-in materiel. When conditions permit, The IMSA/MLC/MMC should process and approve documentation for materiel turn-in with condition codes that indicate a continued value to the government. This materiel will move directly from the unit to

the DLA-DS. The PBO may turn-in medical equipment with condition codes "H" and "S" directly to the DLA-DS. The IMSA/MLC/MMC will:

- (1) Report the materiel turn-in to the DLA-DS
- (2) Provide technical assistance to the DLA-DS as require

d. Equipment reported and not being transferred to another activity or is unserviceable, and cannot be economically repaired, may be turned-in directly to the DLA-DS. The following turn-in procedures apply:

(1) The PBO shall prepare a DD Form 1348-1A (issue release/receipt document) in accordance with DOD 4160.21-M.

(2) Property with an extended line item value of \$800 or less is batch-lotted. Property with a high Reutilization, Transfer, Donation or Sales, (RTDS) may be excluded from batch-lotting. Once the determination to batch lot is made, the organization will not receive a copy of the 1348 from e-doc.

(3) The property and a properly prepared DD Form 1348-1A will be taken to DLA-DS where the document is stamped and signed to verify receipt. An unsigned/unstamped (by DLA-DS) DD Form 1348-1A is not acceptable as a supporting document for the loss. The DOD 4160.21-M states that the receipt copies of the 1348-1 provided to the activity upon delivery to the DLA-DS are recognized as "conditional acceptance" pending completion of DLA-DS inspection and verification of the turn-in. This can become an official receipt if a discrepancy report is not forwarded to the organization from DRMS within seven days.

(4) The equipment will be removed from the property book following the automated procedures for the applicable system.

(5) Quarterly, the PBO shall obtain a listing of all equipment received by DLA-DS. DLA-DS from his/her activity and compare that listing to activity records to ensure that all items sent to DLA-DS were properly documented and processed in the property system. The PBO should resolve any errors within five business days. The reconciliation records should be maintained in the property records until the next reconciliation. The recommend source for this review is e-docs: <http://www.dispositionservices.dla.mil>. Components will not have cost associated to them. Cost for components should be placed in the notes field of the component or system record. If system record, each component will be identified by MFG/MDL/SR#/ECN and Cost.

5-18. MTF MONTHLY REPORTING TO REGIONAL ASSET MANAGEMENT

IAW DA EXORD 259-10, Campaign on property accountability performance areas (1-3) will be submitted by all MTFs on the monthly asset report to their region for consolidation NLT five (5) calendar days after the end of each month. See Appendix I for report formatting.

5-19. REGIONAL MONTHLY REPORTING TO MEDCOM ASSET MANAGEMENT

The RHC/MSCs will submit a consolidated monthly report (as detailed in par. 5-18) to USAMEDCOM, ATTN: MCLO-O (asset management). Reports are due NLT 10 calendar days after the end of each month. All reports will contain the information required by EXORD 259-10 and all subsequent FRAGOs which support the Chief of Staff of the Army's Campaign for property accountability.

5-20. PROPERTY BOOK CLOSEOUT PROCEDURES

The USAMEDCOM MSCs are responsible for verifying the final closeout of property book(s) belonging to their subordinate units, installations and activities. The purpose of verifying closure of the property book is to validate the accuracy and completeness of the property book and supporting documents, to ensure all property book recorded assets have been properly disposed of, and all open requisitions have been cancelled or a new **Ship To** address is reflected in the logistics records. The verification process will be performed by an individual (verifying officer) from an organization other than whose property book is closing out. When a property book is to be closed, the following guidelines apply:

a. The RHC/MSC Commander will advise the unit/installation/activity commander, in writing, of the effective date and the reason for the closeout. One copy of this notification or other pertinent orders will be filed with the property records.

b. All units inactivate the property must be cleared within 90 days after the officially published inactivation date IAW *AR 735-5* (para 14-3B).

c. The PBO will conduct a complete physical inventory of property recorded on the property book and either laterally transfer those assets to another property book or turn-in those assets to the supporting stock record account or DLA-DS. The property book will reflect these transactions. The intent is to bring each record on the property book to zero balance prior to the close out effective date.

d. The unit/installation/activity inactivating will submit requests for cancellation of those requisitions for all supply classes not expected to be consumed prior to the inactivation effective date. The common sense rule applies. The document register should reflect these actions. When verification of the cancellation request is not received the request for cancellation will serve as the supporting document to close the property book.

e. Request cancellation of the property book DoDAAC once all property book records are reduced to zero.

f. The verifying officer will

(1) Initiate the verification process within 10 workdays after all property book on-hand balances are reduced to zero.

(2) Include as part of the verification process that:

(a) The recorded balance on each property record was properly brought to zero balance through turn-in or lateral transfer procedures.

(b) Documents listed on the document register have a corresponding hard copy supporting document on file.

(c) All open supply requests are cancelled.

(d) The non-expendable document register is closed.

(e) The assigned property book DoDAAC was cancelled.

g. Since it is not likely that all line items on the unit's property book can be verified, the verifying officer must take a sample. The size of the sample should not necessarily be a set percentage (10%, 15%, etc.) of the property book line items. The extent of this verification should depend on the results of recent inspections of the activities' property book. In other words, if significant discrepancies were disclosed, a more extensive examination should be done. The line items selected for sampling should be selected on the basis of cost, sensitivity, desirability, or any other factor which may warrant inclusion. Since the examination will include only a portion of the total property book line items, it is critical that items selected for the sample have significance.

h. Upon completion of the property book closeout verification the verifying officer will report in writing to the commander that appointed the PBO that he/she has verified the property book has been closed out. When the accuracy and completeness of the property book cannot be verified, the verifying officer will recommend action under the provisions of *AR 15-6* or *AR 735-5* to his/her appointing authority.

i. The commander that appointed the PBO will:

(1) If the property book close out cannot be verified, the commander will direct actions to correct any discrepancies. The notice of corrective action undertaken and estimated completion date will be sent to notify the RHC commander or the activity's next higher command and:

CDR, USAMEDCOM

ATTN: MCLO (Property Management)

4270 Gorgas Circle, Bldg 1070, 6th Floor
 FT Sam Houston TX 78234-6000

(2) When satisfied that all required actions are completed and no formal audit, i.e., Criminal Investigation Division or *AR 15-6* investigation, is necessary, the commander will prepare a statement certifying all actions in paragraph (1) above are completed. Provide a copy to the MSC commander and the office at the above address and:

(3) Rescind the PBO's appointment. Final disposition of documents supporting entries to the property book will be in accordance with *AR 25-400-2*. **Note:** The PBO will not be relieved from accountability until all property has been accounted for.

5-21. CAPITAL EXPENSE EQUIPMENT PROGRAM

a. Definition: The Capital Expense Equipment Program (CEEP) facilitates the proactive identification, funding and acquisition of the medical and non-medical capital expense-type equipment with a unit price less than or equal to \$100,000 that is required to accomplish the MTF's mission. CEEP is capitalized and non-capitalized equipment classified under element of resource (EOR) 31** that is of a durable nature; property normally expected to have a period of service of one year or more after being put into use without material impairment of its physical condition. NOTE: MEDCASE/SuperCEEP policies and procedures are outlined in the current edition of the SB 8-75-MEDCASE. CEEP equipment examples include:

(1) Furniture and fixtures – obligations for movable furniture fittings, fixtures, and household equipment. This includes desks, table, chairs, etc.

(2) Medical and non-medical – obligations for surgical instruments, x-ray apparatus, signaling equipment, telephone and telegraph equipment, medical related electronic equipment, scientific instruments and appliances measuring and weighing instruments and accessories, photographic equipment, picture projection equipment and accessories, and mechanical drafting devices.

(3) IM/IT – End User Devices (EUDs) including desktops, zero-client, laptops, convertible laptops, mobility devices or tablets, and monitors, that are provided by a program of record or Program Management Office. All EUDs not provided by a program of record or Program Management Office are centrally managed by and through the Defense Health Agency (DHA). Because of this, non-program of record or Program Management Office managed EUD requirements will be managed by the MTF Chief Information Officer, not the Capital Expense Equipment Program (CEEP).

b. Technology Acquisition Program (TAP) Execution: CEEP Program Execution will comply with the TAP Execution OPORD phases and timelines. The following CEEP guidance supplements current TAP Execution Operations Order whose Concept of Operations breaks TAP Execution into eight phases as follows:.

Phase I: Document System Requirement Document (SRD)

Phase II: Conduct Market Research

Phase III: Document Product Selection Decision (Customer Selection Worksheet)

Phase IV: Develop Requisition Packet (Development/Staffing/Approval)

Phase V: QA/QC & Approval of Requisition Packet (MTF/RHC)

Phase VI: Apply Funds

Phase VII: Contracting

Phase VIII: New Equipment Onboarding

c. Readiness: MTF Mission Readiness is fundamentally affected by equipment readiness as documented in the Defense Readiness Reporting System – Army (DRSS-A) because the CEEP facilitates the efficient investment of constrained resources on clinical mission required equipment. This includes identifying and excessing equipment incurring excessive maintenance resources or no longer required to meet MTF mission requirements.

d. Equipment Requirement Identification: Clinical and non-clinical mission assessments of MTF equipment requirements will occur at least annually or during any MTF mission assessment and will include an assessment of immediate, next fiscal year, and four additional future fiscal years. Commanders will promote the conduct of MTF mission assessments of equipment requirements through the Command Supply Discipline Program (CSDP). Equipment requirement assessment will consider current and future MTF mission, equipment density, equipment utilization history, equipment maintenance history, equipment life expectancy and other enduring costs and factors as necessary to align equipment capability with MTF mission requirements and resource availability. Special emphasis should be placed on Medical Device or Medical Device Systems (MD/MDS) needed to garner maximum benefit and functionality of MHS GENESIS IAW MEDCOM OPORD 17-56 (MEDCOM MHS GENESIS Implementation). Also see Annex R of OPORD 17-56 MEDCOM Acquisition Guidance – MHS GENESIS. Assistance with equipment requirement identification may be requested from the RHC.

e. Equipment Requirement Documentation & Approval: Equipment requirements will be documented in the SharePoint CERP application as they are identified; this includes documenting immediate, next fiscal year, and four additional future fiscal years' worth of equipment requirements. Documenting equipment requirements as they are identified (instead of only when they are needed) informs future year resource management decisions and promotes the availability of CEEP funds when CEEP equipment is required. CERP facilitates equipment requirement staffing, including cybersecurity assessment by the MTF Chief Information Officer, and equipment requirement approval/disapproval for use in the Program Budget Advisory Committee (PBAC).

f. Cybersecurity and Risk Management Framework (RMF) requirements will be integrated into all CEEP acquisitions IAW *DoDI 8500.01* (Cybersecurity) and *8510.01* (Risk Management Framework (RMF) for DoD Information Technology). The MTF Chief Information Officer / Information Assurance Officer are responsible for cybersecurity and RMF compliance. An Authority to Operate (ATO) or specific waiver or exception to policy granted by the MTF CIO or designee is required prior to, or as a contracted condition of, the purchase of all IP Connectable devices. Documents available in Annex G of the current TAP Execution OPORD – Phase II (Conduct Market Research) will be used to effectively integrate RMF and cybersecurity requirements into CEEP acquisitions. These documents include the Joint Medical Device Risk Assessment Questionnaire and Army Cybersecurity – RMF Requirements contract Language document.

(1) Report to the Chief, G4/TAP any incidences whereby vendors needed to fulfill a documented requirement are unavailable due to their inability or unwillingness to comply with the Army Cybersecurity- RMF Requirements contract language. Also report add on RMF costs that exceed 10% of the device's base cost to the Chief, G4/TAP.

g. Equipment Requirement Prioritization: The MTF Commander will prioritize approved equipment requirements utilizing a PBAC or similar committee in the fourth quarter of each fiscal year and more frequently as necessary. PBAC or similar committee minutes, signed by the MTF Commander, will be retained on file in Logistics and Resource Management for two fiscal years.

h. Equipment Requirement Funding:

(1) CEEP Fund Timing: MEDCOM Resource Management establishes and fully funds a CEEP "hard fence" based on MEDCOM G4/Technology Acquisition Program (TAP) calculations for disbursement in the first quarter of each fiscal year.

(2) CEEP Fund Authorization: CEEP hard fenced funds are only authorized for use in the acquisition of approved CEEP equipment requirements.

(3) CEEP Reserve Funding: The MTF Commander may authorize a CEEP reserve amount not to exceed 5% of the total CEEP hard fence amount to accommodate urgent, unplanned CEEP equipment requirements.

(4) Supplemental CEEP Funding: MTF Commanders are authorized to supplement CEEP hard fenced funding with local Operations and Maintenance funds.

(5) CEEP Funding Shortfalls: Submit CEEP UFRs through Resource Management channels.

(6) CEEP Obligation Rates (IAW MEDCOM G8 Funding Guidance):

- 31 Oct 2017: 8%

- 29 Mar 2018: 75%
- 28 Jun 2020: 100%

i. Equipment Requirement Acquisition: The MTF Chief of Logistics will acquire approved CEEP equipment IAW the PBAC minutes or as directed by the MTF Commander for the acquisition of urgent CEEP requirements that may be required before the next PBAC as soon as CEEP funds are available (1st QTR). Equipment requests with an acquisition priority of Urgent or High should be processed prior to requests having a lower priority of Routine. CEEP requirement acquisition will continue unabated until one of the following conditions is reached:

- (1) All current year PBAC approved requirements are acquired.
- (2) All CEEP hard fenced funds are exhausted up to any Commander approved CEEP reserve limit

j. Replacement Equipment Disposition:

(1) Replaced equipment may not be retained for backup without MTF Commander's approval as retained excess equipment is an unnecessary resource constraint that also negatively affects MTF Readiness. Upload Commander signed replacement equipment retention approval memorandums into the CEEP equipment requirement into the CERP application at the time the equipment requirement is identified. Also, file Commander signed replacement equipment retention approval memorandums in the equipment items' CEEP files (new and retained equipment CEEP files).

(2) Report replaced equipment as excess to the Property Management section within 30 days of receipt of new equipment.

k. CEEP Expenditure Reporting.

(1) The MEDCOM G8 Budget Office will monitor and report CEEP obligation rates and execute funding redistribution actions IAW G4/Technology Acquisition Program recommendations. Funding redistribution recommendations will be based on CEEP requirement documentation in CERP and CEEP obligation rates.

(2) The MEDCOM G4/TAP will generate monthly execution reports from CERP for Command/Region/MTF visibility.

l. Equipment Standardization: The policies and procedures for equipment standardization are located in MEDCOM PAM 40-18. Additionally, a listing of standardized equipment can be found in the MEDCOM G4/TAP SharePoint site.

<https://mitc.amedd.army.mil/sites/G4/G4TAP/Equipment%20Standardization/Forms/AllItems.aspx>

m. MEDCASE/SuperCEEP policies and procedures are outline in the current edition of the SB 8-75-MEDCASE.

SB 8-75-11

CHAPTER 6. MEDICAL DEVICE AND/OR MEDICAL DEVICE SYSTEMS (MD/MDS) MAINTENANCE

6-1. MD/MDS MAINTENANCE PROCEDURES FOR OPERATING FORCE UNITS

SB 8-75-11 contains the most up to date guidance and procedures; information outlined in this Service Bulletin supersedes any other published guidelines. If procedures are not included in this SB refer to MD/MDS maintenance procedures for Operating Force units contained in *TB MED 750-2, Operating Guide for MTOE Medical Equipment Maintenance*, dated November 2006.

6-2. MD/MDS MAINTENANCE FOR USAMEDCOM ACTIVITIES

SB 8-75-11 contains the most up to date guidance and procedures. If procedures are not included in this SB MD/MDS refer to maintenance procedures for USAMEDCOM activities *TB MED 750-1* dated April 1998. The following chapter addresses:

a. The term Clinical Engineering replaces the term medical maintenance and is used throughout this chapter. Clinical Engineering refers to the roles for applying and implementing medical technology to optimize healthcare delivery. These roles include Asset Management, Biomedical Equipment Services, Health Information Technology Integration, and Quality Assurance/Quality Control.

b. The term Medical Device and Medical Device Systems (MD/MDS) replaces the term medical equipment and is used throughout this chapter. MD/MDS refers to any instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:

(a) intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or

(b) intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes

(c) Servers associated with MD/MDS included in their FDA 510K approval certification is considered part of the medical device.

(d) As Medical Devices are becoming more complex, utilizing software and the integration of servers, increasingly responsible for the device failures and recalls.

- Para 6-3, Contracting for Maintenance Services
- Para 6-4, Performance Work Statements for Maintenance Contracts
- Para 6-5, Commander's Maintenance Directive Para 6-6, Policy for Clinical Engineering Activities
- Para 6-7, MMQC, ECRI, Manufacture software/hardware update(s) and MMI messages
- Para 6-8, Clinical Engineering Man-hour Accounting for DMLSS Users
- Para 6-9, Management of Non-Army Owned MD/MDS
- Para 6-10, Radiation Protection Program Files
- Para 6-11, Repair Parts Management
- Para 6-12, MD/MDS Not Located for Scheduled Services
- Para 6-13, Cancellation of Scheduled Work Orders
- Para 6-14, Establishing MD/MDS Maintenance Records In DMLSS
- Para 6-15, Processing Work Orders
- Para 6-16, Processing Service Contracts In DMLSS

6-3. CONTRACTING FOR MAINTENANCE SERVICES

The DLA Troop Support-Medical has negotiated maintenance service and parts contracts with a number of vendors for the support of imaging MD/MDS, physiological monitoring systems and DIN-PACS. The DLA Troop Support medical engineers and contracting personnel will help you obtain quality, comprehensive MD/MDS maintenance services as required. The service programs are extremely flexible, permitting you to customize your maintenance requirements. The contracts can provide scheduled and unscheduled services, glassware, first-look options, plus 24/7 access to contractor services. All federally funded sites, CONUS and OCONUS, may use the DLA Troop Support Medical contracts. Managers of USAMEDCOM Clinical Engineering activities will use the DLA Troop Support-Medical contracts as the primary source for contract maintenance support. For exceptions to the use of the DLA Troop Support Medical contracts you must forward your complete proposed contracts to USAMEDCOM for approval. Send your exception request thru your region to: **Note:** Clinical engineering Activities (excluding Germany and Korea) can utilize the Joint Service Clinical Engineering Service contract for unforeseen repairs/services that exceed credit card thresholds. For more information on this contract please contact your RHC/MSC Maintenance managers.

CDR, USAMEDCOM

ATTN: G4 (M) – Clinical Engineering and Asset Management

4270 Gorgas Circle, Bldg 4270, 6th Floor

FT Sam Houston TX 78234-6000

Usarmy.jbsa.medcom.mbx.medcom-g4m@mail.mil

For additional information and/or assistance, you may contact the following offices:

CDR DLA Troop Support Medical

ATTN: DLA Troop Support Medical-FSDA/B Technical POC Imaging

700 Robbins Ave

Philadelphia PA 19111

DSN 444-3137/0741, Comm. 215-737-3137/0741 / FAX 215-737-4113/2079

CDR DLA Troop Support Medical

ATTN: DLA Troop Support Medical-FSDA Technical POC Physiological
Monitoring Systems

700 Robbins Ave

Philadelphia PA 19111

DSN 444-4885 Comm. 215-737-4885 / FAX 215-737-4113/2079

CDR DLA Troop Support Medical DLA Troop Support Medical-FSDB Medical Technical
POC DIN-PACS

700 Robbins Ave

Philadelphia PA 19111

DSN 444-3115 Comm. 215-737-3115 / FAX 215-737-4113/2079

CDR DLA Troop Support Medical

DLA Troop Support Medical-FSDA, DLA Troop Support Medical Contracting POC

700 Robbins Ave

Philadelphia PA 19111

DSN 444-2888 Comm. 215-737-2888 / FAX 215-737-4113/2079

CDR DLA Troop Support Medical

DLA Troop Support Medical-FSDB, DLA Troop Support Medical Contracting POC

700 Robbins Ave

Philadelphia PA 19111

DSN 444-2116 Comm. 215-737-2116 / FAX 215-737-4113/2079

Chief, Biomedical Equipment Acquisition Liaison DLA-Troop Support
Capital Equipment

693 Neiman St
 Ft Detrick MD 21702
 DSN 343-4483 Comm. 301-619-4483 / FAX 301-619- 9638

The USAMEDCOM POC is:

CDR USAMEDCOM
 ATTN: G4 (M) – Clinical Engineering and Asset Management
 4270 Gorgas Circle, Bldg 4270, 6th Floor
 FT Sam Houston TX 78234-6000
 DSN 471-7151
Usarmy.jbsa.medcom.mbx.medcom-g4m@mail.mil

6-4. PERFORMANCE WORK STATEMENTS (PWS) FOR MAINTENANCE CONTRACTS

Annual and one-time maintenance service contracts are effective management tools when accompanied by a comprehensive PWS informing contractor service personnel what is required. Contractor service personnel are obligated to provide only those services delineated in the contract PWS. To ensure that maximum value from service contracts, clinical engineering managers should include the following clauses in the PWS for each contract as applicable: "The service report shall accompany the MD/MDS being returned. The service report shall provide detailed information regarding the cause of the MD/MDS malfunction and corrective action taken. Include, at a minimum, the time required to complete the work, price of labor (hourly rate), and a list of parts replaced with prices for each part."

a. For On-site Repairs:

(1) "Contracted services are to be performed during the month(s) of _____ and _____ (list the required months). Contractor is required to respond within (state hours/days) (during normal duty hours) (after duty hours/weekends/holidays)."

(2) "Contractor's service representative shall report in person or telephonically notify the maintenance manager, Building Number (for the clinical engineering activity), Telephone Number, prior to commencing services during normal duty operating hours (state duty hours). During other than normal operating hours, the contractor's representative shall report to the Administrative Officer of the Day (AOD), Building Number (of the Health Readiness Platform)."

(a) "The government and the contractor's service representative will exchange hazard communication information before the commencement of any repair."

(b) "When required, the contractor's service representative will comply with the Occupational Safety and Health Administration (OSHA) lockout/tag-out standards while performing maintenance on MD/MDS."

(c) "Upon completion of services by the contractor's service representative, a service report shall be provided to the clinical engineering manager or the AOD. The service report shall provide detailed information regarding the cause of the MD/MDS malfunction and corrective action taken. It will include, at a minimum, the time required to complete the work, price of labor (hourly rate), and a list of parts replaced with part numbers and prices for each part prior to leaving the facility."

(d) "In the event all information is not available to the contractor's service representative when services are performed, the initial service report/invoice shall include all available information to close work order within 5 days. The contractor shall provide the balance of the required information to the clinical engineering manager no later than 10 days after services are completed."

(e) "After performing Calibration/Verification/Certification services, the Contract Officer Technical Representative (COTR) will affix and/or update DD Form 2163 (Medical Equipment Verification/Certification) in accordance with the instructions provided in *TB 38-750-2*, or by the clinical engineering activity's internal SOP."

(f) "Contractor's service representative will be factory trained and have a minimum of two years of experience working on the contracted MD/MDS"

(g) "Contractor must furnish all software updates/patches issued by the MD/MDS manufacturer."

(h) "Contractor shall have access to all necessary diagnostic software (if applicable)."

- (i) "Contractor shall use only OEM new or OEM refurbished repair parts."
- (j) For all contracts that require calibration of radiographic systems, include this

statement:

"The contractor shall complete DD Form 2164 (X-ray Verification/Certification Worksheet) in accordance with the instructions provided in TB 38-750-2. A continuation sheet shall be attached to the DD Form 2164 indicating the manufacturer, model, serial number, and date of calibration expiration of all items of test, measurement and diagnostic equipment (TMDE) used to perform the calibration."

(k) "Required forms and extracts from pertinent directives will be furnished to the contractor's service representative by the government."

(l) If the contractor's calibration equipment produces a printed summary of the calibration procedure used, attach the printed summary to the DD Form 2164. Ensure that the heading of the DD Form 2164 is filled out and that the form is properly signed.

b. The clinical engineering manager will document unscheduled services performed under an annual or one-time service contract in the automated maintenance system (i.e. work by other tab in the DMLSS maintenance module using the contractor's hourly rate and parts cost. Maintain service reports provided by the contractor in the contract files.

c. The clinical engineering manager will document scheduled services performed under an annual service contract using the automated maintenance system generated scheduled service transaction. Use an unscheduled work order transaction, with the applicable action code, when performance of scheduled services by the contractor occurs at an interval other than that for which the MD/MDS item is normally scheduled.

d. Clinical engineering managers must ensure that all services performed under an annual or one-time service contract are captured in in the automated maintenance system (i.e. GCSS-A/DMLSS in the "work by other": tab). **Note: The clinical engineering manager is required to perform an economic analysis prior to initiation or renewal of any annual service maintenance contract, and maintain a copy of the economic analysis in the contract file. Economic analyses are also required for one-time service contracts.**

e. It is critical that there be a certified contracting officer representative (COR) in each clinical engineering activity. The contracting officer will appoint a technically qualified 670A/NCOIC (68A NCO)/ DA Civilian with a medical maintenance background to serve as a COR within the clinical engineering activity for all service contracts. MD/MDS operators or supervisors of MD/MDS operators will not contact service vendors for MD/MDS services unless appointed as the Contracting Officer Representative. It is important that manufacturer/vendor service representatives coordinate directly with the clinical engineering activity to provide service on MD/MDS.

f. A vital role of clinical engineering management is to provide a fully qualified COR/COTR (IAW with AR 71-13 para 2-2f) to effectively and accurately communicate contract performance with the clinical engineering manager and the contracting officer. Clinical engineering managers will ensure a qualified COR/COTR accompany the contract service representative and validate contract performance as identified in the PWS. The COR/COTR must possess the technical expertise, experience, training, and education pertaining to the MD/MDS necessary to monitor contract performance. **Note:** All worked performed on MD/MDS and TMDE by an outside agency require a detailed service report outlining work performed, labor hours and parts cost. This information is transcribed into the "Work by Other" tab with-in your system of record. Service report is then uploaded into the MD/MDS and TMDE work order within DMLSS for inspection purposes.

6-5. COMMANDER'S MAINTENANCE DIRECTIVE

a. First O5 Commander with organic MD/MDS repair capability will review, sign and publish a maintenance policy (Commanders Maintenance Directive). The Commanders Maintenance Directive will establish basic maintenance policies and responsibilities for the performance of the activities' maintenance mission. **Note:** All contracts for MD/MDS to include Laboratory, Pharmaceutical, Research Testing and Development (RT&D) medical devices will be managed by Clinical Engineering.

b. At a minimum, the Commanders Maintenance Directive will include comprehensive maintenance program responsibilities for the following:

- (1) Commander
- (2) Director of Logistics/Chief Logistics Division
- (3) Chief, Clinical Engineering or equal
- (4) Supervisors of MD/MDS operators
- (5) MD/MDS operators

c. This Commanders Maintenance Directive should also:

- (1) Manage the program for the performance of scheduled and unscheduled services.
- (2) Require that any maintenance significant item classified as a MD/MDS or any maintenance significant MD/MDS peripheral is maintained by the clinical engineering activity.
- (3) Identify the individual(s) having authority to approve waivers of Maximum Repair Limit Cumulative (MRLC) thresholds and maintenance expenditure limits (MEL), with explanatory procedures for processing a request for a waiver.
- (4) Identify the individual(s) authorized to initiate maintenance service contracts and restricting who has authority to contact vendors for warranty and contract maintenance services.
- (5) Require that Clinical Engineering be involved with all MD/MDS procurements; meet all regulatory requirements upon request and receipt of all new MD/MDS by the activity.
- (6) Define the procedure for handling non-government owned (rented/leased/cost per test/reagent contract) patient care and diagnostic clinical/laboratory MD/MDS compliance with regulatory guidance and accreditation agency requirements.
- (7) Adding all non-government owned patient care (CPAPs, BiPAP, etc.) and diagnostic MD/MDS to the activity's property book and induct into the clinical engineering program.
- (8) Define the commander's policy for handling items of MD/MDS that cannot be located for the performance of scheduled maintenance services.
- (9) Identify the point of contact for reporting incidents under the Safe Medical Device Act of 1990.

6-6. POLICY FOR CLINICAL ENGINEERING ACTIVITIES

a. Clinical Engineering/Installation Medical Maintenance Activity (IMMA) activities will:

- (1) Perform maintenance locally IAW *AR 750-1, AR 40-61, TB MED 750-1, TB MED 750-2* and this SB 8-75-11. Qualified military, civilian, and contractor personnel are the only personnel authorized to perform maintenance of Army owned MD/MDS and must be:
 - (a) Graduates of a military Biomedical Equipment Specialist/Technician Course
 - (b) Graduates of a Biomedical Equipment Technician Course from an accredited college
 - (c) Biomedical Engineer with a Bachelor's Degree from an accredited college/university
 - (d) Contractor personnel with documented factory training
- (2) Consider USAMMA maintenance activities as an alternate clinical engineering operation for support maintenance. If an activity cannot repair a MD/MDS locally, contact the USAMMA Medical Maintenance Management Directorate for maintenance support for the repair and return of economically repairable MD/MDS at DSN 343-9780/4365 or commercial 301-619-9780/4365.
- (3) Provide area MD/MDS support to Army installation units, as defined in MEDCOM Regulation 40-21 and paragraph 6-6b of this SB.

(4) Execute a comprehensive scheduled service and repair program for all MD/MDS IAW Original Equipment Manufacturer (OEM), DOD, National Fire Prevention Association (NFPA), Regulatory, and Emergency Care Research Institute (ECRI) guidance. The performance of scheduled services on MD/MDS will take precedence over all maintenance responsibilities except for emergency or urgent MD/MDS repairs. **Note:** Variation to MFG maintenance plans will be reviewed and approved by RHC/MSC after proper analysis has been performed in the absence of MFG maintenance plan. All MD/MDS will require a INSP,PM and CAL if it produces a known value.

(5) Perform inspection and electrical safety testing programs for medical electrical or electronic MD/MDS IAW the standards of the NFPA Health Care Facilities Code (NFPA 99) and command guidance.

(6) Schedule and perform scheduled services on MD/MDS in accordance with the more stringent of manufacturer's recommendations. In the absence of a maintenance plan in the system of record (GCSS-A/DMLSS) activities will use manufactures literature. **Note:** When documenting direct labor hours for MD/MDS, personnel will enter actual hours reflecting the time it took to complete the sustainment of a single piece of MD/MDS equipment. Technicians will ONLY work on one MD/MDS at a time to minimize errors and the risk to patient care. i.e. If a technician is working on multiple Infusion Pumps at one time, the technician will log the actual hours associated for each Infusion Pump and not combine the time worked together between the different MD/MDS Work Orders.

(7) Program, accomplish, and document calibration, verification, and/or certification of MD/MDS as required by directives, manufacturers' recommendations, and DMLSS maintenance plans.

(8) Forecast, schedule, and perform Scheduled Parts Replacement (SPR) in accordance with manufacturers' recommendations or DMLSS maintenance plans.

Note: Month prior, MTF will order all SPRs as Shop Stock. SPR will be identified and cataloged during the Acceptance Inspection

(9) Ensure suspended Scheduled Work Orders Report are reviewed and approved by the commander on a monthly basis. Suspended work orders will only be used for MD/MDS that have an activity intends to turn in and no longer plans to use at the activity. There are situations where MD/MDS can be suspended without turn-in; an example is a facilities project requiring MD/MDS to be placed in storage. If MD/MDS are considered contingency MD they are still required to be maintained in accordance with manufactures specifications.

(10) In accordance with *MEDCOM Regulation 40-21*, Medical Treatment Facilities and other USAMEDCOM activities with MD/MDS maintenance capability, will provide maintenance support within their geographical area of responsibility as follows:

(a) On a scheduled and/or requested basis, USA MEDCOM clinical engineering activities will provide support to non-USAMEDCOM Active Army activities without an authorized organic MD/MDS maintenance capability.

- All non-MEDCOM organization will load customer information into system of record and utilizing the appropriate DIMRSI codes for billing purposes.

- MD/MDS will be loaded as Property Accountable – NO; "Maintenance Significant Y/N" depending if service will be enduring.

- In order to accept a MD/MDS from a non-MEDCOM organization, the non-MEDCOM unit will have to provide a copy of the Work Order from their respective system of record.

(b) Upon request, USAMEDCOM clinical engineering activities will only provide support to installations with non-MEDCOM tenant units possessing organic MD/MDS maintenance capabilities that have exhausted all MS/MDS support assets.

(c) Upon request by USAR, ARNG, and other DOD/Federal government agencies to the extent that requirements permit and if capabilities and capacities exist.

b. Reimbursable and non-reimbursable policy. Reimbursement policy (see summary table) for MD/MDS repair parts and other MD/MDS maintenance services provided non-USAMEDCOM activities are as follows:

(1) Repair parts

(a) The installation medical supply activity (IMSA) is the primary source for medical repair parts for non-USAMEDCOM units on a reimbursable basis.

(b) Medical repair parts used by USAMEDCOM clinical engineering activities when performing maintenance on MD/MDS belonging to any Active Army unit will be on a non-reimbursable basis. This includes Operational Maintenance Defense (OMD) or Operational Maintenance Army(OMA) funded units.

(c) Medical repair parts used by USAMEDCOM clinical engineering activities when performing maintenance on MD/MDS belonging to any other activity other than identified in paragraph (10) above are provided on a reimbursable basis.

(2) Labor costs

(a) Military and Civilian labor costs for the support of the Active Army are not reimbursable.

(b) Military and Civilian labor costs for the support of ARNG are reimbursable.

(c) Military labor costs for the support of USAR, DOD, and other Federal agencies are not reimbursable.

(d) Civilian labor costs for the support of USAR, DOD, and other Federal are reimbursable.

(3) Reimbursable maintenance cost policy. When the reimbursable maintenance costs (parts cost plus applicable labor cost) are less than \$100 per calendar quarter, the reimbursement may be waived.

(4) TDY expenses

(a) TDY expenses to support Active Army OMD or OMA-funded organizations MD/MDS are not reimbursable.

(b) TDY expenses to support any activity other than those in paragraph 4(a), above, are reimbursable.

(c) Maintenance support (labor, repair parts, TDY) provided to Dental Activities (DENTAC), Veterinary Activities, Public Health Command, and Military Entrance Processing Stations (MEPS) are not reimbursable and should be calculated in the workload forecast.

REIMBURSEMENT POLICIES (Summary Table)				
ITEM	ACTIVE ARMY	OTHER DOD		
		USAR	ARNG	AGENCIES
REPAIR PARTS ISSUED BY IMSA	YES	YES	YES	YES
REPAIR PARTS UTILIZED ON WORK ORDER	NO	YES	YES	YES
MILITARY LABOR	NO	NO	YES	NO
CIVILIAN LABOR	NO	YES	YES	YES
TDY EXPENSES	NO	YES	YES	YES
NOTE: Total maintenance costs (parts cost plus applicable labor cost) more than \$100 for any non-OMA- funded activity are reimbursable				
TDY EXPENSES to support all activities other than active Army are reimbursable with the exception of MEPS.				

c. Maintenance services

(1) Ensure that MD/MDS density lists and scheduled services lists are developed and maintained IAW *AR 40-61*, *TB MED 750-1*, and GCSS-A/DMLSS procedures and manufacturers guidance **Note:** All maintenance significant MD/MDS will be serviced annually to ensure readiness.

(2) Provide admin/support services in support of radiation surveys, the MEDCASE/CEEP/SUPERCEEP programs and other programs as required.

(3) Provide supportive maintenance services to other medical activities as prescribed by other command directives.

d. Performance objectives of the maintenance activities are to:

(1) Ensure MD/MDS are readily available to sustain the highest standards of patient and staff safety, readiness, accountability, and access to the System for Health IAW policies stated in AR 40-61 by providing:

(a) Cyclic scheduled services (Inspections, Preventive Maintenance, Calibrations, and/or Scheduled Parts Replacements)

(b) Effective and timely repair services

(c) Efficient utilization of clinical engineering personnel

(d) Work order backlog safety level

(e) Four factors of safety

(2) Cyclic scheduled services. The performance standard for all maintenance significant MD/MDS is **100 percent completion** of all scheduled services actions during each required maintenance period. Maintenance Significant MD/MDS are defined as any item that produces a known measurable value. MD/MDS not serviced within the scheduled maintenance period is unsafe for clinical use; therefore, clinical engineering personnel will remove from patient areas and/or clinical areas until successful performance of required service actions.

(3) Effective and timely repair services. Turnaround time (TAT) is a critical element for a clinical engineering activity. TAT is the period of time that elapses between the time clinical engineering accepts a repair work order, followed by accomplishment of the work, and the time at closeout of the work order. The objective of all Army maintenance providers is to achieve TAT on all work orders within the period required by the customer, as indicated by the work order priority. The performance standard for all MD/MDS is repairs closed within the TAT standards as indicated by the MD/MDS work order priority. **Note:** Clinical Engineering and Clinical staff will work together to pre-determine what items fall into each category (Emergency, Urgent and Routine). See definition break down in section 6-15

Work Order Priority	TAT Standard
Emergency	5-days
Urgent	8-days
Routine	30-days

(4) Efficient utilization of Clinical Engineering direct labor personnel. Manpower utilization is the ratio of **Hours Available for Maintenance/Hours available + Duty Absence** expressed as a percentage. . Hours Available for Work are those hours remaining after subtracting Non-Duty Absence hours from Total Hours. The USAMEDCOM has established an acceptable percentage of **85% or higher** on the MMR each month. AR 40-61 states "medical equipment repairers will be used for medical maintenance duties. Do not assign MERs additional duties that may adversely affect the maintenance of medical equipment." The Commander will place direct labor personnel not expending more than 50% for MD/MDS maintenance on appointment orders justifying individual's additional duty. NCOICs/Shop Foremen of Clinical Engineering Sections/Biomedical Equipment Services will remain in the position assigned to by rank and TDA, removing these key personnel from the shop will directly impact sections performance.

HOURS AVAILABLE FOR WORK + DUTY ABSENCE / HOURS AVAILABLE FOR MAINTENANCE = UTILIZATION RATIO

Note:

Hours Available for Maintenance/Hours available + Duty Absence = Utilization.

Note: Charged hours are labor hours directly associated with scheduled and unscheduled work orders. Hours available for maintenance are those hours remaining after subtracting non-duty absences.

Charged Hours	0
Hours Available for Work	0
Charged Hours/Hours Available for Work	0.0%
Hours Available for Maintenance	0
Charged Hours/Hours Available for Maintenance	0.0%

(5) Work order backlog safety level. Work order backlog are those received work orders that are not completed.

(a) A work order backlog of 5 days or less is nominal. A backlog greater than 5 days is a significant risk to the commander's ability to provide access to care and readiness.

(b) A backlog greater than 5 days indicates an existing problem with a staffing shortfall or work load management. Management will conduct a root cause analysis to determine the reason for the backlog in excess of 5 days and report to their higher next higher command (i.e. RHC) and EOC.

(c) The nominal 5-day backlog is determined by dividing the monthly average unscheduled services completed for the previous 6 months by 4.2.

(d) Example. An activity's 6 month average is 180 unscheduled services completed per month. The 5-day backlog safety level will be 42.8 (180/4.2). If there are more than 42 unscheduled work orders currently open this indicates a backlog greater than 5 days. If there are less than 42 unscheduled work orders currently open this indicates the activity is within the safe level for open unscheduled services.

(6) Four factors of safety. This information is derived from the Consolidated Customer Maintenance Report. The performance standard No Problem Founds, Operator Errors, Service Failures, and Unable to Locate is zero occurrences. Further guidance on identifying and processing the four factors of safety is located in paragraph 6-15 of this chapter.

Date Prepared: 06OCT2015 As Of: 25SEP2015

**DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT
CONSOLIDATED CUSTOMER MAINTENANCE REPORT
FT JACKSON MEDDAC MEDICAL MAINT BR
September 2015**

Organization: FORT JACKSON

Customer Name	Unsch Total	Unsch Com	Unsch Hours	Sch Total	Sch Com	Sch Hours	Parts Cost	Cont Cost	No Prob	Oper Err	Svc Fail	Un Loc
OLIVER DENTAL CLINIC	0	0	0.0	0	0	0.0	\$0.00	\$0.00	0	0	0	0
OPERATING ROOM - ANESTHESIA	2	1	4.5	7	7	4.0	\$2,121.70	\$0.00	0	0	0	0
OPTICAL LABORATORY	5	2	3.9	0	0	0.0	\$0.00	\$0.00	0	0	0	0
OPTOMETRY CLINIC - PES BLDG 1890	6	2	3.2	1	1	1.0	\$0.00	\$0.00	1	0	1	0
ORTHOPEDIC CLINIC-GROUND FL	1	0	0.0	0	0	0.0	\$0.00	\$0.00	0	0	0	0
OTOLARYNGOLOGY ENT CLINIC 3RD FLOOR	3	2	3.5	4	4	2.9	\$0.00	\$0.00	1	0	3	0
PATHOLOGY 3RD FLOOR	20	12	26.9	5	5	1.0	\$76.50	\$51.40	2	0	0	0
PHARMACY SERVICE 1ST FLOOR	0	0	0.0	0	0	0.0	\$0.00	\$0.00	0	0	0	0
PHYSICAL EXAM DENTAL CLINIC - PES	2	2	2.4	9	9	18.0	\$33.30	\$0.00	0	0	0	0
PHYSICAL EXAM STATION - PES BLDG 1890	0	0	0.0	1	1	1.0	\$85.50	\$0.00	0	0	0	0
PHYSICAL THERAPY 11TH FLOOR	2	1	3.2	0	0	0.0	\$150.00	\$0.00	0	0	0	0
PREVENTIVE MEDICINE	0	0	0.0	2	2	2.5	\$0.00	\$0.00	0	0	0	0
PROPERTY BOOK WAREHOUSE	3	3	5.1	0	0	0.0	\$0.00	\$0.00	1	0	0	0
RADIOLOGY SERVICE GROUND FLOOR	11	4	18.5	13	13	21.7	\$0.00	\$0.00	0	1	4	0
REPORTED EXCESS WAREHOUSE 1ST FLOOR	24	22	28.1	6	6	3.0	\$0.00	\$9,572.65	2	0	0	0
RESOURCE SUPPORT AND ANALYSIS BRANCH	5	5	7.2	0	0	0.0	\$0.00	\$0.00	0	0	0	0
SPECIAL CARE UNIT/PACU	0	0	0.0	2	2	5.0	\$0.00	\$0.00	0	0	0	0
SURGICAL WARD 8 EAST	2	2	6.4	0	0	0.0	\$1,022.98	\$0.00	0	0	0	0
TROOP CLINIC - MCWERTHY	0	0	0.0	1	1	0.5	\$0.00	\$0.00	0	0	0	0
URGENT CARE CLINIC	0	0	0.0	1	1	2.5	\$0.00	\$0.00	0	0	0	0
VETERINARY SERVICE (SRVSSD)	2	1	17.0	11	11	11.6	\$0.00	\$0.00	0	0	1	0
Total	203	136	339.6	393	391	504.2	\$16,634.10	\$18,034.75	18	1	16	0
Grand Total	203	136	339.6	393	391	504.2	\$16,634.10	\$18,034.75	18	1	16	0

6-7. MEDICAL MATERIAL QUALITY CONTROL (MMQC) AND MEDICAL MATERIAL INFORMATION (MMI) MESSAGES

a. The Distribution Operations Center (DOC), USAMMA, researches and disseminates all DoD MMQC messages and MMI messages IAW 21 CFR, the Safe Medical Device Act (SMDA), and the Food and Drug Administration(FDA) MD/MDS Report Regulations.

b. The RMC Clinical Engineering Managers and Operating Force Clinical Engineering Managers at the TLAMMs and MLCs will ensure clinical engineering activities within their area of operation comply with MMQCs and MMIs and report completed actions through the USAMMA, DOC.

c. Clinical engineering managers and Biomedical Equipment Specialists (BESs) will comply with instructions in MMQC and MMI messages pertaining to MD/MDS. Clinical engineering managers and manager designated BESs must register on the USAMMA website to receive messages via email. Contact the DOC, USAMMA or National Maintenance Plan(NMP) if you need assistance with the registration process.

d. Clinical Engineering managers and BES's will ensure any updating of medical devices supporting documentation is attached in the MD/MDS work order record within DMLSS. This is inclusive but not limited to, compliance of MMQC messages, ECRI alerts, and manufacturer requirements for the safety and security of said medical device/medical device systems software/hardware in coordination with respective local Information Management Directorate (IMDs) guidance.

e. All clinical engineering activities will be registered with ECRI to supplement USAMMA's MMQC/MMI process. Clinical engineering activities will address all alerts that affect MD/MDS within their activity and report to RHC and USAMMA NMP. Activities will request access to the ECRI website through their supporting RHC.

6-8. CLINICAL ENGINEERING WORKLOAD ACCOUNTING FOR DMLSS USERS

a. The DMLSS Maintenance Management Report (MMR) is a three-part report to include Unscheduled Services, Scheduled Services, and Maintenance Service Time Accounting.

(1) Part III Maintenance Service Time Accounting displays the number of authorized versus assigned military and civilians. The second section summarizes time for all active technicians as recorded on the maintenance personnel time sheet. The third section provides statistics about the number of hours available versus the number of hours recorded in work orders. One of the critical tools a maintenance manager has to evaluate the overall performance of his/her maintenance program.

(2) An MMR that contains inaccurate data, or is missing data, is of limited value and reflects unfavorably on the Commander, Maintenance Manager and his/her staff.

b. The following paragraphs provide guidance to assist management personnel to correct and/or improve the quality of man-hour accounting data appearing on your MMR:

(1) Each Clinical Engineering activity, regardless of size, contains at least two functional internal work centers, a direct labor work center (hands-on MD/MDS service, MD/MDS System Administrators) and an indirect labor work center (management OIC/NCOIC , administration, Quality Assurance/Quality Control (QA/QC) and repair parts).

(a) Clinical Engineering QA/QC will be brought to the attention of the Chief, CE. Mission includes receiving, identifying, tracking, and reporting Medical Material Quality Control (MMQC) recalls, Asset management lifecycle records management, reviewing Centralized Equipment Requirements Program (CERP) packets for maintenance supportability, and investigating Patient Safety Reports (PSR) where Medical Devices are found to be involved. Evaluate Asset Management lifecycle records management.

(b) MD/MDS System Administrators supports general Information Management/Information Technology (IM/IT) requirements for Clinical Engineering. The process includes but not limited to technical evaluation during the procurement of MD/MDS, risk assessment, risk mitigation and maintenance support of all Information Technology (IT) embedded MD/MDS and patient care support systems.

(2) Enter all personnel, direct labor, and indirect labor on the DMLSS Monthly Time Sheet. A current copy of the Table of Distribution and Allowances (TDA) from the U.S. Army Force Management Support Agency must always be on-hand in the maintenance activity. The numbers for authorized personnel annotated on the monthly time sheet will come from that TDA.

(3) Enter only the number of authorized and assigned direct labor personnel on the bottom blocks of the monthly time sheet. The assigned figures entered on the monthly time sheet will reflect the numbers of direct labor personnel (military, reserve, civilian or full time contractor personnel) assigned to the maintenance activity on the last duty day of the report month. Under Time Sheet Information on page 3 of your Maintenance Management Report, the Personnel

Assigned field should account for all shop personnel, direct and indirect. Use the instructions below when entering data into your monthly timesheet in the DMLSS Maintenance Module.

(4) Regular hours. These are the number man-hours available to each direct labor individual based the number of normal working days in the report month, multiplied by eight (8) hours per day (assigned hours for personnel authorized alternate work schedules may differ slightly from this).

(a) If the maintenance activity has contractor personnel working full time in the shop, their hours should be counted as regular hours, if not full time in the shop, their hours should be accounted as "work by other".

(b) Other services personnel or reservists on active duty should have their hours included in the regular hours. Direct labor personnel on TDY or deployed on a Temporary Change of Station (TCS) will have a full month of regular hours entered into the DMLSS Monthly Timesheet.

(c) Annotate page three of the MMR with information relating to contractor, reserve or other service personnel. For direct labor personnel who were departing or arriving, and were not available for the entire report month, enter only their actual available for maintenance duty man-hours in the regular hours blocks.

(d) For indirect labor personnel, enter zero man-hours on the monthly time sheet. If indirect labor personnel (OIC, NCOIC, etc.) do complete some scheduled or unscheduled services, add their actual expended hours, from the completed work orders, in the 'regular hours' blocks. Otherwise, enter zeros in the regular hours block for all indirect labor personnel.

(e) Manually annotate information on all arrivals and departures of personnel during the report month in the remarks section on page three of the MMR. **Note:** Training holidays called by a commander are duty days and must be included in the regular hours. The training holiday hours are to be captured as non-duty absence. Conversely, a holiday or administrative absence declared by the president (i.e., Christmas Eve, National Day of Mourning, etc.) is not a duty day.

(5) Overtime hours are hours worked beyond the normal 8-hour day for which no compensatory time is given. Overtime will be added to the assigned and available labor man-hours.

(6) Non-duty absence hours are direct labor man-hours not available to the work center. Some categories of non-duty absence are annual leave, sick leave, sick call, time off (but not compensatory time for working overtime), hospitalization, personnel affairs, absent without leave, leave without pay, and imprisonment. Include the training holiday hours in the regular hours and account for the personnel absences as non-duty absence. Note the training holiday information in the remarks section of the MMR.

(7) Duty absence hours are those expended direct labor man-hours performed away from the work center that cannot be captured on work orders. This category includes security briefings, additional duty training (e.g. Unit Prevention Leader, Sexual Harassment/ Assault Response and Prevention), hazardous material/hazardous communications training, military training and NCOES. Also, extra duties such as CQ, duty NCO, or duty officer (performed during normal duty hours), , other off installation TDY, TCS to area of conflicts, Professional Filler System (PROFIS) deployment, and personnel in/out processing are examples of duty absences. Personnel detailed to work outside the maintenance activity as the commander's driver, or working full time in supply chain management would be carried as non-duty absence. A training holiday called by a commander in the chain of command is a normal duty day that military personnel have off, but civilian personnel must take leave to be absent. The TDY performed in support of satellite activities is covered in subparagraph 11 below.

(8) Admin/Support hours are direct labor man-hours lost from the direct labor (hands-on) work center. When a direct labor individual is detailed to act as work order clerk or repair parts clerk, etc., enter the lost direct labor repair man-hours into the data base as admin/support hours. Hours spent entering work order data into the DMLSS data base by direct labor personnel are admin/support hours. Hours spent researching MD/MDS for the CEEP/MEDCASE program or performing pre-procurement technical surveys are admin/support hours. In a small maintenance activity having only direct labor personnel, document all man- hours expended by direct labor individuals to perform administrative and management functions as admin/support hours. Shop clean-up, area police, motor stables; operator vehicle maintenance; and researching information on repair parts not connected with an open work order are other examples of admin/support hours. Explain all admin/support direct labor hours in the MMR remarks section. **Note:** Unscheduled work orders will not be utilized to capture Admin/Support Hours

(9) Technical training hours are man-hours expended by direct labor personnel that contribute to the maintenance mission but cannot be captured on work orders. Commonly, hours spent attending in-house or off the installation technical training at a manufacturer's training site would qualify as technical training. Hours of training provided on-site by a vendor or other outside source would be captured as technical training. Explain technical training in the remarks section of the

MMR. Mandatory non-technical training for military and civilian personnel will be entered as duty absence.

(10) Supervisory hours are man-hours expended by direct labor personnel performing supervisory functions within the maintenance activity. Do not enter supervisory man-hours expended by indirect labor personnel. Direct labor personnel involvement in supervisory functions should be held to a minimum in maintenance activities with assigned supervisory personnel. An exception might be when a junior NCO is tasked to fill in as NCOIC when the assigned shop NCOIC is absent on leave or pass. Being a team leader is not considered to be a supervisory function.

(11) Civilian direct labor personnel will not be used in supervisory positions unless no Military supervisory personnel (670A Warrant Officer or 68A Non-Commissioned Officer) are available.

(12) Travel-time hours are direct labor man-hours expended traveling to and from scheduled and unscheduled maintenance visits. Travel-times of 0.3 (18 minutes) hour or less will be charged to the work in progress. On the MMR, enter only travel hours that exceed 0.3 of an hour one-way. TDY for servicing satellite activities will involve travel. For those satellites more distant than 0.3 of an hour of travel time, collect the direct labor man-hours expended to perform the travel to and from the satellites as travel-time. There will be hours of travel to the remote work site, hours of work accumulated on work orders at the work site, and travel back to the home station.

c. Time sheet accuracy is a measurement of management excellence and indicates how efficiently the work centers accounts for work load. This rate is computed by dividing the Charged Hours by the Hours Available for Maintenance. The USAMEDCOM has established an acceptable range between 95% and 100%. The maintenance manager will explain utilization percentages above 100% or below 95% on the MMR each month. **Note: Hours Available for Work are those hours remaining after Non-Duty Absence and Duty Absence hours are subtracted from Total Hours. Hours Available for Maintenance are those hours remaining after Admin/Support, Technical Training, Supervisory Hours, and Travel Hours are subtracted from Hours Available for Work.**

Charged Hours	0
Hours Available for Work	0
Charged Hours/Hours Available for Work	0.0%
Hours Available for Maintenance	0
Charged Hours/Hours Available for Maintenance	0.0%

d. The Authorizing Official on the Commanders Maintenance Directive will authenticate MMR and sign the block labeled Authenticating Officer. The senior clinical engineering manager present for duty should sign the blocks labeled Maintenance Manager. The MMR, DMLSS Monthly Timesheet, and Consolidated Customer Maintenance Report are due to your RHC by the 5th working day of your end-of-month cycle. The RHC/MSC will consolidate reports and submit to USAMEDCOM, G4 (M) by the 10th calendar day of the end-of-month cycle.

e. The manager will submit any unusual entries or changes that appeared on the MMR, CCMR, or the DMLSS Monthly Timesheet on a memorandum through their commanders to RHC/MSC. Memorandum for record will explain the following:

- (1) All scheduled services not completed
- (2) MD/MDS with a "failed" service result
- (3) All scheduled and unscheduled work orders over 30 days old
- (4) All work orders with a failure reason of "no problem found" or "operator error"
- (5) Status of any prior months unable to locate (UL) work orders (**this must also include FLIPL document numbers for UL over 15 days**).
- (6) Cancelled scheduled work orders
- (7) Utilization rate below the MEDCOM performance objective
- (8) Personnel departures and arrivals

f. The clinical engineering activity should retain a copy of this memorandum as it is of great value when, at a later date, the manager needs to explain or justify data appearing on an MMR. Detailed remarks enhance the usefulness of the MMR to the manager in evaluating the operation of the maintenance activity.

6-9. MANAGEMENT OF NON-ARMY-OWNED MD/MDS

a. USAMEDCOM activities use many items of non-Army-owned MD/MDS in the care, diagnosis, and treatment of patients as well as in performing research. This includes, but is not limited to, clinical and laboratory MD/MDS that is, leased, rented, loaned, provided for demonstration or a reagent contract, or identified as cost per test equipment. The management of these categories of MD/MDS presents a unique challenge to the Clinical Engineering manager. Compliance with the Joint Commission, the College of American Pathologists, and other regulatory and/or safety accrediting organizations is a significant part of that challenge.

b. To ensure compliance with requirements from accrediting organizations, regulatory guidance, and other standards, maintenance managers must be involved in all aspects of life cycle management for non-Army-owned clinical and laboratory MD/MDS used within the activity.

c. Chiefs of Logistics/Directors of Logistics will ensure that:

(1) The maintenance activity is involved in all phases of the acquisition process for non-Army-owned MD/MDS prior to arrival to the activity.

(2) A PWS identifies who is responsible for the repair and/or, performance of MD/MDS scheduled services.

(3) The PWS includes the requirement for comprehensive reports from the vendor's representative for the services performed on this MD/MDS.

(4) Regardless of ownership, the activity will place each item of received MD/MDS on the property book and clinical engineering personnel will technically inspect MD/MDS prior to release for use in the in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, research, or prevention of disease, in man or other animals.

(5) Clinical and laboratory MD/MDS that require a documented scheduled service are picked up on the activity's property book and identified as an item requiring maintenance.

(6) Use DMLSS to schedule MD/MDS for any required services.

d. The Clinical Engineering manager will:

(1) Ensure that upon receipt of a vendor's service report, record completed services in the maintenance system of record (i.e. DMLSS).

(2) Adjust the scheduled services base date forward one-year. If the manufacturer has recommended a different interval for the performance of scheduled services, use the most stringent interval.

(3) Upon the completion of calibrations, ensure that the DD Form 2163 (Medical Equipment Verification/Certification) is attached or updated to serve as a visual indicator of the date the next service is due. The vendor service representative or the activity maintenance personnel can update the DD Form 2163.

e. Formulating the program for the accountability and maintenance of non-Army-owned clinical and laboratory MD/MDS you should keep this and the previous chapter along with the following guidelines in mind:

(1) The organization will have a management plan that addresses MD/MDS. The process for selecting and acquiring MD/MDS is a part of this plan.

(2) The organization maintains documentation of:

(a) A current, accurate, and separate inventory of all MD/MDS in the MD/MDS management program, regardless of ownership.

(b) Performance testing and safety testing of all MD/MDS included the management program prior to initial use and periodically thereafter IAW AR 40-61 and NFPA 99, Health Care Facilities Code. MD/MDS testing time frame longer than 12 months may be justified based on previous experience, risk assessment, and safety committee approval.

(c) Performance of scheduled services according to a schedule based on current organizational experience and ongoing monitoring and evaluation.

f. The PWS for contract/purchase requests for non-government-owned clinical and laboratory MD/MDS might not list a requirement for the performance of periodic scheduled services. In some instances, the vendor's service representative may state that no periodic scheduled services are required on a specific item of MD/MDS because all functions are verified each time that the MD/MDS is repaired. For those items of non-government-owned MD/MDS, for which no scheduled services are identified, the following procedure should be used by the clinical engineering manager:

(1) Identify those items of non-government-owned MD/MDS for which no scheduled services have been identified or contracted.

(2) Establish scheduled preventive maintenance, electrical safety testing, and calibration/verification/certification services for the MD/MDS. Establish base dates for these MD/MDS in DMLSS. Use the scheduled services already assigned to like items of MD/MDS as a guide.

6-10. RADIATION PROTECTION PROGRAM FILES

a. The permanent Radiation Protection Program Files (RPPF) will be established IAW AR 25-400-2 [The Army Record Information Management System (ARIMS)] using file number 750-8i. The RPPF is mandated by provisions of *21 CFR*, subchapter J; *TB MED 521*; and *TB MED 750-1*. A separate RPPF will be initiated and maintained for each certified radiographic MD/MDS owned by a USAMEDCOM activity. At a minimum, each RPPF must contain the following documents:

(1) Initial acceptance inspection package (for locally purchased radiographic MD/MDS, a copy of the acceptance work order meets the requirement for an acceptance package).

(2) The owner's copy of all manual or automated FDA Forms 2579, submitted to the Food and Drug Administration.

(3) The latest DD Form 2164 with attached list of TMDE used to perform Calibration/Verification/Certification citing manufacturer, model number, serial number, and date of calibration expiration of the TMDE.

(4) Copy of the initial radiation survey and most recent radiation survey.

(5) Current copy of the applicable automated maintenance history.

(6) All work orders generated subsequent to the date of the maintenance history.

(7) Copies of all forms generated when a radiographic MD/MDS is disposed of through the Defense Logistics Agency-Reutilization Service (DLA-DS).

(8) Copy of the DMLSS work order used to TI the radiographic MD/MDS for disposal to DLA-DS or trade-in.

(9) Copy of change of custody document for radiographic MD/MDS traded in to a manufacturer against the purchase of a new radiographic MD/MDS. **Note:** The Form FDA 2579 must be completed and forwarded to the FDA within 15 days of the installation of radiographic MD/MDS. If the radiographic MD/MDS is installed by contractor personnel, the contractor must furnish you the original of the owner's (pink) copy of the Form FDA 2579 (or a paper copy of the electronic form transmitted to FDA) within 15 days. If the radiographic MD/MDS is installed by MTF personnel, the installer must submit the FDA Form 2579 to the FDA and maintain the installer's (blue) copy in his/her personnel file for five years.

b. The individual RPPF may be used as the warranty and/or contract file for each radiographic MD/MDS. If used as a warranty file, copies of all purchase requests and shipping documents should be in the RPPF if available. If used as the contract file for the radiographic MD/MDS, a copy of the annual service contract, if applicable, should be in the RPPF. If a contractor services a radiographic MD/MDS, copies of all contractor service reports should be placed in the RPPF.

c. The Command Logistics Review Team (CLRT) continues to find deficiencies in the RPPF. The primary problems are missing documents, incomplete documents, and/or outdated documents:

- The FDA Forms 2579 incorrectly filled out or missing
- The DD Form 2164 not signed by BES performing calibration
- Failure to attach list of TMDE to DD Forms 2164
- Calibration due date of TMDE listed instead of expiration date of calibration

- Missing initial and latest radiation surveys
- Current radiation surveys not posted to maintenance history
- Outdated maintenance histories
- Missing DLA-DS turn-in documents or contractor trade-in document
- Destruction dates for files not correctly annotated to the file folder label

d. Whenever any of the required documents is missing from an RPPF, the Clinical Engineering Manager will make every effort to locate the missing documents. The Clinical Engineering Manager will also place an explanatory, signed memorandum in the appropriate RPPF to account for the documents not located. For missing radiation protection surveys, contact the Radiation Protection Officer. If an FDA Form 2579 is missing, contact the vendor who installed the radiographic MD/MDS. If no FDA Form 2579 can be located, the maintenance manager will initiate a duplicate form in accordance with instructions in TB MED 750-1.

e. If the radiographic MD/MDS is laterally transferred, the entire RPPF will be sent to the receiving activity. If the radiographic MD/MDS is sent to DLA-DS or traded-in toward the acquisition of a new radiographic MD/MDS, the RPPF must be retained in the current files area (CFA) for a period of five years. The file folder label of a MD/MDS turned-in to DLA-DS or traded-in to a vendor should be annotated "Destroy in CFA on... (Insert a date that is five years forward from the date of acceptance by DLA-DS or acceptance by an MD/MDS manufacturer as a trade-in)".

6-11. REPAIR PARTS MANAGEMENT

a. Commanders with organic MD/MDS maintenance capability may authorize a limited stock of repair parts (shop stock) and bench stock to ensure expeditious accomplishment of the assigned maintenance mission. The commander or his designee must approve and sign the authorized shop stock listing semi-annually. The senior clinical engineering manager must approve and sign the authorized bench stock listing semi-annually.

b. All clinical engineering activities must have an automated system of record i.e. DMLSS to manage shop stock and bench stock. The purchase of shop stock or bench stock will be cataloged in the DMLSS. Prefix the location code for each item with BS for bench stock when entering bench stock items into the DMLSS data base.

c. Shop stock will be inventoried quarterly. Results of the inventory will be documented and retained until the next scheduled inventory. Bench stock will be reviewed semi-annually. Results of the review will be documented and retained until the next scheduled review.

d. Use DA Form 3161 or locally devised form to request parts from shop supply. The Clinical Engineering Manager or NCOIC will review, approve, and initial all requests for parts from repair personnel before forwarding to shop supply.

6-12. MD/MDS UNABLE TO LOCATE (UL) FOR SCHEDULED SERVICES

a. MD/MDS that cannot be located by Clinical Engineering personnel for the performance of scheduled services presents a potential safety hazard to patients and staff. Additionally, failure to service MD/MDS periodically could result in adverse findings by The Joint Commission.

b. Asset visibility and MD/MDS maintenance are command responsibilities; as such the following procedures apply:

(1) Clinical Engineering Managers will provide equipment custodians with a list of MD/MDS scheduled for maintenance services prior to the beginning of each month.

(2) Equipment custodians will identify the location of all MD/MDS listed to ensure it is available for maintenance services.

(3) Clinical Engineering personnel will make a reasonable effort to locate and service all MD/MDS and systems on the list of MD/MDS requiring scheduled services.

(4) Clinical Engineering must ensure the equipment custodian (or the authority having jurisdiction of the department/clinic/activity) is briefed and provided a copy of the list of completed scheduled services. The equipment custodian will be informed of those items that were not located for the performance of scheduled services and given a suspense date to locate the MD/MDS, based on guidance published in the Commander's Maintenance Directive (MEDDAC/MEDCEN/Clinic/Research activity Reg. 750- 1). If the MD/MDS has not been turned in to maintenance by the established suspense date, notify the property manager, in writing, of the discovery of loss. AR 735-5 requires that a FLIPL be initiated within 15 days of discovery of loss.

(5) On the first working day of each month, Clinical Engineering Managers will provide a list of all MD/MDS not located the previous month to the PBO. This list will indicate how long the MD/MDS has been identified as unable to locate.

(6) Retain the scheduled service work order(s) with the UL status until the MD/MDS is located or until a FLIPL is initiated and the item is dropped from property accountability. Upon initiation of a FLIPL, the scheduled work orders may be cancelled. Annotate page 3 of your MMR with an explanation of the cancellation(s) and the services cancelled (INSP, PM, CAL, or SPR). Do not use the 'Failed' status when dealing with UL scheduled services. Report all UL MD/MDS to the Environment of Care Committee/Safety Committee. Also, explain and/or provide status of prior month UL MD/MDS on your MMRs. If the MD/MDS is recovered because of the FLIPL, reestablish property accountability IAW AR 735-5, then perform all required scheduled maintenance services and return the MD/MDS to the equipment custodian. Enter the completed scheduled services data into the DMLSS.

6-13. CANCELLATION OF SCHEDULED WORK ORDERS

a. Only a limited number of valid reasons exist for a Clinical Engineer manager to cancel scheduled maintenance work orders.

(1) The MD/MDS has been turned-in to the PBO as excess to the activity and is on the excess hand receipt.

(2) The MD/MDS is in administrative storage due to renovation, mission change, etc.

(3) The MD/MDS was erroneously scheduled for a service (i.e. the item was scheduled for a calibration when none was required).

(4) The MD/MDS is listed on a FLIPL and is being dropped from property accountability.

(5) The MD/MDS was assigned to the incorrect maintenance activity.

b. On the memorandum for record accompanying the MMR, the maintenance manager will list the scheduled service work orders that were cancelled by action (INSP, PM, CAL, SPR) and the reason for the cancellation. Do not make changes to the number of scheduled or completed scheduled work orders listed on page 2 of your MMR.

6-14. ESTABLISHING MD/MDS EQUIPMENT OR MAINTENANCE RECORDS DMLSS

a. When establishing or updating the equipment record for MD/MDS and TMDE in the DMLSS, all activities will:

(1) Enter all MD/MDS network-related information (Operating System, Connected to the LAN, IP address, software title and version number) in the DMLSS Network tab (see example below).

Org. ID: ECN: Nomenclature:
 Item ID: Device Class:

Main Location & Inventory Approval/Acquisition Maintenance Data Maintenance Cost Components
 Software **Network** Notes

Operating System: Connected to the LAN:
 Machine Name:
 IPV4 Address: Public IPV6 Address:
 IPV4 Address (NIC 2): IPV6 Address (NIC 2):
 MAC Address:
 Application Entity Title:
 Connection Type: Wireless Frequency:
 Date ATO Issued: Date ATO Expires:

Software Title	Version	Installed By	Date Installed
INFINITY EXPLORER	8.1.0208	DRAEGER	22-Nov-2016
MICROSOFT INTERNET EXPLORER 7	20070813.185237	DRAEGER	22-Nov-2016
MICROSOFT WINDOWS XP SERVICE PACK 3	20080414.031525	DRAEGER	22-Nov-2016
ACTIVCLIENT CAC X86	6.2.0.201	BES SYSTEM ADMIN	22-Nov-2016
INSTALL ROOT DOD PKE	5.0	BES SYSTEM ADMIN	22-Nov-2016
ADOBE READER VII	7.0.8	DRAEGER	22-Nov-2016
J2SE RUNTIME ENVIRONMENT 5.0 UPDATE 6	1.5.0.60	DRAEGER	22-Nov-2016

(2) Create maintenance checklist in accordance with manufactures literature in DMLSS for all MD/MDS, upon completion of Scheduled Service Work Order all relevant fields within the checklist are required to be filled out.

Task Statement	Acceptable Values	Set	Indicated	Measured	Result
MFR TASK # 7.1 HEART RATE DISPLAY	120 +/- 2				
MFR TASK # 8.2 CALIBRATION PULSE CHART	10mm +/- 1mm				
MFR TASK # 9.3 NOTCH FILTER TEST	< 1.5				
MFR TASK # 10.1 HEART RATE ALARM	PASS/FAIL				
MFR TASK # 11.7 SELF TEST	PASS/FAIL				
MFR TASK # 12.4 SYNC CARDIOVERSION	< 60ms				
MFR TASK # 13 SYNC CARDIO (OPTIONAL)					
MFR TASK # 13.4 SYNC CARDIOVERSION (ECG)	< 60ms				
MFR TASK # 14.4 5J	3J-7J				
MFR TASK # 14.7 50J	46J-62J				
MFR TASK # 14.10 100J	93J-125J				
MFR TASK # 14.13 200J	196J-264J				
MFR TASK # 14.15 200J SHOCK AMP READING	23.9A-25.9A				
MFR TASK # 15 SUMMARY REPORT TEST					
MFR TASK # 16 ADVISORY MESSAGE TEST					
MFR TASK # 17.4 PACER	40mA +/- 5mA				
MFR TASK # 17.5 PACER	80mA +/- 5mA				
MFR TASK # 17.6 PACER	120mA +/- 6mA				
MFR TASK # 17.7 PACER	140mA or +/- 7mA				
MFR TASK # 17.8 PACER 30PPM	29ppm-31ppm				
MFR TASK # 17.9 PACER 180PPM	177ppm-183ppm				
MFR TASK # 17.12 STRIP CHART 15MM	15mm +/- 1mm				
MFR TASK # 17.13 STRIP CHART 60MM	60mm +/- 1.5mm				
MFR TASK # 18.3 SPO2 98%	98% +/- 1%				
MFR TASK # 18.4 SPO2 230BPM	230BPM +/- 4BPM				
MFR TASK # 18.5 SPO2 50BPM	50BPM +/- 4BPM				
MFR TASK # 18.6 SPO2 72%	69%-74%				
MFR TASK # 19 ETCO2					
MFR TASK # 20 BAROMETRIC PRESSURE CAL					
MFR TASK # 21.11 CO2 ACCURACY CHECK 5%	5% +/- 0.2%				
MFR TASK # 22.5 NIBP VOLUME LEAK TEST	< 5 Pass				
MFR TASK # 23 NIBP TRANSDUCER CAL TEST					
MFR TASK # 24.3 NIBP MONITOR TEST 120SYS	126 systolic +/- 5				
MFR TASK # 24.3 NIBP MONITOR TEST 80 DIA	84 Diastolic +/- 5				
MFR TASK # 24.3 NIBP MONITOR TEST 98 MEAN	98 +/- 5				
DA FORM 5624-R	Attach DA Form 5624-R				
DA LABEL 175	Attach DA Label 175 on				
DD FORM 2163	Update DD Form 2163				
TMDE DEFIB ANALYZER	ECN, Cal due date				
TMDE DECADE BOX	ECN, Cal due date				
TMDE SAFETY ANALYZER	ECN, Cal due date				
TMDE PRO SIM 8	ECN, Cal due date				

Note: MTFs will manage their respective TMDE Program through their system of record.

b. When establishing the maintenance record for MD/MDS in the DMLSS, all activities will:

(1) Use Centrally Managed device information to identify and manage MD/MDS.

(a) Centrally Managed is the ECRI Universal MD/MDS Nomenclature System (UMDNS) that uses a five digit device code and related nomenclature (i.e.13-469 - SCANNING SYSTEM, COMPUTED TOMOGRAPHY)

(b) The DMLSS assigned five digit alpha numeric device code and related nomenclature (i.e. C0203 - DEHUMIDIFIER)

(2) Use the most stringent interval between the DMLSS Centrally Managed maintenance plan and the Original Equipment Manufacturer (OEM) guidance.

(a) Use the following guidance if the Centrally Managed maintenance plan is less stringent with OEM guidance. Create a Local Maintenance plan using the Centrally Managed device information at the Manufacturer and Common Model Level and Individual ECN Level.

(b) Utilize the business rules of making the standard more stringent for safety/failure rate reductions and/or submit recommendations to reduce unwarranted Medical Equipment Life Cycle Management (MELCM) costs. See Tables following this paragraph.

Centrally Managed Maintenance Plan

Maintenance Interval in Month(s)			
Scheduled Maintenance Type	In-Use	Mobility	Stored
INSPECTION	12	12	
PREVENTIVE MAINTENANCE	12	12	
CALIBRATION	12	12	
SCHEDULED PARTS REPLACEMENT			

Local Maintenance Plan-Manufacturer/Common Model

Maintenance Interval in Month(s)			
Scheduled Maintenance Type	In-Use	Mobility	Stored
INSPECTION	6	6	
PREVENTIVE MAINTENANCE	6	6	
CALIBRATION			
SCHEDULED PARTS REPLACEMENT			

c. Submit recommended Centrally Managed device information changes and request guidance/approval for the use of locally created device information through the following:

(1) Designated RHC, G4 Equipment Technology and Medical Maintenance Management System (ETM3) Lead. RMC ETM3 Leads will establish processes to monitor, send, and receive device information recommendations for their activities to higher.

(2) USAMEDCOM G44 ETM3 Lead. MEDCOM ETM3 Lead will enforce policy and provide guidance through the Command Logistics Review Program (CLRP).

6-15. PROCESSING WORK ORDERS

a. Work Order Priority. All Clinical Engineering operations will utilize the correct priority for all unscheduled work orders to ensure the delivery of TAT and the highest level of MD/MDS readiness. Work orders are prioritized in the following order: Emergency, unscheduled work orders/Urgent of Need Designator (UND) A, acceptance inspections, Urgent Unscheduled work orders/UND C Scheduled Services, and then Routine Unscheduled work orders. Maintenance managers must develop a strategy to complete Unscheduled work orders without comprising Scheduled Services. When opening a new repair work order, the priority will be based upon the following criteria:

(1) Emergency work orders (UND-A) are those required for immediate installations or repair of a unit's or activity's mission essential MD/MDS. Without these MD/MDS, the unit or activity is unable to perform assigned mission. Loss of MD/MDS functionality prevents patients' and staff members' access to health care resulting in cancellation, deferment, and/or rescheduling of all medical appointments and / or procedures (i.e. CT becomes NMC and patients are diverted to another facility). The maximum TAT for all emergency work orders is five (5) calendar days.

(2) Urgent work orders (UND-B) are those required for immediate installations or repairs of mission essential MD/MDS. Without these MD/MDS, the unit or activity ability to perform assigned operational missions is impaired resulting in decreased healthcare efficiency, patient access, staff productivity and/or quality of care (i.e. a sterilizer becomes NMC; however, facility has extra and some procedures become delayed in the OR because of TAT on sterile items). The maximum TAT for all urgent work orders is eight (8) calendar days.

(3) Routine work orders (UND-B) are those required for installations or repairs of all other MD/MDS. Without the MD/MDS, there is no significant impact to the unit's or activity's ability

to perform assigned operational missions and there is no impact to healthcare efficiency, patient access, and/or quality of care. The maximum TAT for all routine work orders is thirty (30) calendar days.

b. Failure Reason. All Clinical Engineering operations will utilize the following failure reasons when completing **REPAIR** work orders: No Problem Found, Operator Error, Normal Wear and Tear, Software Error, Manufacture Defect, and Maintenance Induced. The failure reason will remain blank on all other work requests (i.e. Acceptance Inspections, Incident Investigations, Quality Assurances, and Technical Evaluations). Maintenance managers and QA/QC personnel must track "No Problem Found" and "Operator Errors" and analyze trends of actual events and near misses that occur at their unit or activity. Once identified, mitigation strategies must be employed, such as documented user training or abstaining from procuring additional units of identified devices. When completing a repair work order, the failure reason will be based upon the following criteria:

(1) No Problem Found(s) (No Fault Found) are MD/MDS sent for repair by clinical users that are found to be operating as intended. This data can be useful in helping to identify educational opportunities and design problems with specific MD/MDS.

(2) Operator Error(s) (User Errors) are MD/MDS sent for repair by clinical users that are caused by the user. The error may have been due to operator abuse, poor user maintenance, accidental damage, untrained operator, a poorly designed device, or used with clinical standing operating procedures that promoted incorrect usage. Operator errors caused by operator abuse should be brought to the attention of Clinical Engineering manager for Financial Liability Investigations of Property Loss (FLIPL) consideration.

(3) Normal Wear and Tear(s) are MD/MDS sent for repair by clinical users that are caused as a result of normal wear or aging. These repairs are expected to occur even if with proper use and maintenance.

(4) Software Error(s) are MD/MDS sent for repair by clinical users that are caused by device's software not allowing it to perform its required function(s) or according to specifications.

(5) Manufacture Defect(s) are MD/MDS that were sent for repair by clinical users or identified during an FDA recall or MMQC that were improperly manufactured or were properly manufactured but have an unreasonably dangerous design that could result in injury.

(6) Inappropriate Environment(s) are MD/MDS that were sent for repair by clinical users due to inappropriate conditions (i.e. power failure) and environment (i.e. area with high humidity, outdoors).

c. Service Result. All Clinical Engineering operations will utilize only one of the three following service results when documenting an acceptance inspection or scheduled work order's service as Passed, Failed, or Corrected. Service failures are recorded in DMLSS when a service result for inspections, preventative maintenance, calibrations, and scheduled part replacements are identified as "**failed**" or "**corrected**". A service failure is an indicator that the unit or activity has identified a MD/MDS that is not operating within performance specifications or could cause serious injuries, erroneous diagnosis, and / or maltreatment. Clinical Engineering managers and QA/QC personnel must identify patterns of failures and take appropriate actions to prevent future service failures and patient and staff harm. (i.e. analyzing device's current service interval to determine service failures that could be prevented by increasing scheduled service frequencies). When completing a scheduled work order or acceptance inspection, the service result will be documented based upon the following criteria:

(1) "**Failed**" service results are service failures that cannot be corrected within a reasonable amount of time; requires unscheduled parts; or, regardless of time, could cause serious injury, erroneous diagnosis, and / or maltreatment.

(a) Calibration outputs outside the range of documented performance specifications will automatically receive a service result of "**Failed**" regardless of the time required to calibrate the device back to manufacturer performance standards. The maintenance operation will subsequently open another calibration line on the current scheduled work order to record the service action conducted to bring MD/MDS within documented performance specifications and annotate this line with "**Corrected.**"

(b) When a service action cannot be corrected within a reasonable amount of time or requires a repair part, the maintenance operation will subsequently open an unscheduled work request, annotate the unscheduled work request number on the scheduled service work request and

close the scheduled service work request. The unscheduled work request will be utilized correct deficiencies and perform all required scheduled services.

(2) "**Corrected**" service results are service actions that do not conform to documented performance specifications and can be corrected within fifteen working day time frame and does not require repair parts (excluding service failures of calibration actions). The maintenance operation will subsequently open a repair line on the current scheduled work order to record the service action conducted to bring MD/MDS within documented performance specifications.

(3) "**Passed**" service results are service actions that conform to all of the MD/MDS documented performance specifications.

d. Maintenance Assessment. All MEDCOM Clinical Engineering operations will utilize only one of the four maintenance assessments when completing a work order: excellent, good, fair, or poor. This allows a strategic oversight on the condition of MD/MDS across the MEDCOM. When completing a work order the maintenance assessment will be documented based upon the following criteria:

(1) "**Excellent**" maintenance assessments are MD/MDS that looks new, in excellent functional condition, and the Maximum Repair Limit Cumulative (MRLC) is greater than the acquisition cost. **Note:** MRLC is the total cumulative expenditure recommended limit. This method multiplies the acquisition cost by 1.25 to derive the initial MRLC. As labor and part costs occur they are subtracted from the MRLC value. MRLC can be found on the work order's main tab and the acquisition cost can be found on the work order's estimate tab.

(2) "**Good**" maintenance assessments are MD/MDS that have only minor (if any) blemishes, functions at documented performance specifications, and the MRLC is greater than the acquisition cost.

(3) "**Fair**" maintenance assessments are MD/MDS that have some cosmetic defects, functions at documented performance specifications, and / or the MRLC is less than the acquisition cost.

(4) "**Poor**" maintenance assessments are MD/MDS that have substantial cosmetic defects, functions at documented performance specifications, and / or the MRLC is less \$1.00.

6-16. PROCESSING SERVICE CONTRACTS IN THE DMLSS

a. When establishing a service contract record for MD/MDS in the DMLSS, all activities will use the Service Contract (SC) record in DMLSS to reflect the contract information from a specific contract managed by the activity.

(1) New Contract. Log into DMLSS and select 'Service Contracts'; then the 'record' icon. Enter contract number in 'Under contract number' to verify it does not exist. If it does not exist select 'New'. On the main page enter:

- (a) Contract Number: (Block 2 of SF 1449)
- (b) Contract Description: (Block 17A in SF 1449)

(2) Main Tab. Activities will input general information about a contract (i.e. contract period, contractor, issuing contracting office, and customer). This information on this tab is normally obtained from first page of an issued contract.

- (a) Contract Tab: Firm Fixed Price
- (b) Service Type: Equipment Maintenance
- (c) Date of Award: Block 3 on SF 1449)
- (d) Number of Months: 12 (Located in contract in the CLIN's)
- (e) Begin date: (Located in contract in the CLIN's under delivery date)
- (f) End date: (Located in contract in the CLIN's following delivery date)
- (g) Contractor: Block 17A of SF 1449

(h) Contracting Office: Block 16 of SF 1449 (Select options 1-3). **NOTE:** If contract is through WRCO select 'Director of Contracting' (if DFAS ROME). If contract is through JBLM select 'Director of Contracting, Ft. Lewis'. If contract is through DSCP select 'DSCP'.

(3) COR/COTR Tab. Activities will input contract record details about the primary Contracting Officer’s Representative (COR) and the Contracting Officer’s Technical Representative (COTR). Enter the last name in ‘Last name’ then tab. If already in DMLSS all data will auto populate. The activity will also identify if this individual has Quality Assurance Evaluator (QAE) responsibility from this tab.

(4) Contract Provisions Tab. Activities will input contract provisions identified within the Statement of Work (SOW) and identify specific requirements about the contract (i.e. place of performance, duty hours, overtime hours/days, labor rates, renewal options, and materiel cost basis).

- (a) If there are no option years move to Service Tab, if so-continue
- (b) Uncheck ‘N/A’ in ‘Renewal Options’ and populate the white fields
- (c) Total: (Renewal years located in CLIN excluding the base year)
- (d) Needs Modification Date: (I select 6 months prior to contract expirations) **NOTE: This will send a notification to the COR on the date selected to their CAIM module.**
- (e) Next Renewal Date: Day after current contract expires
- (f) Option Window: Same as next renewal date

(g) Through: Through the end of the next option year

Place of Performance: On Site Contractor Facility
 Building No.: Room No.: Other:

Normal Duty Hours: From: 00:00 To: 00:00 MONDAY through FRIDAY

Regular Overtime Hours: From: 00:00 To: 00:00 through N/A

Premium Overtime Days: Saturday Sunday Federal Holidays Other N/A

Labor Rates:
 Regular: .00 per hour N/A Overtime: .00 per hour N/A
 Premium: .00 per hour N/A Travel: .00 per hour N/A
 Zone Charge: .00 Flat Rate N/A

Renewal Options:
 Total: Remaining: N/A
 Needs Notification Date: Next Renewal Date:
 Option Window: through

Materials Cost Basis: List Reference: List: % N/A

(5) Services Tab. Activities will enter the CLIN information from the contract. DMLSS currently does not allow for recording —partial hours when generating a call. A suggestion to allow partial hours billing is to set up a —sub-CLIN|| with a description referencing the partial hour and using a unit price of partial hour.

Contract Line Item	Contract Line Item Description	Sched.	UnSched.	Parts Inc.	U/P Code	U/P Price Option Year
0001	LABOR PER HOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOUR	60.00 B
0001A	LABOR PER HALF-HOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH	30.00 B
0001B	LABOR PER QUATER-HOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH	15.00 B

- (a) Contract Line Item: in SF 1499 (CLIN)
- (b) Contract Line Item Description: in SF 1499 (in CLIN, abbreviate as much as possible)
- (c) Check 'scheduled' and 'parts' if applicable
- (d) U/P Code: Unit of Measure (located in SF 1499 CLIN info-monthly/quarterly/semi-annual/annual)
- (e) U/P Price: Unit Price (located in SF 1499 in CLIN info)
- (f) QTY: Located in SF 1449 CLIN info (4 if quarterly, 1 if one time, 2 if semi-annual, 1 if annual)
- (g) Customer: Clinical Engineering Activity Customer ID
- (h) Expense Center: Clinical Engineering Activity Expense Center
- (i) Commercial Class: Service Contract
- (j) Option Year: B for Base, 1 for B+1, 2 for B+2, etc.
- (k) Document Number: Leave Blank
- (l) Add any additional CLIN's of contract period. If in option year add CLIN's **NOTE:** Verify all start and end dates are the same

(6) The activity will ensure the Provisions/Exclusion field is used to specify services and supplies materiel that are provided for in the contract when required.

(7) The activity will ensure the Standard of Performance field correctly identifies criteria that must be met for acceptance of services.

Provisions/Exclusion
<input type="text"/>
Standards of Performance
<input type="text"/>

(8) The activity will ensure all associated MD/MDS and systems and components are annotated on the Equipment Tab and available only for service types of Equipment-Maintenance or Equipment-Lease.

ECN	Item ID	Nomenclature	Manufacturer	Cc
008214	6525015035612	RADIOGRAPHIC SYSTEM, DIGITAL	AGFA CORP MEDICAL IMAGING SYSTEMS	

Components				
ECN	Item ID	Nomenclature	Manufacturer	

(9) The activity will ensure all financial data regarding the contract is entered in the Administration Tab. Payment terms are found on the first page of the awarded contract.

- (a) Payment terms other: State the payment cycle (i.e. Annual/Semi-annual/Quarterly)
- (b) Enter payment method (i.e. DLA Troop Support, WAWF, credit card)
- (c) Enter who payment will be made by (Block 18a of SF 1449)
- (d) Enter requisition number (Block 1 of SF 1449)

Example: Payment cycle is quarterly through WAWF by DLA TROOP SUPPORT/W81AJE50542103.

Call Number Generation <input checked="" type="checkbox"/> Auto Generate Call Number Beginning Call Number: <input type="text"/> Ending Call Number: <input type="text"/> Last Call Number Issued: <input type="text"/>		Financial Data Total Awarded Amount: <input type="text" value="48,974.75"/> Total Amount Obligated: <input type="text" value="48,974.75"/> Unobligated Balance: <input type="text" value="0"/> Total Amount Received: <input type="text"/> Total Obligated Balance: <input type="text"/>	
Payment Information Prompt Pay Discount Terms, Discount%: <input type="text"/> No. of Days: <input type="text"/> <input type="checkbox"/> Net 30 Payment Terms Other: <input type="text" value="PAYMENT CYCLE IS QUARTERLY THROUGH WAWF BY DLA TROOP SUPPORT/W81AJE50542103"/>			

(10) The activity will document **ALL** pertinent information associated with the contract utilizing the Notes tab. Some examples include funds increase requests, vendor performance, conversations, training, and problems associated with any contract.

Date	Note	Entered By
28 Aug 2015		

CHAPTER 7. ENVIRONMENTAL SERVICES

7-1. ENVIRONMENTAL SERVICES MANAGEMENT - SCOPE

a. The scope of Environmental Services (ES) management in the HCA encompasses three core functions:

- Housekeeping Services
- Textile Care Services (Laundry, Linen Management and Distribution)
- Regulated Medical Waste Management

b. Procedural Guidance. The current editions of following publications will be maintained in a central library and readily accessible: *AR 40-61*; *AR 40-5*; *AR 210-130*; *SB 8-75-11*; *MEDCOM Regulation 40-35*; *29 CFR 1910.1030*; American National Standards Institute *ANSI/AAMI ST65: 2008*, Processing of Reusable Surgical Textiles for Use in Health Care Facilities, the JC Accreditation Manual for Health Care Organizations, and AHE/AHA: Practice Guide for Health Care Environmental Cleaning.

c. Reporting Procedures. MEDCOM HCAs will report key performance data using the MEDCOM Environmental Service Management Information System (ESMIS) at <https://mitc.amedd.army.mil/sites/G4>. MEDCOM HCAs will report the following performance data no later than the 10th day of the following month:

- (1) Housekeeping:
 - (a) Quality Assurance inspections programmed (based on normal sampling levels).
 - (b) Quality Assurance inspections actually performed.
 - (c) Direct labor hours expended by the Contractor in the performance of housekeeping services (linen distribution labor hours, if applicable, are not reported under this category).
 - (d) Monthly Invoiced Amount.
- (2) Laundry:
 - (a) Monthly invoiced cost, pounds cleaned.
 - (b) Quality assurance inspections programmed (based on normal sampling levels)
 - (c) Quality assurance inspections actually performed.
- (3) Regulated Medical Waste:
 - (a) Invoiced cost, Containers processed, Pounds processed.
 - (b) Quality assurance inspections programmed (100% inspection).
 - (c) Quality assurance inspections actually performed.

7-2. MANAGEMENT OF HEALTH CARE TEXTILE CARE SERVICES

a. Textile Accounting: Government owned textiles are accounted for on DA Form 1296 (Stock Accounting Record) or automated equivalent. Automated records must provide for the recording of the beginning balance, recording increase transactions, recording decrease transactions and ending balance. Accounting records must always be kept up to date. Current and accurate postings will be made so that the records always show the true balance of stock. Transactions showing gains or losses will be posted to the records within 3 workdays after receipt. Records having delinquent postings are of little value for controlling levels or gathering statistics. When using DA Form 1296 to account for Government-owned textiles the following procedures apply:

(1) A DA Form 1296 is used to record all transactions for a single textile item. File DA Form 1296 in visible file cabinets. File alphabetically by item description. All transactions entered on DA Form 1296 must have a hard copy document with a voucher number recorded on the document. Make all entries in ink. The required entries on the DA Form 1296 are as follows

- (a) Stock number block. Enter the item description and national stock number (NSN), vendor's catalog number, or other identifying number used to identify the item.
- (b) Date column. Enter the Julian date of each posting.
- (c) Balance brought forward. Enter the date and balance found in the balance carried forward entry on the previous card.
- (d) Date/serial column Enter the voucher number
- (e) Gain column. Post receipts, turn-ins, adjustments, and any other transactions that increase the balance as a gain.
- (f) Loss column. Post issues, shipments, adjustments, and any other transactions that decrease the balance as a loss. STOCK NUMBER Gown, Patient Exam 6532-00-186-6696 SCC PAR = 658

DATE	DODAAC	DATE	DEMAND		GAIN	LOSS	BALANCE
		SERIAL	RECUR	NON-RECUR			
BALANCE BROUGHT FORWARD ▶							743
8044		8032					
		7009				26	717
8050		8012			48		765
		7012					
8235		8235				31	734
		7023					
8334		8333				12	722
		7011					
9093		9087				43	679
		7001					
9130		9123				28	651
		7015					

SUMMARY OF DEMANDS

Month	/	/	/	/	/	/	/	/
RECUR	/	/	/	/	/	/	/	/
NON-RECUR	/	/	/	/	/	/	/	/

Stock Record

FOR USE OF THIS FORM, SEE DA PAM 710-2-2. THE PROPONENT AGENCY IS ODCSLOG.

DA FORM 1296, JAN 1982

Edition of Aug 55 is obsolete.

Figure 7-1. DA Form 1296

(g) Balance column. Enter the balance after the previous balance has been increased or decreased by the posting.

(h) Balance carried forward. Enter the date and balance to be entered in the balance brought forward entry on the next form.

(2) All transactions entered on DA Form 1296 must have a hard copy document with a voucher number recorded on the document.

(3) Voucher documents are used to support all entries on the DA Form 1296 or automated equivalent. The voucher is evidence of a transaction. Documents processed as adjustments, issues, shipments, turn-ins, or receipts are vouchers. Hard copy documents with signatures will be maintained for receipt, issue, turn in and balance adjustment transactions. Voucher documents are held for two years and then destroyed.

(4) DA Form 2064 (Document Register for Supply Actions) or automated equivalent is the source for recording all voucher numbers entered on DA Form 1296. Instructions for preparing DA Form 2064 are contained in DA Pamphlet 710-2-1. A sample document register is provided below. Automated equivalent applications will have the same data elements as the DA Form 2064. Each voucher will be recorded immediately after initiation so that the register is current. Voucher register entries will be made in indelible ink. DA Form 2064 is maintained by calendar or fiscal year.

DOCUMENT REGISTER FOR SUPPLY ACTIONS. <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>				ELEMENT KEEPING THE REGISTER				DDO ACTIVITY ADDRESS CODE		UNIT IDENTIFICATION CODE		PAGE NUMBER	
DOCUMENT NUMBER		DOCUMENT SENT TO	STOCK NUMBER	NOUN	REQUEST FOR	PO	INITIALS	QUANTITY		DATE FOLLOW-UP DUE	DATE COMPLETED	REMARKS	
DATE	SERIAL							REQUEST	REC'D/TURN-IN	DUE IN			
a	b	c	d	e	f	g	h	i	j	k	l	m	n
5161	7000	GPC	7210-00-717-0000	Sheet Bed Cotten		12		96	96			5181	
6151	7001	GPC	6532-00-631-7257	Pillow Case		12		48	48			5181	
5176	7000	DRMO	6532-00-299-6	Trousers, OR, sml					23			5176	
5176	7001	DRMO	6532-00-299-6	Trousers, OR, med					15			5176	
5185	7000	Finance	6532-00-165-66-7	S/C					3			5185	
5248	7000	LMC	65-01-458-60	IAR					47			5158	
5253	7000	GPC	6532-01-0582-25	Gown, OR		12		24					
5258	7001	GPC	6232-00-296-5	Undershirt		12		240					
5258	7003	GPC	6532-00-186-66-6	Gown Patient		12		96					

DA FORM 2064, JAN 1982 EDITION OF SEP 65 IS OBSOLETE. APD LC 12100

Figure 7-2. DA Form 2064

b Textile Stockage: Textile stockage levels are referred to as "par". Par is the quantity of each textile item needed in circulation for a 24-hour period. One par level (24-hour supply) is the cumulative quantity of each item of linen found in the following stages of the textile service cycle:

- In use
- Soiled linen bag

- Transport to the laundry
- Laundry processing
- Transport to the HCA
- Clean linen storage area
- Cart or customer storage unit
- Safety level (Inventory replacement for torn, stained, or "lost" linen)

(1) Par Level Management. Par levels vary and must be adjusted regularly in order to remain an effective tool in the overall textile services program. Conduct a review of the circulating inventory par levels semi-annually. Perform a linen usage study prior to the review. The usage study consists of collecting piece counts of linen issued to customers over at least 30 days. The following formula is used to determine the circulating inventory par level:

$$\frac{\text{Average Daily Usage} \times \text{Par Level Days} \times \text{Safety Stock}}{\text{Safety Stock Factor} - 1.25} = \text{Circulating Inventory Par Level}$$

(2) The number of par level days circulating in the inventory are calculated as follows:

$$\frac{\text{Inventory Record Balance}}{\text{Average Daily Usage}} = \text{Par Level Days}$$

(3) Circulating inventory par levels are recorded on DA Form 1296 in pencil.

c. Customer Textile Stockage Levels:

- (1) Economic stockage levels are established for each customer's location based on type of activity, nature of patients, linen service delivery schedules safety levels and beds occupied. This level will constitute the maximum quantity stocked by the customer.
- (2) Customers will coordinate established levels with the linen management officer for approval.
- (3) Customer linen usage is periodically reviewed, and patterns of inappropriate use are corrected.

d. Textile Handling, Storage and Distribution: Textiles handling, storage and distribution shall comply with the standards of the American National Standard Institute/ Association for the Advancement of Medical Instrumentation ANSI/AAMI ST65:2008 publication.

- (1) Clean textiles are stored at least 8 inches from the floor on solid shelving, at least 18 inches from the ceiling, and at least 2 inches from outside walls.
- (2) Clean linen is delivered to the user in a manner that minimizes microbial contamination from surface contact or airborne deposition.
- (3) Collection and processing of soiled linen is performed in accordance with the OSHA Blood-borne Pathogens standards. Written procedures are developed for laundry cart cleaning and disinfection
- (4) Soiled Linen is transported in closed containers.

e. Textile Weight Management: The primary reason for weighting linen is to verify the poundage for which the HCA will be invoiced. Another reason for weighting the linen is to assess whether or not the HCA is experiencing losses from the laundry. The incoming and outgoing weights of linen sent to the laundry must be documented for each pick-up and delivery. The following daily weights form can be used for documenting weights and losses.

- (1) This system provides for a continuing audit by comparing the weight of linen sent to the laundry to the weight of the linen received from the laundry. The clean to soiled ratio variance is computed as follows:
- (2) Applying this formula to the figures in Figure 7-3 would result in this:

$$\frac{\text{Soiled pounds minus clean pounds}}{\text{Clean pounds}} \times 100 = \text{clean to soiled ratio variance}$$

$$\frac{74,465 - 69,244}{69,244} \times 100 = 7.54 \%$$

FT Home Health Care					
Daily Weights			Daily Weights		
Month: __			Month: __		
	Clean	Soiled		Clean	Soiled
Week 1 SUN			Week 1 SUN		
MON	3.175	3.406	MON		
TUE	3.156	3.357	TUE		
WED	3.147	3.359	WED		
THU	3.129	3.387	THU		
FRI	3.102	3.324	FRI		
SAT			SAT		
TOTAL	15.709	16.833	TOTAL		
Week 2 SUN			Week 2 SUN		
MON	3.160	3.345	MON		
TUE	3.202	3.560	TUE		
WED	3.125	3.349	WED		
THU	3.138	3.524	THU		
FRI	3.200	3.460	FRI		
SAT			SAT		
TOTAL	15.825	17.238	TOTAL		
Week 3 SUN			Week 3 SUN		
MON	3.082	3.305	MON		
TUE	3.156	3.346	TUE		
WED	3.147	3.369	WED		
THU	3.160	3.336	THU		
FRI	3.202	3.402	FRI		
SAT			SAT		
TOTAL	15.747	16.758	TOTAL		
Week 4 SUN			Week 4 SUN		
MON	3.175	3.368	MON		
TUE	3.156	3.425	TUE		
WED	3.147	3.369	WED		
THU	3.129	3.387	THU		
FRI	3.025	3.324	FRI		
SAT			SAT		
TOTAL	15.632	16.873	TOTAL		
Week 5 SUN			Week 5 SUN		
MON	3.175	3.406	MON		
TUE	3.156	3.357	TUE		
WED			WED		
THU			THU		
FRI			FRI		
SAT			SAT		
TOTAL	6.331	6.763	TOTAL		
MONTH TOTAL	69,244	74,465	MONTH TOTAL		

Figure 7-3. Sample Daily Weights Form

(3) Perform causative research when the monthly clean to soiled ratio variance exceeds the 8% standard in *AR 40-61*. Document the results of the causative research on a memorandum for record. When the causative research indicates losses are occurring at the laundry, provide a copy of the Memorandum for Record, the daily weights form, delivery and pick-up tickets and Contract Deficiency Report to the contracting officer for resolution.

(4) File completed daily weights forms, delivery and pick-up tickets, and causative research documentation with the laundry contract files maintained by the COR.

f. Textile Disposal: Government owned linen which cannot be repaired or reconditioned economically will be classified as salvage. Local procedures will provide standards for linen items and inspection and classification procedures. Persons authorized to classify linen as not economically repairable or reconditioned will be designated by duty title in local procedures. Salvage linen may be disposed of as follows:

(1) By turn-in to the DLA Disposition Services using established procedures.

(2) By conversion of salvaged linen to rags (dyed). Each item converted to rags will be listed on DA Form 3161, request for Issue or Turn-in, which is then assigned a voucher number from the DA Form 2064. A disinterested officer appointed on orders by the commander to certify that salvageable Government-owned textiles are converted to rags. The disinterested officer will make the following certification on the DA Form 3161.

"I certify that all items listed hereon were determined to be uneconomically repairable, and are to be converted to rags. Adjustments to the accounting records and termination of accountability for items/quantities listed are authorized."

(3) The disinterested officer and linen management officer will sign the DA Form 3161, which will be used to adjust the accounting records.

(4) Adjust the accounting records to record the disposition of all linen.

(5) Close the DA Form 2064 entry and file the document in the supporting voucher files.

g. Textile Inventories: Conduct linen inventories no less than annually. It is recommended that inventories be conducted on a semi-annual basis to properly monitor changes in the linen system. A physical inventory will help the linen management officer determine if the HCA has an adequate supply of linen in circulation and plan future purchases accordingly. It can also help locate dead linen stock, due to overstocking and/or hoarding, and inject it back into circulation. The Linen Management Officer announces the exact date and time for the inventory.

(1) Steps to follow for performing a linen inventory:

(a) **Identify all linen using areas and products** to be counted and generate inventory forms. If you are using a computerized linen management program, customized inventory forms should be available.

(b) **Preparation and Scheduling.** It's entirely possible to schedule an inventory during regular working hours as long as you minimize the "hardship factor." There's a greater chance of getting more cooperation from people and access to as many areas as possible. Mondays should generally be avoided because they tend to be heavy linen delivery days. Doing an inventory off-hours can bring up issues of overtime and conflicting schedules. Also, certain areas will be locked at night and the people who normally provide access to these areas won't be back until morning.

(c) **Public Relations.** Make sure your staff and your customers are aware of the importance of conducting accurate inventories. A memo should be sent to all linen users in advance of the inventory to prepare all personnel for the inventory (sample memo included at the end of this chapter). It seems like a lot of work in the beginning, but the results will be worthwhile. Stress that problems which may potentially affect their productivity can be avoided – linen shortages, etc.

(d) **Conduct an Inventory In-Service** for those persons who have been assigned to count. The in-service is a good time to distribute the inventory forms, explain the inventory procedures, review product terminology and exactly what should be counted and answer questions. Reference Figure 7-4, SAMPLE MEMORANDUM (Inventory Announcement), on page 7-9 of this chapter.

(e) **Conduct the Inventory by linen using area.** Allow two to three hours for all areas to complete the count. Inventory in the laundry will take 24 to 48 hours to complete as linen is processed and counted when clean. It is advantages to walk the facility during the

inventory to be certain everyone is counting. Be sure all forms are returned by the specified deadline and review each form for accuracy.

(f) **Generate the Results.** Compile the inventory information. If you have a computerized linen management system, input the inventory information and run the appropriate reports.

(2) Prepare DA Form 444, Inventory Adjustment Report, or automated equivalent for Government owned- textiles to record results of the inventory and document inventory gains and losses to the accounting records.

(a) Assign a voucher number to the DA Form 444 or automated system form from the DA Form 2064.

(b) Causative research will be performed on all lines showing losses in excess of ten percent of the line's total dollar inventory. If appropriate, a financial liability investigation of loss will be initiated and an investigation conducted if there are significant losses (of total or individual items) that warrant further investigation. Applicable guidance is provided in *AR 735-5*.

(3) Inventory results for Government owned textiles are reported through the LMC to the Commander for appropriate action and approval. The LMC will review the inventory results and provide comments and recommendations to the Commander for improving linen management as necessary.

(4) Adjust the accounting records to record the inventory results [see paragraph g(1)(d),above].

(5) Close the DA Form 2064 entry and file the document in the supporting voucher file.

h. Textile Security: An effective security program will reduce linen losses and becomes the most important tool for lowering cost and improving linen service. To begin, all clean linen storage areas and soiled linen collection areas should be locked. Here are several other practical points.

(1) Clean linen service carts on the patient floors should be located where they can be observed at all times, have covers, be stocked at a minimum par level, and be removed from the hallway during visiting hours.

(2) Verify all linen is visibly marked with the hospital's logo. This acts as a deterrent and gives the hospital a way of identifying its linen from other activities.

(3) Clean linen rooms on nursing floors should not be marked with signs that identify them. Someone should be designated to be responsible for the key and access to the room. This person should be present when linen is removed during non-service hours.

(4) Maintain established par level for the clean linen supply room(s). If linen levels are allowed to build up because of reduced census, it communicates a low value attitude that encourages waste, and results in theft and abuse. Return excess linen to central storage.

(5) Limit by written policy who has permission to wear surgical scrubs and where they can be worn.

(6) Set up an education program that creates a sense of pride and willingness to reduce losses and safeguard property. Never miss an opportunity to speak about laundry and linen at orientations and departmental staff meetings. Linen security should be structured with the hospital's operation in mind. The same care and concern given to personal valuables should be applied to linen items. The principal is the same and the threat of loss is just as great.

i. Textiles Serviceability Standards: The textiles the HCA provides its clientele convey a message about the quality of care they can expect to experience in the facility. Textiles can be a powerful medium through which a HCA can communicate either positively or negatively with its clientele. An important goal of textile management is to make this communication one that contributes to improved patient care. Every patient is in intimate contact with sheets, pillow cases, towels, patient gowns and other textile items throughout his/her visit. Each patient's perception of care is directly related to personal comfort and the appearance of these items.

(1) Serviceability of a textile product in a healthcare environment depends on meeting five major factors or requirements.

(a) Aesthetic Appeal – The degree of pleasantness to the sensory mechanisms of the user, which includes the state of cleanliness, retention of the original color, and physical integrity of the product.

(b) Comfort – The ability to provide the user with freedom from pain and/or discomfort.

(c) Durability – The ability to retain its physical integrity, that is, resistance to mechanical deterioration and flaws such as tears, holes, abraded areas and open seams.

(d) Performance – This pertains to what the textile can do; that is, the manner in which or the efficiency with which the product reacts or fulfills its intended purpose.

(e) Health/Safety/Protection – The characteristics of textiles that make them potentially hazardous to humans and/or the environment. An excellent source for product specifications to develop local requirements with or contract specifications is the Textile Rental Services Association of America's booklet *Purchasing Specifications for Health care Textiles*.

(2) Serviceability also implies fitness for purpose. To apply the fitness-for-use concept to textile products they must be free from stains, material defects (holes, rips, or tears), open seams, loose or hanging threads.

7-3. MANAGEMENT OF HEALTH CARE HOUSEKEEPING SERVICES

a. Healthcare Housekeeping Performance Work Statement Review. HCAs will develop their follow-on healthcare housekeeping requirements in accordance with the timeline provided below.

b. The HCA's Chief, Environmental Services will submit their requirements to the RHC G-4 for formal review. The RHC G-4 will submit the HCA's healthcare housekeeping requirements to MEDCOM G44, ATTN: ES Program Manager, 20 months prior to the required service start date for review.

c. Upon receipt of the housekeeping requirement package from the RHC, MEDCOM ES Program Manager will perform a thorough review of the submission packet for accuracy, missing documentation, and technical requirements. Within 30 days of receipt from the RHCs a detailed analysis will be sent back to the RHC G-4 annotating any inaccuracies, missing documentations, or technical requirement recommendations for the requirement package.

d. Upon revision of the requirement package by the HCA, the RHC G-4 will then work with the appropriate contracting agency for submission of the housekeeping contract requirement package for solicitation and award.

e. This action and the below time line is essential to insure adequate time to develop the requirement and perform acquisition and award.

- f. General Processing Timeline:
- 25 Months Out From Start Date: MEDCOM G44 ES provides Contract Development Package to the RHC.
 - 25-20 Months Out: HCA Develops Requirement Package in coordination with the RHC.
 - 20 Months Out: RHC submits requirement package to G44 ES for review.
 - 19 Months Out: MEDCOM G44 returns requirement package along with a written analysis to RHC G4 for revision
 - 16 Months Out: HCA Submits Requirement Package to Contracting for acquisition.
 - 15-3 Months Out: Contracting Office performs acquisition.
 - 3 Months Out: Contracting Office Awards Contract.
 - 3-1 Months out HRP and Contractors transition to new contract
 - 0 Months Out: Start contract support.

g. Cleaning Products: The HCA's Infection Control Committee provides written approval, in its meeting minutes, of all cleaning products used by the housekeeping organization. Cleaning products must be approved annually or more often as necessary.

h. The housekeeping organization shall make maximum usage of USDA designated bio-based products without jeopardizing the intended end use or detracting from the overall quality of the work. All bio-based supplies and materials shall be of a type and quality that conform to applicable Federal specifications and standards. Information about this requirement and these products is available at www.biopreferred.gov. Use of hazardous chemicals will be eliminated where practicable in accord with the USAMEDCOM Sustainability Strategy.

7-4. MANAGEMENT OF REGULATED MEDICAL WASTE (RMW)

a. RMW Definition: Waste generated in the diagnosis, treatment, or immunization of human beings or animals which is capable of causing disease or which, if not handled properly, poses a risk to individuals or a community. These wastes may also be called:

- Infectious Waste
- Bio-Hazardous Waste Clinical Waste
- Biomedical Waste
- Medical Waste

Terms may vary from state to state and country to country.

b. Procedural guidance for the management of RMW is contained in *MEDCOM Regulation 40-35*. The procedures specified in *MEDCOM Regulation 40-35* are mandatory for MEDCOM organizations

c. The HCA Preventive Medicine Service will assist the Logistics Division in developing local policies and procedures, monitoring the program performance, providing technical advice and planning and providing training.

d. CONUS HCAs will utilize the MEDCOM RMW disposal contract unless exempted by to the MEDCOM Assistant Chief of Staff for Logistics (ACSLOG) G4.

SAMPLE MEMORANDUM

(INVENTORY ANNOUNCEMENT)

MEMORANDUM FOR All Linen Customers

SUBJECT: Linen Inventory **(insert Date & Time)**

On **(insert Date & Time)** we will conduct a complete linen inventory. This linen inventory is a vital step in our program to improve the laundry/linen system. The purpose of this memorandum is to outline the steps necessary to manage an effective and efficient inventory.

1. During morning report on **(insert DATE approximately one week prior to inventory)** the staff will be advised that a linen inventory is to be conducted as noted above. At that time, at least one (1) representative should be designated from each nursing unit and clinical area. These individuals will actually conduct the inventory and they will be fully orientated to their duties and responsibilities during an inventory in-service **(insert DATE, TIME AND LOCATION)**.

2. Please ask your staff to place all soiled linen in the soiled linen areas by (insert time) Linen personnel will remove it shortly thereafter.

3. All linen in patient rooms that is not being utilized should be sent with the dirty linen to reduce the amount of linen that needs to be counted.

4. The designated representatives must attend the inventory in- service. This in- service should take approximately 15 minutes. When they return from the in-service, they will be fully prepared to conduct the inventory.

Thank you for your cooperation.

Figure 7-4. Sample Inventory Announcement

e. Transport of HAZMAT: Transportation of HAZMAT must meet Department of Transportation (DOT) and DOD requirements for safe movement. Storage of HAZMAT will be according to specific storage instructions for each item and category. Applicable MSDS and other OSHA requirements will accompany all HAZMAT items for storage, shipment, and usage. HAZMAT must be packed and shipped separate from other supplies and equipment and specific handling instructions will be clearly marked on each package or container. Personnel handling HAZMAT must be certified according to ACOM/ASCC/DRU and OSHA requirements before transporting, packing, or handling HAZMAT items.

CHAPTER 8. ARMY MEDICAL FACILITY MANAGEMENT

8-1. PURPOSE

This chapter of the SB 8-75-11, which prescribed OTSG/USAMEDCOM requirements for managing facilities at the Health Readiness Platform or activity level, has been removed

In accordance with OPORD 15-08 (USAMEDCOM Reorganization) published on 8 July 2015 and the latest edition of MEDCOM Regulation 10-1, the Facility Management Office at each RHC, MSC, HRP, MEDCEN, and research facility shall be organized as a Division, directly reporting to the Deputy Chief of Administration (Chief of Staff) in corporate alignment with Headquarters, USAMEDCOM and RHC/MSC G9 offices. Therefore, the elements describing the functions associated with the life cycle (cradle-to-grave) standard for facility management including operating, maintaining, repairing, and constructing USAMEDCOM facilities shall no longer be located within this document. It is now found in the interim within MEDCOM Facility Information Bulletin (FIB) #15-10, and the pending revision of MEDCOM Regulation 10-1

CHAPTER 9. MEDICAL MATERIEL READINESS

9-1. AGENCIES SUPPORTING MEDICAL MATERIEL READINESS

a. ACOM/ASCC/DRU (FORSCOM/USARPAC-EUSA/USAREUR): Sourcing Unit ACOM/ASCC/DRUs will provide Unit funding and identify requirements for all medical (SRC 08) units under their commands. ACOM/ASCC/DRUs are responsible for supporting the required Contingency Plan and Operations Plan with Units adequately resourced to meet the warfighting combatant commander's requirements.

b. USAMEDCOM/OTSG: Programs, budgets, and executes central management of the CL VIII commodity, to include DA-funded, centrally-managed programs APS, MCDM, UDP, Consequence Management Sets (CM), MTF Pharmaceutical Packages (Pharm Pks), Installation Support Package (ISP), and commercial business interactions. They also provide the doctrine, regulations, and policy for the medical force.

c. Medical Research and Materiel Command (MRMC): Serves to integrate the testing, research, and materiel development to identify the future medical threat, treatment requirements, and provide the standardized support for Operating Force organizations. MRMC commands the USAMMA, USAMMC-E and USAMMC-K. These USAMEDCOM materiel agencies provide assembly management and other centrally-managed support to CONUS and OCONUS theaters.

d. The USAMMA: Serves as the designated central medical materiel manager for AMC. The USAMMA manages strategic and operational medical materiel programs that support Operating Force Units in all components and serves as the materiel developer for Army standardized sets.

e. Medical Logistics Support Team (MLST): Represents the USAMMA capability to handoff APS and other TSG contingency stocks to deploying units. The MLST operates under the operational control of the Army Materiel Command's (AMC's) Logistics Support Element and IAW the command surgeon guidance.

f. Regional Health Command (RHC): RHCs shift assets to support major mobilization requirements and provide resource management and contracting support to adequately support installation and deploying Unit requirements at the direction of USAMEDCOM/OTSG. RHC directs IMSA actions to support mobilization, deployment, and redeployment activities.

g. Installation Medical Supply Activity (IMSA) [Force Projection Platform {FPP}/Force Support Platform {FSP}]: Provides direct support for all standard and non-standard requests for medical materiel and equipment maintenance:

(1) Assists with storage and distribution of USAMEDCOM/OTSG centrally managed programs.

(2) Provides required CL VIII support and training to include automated requisition and training to external deploying units.

h. DLA Troop Support Medical: Provides DLA/DOD interface for the CL VIII commodity; provides commercial contracting and medical materiel support capabilities.

i. Medical Logistics Management Center (MLMC): Assists in providing a Single Integrated Medical Logistics Manager (SIMLM) support function for the Combatant Commander (COCOM) collecting and providing detailed medical materiel management functions allowing real-time commodity management and feedback to the force provider to ensure complete logistics coverage for multiple theaters of operations. The MLMC supports units before they deploy, while they are deployed in theater, and when they return to their home station using standard automated information systems and data communications.

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j. Army Health Readiness Center of Excellence (CoE) Capability Development and Integration Directorate (CDID): Develops the doctrine, validates the current standards of care, and trains the medical logistician. Additionally, AHRCoE coordinates the training and modernization of the medical force with other Services and within the DA.

k. The Directorate of Combat and Doctrine Development (DCDD): Serves as the combat developer, integrating doctrine and standardizing requirements in conjunction with the expressed capability requirements of the combat force.

9-2. BACKGROUND ON MEDICAL MATERIEL READINESS

a. CL VIII materiel support for Army Units is divided into several categories:

- (1) Non UA Materiel (clinician or mission specific, non-standardized)
- (2) Non Centrally-Managed UA Materiel (unit funded, centrally standardized)
- (3) Centrally Managed (the USAMMA and DLA Troop Support-managed, standardized)
- (4) Medical CBRN Defense Materiel (MCDM)(OTSG-owned, USAMEDCOM/USAMMA-Managed)
- (5) Army Pre-Positioned Stocks (APS – geographically distributed, DA-owned,USAMMA managed)
- (6) Medical Material Readiness Program (MMRP), OTSG-owned, USAMMA managed
- (7) Army First Responder Program (AFRP) (IMCOM-owned, USAMEDCOM-managed)
- (8) Radioprotectants (DOD-owned)

b. The USAMMA is responsible for the initial fielding of the MMS and MESs that comprise a Unit Basic Load (UBL). These SKOs are currently fielded as outlined in AR 40-61. The IMSA is the source of supply to fill Unit-generated shortages (consumed items, unit assemblage updates, expired items, and field losses) for all Units. In order to maintain readiness, all supplies must be on hand, on order, or part of a pre-arranged agreement where previously identified items may be obtained through PVs or other contract sources. Based upon unit deployment timelines, it is the Unit's responsibility to maintain their basic load, unless covered by a centrally-managed program. Units must submit funded requisitions to procure these items. The Unit is required to make annual coordination with the IMSA to identify shortages and coordinate sources of supply.

c. All Units must coordinate their requirements for medical materiel to the supporting IMSAs annually. Reserve Units will maintain only the non-expendable and durable components of their UBL. The IMSA will be the source of supply to acquire the CL VIII expendable UBL items to support Reserve Component (RC) Units upon mobilization. The IMSA will match these requirements to a source of supply to ensure rapid acquisition. All Units will validate that the acquisition timeline supports their wartime mobilization mission.

d. Managed Materiel

(1) Non Centrally Managed: Brigade Combat Team (BCT) Units must maintain their basic loads and fill Unit-generated shortages, UA updates, and mission-specific items. Commanders will maintain UAs per guidance in Chapter 10 of this SB. The AMEDD does not centrally manage materiel for active component divisional Units. BCT medical units are expected to deploy with their entire CL VIII UBL.

(2) Centrally Managed: For rapid deployment/contingencies, however, DA Deputy Chief of Staff Operations may identify and direct that a BCT Unit will be supported by centrally managed Brigade sets from APS (reference SB 8-75-S7).

e. The USAMMA centrally manages CL VIII materiel for early deploying Active and Reserve Medical Units at the level above BCT. This materiel serves as initial deployment medical UBL for deploying Units. The materiel contained in this program is identified in the *SB 8-75-S7*. The USAMMA, USAMEDCOM, and the deploying Unit will coordinate for acquisition and hand off of CL VIII materiel in a contingency. The MLST is the medical materiel hand-off team that is an integral part of the MMRP. The MLST will hand off CL VIII UDPs and APS as directed by the USAMMA in coordinated effort with the deploying Unit.

9-3. COMMON READINESS MATERIEL ITEMS

CTA 8-100 is the source for all deployable Unit common medical items (Chap Stick, foot powder, first-aid kits, etc.). These items are requested through the supporting IMSA. *CTA 8-100* provides a basic guideline for the quantity of items to order for a given Unit. Unit supply personnel order these items using OMA funds.

a. Combat Lifesaver (CLS) Bags/Training: These are service-regulated items. They are ordered through the supporting IMSA with a justification memorandum attached detailing the personnel who will receive the CLS, and their current training qualification. Only currently certified CLS personnel will receive the CLS. Units will store the controlled components of CLS bags to prevent misuse IAW *AR 190-51* (Unit safe, with designated/controlled access; inventoried quarterly). CLS is accounted for as a durable item and hand-receipted to the user level.

b. Patient Movement Items (PMI): PMIs are service certified for Air-Worthiness Standards based on Service specific airframes and intended to be used on the service associated evacuation platforms. PMIs are initially issued with SKOs to Units identified during contingency operations. Replenishments are done by line-item requisition or direct exchange on a one-for-one basis with other Units during patient transfer. Hand-receipted durable items are accounted for by item, not serial number or other marking method. Non-expendables are controlled by serial number except where transferred for patient evacuation (ambulance exchange) - see Chapter 12, *DOD Patient Movement Items*, for more information on PMI.

c. Moulage: Casualty simulation sets, or Moulage Sets, are CTA-authorized items. Typically, the supporting installation Training Aid Support Center will maintain sets for use. Otherwise, Units will order the sets according to *CTA 8-100* through their servicing IMSA. The sets are durable items and replenished by line-item requisition.

9-4. LEVELS OF SUPPORT FOR MEDICAL MATERIEL READINESS

a. Division Units: For Units in Divisions, Regiments, and Separate Brigades, medical materiel support is provided by the Brigade Medical Supply Officer (BMSO) Medical Supply section utilizing (current automated) system. Medical materiel in combat units is highly standardized, decentralized (controlled and managed by operational funds at the lowest level), and sustained by the owning Unit.

(1) Fielding of UBL: Units are fielded their MESs and other authorized medical items by the USAMMA. The USAMMA Fielding Team conducts scheduled fieldings of Unit MES and other centrally-managed Sets, Kits and Outfits (SKOs) within the Division. The USAMMA provides fielding for the SKO and upon completion of fielding, transfers accountability to the Unit to maintain and provide status on the SKO through command channels.

(2) Unit shortages/Sustainment of UBL: Units are expected to maintain their sets at the highest level of fill to ensure readiness of the sets. Initial fielding shortages are filled by follow-on ship short packages or direct funding to the Unit to order locally to fill any SKO shortages. Sustainment of the sets is the responsibility of the Unit commander and Division Surgeon (DS). Materiel will either be accounted for as on hand or on order with a valid status. Sets with specialty items (Chemical Patient Decontamination) or short shelf-life items (i.e. laboratory reagents) will be closely managed to avoid expiration of vital components.

(3) The: Medical Defense Chemical Materiel (MCDM)

(a) Deployable Force Package assets of MCDM are centrally managed to support initial issue which meet Individual Service Member requirements for Army personnel deploying to high threat areas. See SB-8-75-S7 for details on management and release of this materiel.

(b) Medical Equipment Sets (MES), Chemical Agent Patient Treatment, LIN: M23673 P&D items are centrally managed for early deploying and forward deployed Units. See SB-8-75-S7 for detail on management and release of this materiel.

(4) Mobilization/deployment instructions: Upon deployment or mobilization notification, Units will validate their deployment CL VIII DODAAC and order all shortages from the supporting IMSA/SSA. Unit UBL is typically considered To Accompany Troops (TAT) and loaded with other Unit equipment. It is essential that these Units deploy with 100% of the required capability as sustainment is based upon that planning assumption.

b. Echelons Above Brigade (EAB): For Corps and higher level units, the typical structure of a Medical Brigade or Command will have medical logistics elements specifically designated to support the medical materiel and equipment requirements for those Units. Unit medical supply personnel will use DOD approved automated systems (DCAM) to order shortages and validate status. Units will order and maintain their basic load except where covered by a centrally managed program as discussed below. Where Units are not supported in garrison by their MLC, they will maintain active accounts with their IMSA for all deployment and training CL VIII requirements.

(1) Fielding of UBL: the process for these Units is essentially the same as Divisional Units; the key difference for selected early deploying (D-Day through D+30) EAB Units is the coverage by UDP for various Unit types (see SB 8-75-S7). For Units covered by UDP, only select materiel is fielded to accompany the non-expendable and durable Army Readiness Code (ARC) of N and D components of Medical SKOs. Potency and Dated (P&D) items between 1 and 60 months of shelf life are centrally managed in the UDPs associated with those Units, and the Units are not required to maintain or sustain those lines. For Units not covered by a UDP, the requirement for those Units is no different from Divisional Units – maintain sets to 100% on hand or on order with a valid status (see Appendix T, Categories of Supply Required to be Maintained on-hand by Units).

(2) Unit shortages/sustainment of UBL: Units covered by UDP will maintain only designated “non UDP” covered lines at 100% fill. Units not covered by UDP will maintain highest level of fill funded and validate all unfunded requirements through source of supply to ensure acquisition capability subsequent to deployment funding supplements or project codes.

(3) MCDM: Units will draw/issue/turn-in their MCDM in the same manner as Divisional Units. Hospitals with a DS support requirement will also order and distribute MCDM in accordance with their DS support instructions. (For example, a CSH that supports three (3) Forward Surgical Teams (FSTs), provides MCDM and other supply support.)

(4) Mobilization/deployment instructions: Per SB 8-75-S7, Units supported by UDP will maintain current contact information with the USAMMA and support fielding and issue plans for that materiel. Except for early deploying Units falling in on APS (UDP and other items), Units will plan and coordinate the transportation of CL VIII through their ITO. The level above Division medical Units is typically more diverse than Divisional Units, and acquisition strategies to cover the greater range of requirements must occur annually between the IMSA and the unit.

(5) Redeployment: Units redeploying will either conduct a transfer of centrally-managed assets to the relieving Unit (in place) or turn in the centrally-managed assets to the supporting Medical Logistics Unit for return to centrally managed programs. Retention of those centrally managed assets requires further accountability by those Units until they turn in those items.

c. Operating Force Hospitals (Active Component): Role 3 hospitals represent the Level 3 and 4 [North Atlantic Treaty Organization (NATO) Role 3] requirements for surgical stabilization and intensive care management of casualties. They also provide direct support for subordinate assigned and attached units, and Area Support for medical logistics when not co-located with MEDLOG Detachments or Companies.

(1) Fielding of UBL: The USAMMA provides centralized fielding and modernization of Operating Force hospitals. Units are fielded to the current Program Objective Memorandum budget for that year, typically resulting in a 90% fill of non-UDP covered MMS and MESs. Additionally, APS covers early strategic hospitalization requirements due to the large transportation requirement required to move Hospitals.

(2) Unit shortages/Sustainment of UBL: Units are expected to maintain the fielded level of fill for their sets regardless of their designation as an early deployer (may be required to fall in on APS).

(3) MCDM: Units will draw/issue/turn-in their MCDM in the same manner as Divisional Units. Hospitals with a DS support requirement will order and distribute MCDM in accordance with their DS support instructions. (For example, a CSH that supports three FSTs will provide MCDM and other supply support.)

(4) Mobilization/deployment instructions: Upon confirmation of deployment orders, the designated Unit will either receive augmentation in the form of UDP at mobilization station (assisted by the USAMMA Materiel Fielding Team {MFT}) if they are deploying with the first thirty (30 days) or (for early deploying Units) move via airlift (TAT only) and fall in on APS (assisted by the USAMMA MLST).

d. Operating Force Hospitals (Reserve Component):

(1) Fielding of Mission Essential Equipment Training (MEET) sets: MEET sets are the non-expendable and durable components of selected MMS modules that make up a reserve hospital. MEET sets allow reserve hospital commanders the opportunity to perform the major tasks of setting up (complexing) hospitals and establishing the physical layout without buying and maintaining a vast amount of potency dated or maintainable items. MEET sets are fielded by the USAMMA to reserve component medical hospitals. Units conducting normal Reserve training drill or annual training are expected to purchase expendable components with training funds to make the MEET sets capable of supporting training objectives.

(2) MCDM: Units will draw/issue/turn-in their MCDM in the same manner as Divisional Units. Hospitals with DS requirements will support in the same manner as Active Operating Force hospitals.

(3) Mobilization/deployment instructions: Upon receipt of an alert order, Unit Reserve Support Center liaisons should initiate contact with the OTSG to begin the process of identifying the Unit requirements to augment MEET sets or the MMRP requirements. Reserve Units, deploying after D+30, are expected to bring their full equipment load to the mobilization station. Units will also receive any supporting UDPs at this time and flow with full equipment. Selected Reserve Units may fall in on active component sets that were released by Active APS supported hospitals.

(5) Re-deployment: RC Units will redeploy with their equipment. Federal Law requires that RC Units maintain accountability within their component – meaning that Active Component Units cannot fall in on RC equipment unless they exchange equipment or receive exception consideration from DA G3/G4 via sourcing ACOM/ASCC/DRU FORSCOM, USARPAC/EUSA, and USAREUR]. Upon redeployment, Units will return MMRP elements to the MMRP program with assistance from the USAMMA MLST or MFT.

e. All Units:

(1) COMPO 1 Units will establish, at a minimum, an account with valid Assumption of Command orders and current DA 1687 (Delegation of Authority Signature Card). Units will provide a copy of their CL VIII shortages to their supporting IMSA on an annual basis.

(2) COMPO 2/3 units will provide valid unit contact information. This information should include at a minimum, unit name, Commander's name, address, phone number, email address of medical supply POC. This information must be updated biennially or upon unit relocation.

(3) Units are expected to maintain the highest level of readiness for which they are funded. Units are expected to deploy at greater than 90% of MTOE required strength for equipment in order to be certified by an installation commander.

(4) Units will receive applicable centrally managed materiel (typically MCDM) upon receipt of valid deployment orders or by Surgeon General directed and approved release (contingency support requirements).

9-5. MEDICAL CBRN DEFENSE MATERIEL (MCDM)

MCDM is centrally managed by the OTSG and executed by the USAMMA. See DA *SB-8-75- S7* for details on management and release of this materiel.

9-6. EMERGENCY-MANAGED STOCKS FOR ALL HAZARDS AND CONTINGENCY PROGRAMS

a. The joint Installation Protection Package (IPP) provides CBRN Pharmaceutical Countermeasures (CPCs) to protect and treat emergency first responders and mission critical personnel who are exposed to CBRN agents, as a result of a CBRN incident on an installation.

b. Consequence Management Sets (CM Sets) consist of 4 separate medical sets which provide a deployable response capability to a Chemical-Biological-Radiological-Nuclear-High yield

Explosive (CBRNE) incident. CM Sets are pre-positioned at designated RHC Storage Sites in CONUS and OCONUS; see *AR 40-61* for details on the management and release of this materiel. CM Set are located at:

- Fort Belvoir, Virginia (Temporary storage location under direct management by RHC-Atlantic G4)
- Fort Sam Houston, Texas
- Fort Gordon, Georgia
- Fort Bragg, North Carolina
- Joint Base Lewis-McChord, Washington
- USAMMC-K, Korea
- USAMMC-E, Pirmasens Germany
- Tripler Army Medical Center

c. Pharmaceutical Packages (Pharm PKS) are pre-positioned at various RHC HRPs throughout CONUS and are designed to augment HRP support to chemical and biological casualties. See *AR 40-61* for details on the management and release of this materiel. Pharm PKS are located at:

Fort Campbell, Kentucky	Fort Drum, New York
Fort Knox, Kentucky	Fort Richardson, Alaska
Fort Wainwright, Alaska	Fort Carson, Colorado
Fort Bliss, Texas	West Point, New York
Fort Riley, Kansas	Fort Leonard Wood, Missouri
Fort Leavenworth, Kansas	Fort Meade, Maryland
Fort Rucker, Alabama	Fort Benning, Georgia
Fort Stewart, Georgia	Fort Eustis, Virginia
Fort Hood, Texas	Aberdeen Proving Grounds, Maryland
Redstone Arsenal, Alabama	Fort Polk, Louisiana
Fort Sill, Oklahoma	Fort Jackson, South Carolina

d. Deployment for humanitarian missions IAW *AR 40-63*. Obtaining Spectacles. Humanitarian mission planners will determine the approximate number and type of generic eyewear needed to fulfill the mission. They will contact the OFE with these requirements. The OFE will determine how best to fulfill these requirements using specially ordered frames and lens stock. Reimbursement will be obtained in accordance with service regulations.

9-7. MEDICAL MATERIEL READINESS SPECIAL CONSIDERATIONS

These categories of items require special attention and management beyond what has been addressed previously. Additionally, these are specific readiness items that affect Unit deployments and sustainment due to acquisition restrictions and distribution controls not regulated by USAMEDCOM/OTSG policies. (Controlled substances are discussed in other chapters of *AR 40-61* and *AR 190-51*.)

- a. Lab Reagents: Lab reagents are characterized by three important factors:

Limited Shelf Life - Temperature Regulation - Limited Commercial Production

As such, laboratory reagents are typically acquired by either local purchase or utilizing DLA Troop Support E-CAT web ordering tool from a vendor. Lab reagents may have long lead times for acquisition utilizing standard ordering procedures. The expected means of acquiring these items is through utilization of the DLA Troop Support MCOC for deploying and deployed medical Units requiring lab reagent support.

b. Cold Chain management: TSMP require specific transportation controls to ensure maintenance of their viability between source and patient delivery. For items requiring cold chain management functions, the supporting TLAMM or the USAMMA Distribution Operations Center will provide all packing and transportation instructions to ensure adequate cold chain management measures are performed. Suspect medical materiel will be segregated and reported using M/DPQDR - formerly SF380--Medical Complaint procedures to prevent patient injury or death.

c. Transport of HAZMAT: Transportation of HAZMAT must meet Department of Transportation (DOT) and DOD requirements for safe movement. Storage of HAZMAT will be according to specific storage instructions for each item and category. Applicable MSDS and other OSHA requirements will accompany all HAZMAT items for storage, shipment, and usage. HAZMAT must be packed and shipped separate from other supplies and equipment and specific handling instructions will be clearly marked on each package or container. Personnel handling HAZMAT must be certified according to ACOM/ASCC/DRU and OSHA requirements before transporting, packing, or handling HAZMAT items.

9-8. TLAMM/SIMLM MEDICAL LOGISTICS SUPPORT

a. Theater Lead Agent for Medical Materiel (TLAMM) provides medical materiel distribution and CL VIII supply chain management in support of Combatant Commands (GCCs). A TLAMM is an organization or unit designated to serve as a major theater medical distribution node and provide the face to the customer for MEDLOG and supply chain management.

- (1) USAMMC-E serves as TLAMM for European Command; and for AFRICOM.
- (2) USAMMC-SWA serves as TLAMM for South West Asia..
- (3) USAMMC-K: serves as TLAMM for Korea..
- (4) USAF 18th Med Group, Okinawa serves as TLAMM for PACOM.
- (5) USAMEDCOM serves as TLAMM for Northern Command.
- (6) The Air Force Medical Operations Agency (AFMOA) serves as TLAMM for Southern

Command.

b. Single Integrated Medical Logistical Manager

(1) The SIMLM is established to promote supply chain efficiency and minimize the Theater MEDLOG footprint. The SIMLM provides synchronized planning and centralized MEDLOG support to all Services operating in an operational area. The SIMLM, in coordination with the Joint Forces Surgeon (JFS), DLA, and supporting TLAMM (if designated), will develop a MEDLOG plan and identify additional requirements necessary to provide MEDLOG support to all designated customers and effectively extend MEDLOG into the theater in support of forward medical elements.

- (2) The SIMLM is assigned as required by the theater COCOM.

9-9. SOLDIER READINESS PROCESSING (SRP)

a. The USAMEDCOM responsibility for SRP/Pre-deployment Processing (PDP) is to provide screening checks for medical, dental, and visual readiness. Personnel are given updated medical examinations, dental examinations, eye and hearing examinations and medical appointments to ensure the war-fighter has an updated chronic medication prescription on file, and all necessary standards of fitness are achieved prior to deployment. IMSAs are funded to provide those basic services and are coordinated by the hosting installation for Unit SRP functions.

b. Supplies are ordered from the supporting IMSA and funded by the Unit's Army Command (i.e., FORSCOM, First Army) for all SRP requirements.

(1) Theater prophylactic requirements are defined by the sourcing and requiring commands. Vaccinations and other forms of prophylaxis are distributed prior to deployment and managed by the Unit surgeon for continued treatment upon deployment. Personnel medical records are updated during SRP to show initial vaccination and issue of prophylactic medicines.

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(2) Optical devices will be prescribed and issued prior to deployment of personnel from the Mobilization station IAW AR 40-63 for SRP requirements listed below.

(a) Priority of orders. Operational eyewear for personnel on deployment orders shall be ordered as a "Readiness" priority. Frame of choice spectacles cannot be ordered under the "Readiness" priority.

(b) Optical readiness. Optical readiness for deploying personnel is Service dependent and theater specific. The basic optical readiness requirement for each of the Services includes two pairs of spectacles (four for aviators) and one PMI. Theater requirements may dictate the additional issue of military combat eye protection/ballistic protective eyewear (MCEP/BPE) inserts or other unique operational eyewear.

(c) Authorized frames. Spectacles for optical readiness may be any combination of Military frames, civilian frames, and/or MCEP/BPE spectacles (with the appropriate OFE fabricated insert). Aviators must possess the required number and type of aviation frames as specified by their Service.

(d) Military Combat Eye Protection or Ballistic Protective Eyewear. All MCEP and BPE are commercial off-the-shelf (COTS) products that have been approved for use by PEO Soldier or Service specific instruction.

(e) Authorized Protective Eyewear List (APEL). The APEL is a list of authorized products which have been approved for use by PEO Soldier. This list contains both spectacle and goggle systems that are updated periodically and posted at <http://www.peosoldier.army.mil/equipment/eyewear>. The PEO Soldier has independently verified that these devices meet and/or exceed both the ANSI/ISEA Z87.1 and Military Ballistic Standards.

(f) Procuring MCEP/BPE. The MCEP/BPE is not classified as a medical item and will not be supplied through optical labs or ordering clinics. These devices will only be obtained through approved military sources.

(g) MCEP/BPE optical inserts. Military optical fabrication labs are the only authorized providers of optical inserts for APEL devices.

CHAPTER 10. PROCEDURES FOR MANAGEMENT OF MEDICAL ASSEMBLAGES

10-1. ACCOUNTING, MANAGEMENT, AND UPDATE OF MEDICAL ASSEMBLAGES

a. The Operating Force Commander responsibilities for accounting and managing of components of Medical Assemblages are:

(1) Establish and maintain property accounting records on each authorized non-expendable item using the manual property accounting procedures, or an approved DA-automated property accounting system (see *DA PAM 710-2-1*).

(2) Establish a viable Quality Control program for all dated items.

(3) Under the inventory provisions of *AR 710-2* and *DA PAM 710-2-1*, manage expendable and durable ARC "X" or "D" components of MESs on-hand-receipts {Supply Catalog (SC) 6545-8 Series}, or as part of the Unit Assemblage Listing (UAL). These components are listed in the SC or UAL to identify authorized quantities. Units are responsible for maintaining the assemblages they were fielded; however, Commanders wishing to upgrade their sets may use the most recent UAL document.

(4) Medical items are classified as durable because users do not expend them in the first use. Unless there is evidence of pilferage, treat the loss of these items as if they were expendable. Commanders are not required to account for durable losses from MES/MMS under the provisions of *AR 735-5*, paragraph 14-25, unless the commander suspects negligence, theft, or willful misconduct.

(5) Commanders will inventory MES components against the fielded UAL at least every six months (12 months in RC) to measure readiness. Units may perform this inventory in conjunction with other required inventories as long as it meets the requirements stated above.

(a) Commanders of Medical Reengineering Initiative Hospitals with equipment in long-term storage under the AMEDD Hospital Optimization Standardization Program (HOSP) will follow procedures outlined by their ACOM/ASCC/DRU.

(b) Items listed in the Section II of the fielded UAL and in Section III of the SC 6545-8 series are Associated Support Items of Equipment (ASIOE) end items dedicated to the operation and maintenance of the medical assemblage. These ASIOE NSNs are identified in the Supply Catalogs series published on LOGSA's Logistics Information Warehouse (LIW) with a special statement in the Item Description window designating "Associated Support Item of Equipment". The information is for guidance only and does not constitute an additional authorization. The Unit's MTOE/TDA reflects total authorizations.

(6) Record and account for inventories as follows:

(a) The approved system for management of all medical equipment/materiel set inventory is the Medical Materiel Mobilization Planning Tool (M3PT). M3PT is located at www.mods.army.mil.

(b) Medical equipment/materiel set management requirements for all units are as follows:

- Request access to M3PT at www.mods.army.mil. Commanders will designate individuals within the unit for write access to M3PT. Write access allows users to input/edit inventory of a unit.

- Unit personnel will conduct an inventory of their fielded MES/MMS using component listings available in M3PT. Units must select the version of the MES/MMS that they were fielded. If fielded MES/MMS version is not available it can be built in the set tool module of M3PT and downloaded into the unit assemblage management tool (UAMT) module of M3PT.

- Unit authorized personnel will input the inventory results for each MES/MMS into the UAMT. Inventory results include quality assurance/control information and medical maintenance for items as required by M3PT in the special handling codes column.

(c) Upon completion of inventory input, unit will use the AR 220-1 percentage of fill calculation generated by M3PT to determine the on hand status of each MES. Refer to AR 220-1, Chapter 9 para 9-3f, Evaluating Component part availability.

(d) Operating Force hospitals and division/brigade/regimental MSOs will manage ASL items in anticipation of a re-supply mission.- Establish a DA form 1296 for each item for which

you expect demands. Use the component listing of the authorized MES and *CTA 8-100* as a guide. Detailed instructions for using stock accounting records are in *DA PAM 710-2-2*. Use these forms, with support records, to informally manage supply activities upon mobilization. Advance preparation will enhance your operational readiness upon mobilization or deployment.

- Establish a DA form 4998-R for each medical item with a shelf-life and for which you expect demands. This form will help you manage required QC actions.

b. Medical Assemblage Updates: Non-hospital commander responsibilities.

(1) Maintain your assemblages in the UAL configuration based on the set NSN you were fielded.

(2) There is no requirement to purchase OMA-funded components for cyclic MES changes. Units will move forward to the new UAL configuration, and corresponding NSN, when fielded by USAMMA.

(3) Units are not precluded from selectively upgrading OMA-funded set components to the most current configuration if unit funding is available. If commanders selectively upgrade set components, they will inform USAMMA of any changes.

USAMMA

ATTN: MCMR-FSD

693 Neiman Street

Fort Detrick MD 21702-5001

DSN 343-7161 or Commercial 301-619-7161 or

Customer Relations Management (CRM) Office

DSN 343-4301/1288 or Commercial 301-619-4301/1288

E-Mail: Usarmy.detrick.medcom-usamma.mbx.crm@mail.mil

(4) Execute an NSN change IAW *DA PAM 710-2-1* to property-accountable records for sets the unit fully upgraded to the new UAL configuration.

c. Commanders of DEPMEDS equipped units will inventory the medical assemblage against the UAL (Assemblage Control Number (ACN)/Build Directive Number (BDN) specific) that is provided when fielded to the unit until authorized for update by the USAMMA.

10-2. PROCEDURES FOR LOAN OF OPERATING FORCE MATERIEL (EQUIPMENT) IN SUPPORT OF PROJECTS AT HEALTH CARE ACTIVITIES (HCAS)

a. For guidelines for temporary loan of Operating Force Assemblages/Equipment to HCAs/Generating Force facilities see *AR 700-131*, para 2-2 and applicable local command guidelines.

b. Procedures for loan of medical equipment to units from USAMMA

(1) Policy. *AR 700-131, Loan, Lease, and Donation of Army Materiel*, sets forth the policies and procedures for loan of Army materiel to both DOD and non-DOD activities of the Federal Government and loan, lease or donation of materiel to non-Federal civilian activities and agencies. It outlines when loans, leases, or donations of Army materiel can be made.

(2) Responsibility. The Surgeon General is responsible for loans of medical materiel IAW, *AR 700-131* (Table 2-1). The Commander, USAMMA, is responsible for approving requests for loan or lease of principal medical end items IAW, *AR 700-131* (Table 2-1) and *AR 40-61*,

(3) Medical Logistics Policies. The Commander, USAMMA, may approve principal medical end items in wholesale level inventories for loan unless the loan would at any time interfere with issue against the Dynamic Army Resourcing Priority Listing. In such cases, requests will be forwarded for approval to the following:

Office of the Surgeon General
 ATTN: DHHQ
 7700 Arlington Blvd, Suite 5144
 Falls Church, VA 22042

The Commander, USAMMA, may approve minor medical materiel in wholesale inventories for loan.

(4) Types of equipment available for loan. Medical materiel available for loan include, but are not limited to, Computer Tomography (CT) Scanners, DEPMEDS, ISO Shelters, Non-Medical ASIOE, Environmental Control Units, and Heaters.

(5) Duration of loan agreements. Loan agreements with USAMMA are typically one year in length; however, agreements for periods of less than one year, but greater than six months are also available.

(6) Submitting requests for loan of equipment. Requests for loans of equipment will be approved or disapproved based on the purpose, duration of the loan, and consideration of the following factors that can take precedence over any loan or lease:

- Military requirements and priorities.
- Stocks and programmed Army requirements.
- Type classification with pending changes.
- Minimum diversion of Army stocks.
- Adequacy of the borrower's resources.
- Availability of alternative sources such as commercial leases.
- Eligibility of the recipient.

Units must complete DA Form 4881-6-R, using DA Form 4881-2-R if more than one item is required and forward with a memorandum of justification, signed by a Colonel (O-6 or higher) through command channels to Headquarters, US Army Medical Command (USAMEDCOM) for approval. If a MFT is required to field the materiel, the requesting unit is responsible for travel and per diem expenses (military and civilian) for the initial set up and their return upon termination of the loan agreement. In addition, the requesting unit is responsible for packing, crating, handling, and shipping of materiel from supply source to destination and return. This includes port handling and off-loading, if applicable. The requesting unit must pay for the refurbishment cost to bring the equipment back to condition code "B".

(7) Points of contact

(a) The mailing address and point of contact at USAMEDCOM is:

CDR USAMEDCOM
 ATTN: MCLO-P 4270 Gorgas Circle
 BLDG 1070, FL 6
 FT Sam Houston, TX 78234-6000
 POC DSN: 420-2806

(b) The mailing address and point of contact at USAMMA is:

US Army Medical Materiel Agency
 ATTN: MCMR-MMO-S
 693 Neiman Street
 Fort Detrick MD 21702-5001
 POC DSN: 343-9951

CHAPTER 11. OPTICAL FABRICATION

11-1. OPTICAL FABRICATION AUTHORITY AND OVERVIEW

Optical fabrication has become a consolidated effort within DOD. In response to this consolidation, the Optical Fabrication Enterprise (OFE) was formed, with the Navy Surgeon General designated responsible for management of the OFE.

a. The OFE was created to manage the DOD's optical fabrication assets, and meet optical fabrication requirements of all services. The OFE charter includes all DHP-supported laboratories.

b. The Navy Surgeon General, in turn, designated the Commander of Naval Ophthalmic Support and Training Activity (NOSTRA) to provide day-to-day oversight of the enterprise. To manage and maintain DOD optical fabrication, an Optical Fabrication Advisory Board (OFAB) was established.

c. The OFAB acts as the primary advisor to the OFE. The OFAB operates with a combined staff consisting of members from the Army, Air Force, Navy and one representative from DOD's Secretariat. The chairman of the OFAB is either the US Army Medical Command's Chief of Staff for Logistics or Assistant Chief.

d. The Army Optical Fabrication Laboratories (OFL) and Units fabricate prescription eyewear that includes spectacles, protective mask inserts, Military Combat Eye Protection inserts and similar ocular devices for eligible personnel under the guidance of:

- Army Regulation 40-63
- SECNAVINST 6810.1
- AFI 44-117

e. This chapter identifies requirements used for the management of Army optical fabrication laboratories located at both Generating Force and Operating Force activities/Units.

11-2. OPTICAL FABRICATION ENTERPRISE (OFE) REPORT

The OFE Report provides data on optical devices fabricated by optical laboratories. It is used in:

- Planning mobilizations
- Preparing budgets
- Assigning Personnel
- Analyzing inter-service support
- Utilization of manpower
- Analyzing cost/production efficiency

11-3. IMPLEMENTATION OF POLYCARBONATE LENS PRODUCTION MILITARY COMBAT EYEWEAR PROTECTION

Army optical laboratories and units, including those organized as elements of TDA and MTOE units are to implement polycarbonate lens production for Military Combat Eye Protection (MCEP) inserts.

11-4. AUTHORIZED PROTECTIVE EYEWEAR

a. US Army Public Health Command approved eye protection (Military Combat Eye Protection) as the recommended for wear by Soldiers during training.

SB 8-75-11

b. Laboratory testing conducted in 2005 by Natick Soldier Center in Natick, Massachusetts, demonstrated that Rx inserts made with CR-39 would shatter and splinter when exposed to ballistic impact; the polycarbonate material does not shatter or splinter under these testing protocols.

c. Polycarbonate provides more than 10 times the impact resistance than CR-39.

d. For these reasons the USAPHC (P) Tri-Service Vision Conservation and Readiness Program (TSVCRP) recommends the adoption of a requirement to use polycarbonate lenses in all MCEP inserts produced by the OFE.

11-5. COMPLETING OFE REPORT WORKSHEETS

a. General information and instructions for completing and submitting the OFE Report worksheets are available from the USAMEDCOM, ACSLOG, Operations Management Division, or NOSTRA.

b. The reports metrics are titled: Production, Financial, Staff, and Performance. These on-line reports have been developed to capture data and additional information required by OFE and USAMEDCOM.

c. The reports will be submitted monthly. The metrics will be staffed/reviewed through command channels to the appropriate RMC or Command Surgeons. The report will then be reviewed by USAMEDCOM NLT the tenth of each month.

11-6 ISSUE OF SPECTACLES

a. Number of standard spectacles to be issued (reference AR 40-63 chapter 3 para 3-4).

(1) Active duty personnel and RC personnel on AD for more than 30 consecutive days (other than for training under 10 USC 270) who require spectacles will at a minimum two pairs in serviceable condition in addition to mask inserts as described in AR 40-63 para 2-6. If a Service member has been issued MCEP/BPE they will also be authorized the appropriate prescription insert for that item if a prescription is required. Note that Service-specific deployment issues are addressed in ar-40-63 chapter 6.

(a) Standard issue and FOC can be used to meet the two-pair requirement.

(b) A pair of civilian spectacles with proper corrective lenses may be considered an asset toward fulfilling the two-pair requirement. (Repair or replacement of these spectacles at Government expense is not authorized; however, standard issue replacement is authorized.)

(c) A pair of MCEP/BPE with prescription insert may be considered an asset toward fulfilling the two-pair requirement.

(d) Authorized aviation personnel will be issued aviation spectacles according to AR 40-63 para 2-4.

(2) A replacement pair of standard issue spectacles/inserts can be ordered when one becomes unserviceable.

(3) Retired military personnel, regardless of rank, who require vision correction, are authorized one pair of standard issue spectacles or one pair of half-eye spectacles. Two pairs of spectacles may be issued when professionally determined to be essential by the examining provider. Occupational type spectacles, such as aviation, industrial safety, and mask insert, will not be issued by military ophthalmic laboratories for retired military personnel unless required for duties as a DOD civilian or contractor.

(4) In addition to clear lenses, Wounded Warrior Service members with mild to severe TBI are authorized FOC sunglasses to include photochromic and progressive lenses. Photochromic lenses may be ordered clear or with a base tint. The prescribing doctor will determine which lens option or combination of options best meets the patient's needs.

(5) The basis of issue for other eligible categories of personnel is listed in AR40-63 table 1-1. Individual's personal property. Spectacles, including spectacle inserts for protective masks and ballistic eyewear, are custom made for the individual. As such, they are considered personal property and will accompany the individual upon transfer.

11-7. FURNISHING SPECTACLES ON A REIMBURSABLE BASIS**a. National Guard/Reserve Units (traditional).**

(1) Spectacle inserts for protective field masks and MCEP/BPE may be furnished to personnel assigned to National Guard and Reserve units in the Selected Reserve, or assigned to National Guard or Reserve units designated for control of civil disturbances, when directed by the appropriate responsible major command or staff agency.

(2) National Guard and Reserve units must have an account setup with the OFE prior to ordering.

(3) For questions regarding account status or instructions on setting up an account, go to the OFE Web site at: <http://www.med.navy.mil/sites/ofe/Pages/default.aspx>.

(4) All units are encouraged to use the SRTS to place orders. Details on SRTS and instructions on how to obtain and use the program are found in paragraph 3–3b.

(5) When ordering in SRTS units must use the Reserve/National Guard Duty Status Codes: F12, F15, A12, A15, N12, and M12.

(6) If not using SRTS, the following information must be included on the DD Form 771 when ordering:

- (a) Account number
- (b) Billing address
- (c) Indicate that the recipient is a member of the National Guard or Reserve
- (d) Unit to which the Service member is assigned
- (e) State in which the unit is located

(7) Clinics will collect a copy of National Guard and Reserve Trainee's orders and supply a copy to the servicing laboratory as justifying documentation for reimbursement.

(8) Charges for spectacle inserts will be computed according to paragraph 3–3e(1).

b. National Guard/Reserve Units (with activation orders)

(1) Paragraphs 11-7a (1)-(3) above apply the same for units with activation orders as for units with traditional National Guard and Reserve orders.

(2) National Guard and Reserve units with activation orders can order a full complement of required eyewear (spectacles, PMI, and MCEP inserts).

(3) When ordering in SRTS units must use the AD status codes: F11, A11, N11, and M11. Using these SRTS AD status codes will allow proper selection of required eyewear or inserts. Note that this rule does not apply to National Guard and Reserve personnel under orders for training.

(4) When ordering inserts for MCEP/BPE it is important to know which brand or type of inserts your unit will be issued. Refer to the APEL or contact the Rapid Fielding Initiative or Mobilization site you will be deploying from for assistance. If your unit is purchasing the spectacles or goggles, ensure that the eyewear is listed on the APEL since all products on the APEL do not have prescription inserts available. Once the unit has decided on the type of MCEP/BPE to be issued, inserts can be ordered at no cost to the member's unit if visual correction is required.

(5) If not using SRTS, ensure that the DD Form 771 is completely filled out. Be sure to include the following items:

(a) Pupillary distances, axis if the cylinder box is filled in, and segment height if ordering bifocals.

(b) Ensure that the return address is valid for return of finished product via FedEx, street address, correct zip code (No APO/FPO) addresses and phone number.

c. Furnishing spectacles to other reimbursable categories. Organizations responsible for personnel required or authorized to order optical devices on a reimbursable basis will contact the OFE for funding procedural guidance prior to ordering. Contact information and additional guidance can be found on the OFE Web site at: <http://www.med.navy.mil/sites/ofe/Pages/default.aspx>.

11-8 PERFORMANCE MEASURES OF OFL (REFERENCE AR 40-61 CHAPTER 11 PARA 11-5)

An OFL's performance is measured by its ability to produce prescription eyewear in a timely manner.

a. OFL managers will monitor their activities' performance using key indicators prescribed in the Department of Defense Optical Fabrication Enterprise Concept of Operations.

b. Productivity and Production Turnaround Time performance measures are effective IAW the time/date stamp provided by the Spectacle Request Transmission System as orders are processed for fabrication.

c. Shipping days, Training Holidays, Federal Holidays, and Weekends will be excluded in fabrication performance measures.

d. The Optical Fabrication Enterprise is authorized to establish additional performance indicators.

e. Army's OFL breakage rate for production must not exceed 2.5%.

CHAPTER 12. DOD PATIENT MOVEMENT ITEM (PMI)

12-1. PATIENT MOVEMENT ITEM (PMI) EQUIPMENT

a. Definition: PMI is a list of specific standardized medical equipment and durable supply items which are Safe-to-Fly (STF) certified to support patient transport. The PMI program consists of designated medical equipment assets (including the consumable supplies needed for their proper use) and associated durable supplies necessary for patient transport. The USTRANSCOM Air Component PMI Program inventory is contained in the allowance standard (AS) 887P series. Examples of standardized PMI include: Defibrillators, Ventilator, Wound Vacs, IV Controllers, Suction Units, Patient Monitors, and Pulse Oximeters. The mission of the PMI system is to support patients in transit, to exchange in-kind PMI without degrading medical capabilities, and to provide prompt recycling of PMI. It is the originating MTF's responsibility to provide the PMI required for supporting the patient during movement. PMI accompanies a patient throughout the chain of movement, from the originating MTF to the destination MTF, whether it is an intra-theater or inter-theater transfer. Planners must ensure that PMI is available at the correct location and ready for use. Access to PMI can be obtained for wartime contingency support by submitting a Unit Line Number (ULN) task for unit type code (UTC) FFQP3 via the Time Phased Force Deployment Data system or by contacting Air Mobility Command (AMC SGXM) 1-877-286-1931 for instructions.

b. Air-Worthiness Release (AWR)/StF: AWR has been approved for the standardized PMI used during evacuation of patients on military aircraft. Requests to add PMI items to the PMI program should be sent IAW *AR 40-61*, Section 3-22, paragraph 6d, and coordinated with HQ Air Mobility Command/Surgeon General (AMC/SGXM) for the Global Patient Movement Joint Advisory Board (GPMJAB) submission for approval. This includes both rotary and fixed wing assets and should be first routed to:

Commandant, AMEDDC&S
ATTN: HSMC-FC
Fort Sam Houston TX 78234

c. Patient Movement Item Asset Tracking System (PMI-ATS): PMI-ATS is used to keep track of moveable medical assets such as PMI. The PMI-ATS keeps track of equipment by collecting scans and sharing the information with other PMI-ATS users, thereby making the data available to those managing. The tracking software is installed on a laptop/desktop computer and uses a RFID barcode scanner/reader to capture/load the label readings into a network providing the PMI type, model and serial number of the asset. The PMI-ATS laptop maintains the database that is refreshed every twenty-four hours. The PMI-ATS database contains information to identify ownership, and the movement history of all scanned and tracked items. There are special printers at the PMI Centers that create RFID bar-code labels to place on equipment. Not all units or MTFs will have a PMI-ATS system. Those who do not have PMI-ATS will need to track the PMI manually, as described below in para. 12-2, Procedures for Processing PMI.

12-2. PROCEDURES FOR PROCESSING PMI

a. Theater Units: Combatant Commander. Intra-theater movement of PMI is the responsibility of the theater commander. Theater policy for PMI will be established and distributed to the applicable units, as required.

b. CONUS MTFs

(1) As patients are evacuated back to MTFs closer to home station, their care is the first priority. Once they are stabilized and transitioned to a Ward at the MTF, the PMI is no longer needed

for those patients. The PMI will be recycled, and returned to medical logistics and in turn to the nearest PMI Center.

(2) The three Divisions within the MTF that coordinate the patient's movement with PMI are; Patient Administrative Division (PAD), the Emergency Division (ED) and the Logistics Division (LOG).

(a) The Chief of PAD will ensure that the timely notification of all inbound and outbound patients is provided to ED and LOG. PAD will also provide them a copy of the Patient Movement Request (PMR).

(b) The Chief of ED will manage the patients and the PMI that accompanies them and when the PMI is no longer required will ensure it is cleaned IAW local Infection Control guidance the PAD will notify LOG that the PMI is available for pick up.

(c) The Chief of LOG will ensure that PMI is picked up, as required, from PAD/ED and will be recycled to the nearest PMI center within 5 days of arrival to the MTF. The MTF gaining the equipment is responsible for the shipment of the equipment back to the local PMI Center.

Managing PMI assets includes tracking each item by using manual transfer documents or scanning the items into 'OUT' status to the nearest PMI Center using the PMI-ATS where available.

(3) Funding for PMI shipment is the responsibility of the gaining services/activities.

c. The USTRANSCOM Air Component -designated PMI Center asset reception locations are:

- (1) 779th Medical Group PMI Center Andrews AFB, MD
(DSN 857-7957) (Comm. 240-857-7957) (FAX 240-857-7951)
3244 Tennessee Ave
Andrews Air Force Base, MD 20762-5184
- (2) HQ AMC SG PMI Center Scott AFB,IL
(DSN 576-1173/1154) (Comm. 1-877-286-1931 / 618-256-1173)
(FAX 618-256-1175)
120 South Adams Street, Bldg. 4020
Scott AFB, IL 62225-5300
- (3) 60th Medical Support Squadron PMI Center Travis, AFB, CA (DSN 799-7976)
(Comm. 707-423-7976) (FAX 707-423-2313)
102 Bodin Circle, Bldg. 795
Travis AFB, CA 94535-1800
- (4) 86th Medical Group PMI Center Ramstein AB,
Germany (DSN 314-479-2437) (Comm. 011-49-6371-46-2437)
(FAX 011-49-6371-46-2569)
Lincoln Blvd BLDG 2497
Ramstein-Flugplatz, Germany 66877
Unit 3215 APO AE 09094-3215
- (5) 374th Medical Support Squadron PMI Center Yokota AB, Japan
(DSN 315-225-5234) (Comm. 011-81-311-755-5234)
(FAX 011-81-425-30-3352)
Building 4145, Unit 5225
APO AP 96328-5225
- (6) 18th Medical Support Squadron PMI Center Kadena AB, Japan
(DSN 315-630-4467) (Comm. 011-81-611-730-4467)
(FAX 011-81-611-730-4681)
Unit 5268 FM5270 Davis Ave, Bldg 625
Kadena AB, AP 96368-5268
- (7) Air Force Medical Support Agency (AFMSA/SGSLW)
DSN 945-6061 Mark For: Patient Movement Items (PMI) Recycling Only
601 Davy Crockett Drive, Bldg. 1534
San Antonio, TX 78226-1885

- d. Regional Medical Commands will:
 - (1) Ensure that their subordinate MTFs process the PMI in an efficient and timely manner.
 - (2) Consolidate quarterly reports for submission to MCLO-O and AMC/SGXM.
amc.sgxm@us.af.mil
 - (3) Collect information quarterly to provide a report that reflects the MTF, PMI, quantity, date received, date shipped, and ship to address. A sample report is enclosed in Annex S (SAMPLE PMI REPORT). This will be a standing report until further notice.
 - (4) Email quarterly reports to OTSG-OMD, ATTN: PMI according to the following schedule:
 - -1st Quarter: due the second Wednesday of January
 - -2nd Quarter: due on the second Wednesday of April
 - -3rd Quarter: due the second Wednesday of July
 - -4th Quarter: due the second Wednesday of October

12-3. REFERENCES FOR PMI

- a. *Army Regulation 40-61, Chapter 5, Medical Logistics Policies and Procedures*, dated 25 January 1995.
- b. *Air Force Instruction (AFI) 41-209, Chapter 8, CONTINGENCY MEDICAL MATERIEL AND PATIENT MOVEMENT ITEM (PMI)* dated 9 September 2015.
- c. *Joint Pub 4-02, Doctrine for Health Service Support in Joint Operations* dated 26 July 2012.
- d. *Joint Pub 4-02.1, Joint Tactics, Techniques, and Procedures for Health Service Logistics Support in Joint Operations* dated 6 October 1997.
- e. *Joint Pub 4-02.2, Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations* dated 26 July 2012.
- f. *FM 4-02.1, Combat Health Logistics, Appendix F, Patient-Movement Item* dated 8 Dec

12-4. BARCODING METHODOLOGY AND CODES

PMI will be identified and tracked using a joint standardized barcode system. The item identification code has 16 positions to identify the type of item and model (3 Mar 2013, check for latest version at: <https://cs3.eis.af.mil/sites/27941/default.aspx>).

- a. Positions 1-3 are alpha characters and identify the type of equipment item.

Item Codes			
DEF	Defibrillator	STR	Stryker Frame
IVC	IV Controller	SXN	Suction Apparatus
MON	Vital Signs Monitor	OAN	Oxygen Analyzer
POX	Pulse Oximeter	VEN	Ventilator
PCA	Pain Control Pump (ambit)*		

NOTE: The PCA pain pump is not approved PMI, but they are officially tracked by the PMI-ATS. The PCA pain pump is reusable and should be returned to theater via the AF transportation system like all PMI. **No exceptions.**

b. The 4th position for each equipment item will have an alpha character to specify the manufacturer and model. This means that each type of equipment (i.e., DEF or VEN) can have up to 26 combinations of manufacturer and models in the PMI program. For example, an IV controller manufactured by Carefusionsuch as MedSystem III would be "IVCA". The 4th position would be a separate table of manufacturers and models for each equipment type. The codes for an IVC IV Controller and maintains the list and ensure coordination with the PMI Centers.

c. Positions 5-16 characters (numbers or letters) of the item's serial number (self-explanatory). One key issue for the PMI Centers and Office of the Surgeon General, South ATTN: MCLO-P, and HQ AMC/SG is the barcode must contain all 16 digits. If while creating a barcode you have not filled in all 16 digits add Zeroes right after the 4th position so all 16 spaces are completely filled. The PMI center will identify a user location code in the database of PMI-ATS representing the property book owner.

d. Of the 16 items formally in the PMI program, seven will be tracked as "groups" and will be counted as lot quantities versus by serial number. These items (litters, blankets, etc.) will use a 16-position combination of alpha characters and spaces. Changes or additions will be coordinated through ACSLOG and allow for variations or items unique to a particular Service or PMI Center.

LITTER_NATO or LITTER_OTHER	LITTER STRAPS	
LITTERMATTRESS PADS	OVER SIZED LITTER	SPINAL BOARD
BLANKET Wool/Cotton	LITTER BACKREST	

12-5. REQUESTING BARCODE LABELS

a. The protocol for requesting barcode labels is a controlled process to maintain integrity of the PMI data base. This is at no cost to the Unit. The requesting location must complete a Bar Code Request Form and upon receipt of a validated request, the supporting PMI Center:

USAMEDCOM
ATTN: MCLO-P
4270 Gorgas Circle, Bldg 1070 6th Floor
Fort Sam Houston, TX 78234-6000

b. Upon receipt of a validated request, the supporting PMI Center will mail the labels to the unit for application to the PMI equipment. However, prior to requesting labels, the unit shall contact HQ AMC SGXM (1-877-286-1931) for ownership assignment in the PMI-ATS database.

Title 1: Propaq Scott PMI Center
Title 2: If Found call: 1-877-286-1931



Barcode: MONC00DA111043

Title 1: Pulse Ox 446 AES McChord AFB
Title 2: If Found call: 1-877-286-1931



Barcode: POXB0012562245

Title 1: Suction AFCENT PMI
Title 2: If Found call: 1-877-286-1931



Barcode: SXNE0VXCK00500

Title 1: Vent CCATT 349 ASTS Travis AFB
Title 2: If Found call: 1-877-286-1931



Barcode: VENA0009905004

Title 1: Infusion Ramstein PMI Center
Title 2: If Found call: 1-877-286-1931



Barcode: IVCE0079451230

Figure 1: Bar Code Example

CHAPTER 13. HAZARDOUS MATERIALS AND MATERIEL POLICIES AND PROCEDURES

This chapter addresses the receipt, handling and disposition of hazardous materials and materiel with the exception of Radioactive Materials. The Radioactive Materials are addressed in each facility's United States Nuclear Regulatory Commission license, *MEDCOM Regulation 40-35*, Regulated Medical Waste (RMW), as well as in Chapter 7 of this Supply Bulletin.

13-1. MANAGEMENT OF HAZARDOUS MATERIALS AND MATERIEL

In an effort to be good stewards of our environment and in line with the USAMEDCOM Sustainability Strategy, every effort should be made to reduce the amount of HM purchased throughout the USAMEDCOM. Reductions in HM purchases can occur via product substitution or process changes. Where HM must still be used, it is the Commander's responsibility to ensure the HM Management Program is in compliance with applicable government and local directives/regulations. This chapter provides policies and procedures for the management of HM and is applicable to any person/organization that has the ability to procure/store/use and dispose of HM. Bypassing the Directorate of Logistics/Logistics Division (DOL/Log Div) in obtaining/handling/storing/disposing of HM does not alleviate responsibility to comply with Federal, State, Local, DOD Army and OCONUS laws. This chapter specifically addresses the storage and use of HM within the DOL/Log Div.

a. This guidance applies to all USAMEDCOM: Installations, MEDCENS, MEDDACs, RHCs, the USAPHC, the US Army MRMC and its laboratories, the DENCOM, DENTACs, and USAPHC Veterinary Services. Local jurisdictions (to include foreign host nations) may have more stringent rules than those specified in Federal Regulations. The installation must adhere to the most stringent rules that apply. A local policy will be established and kept current to ensure that the procedures meet the governing laws. For the purposes of this chapter, all USAMEDCOM Installations, MEDCENS/MEDDACs, RHCs, USAPHC, MRMC laboratories, and DENCOM DENTACs, USAPHC Veterinary Services are hereafter referred to as activities. **NOTE: Outside of the Continental United States, installations should consider the *Department of Defense Instruction (DODI) 4715.5* when establishing policies.**

b. The policies prescribed in this guidance are applicable to all branches of the DOL/Log Div. The term "logistics activities" is used throughout this guidance to refer to the different logistics areas (property management, medical maintenance, etc.) collectively.

c. Radioactive Materials and RMW are not discussed in this chapter. Procedures for handling Radioactive Materials are addressed in each facility's United States Nuclear Regulatory Commission license. RMW is addressed in *MEDCOM Regulation 40-35* and in chapter 7 of this SB.

d. References used are listed in this chapter, paragraph 13-5. Definitions and Acronyms are listed in the Glossary. To obtain further guidance regarding the handling and/or disposition of HM, contact:

Commander, USAPHC ATTN: MCHB-TS-EHM
5158 Blackhawk Road
Aberdeen Proving Ground MD 21010-5403

e. General: Properly managed HM poses little or no threat to the environment. However, when improperly managed, HM may contaminate drinking water, air, and soil resulting in injury to plants, animals, and humans. The indiscriminate handling of HM is against the law. DOD personnel are required to comply with all Federal, State, and local laws designed to protect the environment and to safeguard the health, safety, and welfare of people. Violators can be held personally liable for cleanup costs and penalties. Violators may include the actual person who caused the contamination as well as the supervisors and commanders who allowed the environmental violations to occur. To avoid potential environmental noncompliance citations and penalties, MEDCOM will institute USAMEDCOM Sustainability Strategy elements such as pollution-prevention program, a HM minimization program, and implement sound HM management policies and procedures.

(1) Minimization of HM is an integral part of the Army goal to reduce Hazardous Waste (HW) and is in accord with the USAMEDCOM Sustainability Strategy. The USAMEDCOM activities are encouraged to avoid and reduce the use of HM and the generation of HW within the activity. Where HM is needed, users are to adhere to all applicable Federal, State, local, and DOD regulations and Army policies regarding the management of HM. In the absence of regulations, users will apply the best available technology and management in the use, handling, storage, and disposal of HM.

(2) Establish procedures to control HMs by limiting their use to the maximum extent practicable without adverse impact on patient care. Use the smallest amount of HM required to accomplish the mission.

(a) The storage activity will retain minimal quantities of HM to effectively support mission requirements.

(b) Order only HMs contained on the current inventory of items stocked or procured through logistics activities. If this is not possible, coordinate the requirement through an appropriate committee for substitution of the HM. For example, refer a request for non-stocked cleaning supplies to the Infection Control Committee to determine if a suitable stocked item would satisfy the requirement.

(c) Design new systems, equipment, and maintenance procedures to minimize the use of HM. Where HM is required and a substitute non-hazardous or less hazardous chemical is not available, adequate engineering controls and personal protective equipment (PPE) shall be specified, provided, and used.

13-2. HM MANAGEMENT RESPONSIBILITIES, POLICIES, AND PROCEDURES

a. Requests for HMs. Requests for HMs forwarded to Logistics Divisions will be processed as follows (see para 13-3 for listing of common HM users and types of HM):

(1) Establish customer procedures requiring the user to identify whether the ordered item is a HM. Screen the requisition against the inventory listing of hazardous chemical items stored or procured by the activity and developed in accordance with *29 CFR 1910.1200*.

(2) When a requirement is received for a chemical not on the list, it must be screened against the Hazardous Material Information Resource System [Online or CD-ROM (DOD 6050.5)] and the USAPHC Military Item Disposal Instructions (MIDI) system, to determine if the chemical is hazardous. If the chemical cannot be readily identified, contact the requesting department and Preventive Medicine Services for further assistance. If more information is required, contact the USAPHC Hazardous and Medical Waste Program Telephones are DSN 584-3651 or commercial 410-436-3651. This process will enable the supervisor, Preventive Medicine Services, and Logistics, to determine if the chemical is hazardous, if a substitute can be obtained, the minimum amount of the chemical needed, the SDS requirements, and personnel training requirements.

b. Storage Activities Receiving HMs.

(1) Materials classified by the DOT as hazardous for transport purposes are easily recognized by: packaging.

(a) The DOT placards (applicable for standard and nonstandard supplies) on the 313D.

(b) The SDS accompanying the product as specified by *Federal Standard No.*

(2) Materials categorized by the US Environmental Protection Agency (USEPA) as hazardous waste for disposal may be difficult to identify on receipt. A listing of HM as outlined in *29 CFR 1910.1200(e) (1) (i)* will be prepositioned in the warehouse. This listing will help in identifying HMs and assist the receiving section with labeling requirements.

(3) Assigned personnel must wear the appropriate PPE when handling HMs. The applicable SDSs list PPE requirements and should also be included on the organization Workplace Hazard Assessment as prescribed by *29 CFR 1910.132*. **NOTE: The SDS-required PPE may not apply to a warehouse person but rather to a laboratory person who actually uses the HM.**

c. Storage of HM: All HMs will be properly stored. The DOT HMs will be stored according to procedures contained in:

TM 38-410, DLAM 4145.11,

NAVSUP UB573, AFR 69-9, MCO 4450-12, and
DOD 4145.19-R-1, Section 4, Hazardous Commodities.

Additional storage requirements for DOT items are as follows:

(1) The HMs will be stored according to compatibility. National stock number sequence has a lower priority than proper compatibility. Assign and record location in automated systems.

(2) Storage facilities must be designed, constructed, maintained, and operated to minimize possible risk of fire, explosion, or any unplanned release of HM or HW.

(a) Incorporate such safeguards as dikes and catchment areas.

(b) Contain the flow of hazardous substances.

(c) Allow for chemical compatibility considerations.

(d) Have adequate safeguards, such as,

- covered lighting (explosion-proof where required);

- an accessible eye wash/shower system that requires no more than 10 seconds to reach with an unobstructed travel distance no greater than 100 feet from the hazard (*American National Standard Institute Z358.1-1998*); **NOTE: Exposure to highly corrosive chemicals may require that the eye wash/shower systems are installed within the room near the hazards.**

- Fire protection, such as sprinklers, fire walls, extinguishers (*29 CFR 1910 and National Fire Protection Association (NFPA) 45* requirements);

- safety equipment; and

- SDSs. The SDSs must be in close proximity to the HM storage room with NFPA

325.

(e) Display a placard on the outside of the building or storage facility.

(f) Allow for adequate ventilation.

d. Hazard Communication Program (HCP): All logistics activities will implement the HCP, as required by *29 CFR 1910.1200*. The HCP requires each branch in the DOL/Log Div that stores HM to protect their employees by communicating chemical hazard information through hazard warning labels, SDSs, and employee training programs.

e. Transportation Requirements: Transportation requirements for HM are prescribed in *9 CFR 107 and 49 CFR 171 through 178*.

f. Training Requirements: All personnel (including supervisory personnel) who use, work in, or operate HM storage areas will receive hazardous communication training as prescribed in *29 CFR 1910.1200(h)*. Contact the installation Preventive Medicine Service, Environmental Office, and/or Safety Office for further information about training.

g. Inspection Requirements: Inspect HM storage areas monthly and document the inspection. At a minimum, the inspection will:

(1) Identify any leaking or damaged containers and ensure appropriate action is taken to correct such deficiencies.

(2) Ensure proper segregation of HMs.

(3) Ensure proper labeling and marking of all containers.

(4) Verify rotation of inventory to ensure older materials are used before new stock.

(5) Validate only needed materials are on hand/being purchased.

(6) Ensure spill containment kits and safety equipment are:

(a) On hand and in serviceable condition.

(b) Available in sufficient quantities to meet spill containment needs based on types and quantities of HM being stored or used. See paragraph 13-4 for guidance on the development of a Spill Contingency Plan/Standing Operating Procedure.

(c) Replenished or replaced after use.

(d) Costs to procure and maintain spill kits should be included in the Environmental Program Requirements Report.

13-3. COMMON HM USERS AND TYPES OF HM

Departments, services, branches, or sections that typically generate toxic and HM include:

Department	Materials Used
Nursing	Alcohol, disinfectants, cytotoxic drugs, etc.
Radiology	Disinfectants
Surgery	Anesthetics, disinfectants, flammable liquids
Laboratory	Flammable liquids, toxic and poisonous
Housekeeping	Disinfectants, cleaning compounds
Facilities Operations and	Cleaning compounds, solvents, paints, glues, flammable liquids
Physical Therapy	Cleaning compounds, disinfectants
Pharmacy	Cytotoxic drugs, flammable liquids

13-4. SPILL CONTINGENCY PLAN (SCP)

a. General:

(1) Handle, use, and store all HM to avoid or minimize the possibility of an accidental spill and potential pollution of land, air, and water.

(2) HM storage facilities will be designed to:

(a) Incorporate such safeguards as dikes, catchment areas, and relief vessels. (b) Contain the flow of hazardous substances.

b. Responsibilities: Supervisors of storage activities with substances hazardous to human health and the environment will:

(1) Keep a copy of the installation's Spill Prevention Control and Countermeasure Plan and the installation SCP readily accessible.

(2) Develop and implement a local SCP SOP that contains procedures and provides resources to prevent spills based on the guidance outlined in paragraph 3, below.

(3) Ensure that all hazardous substances are used, stored, and otherwise handled so as to avoid or minimize the possibility of spills.

(4) Identify, program, and budget for the staffing, materials, equipment, Safety and Occupational Health training programs, and periodic health monitoring necessary for personnel to carry out spill prevention, countermeasures, control, and emergency response.

(5) Coordinate with the Safety Officer, Environmental Science Officer, and Installation Environmental Engineer to identify adequate safeguards for preventing spills of stored hazardous substances (that is, dikes, catchment areas, etc.).

(6) Report all releases/spills of hazardous substances in accordance with the installation.

c. Developing an SOP: Guidance on developing an SCP SOP includes minimizing hazards to human health and environment. At a minimum, the SCP SOP must:

(1) Address specific responsibilities.

(2) Contain instructions on prompt and adequate reporting, containment, and spill cleanup of hazardous substances that occur at or near the area of operations

(3) Contain a description of the actions facility personnel must take in response to fires, explosions, or any unplanned release of HW or HW constituents to air, soil, or surface water at the facility.

(4) Describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services.

(5) List names, addresses, phone numbers (office and home) of all persons qualified to act as emergency coordinator. This list must be kept current. Where more than one person is listed, name one as primary emergency coordinator, and list the others in the order in which they will assume responsibility as alternates.

(6) Include a list of all emergency equipment at the facility (for example, fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment). This list must be kept current. In addition, the plan must include the location and a physical description of each item on the list, and a brief outline of its capabilities.

(7) Include an evacuation plan for facility personnel. This plan must describe signal(s) used to begin evacuation, evacuation routes, and alternate evacuation routes.

13-5. REFERENCES FOR CHAPTER 13

a. Current version of the *Joint Commission Comprehensive Accreditation Manual for Hospitals, Joint Commission on Accreditation of Health Care Organizations*

b. *ANSI Z358.1-1998, American National Standard for Emergency Eyewash and Shower Equipment, 1998*

c. *29 CFR, Part 1910, Subparts H, I, and Z*

d. *49 CFR Transportation (Parts 107 and 171-178)*

e. *Federal Standard 313D, Material Safety Data, Transportation Data, and Disposal Data for Hazardous Materials Furnished to Government Activities, 3 Apr 96*

f. *NFPA 45, Fire Protection for Laboratories Using Chemicals, latest edition* g. *NFPA 99, Health Care Facilities, latest edition*

h. *NFPA 101, Life Safety Code, latest edition*

i. *NFPA 325, Fire Hazard Properties of Flammable Liquids, Gases, and Volatile Solids, latest edition.*

j. *DOD 4145.19-R-1, Storage and Materials Handling, latest edition*

k. *DOD 6050, Hazardous Material Information System (CD or online) edition*

l. *DODI 4715.5, Management of Environmental Compliance at Overseas Installations, latest*

m. *AR 40-5, Preventive Medicine, latest edition*

n. *AR 200-1, Environmental Protection and Enhancement, latest edition*

o. *AR 385-10, The Army Safety Program, latest edition*

p. *AR 420-49, Utility Services, latest edition*

- q. *AR 700-143, Performance Oriented Packaging of Hazardous Materials, latest edition*
- r. *TM 38-410, Storage and Handling of Hazardous Materials, latest edition*
- s. *MEDCOM Regulation 40-35, Management of Regulated Medical Waste, latest edition* t. *Emergency Planning and Community Right-to-Know Act of 1986*
- u. *USAMEDCOM Business Operations Management Bulletin XX-XX, Hazardous Waste Policies and Procedures*
- v. The MIDI contains technical guidance for disposal of small, unused quantities of Medical Materiel, hazardous waste, non-regulated special waste, RMW and excess Medical Materiel. To obtain this guidance contact
Commander, USAPHC ATTN: MCHB-IP-EHM
5158 Blackhawk Road
Aberdeen Proving Ground, MD 21010-5403
<http://usaphcapps.amedd.army.mil/MIDI/>

CHAPTER 14 TRANSPORTATION OPERATIONS IN USAMEDCOM ACTIVITIES

This chapter addresses the acquisition and management of Army-owned or controlled transportation assets and freight shipments in MEDCOM activities.

14-1. POLICY AND PROCEDURAL GUIDANCE

a. This policy applies to all categories of Army owned or controlled motor vehicles of commercial design, whose mission is non-tactical in nature, this includes but is not limited to: motorized vehicles, trailers, or low speed electric vehicles (i.e., golf carts etc.).

b. The Commander will appoint in writing a Transportation Coordinator (TC) IAW *DODM 4500-36* to execute management policy and procedures to obtain and coordinate transportation services.

14-2. RESPONSIBILITIES

a. Regional Health Command/ Major Subordinate Command Transportation Coordinators

- (1) Serves as the primary advisor to the Commander for Transportation Management.
- (2) Provides Transportation policy changes and program oversight.
- (3) Directs action to correct or provide management information for all Transportation requirements.
- (4) Establishes and maintains the RHC/MSC Transportation Management Program.

b. Organization Transportation Coordinators (TC).

- (1) Serves as a liaison between their unit, GSA and other activities for all unit government motor vehicle matters.
- (2) Controls unit vehicles and obtaining transportation services required to support unit mission requirements.
- (3) Signs receipts for assigned unit vehicles from GSA.
- (4) Defends organizational vehicle requirements, providing justification for additional vehicle authorizations; complying with vehicle rotation and priority recall plans; and notifying the RHC/MSC when assigned vehicles are no longer required.
- (5) Evaluates continued retention of vehicle authorizations based on the continuing need and asset utilization.
- (6) Properly routes new vehicle requests. New vehicle request must be reviewed by the MEDCOM G-4 Transportation Office to ensure the desired asset cannot be met within the existing MEDCOM fleet.
- (7) GSA vehicles will not be modified after receipt of vehicle.
- (8) Ensures that the vehicles have the appropriate license plates.
- (9) Validates that operator maintenance is performed and vehicle malfunctions are corrected.
- (10) Takes appropriate measures to prevent misuse, abuse, and damage to Government Motor Vehicle (GMV).
 - (a) Conducting and documenting quarterly vehicle safety orientation and education briefings.
 - (b) Transportation Coordinators will establish a schedule to ensure that all vehicles are inspected at least twice a year.

- (c) Providing vehicle operators with instructions to follow, including agencies to phone when accidents occur.
- (d) Ensure mileage is reported to GSA by the GSA established deadlines each month.
- (e) Ensure that monthly billing statements are reviewed for accuracy and coordinate with G8 to ensure that appropriate Line of Account are loaded in GSA's SPEED pay system.
- (f) Manages the operation and efficient use of the motor vehicles assigned, attached or leased to the organization.
- (g) Provides NTV support, and determines quantities and types of vehicles needed for requested service.
- (h) Reviews and makes recommendations regarding any vehicle changes on recurring dispatch.

c. Operator

- (1) Ensure the safety of self and passengers by ensuring that seatbelts are fastened. The senior occupant will enforce compliance.
- (2) Ensure the security of the vehicle and the cargo.
- (3) Operate vehicles in the most fuel-efficient manner.
- (4) Report vehicle malfunctions to the Transportation Coordinator during normal hours and the Maintenance Control Center after hours.
- (5) Will not use cellular telephones on or off-base while operating a GMV unless using a hands-free device.
- (6) Will not text on a cellular telephone or any other electronic device while operating a GMV.
- (7) Will not use tobacco products in GMV.
- (8) Will not consume alcoholic beverages in any GMV.

14-3. OPERATIONS AND MANAGEMENT

a. Vehicle Justifications

- (1) For sections that have NTVs assigned, an annual justification will be submitted during the Vehicle Allocation Methodology (VAM) each year to the Transportation Coordinator.
- (2) The justification for the vehicle must have quantitative evidence to justify the need of the vehicle. Vehicles must be mileage or other utilization criteria listed in OMB 01-16.
- (3) A request for a new vehicle assignment must be submitted separately from the re-justification of currently assigned vehicles.

b. Vehicle Request

- (1) All activities will submit a transportation request justification memo signed by the section director to the TC at least five days in advance, not to include federal holidays. Information to be included in your request:
 - (a) Name, rank, directorate and phone number of requestor
 - (b) Type and quantity of the vehicle requested
 - (c) Purpose for which the vehicle is required
 - (d) Number of passengers
 - (e) Destination
 - (f) Desired date and time
 - (g) Return date and time
 - (h) Special request/instructions
 - (i) Request for off post-dispatch in excess of 100 miles will require the director to complete a risk assessment IAW AR 385-10 Para 11-4.
- (2) All directorates should follow up on all requests three working days prior to the pickup day.

(3) If a situation occurs where a vehicle is requested but not available, the TC may issue a statement of non-availability. This statement can be used to do a short term lease of less than 60 days.

(4) Transportation coordinators will manage all vehicles using a fleet information system, this includes dispatching of vehicles, coordination for maintenance services, and capturing costs associated with leasing, fuel, and maintenance for all non-tactical vehicles including trailers.

c. Recurring dispatching

(1) Request for recurring dispatch will be reviewed annually by the TC to verify the need for the continued assignment on recurring dispatches. Request for a new recurring dispatch will be submitted to the TC. Request will include the following:

- (a) Description of mission
- (b) Approximate miles per day or month
- (c) Number of passengers transported daily or monthly
- (d) Cargo weight or cubes transported daily or monthly
- (e) Type of vehicle required
- (f) License Plate of currently assigned vehicle (if applicable)
- (g) Name and telephone number of official user
- (h) Specific designation of officer or supervisor responsible for use and security of the

vehicle while on dispatch

(2) Each month at a date to be established by the TC, all vehicles are required to come to a specified location. The vehicle operator must have the following in their possession:

(a) Valid state driver's license and OF 346 if the vehicle type or the installation commander requires it

- (b) Logbook for vehicle assigned, containing all of the appropriate forms
- (c) Keys for the vehicle
- (d) Credit card, if dispatched with vehicle

(3) Failure to re-dispatch will result in the following:

- (a) First offense – will be documented by the TC and supervisor is notified
- (b) Second offense will be documented by the TC and the vehicles will be pulled.

Vehicle will not be released back to the section until they provide written documentation as to why the section failed to re-dispatch, and their mitigation strategy to prevent future occurrences. This must be signed by the section chief.

(c) Third offense will be documented by the TC and the vehicle will be towed and not returned to the current section of assignment until released by the Activity commander.

(4) Vehicles may be recalled by the TC at any time if needed to support missions of higher command priority.

d. Official Use

(1) All personnel will restrict the use of GMVs for official purposes only (uses that would further the mission of the organization). Unauthorized use of GMVs often results in unnecessary expenditure of funds and public criticism. Transportation using a GMV shall not be provided when the justification is based solely on reasons of rank, position, prestige, or personal convenience.

(2) Personnel will not use the GMVs for such purposes as: traveling to and from on/off – base quarters, personal errands, shopping at local malls, shoppettes, commissaries, recreation centers, banks, night clubs/bars, breakfast, lunch, or dinner events, icebreakers, socials, holiday parties, picnics, unit booster club events, fridge funds, fundraisers, officer or enlisted council events, Army Balls, or similar events. These functions on or off-base are not considered official and as such as not authorized GMV support.

(3) NTVs owned or otherwise controlled by the DOD may be used for trips between domiciles or places of employment and commercial or military terminals only when at least one of the following conditions is met:

(a) Used to transport official non-DOD visitors invited to participate in DOD activities, provided that this use does not impede other primary mission activities;

- (b) Used by individuals authorized domicile-to-duty transportation, for example, Secretary of the Army or the Army Chief of Staff;
- (c) Necessary because of emergency situations or to meet security requirements;
- (d) Terminals are located in areas where other means of transportation are not available or cannot meet mission requirements in a responsive manner;
- (e) Authorized in the Pentagon Area (formerly referred to as the National Capital Region) by Department of Defense Administrative Instruction (AI) Number 109.3.

(4) No off-road utilization is authorized for NTVs, to include training areas except those assigned with 4 wheel drive capabilities.

(5) When questions arise about official use of motor vehicles, they shall be resolved in favor of the strict compliance provided in the statutory provisions and the policies in AR 58-1 Management, Acquisition, and the Use of Motor Vehicles. When guidance does not specifically fit a request for transportation support, commanders must document answers to the following questions prior to approving the use of a government motor vehicle:

(a) Is the purpose of the trip in support of an authorized DOD function, activity, or operation requirement?

(b) Does the request have a potential to cause public criticism?

(c) Will the request impact mission requirements?

(d) Is commercial or DOD Scheduled transportation available?

(e) Is GMV transportation the most cost effective method of satisfying the requirement?

(6) Any misuse or acts/omissions resulting in misuse of a GMV may result in disciplinary action. All military and civilian employees need to take appropriate measures to prevent misuse, abuse, or willful acts/omissions that could cause damage to a GMV. Directing personnel to violate Official use restrictions is an unlawful order and must be reported to command or other appropriate agencies. Negligence, willful misconduct, or deliberate unauthorized use of a GMV will result in disciplinary actions.

(7) Permissible operating distance for MEDCOM vehicles is 100 miles. All request for use of a vehicle beyond 100 miles one way must complete a risk assessment and it must be signed by the activity commander.

e. Vehicle Acquisition

(1) Non-Tactical Vehicle (NTV) requirements are established by authorization documents and satisfied through centralized procurement managed by TACOM or leasing actions.

(2) Requests for Army Owned vehicles are submitted through the Annual Forecasting report collected during the 3rd Quarter of every year.

(3) Commercial leases (non GSA) are available on both short-term and long-term basis when Army owned or GSA assets are not available.

(a) Short-term – See *AR 58-1* para 3-10.

(b) Long-term – See *AR 58-1* para 3-11. Packets for long-term commercial leases will contain Letter of Justification, Statement of Non-Availability, TDA Authorization Documentation, and three lease proposals. This packet will be routed through the organization's chain of command to MEDCOM G4 Transportation Officer for approval.

(4) Ensure all long-term commercially leases- and Army owned vehicles are listed on the activity's TDA. For instructions on adding items to the TDA see Appendix D this document.

14-4. VEHICLE MAINTENANCE

a. The TC will establish a GMV maintenance program at a minimum encompassing the following:

(1) Ensure vehicles are maintained in accordance with manufacturer's' guidelines and established maintenance procedures.

(2) Utilize Preventive Maintenance & Checks and Services (PMCS) checklists to conduct and document maintenance activities. See Figure 10-1 in *AR 58-1* as an example in developing a local PMCS form or use the form generated out of the FMIS dispatch database.

(3) Maintains PMCS records for each vehicle until the next dispatch. For example: If vehicles are dispatched monthly you will maintain a month's worth of PMCS records until the TC recalls the vehicle for dispatch.

(4) Ensure vehicles are on the appropriate maintenance schedule. For example: Ambulances should be on an extreme maintenance schedule where sedans should be on a normal maintenance schedule.

(5) Ensure that all vehicle recall repairs are completed in a timely manner and documented as such in the FMIS. This ensures our fleet is safe. Failure to complete recall repairs will result in the following:

(a) Recalls older than 30 days – will be documented by the TC and supervisor is notified

(b) Recalls between 30-60 days will be documented by the TC and the vehicles will be pulled. Vehicle will not be released back to the section until they provide written documentation as to why the section failed to have recall corrected and their mitigation strategy to prevent future occurrences. This must be signed by the division chief.

(c) Recalls older than 60 days will be documented by the TC and the vehicle will be recalled and not returned to the current section of assignment until released by the Activity commander.

(6) All vehicle maintenance and accident records must be maintained for 3 years.

14-5.VEHICLE TRAINING

a. The TC will establish an NTV training program containing at a minimum the following:

(1) Proper guidance is given to all vehicle operators.

(2) Requirement for all drivers to complete the Accident Avoidance Course prior to operating any NTVs. The course is available on the Army Learning Management System.

(3) Training will be conducted at least quarterly and when needed to address safety, seasonal driving concerns or any issues that need to be addressed concerning the use/operation of the NTV. Training can be provided using existing training venues such as birth month training or command supply discipline program.

(4) Use of NTVs by Contractor Personnel - see Chapter 8 of AR 58-1. Contracts that require contractors to operate government vehicles must list vehicles as government furnished equipment (GFE). Contract personnel shall not be issued an OF -346 (U.S. Government Motor Vehicle Operator's Identification Card). Contract personnel assigned to operate government vehicles shall be certified by the contract and at the contractor's expense as being fully qualified to operate the vehicles to which they are required to operate as part of their contractual duties. The prime contractor shall document all operator qualifications. This documentation shall be provided to the contractor administrator prior to an operator engaging in any mode of vehicle operation. Documentation shall be retained by the contract administrator. Vehicles driven by contractors will be clearly identified as contractor operated. Vehicles will clearly be marked as contractor operated to distinguish them from government operated vehicles.

14-6.VEHICLE REPORTING

a. The TC will be responsible for providing reports IAW *DODM 4500-36*, *MEDCOM OPORD 07-45* (Vehicle Reporting) and *Executive Order 13693*. Reports include, but are not limited to:

(1) Federal Acquisition Statistics Tool (FAST). The FAST reporting begins on 1 OCT and concludes on 31 OCT annually.

(2) Program Objective Memorandum Vehicle Forecasting report:

(a) Centrally Managed Vehicles

(b) Special Purpose

(c) General Purpose

(d) Passenger Vehicles

(e) Light Armored Vehicles

- b. Vehicle Allocation Methodology/Vehicle Utilization Review Board
 - (1) Annual requirement that must be conducted between April and June of each year
 - (2) Organization VURBs must encompass the following steps:
 - (a) Use the last years VURB results as baseline fleet inventory profile.
 - (b) Develop utilization criteria to justify mission essential vehicles. These criteria must be specific, objective thresholds that lead to the most efficient vehicle meeting mission needs.
 - (c) Conduct a utilization survey.
 - (d) Determine optimal fleet inventory
 - (e) Review and update in accordance with Vehicle Utilization Review Board schedule
 - (3) TDA request submission will be submitted in accordance with SB 8-75-11 Annex A

14-7. DISPOSITION OF ARMY-OWNED VEHICLES

- a. Disposition of all Army-owned vehicles must be approved by the MACOM via Decision Support Tool (DST).
- b. Forward vehicle disposition request through chain of command for submission to MEDCOM. G-4 Transportation Officer. Request for disposition will include the following:
 - (1) DA FORM 2404
 - (2) Completed DA Form 461-5 (Vehicle Classification Inspection).
 - (3) Interior and Exterior Pictures of the Vehicle

14-8. FUEL CARDS

See *DOD 4140.25-M*, Vol. II, Chapter 16 for roles and responsibilities of DOD Fleet Card. To obtain a fuel card contact MEDCOM Transportation Officer

14-9. VEHICLE ACCIDENT REPORTING AND DAMAGED VEHICLE PROCESSING

- a. When an accident occurs, seek emergency aid, contact local law enforcement, and report accidents immediately to a supervisor and to the vehicle dispatcher.
- b. Documents that are in the dispatch booklet will be filled out with all of the circumstances surrounding the accident and will be provided to the organizational TC.
- c. The organizational TC will contact GSA accident management center to obtain instructions on where to take the vehicle for repair if necessary.
- d. The vehicle will be taken to the vendor for inspection and repair as directed by TC.
- e. The driver of the NTV that was involved in the accident will immediately initiate a Financial Liability Investigation for Property Loss (FLIPL). The FLIPL will be processed IAW AR 735-5.

14-10. VEHICLE UTILIZATION

- a. Organizations will comply with Annual Utilization Goals which are listed in *DODM 4500-36* or meet the requirements of utilization outlined in OMB 01-16.
- b. The TC will evaluate vehicle usage by individual assignment on a quarterly basis through use of the Motor Equipment Utilization Record (DD FORM 1970) and FMIS dispatch database records.

c. Each organization will determine their optimum fleet size by instituting an annual Vehicle Allocation Methodology (VAM) and reducing the size of the fleet of the unjustified vehicles. Results of the VAM will be reported through command channels to the MEDCOM G-4 Transportation Officer.

d. Organizations will use their usage data and mission requirements to defend their vehicle utilization rates at their Command's Vehicle Utilization Review Board (VURB).

14-11. VEHICLE REGISTRATION AND LICENSING

a. Organizations are required to register all Army Owned or Commercially Leased (non GSA) vehicles in the Federal Motor Vehicle Registration System (FMVRS). Request for new FMVRS accounts will be coordinated through the MSC Transportation Coordinator. Registration consists of entering Vehicle Identification Number (VIN) and Army License Plate Number into the system along with a POC for each vehicle.

b. Organizations will purchase license plates from UNICOR.

c. There are "ON POST ONLY" plates which must be placed on all vehicles that do not leave the installation. These plates are bright yellow in color and only contain numbers only. These plates do not have expiration dates.

d. Vehicles that travel outside of the installation on public roads will have a government license plate. These plates are white in color and will always begin with "W" for Army activities. These plates expire every eight years.

e. License plates will be considered controlled items. Upon receipt they must be received in FMVRS. If license plates are received they must be listed as missing in FMVRS and a report must be filed with the Military Police.

f. Organizations will print and maintain a copy of the FMVRS registration in each vehicle

14-12. GSA OPERATIONS

a. Billing

(1) Speed Pay must be populated with a line of accounting to pay for the organizations vehicles. This is done on an annual basis. This will cover normal monthly flat rate lease cost and mileage cost of the vehicles.

(2) IPAC Payments must be made offline to DFAS drop boxes for any agency incurred expenses (bill backs). This is for any charges above and beyond normal fair wear and tear i.e. accidents, extra maintenance.

(3) Invoices are available on the 5th working day of the month and are to be downloaded from GSA's Vendor Customer Support Services system this is done by downloading the bill and sorting it by the FED/FUND CODE to get your specific charges.

(4) Discrepancies in billing will be directed to the GSA Fleet Service Rep. If not resolved at local level elevate through Chain of Command to the MEDCOM G-4 Transportation Officer for resolution.

b. Mileage

(1) CONUS organizations will use GSA's mileage express to enter mileage monthly. OCONUS units will use File Transfer Protocol or as directed by GSA.

(2) Mileage will be entered no later than the last working day of the month.

c. Vehicle Maintenance

- (1) GSA will notify organizations of preventative maintenance requirements.
 - (2) For Repairs or unscheduled maintenance contact the GSA FSR or the national maintenance center for guidance.
- d. Accidents
- (1) Contact GSA accident management center for towing and repair options.
 - (2) Complete SF 91 Accident Report.
 - (3) Initiate Financial Liability Investigation for Property Loss.
- e. Vehicle Selection
- (1) Vehicle ordering will be done through GSA's Customer Assistance Module during the 1st Quarter of the FY.
 - (2) MEDCOM G-4 Transportation Officer must approve any additions to organization's fleet.
 - (3) Off-cycle fleet requirements will forwarded to the MEDCOM G-4 Transportation Officer for resolution/action.
- f. Vehicle Disposition
- (1) Request for disposition will be forwarded to Chain of Command for appropriate action.
 - (2) Vehicles that are not eligible for turn in to GSA will not be turned in without written permission from the MEDCOM G-4 Transportation Officer.

14-13. FREIGHT SHIPMENTS

- a. Organizations doing business with MEDCOM activities must provide their own TAC with an authorization for use prior to shipment. MEDCOM organizations will not use other organizations TAC codes or small parcel shipper accounts without proper authorization.
- b. Shipments over 150 lbs.
- (1) All organizations will use the installation transportation office to process freight shipments over 150lbs unless the organization is authorized its own Government Bill of Lading Office Code.
 - (2) Pickup and delivery of freight shipments will be addressed in the Installation Service Support Agreement (ISSA) with ASC's installation Logistics Readiness Center.
 - (3) Organization's will request shipments by completing a DD form 1149, a funds verification utilization authorization document.
 - (4) Organizations will fund all shipments over 150 lbs. via a Transportation Account Code (TAC).
 - (5) Shipments must be reconciled in the SYNCADA/Trackerlite system.
 - (a) All shipments must first be authorized by Resource Management on the Funds Verification Utilization Authorization Form (FUVA).
 - (b) Logistics must provide Invoices from the shipping office to Resource Management.
- c. Shipments under 150 lbs.
- (1) For small parcel shipments under 150 lbs. organizations must use the Next Generation Delivery Services. To establish an account follow the instructions posted on the NGDS contract website <https://hallways.cap.gsa.gov/login-information>.
 - (2) Organizations may use their Government Purchase/Payment Card as a payment method to pay for these contracted services on if a task order has been issued against the contract by a warranted contracting officer.

(3) In order to use GPC to pay this contract; the contract must be loaded into DMLSS and GFEBS.

(4) Monthly reconciliation of charges utilizing the Carrier's online software is required. Software will be used to run reports that show actual charges against organizations account. This report will then be used to reconcile against the actual invoices received and charged against GPC, which is required.

d. Transportation Account Codes

(1) Organizations will follow the policy outlined in Defense Transportation Regulation II Cargo Movement Appendix V6.

(2) All request for new or renewal TACs will be processed through the MEDCOM TAC Administrator.

(3) MEDCOM organizations will comply with DOD 4525.8-M and AR 25-51 in determining the weather the use of a TAC is appropriate.

(4) MEDCOM organizations will track TAC expenditures through the SYNCADA/Trackerlite system to monitor expenditures and prevent misuse.

(5) MEDCOM Activities will obtain access to DFAS's The Global Edit Table (TGET) for validation of TACs prior to use in shipping. User requests access to TGET from the MEDCOM TAC administrator

CHAPTER 15. ORGANIZATIONAL INSPECTION PROGRAMS, COMMAND SUPPLY DISCIPLINE AND COMMAND LOGISTICS REVIEW

This chapter addresses the execution, management and synchronization of the Organizational Inspection Programs, and Command Supply Discipline Command Logistics Review.

15-1. GOVERNANCE PROGRAMS OVERVIEW

The Army and MEDCOM have multiple programs in place to provide commanders feedback so they can make decisions that will improve the command's logistics operations. Each program is designed to inspect, assess or evaluate different functional areas at different levels; some programs inspect compliance while others assess performance. Though the programs have different objectives, requirements and methods of execution, financial, operational and personnel constraints make it imperative that commanders and staff at every level synchronize these programs as much as possible to provide the widest scope and most in-depth analysis of their logistics operations. The main programs are:

- Organizational Inspection Program (OIP).
- Command Supply Discipline Program (CSDP).
- Management Internal Control Programs (MICP).
- Command Logistics Review Program (CLRP).

15-2. ORGANIZATIONAL INSPECTION PROGRAM (OIP)

a. Program Overview. The OIP consists of command inspections (CIs), staff inspections, IG inspections; staff assistance visits (SAVs), audits, and external inspections. There are four types of inspections:

(1) The CIs ensure compliance with Army regulations and policies. They allow HQs commanders to hold unit commanders accountable for this compliance. CIs include initial command inspection (ICI) and subsequent command inspections (SCIs). CIs may occur at all echelons and are not limited to company-level inspections. At a minimum, all company-level commands within MEDCOM will receive an initial and subsequent CI; IAW AR 1-201, para 3-3, dated 25 February 2015.

(2) Staff inspections (SIs). SIs provide the commander specific, compliance-oriented feedback on functional areas or programs within the command. Examples of SIs include safety inspections, training inspections, command supply discipline inspections, automated data processing inspections, physical security inspections, and financial management inspections. MEDCOM SIs will be coordinated between the command OIP Coordinator and the MSC/RHC G3s.

(3) The Inspector General (IG) inspections focus on issues that are systemic in nature and affect many units throughout the command. IG inspections are tailored to meet the commander's needs.

(4) The SAVs are not inspections but opportunities to assist, teach, and train subordinate staff sections on how to meet the standards required for a particular functional area. MEDCOM staff will provide focused assistance to all RHCs/MSCs; however assistance requests must be validated by the MSC/RHC Chief of Staff and submitted to the MEDCOM OIP Coordinator. Only after receipt of a request for assistance from the MSC/RHC, will the OPS DIV task the appropriate MEDCOM staff section to provide the requested assistance and recommend approval for TDY funding to the MEDCOM Chief of Staff.

b. Program Objective. The OIP is a management tool that the commander uses to identify, prevent, or eliminate problem areas across multiple functional areas across the command and staff.

c. Concept of Operations. RHC/MSCs will inspect their subordinate activities every other year; HQ MEDCOM will inspect RHC/MSCs Headquarters every other year.

(1) RHC/MSCs-led OIPs.

(a) RHCs/MSCs will conduct OIPs of their subordinate units IAW their internal policies and procedures.

(b) RHCs/MSCs will use the universal checklist developed by MEDCOM when conducting their regional or MSC OIP.

(c) A final consolidated inspection report will be provided to inspected units no later than 45 days after the completion of the inspection. Commanders will be required to reply by endorsement of those areas needing improvement.

(2) MEDCOM-led OIPs.

(a) MEDCOM will conduct OIPs of the RHC and MSC HQs every other year IAW MEDCOM REG 1-2.

(b) The MEDCOM OIP G-4 Inspector will inspect the RHC/MSCs HQ G4 using the checklist questions labeled "MEDCOM OIP" found at the link in c.(2)(a) above.

(c) The MEDCOM OIP G4 will evaluate the RHC/MSCs overall management of their subordinate activities in the logistics functional areas. Their evaluation will focus on the RHC/MSCs achievement of accepted metrics and initiatives in place to improve performance or processes.

15-3. COMMAND SUPPLY DISCIPLINE PROGRAM (CSDP)

a. Program Overview. The initial and lowest level governance program is the CSDP. The CSDP is designed as an activity commander's program directed at eliminating noncompliance with supply regulations.

b. Program Objective. CSDP is not intended to be solely an inspection program; rather, responsible personnel are expected to use the program to gain familiarity with established policy and enforce compliance with policy by subordinate personnel.

c. Concept of Operations. The activity commander appoints a CSDP Primary and Alternate Monitor in writing to oversee the CSDP; normally the Chief and/or NCOIC of the activity Logistics Division will oversee the program.

(1) Evaluation/ Inspection Team Composition. The organization's regulation or SOP will establish the specific composition of the CSDP inspection team, but should generally contain representatives from the following branches:

- (a) NCOIC, Logistics Division (Team Chief)
- (b) NCOIC, Materiel Branch
- (c) NCOIC, Equipment Management
- (d) Property Management (for both durable and non-expendable equipment)
- (e) Medical Maintenance
- (f) Facilities Management
- (g) Environmental Services
- (h) Unit Supply (if necessary)
- (i) Government Purchase Card Coordinator (if necessary)

(2) Policy and Procedures. Activities will establish their programs formally through the publication of an OPORD, activity regulation or local SOP. The program framework will establish the program's objectives, scope, standards, policies and procedures for maintaining supply discipline.

(3) Training. The CSDP monitor will establish initial and refresher training on logistics functional areas such as supply chain management; property accountability; equipment management procedures; environmental services and support; facilities management; medical maintenance procedures and other areas as needed. Training attendance must be documented and maintained IAW the activity's training records management policies.

(4) Evaluations/Inspections. Evaluations/inspections are a necessary part of the CSDP in order to monitor performance. The intended result of these evaluations is to present, factually, to the commander what supply problems exist so the chain of command can initiate prompt corrective action. AR 710-2 Table 7 outlines the minimum frequency for evaluations and Tables B-1 through B-6 assign checklists to be used at each level of responsibility. The CSDP monitor will publish a schedule to inspect its activities. The schedule may be published through the program's OPORD or official tasking; this is recommended to ensure command visibility and activity-wide awareness of the program and its requirements. Activities may also consider publishing the

schedule as an annex in the CSDP regulation or SOP to establish a consistent timeframe for inspections. For example:

JAN
Orthopedics
Pediatrics
Lab
FEB
OR
ER
Apache Clinic
Blackhawk Clinic
MAR
CMS
IMD
Soldier Readiness
Processing

(5) Evaluation/ Inspections. The activity’s SOP, regulation or OPORD should determine the exact concept of operations for execution and follow up on a CSDP inspection. However, activities should consider implementing the following Best Business Practices (BBPs) identified during the FY15 CLRP visits to optimize their program’s effectiveness:

(a) NCOICs are generally the hand receipt holders for their clinics/ departments. As such, they are required to keep sub and durable hand receipts, open and closed work orders, previous CSDP assessment results and other documents on hand for inspections. Most activities do not have a standard for maintaining a CSDP or clinic leader book with pertinent information. Several CSDP monitors have implemented the standard six-sided folder as the required place for NCOICs to keep all CSDP-related documentation (separate from the individual six-sided competency assessment folder required for Joint Commission). The CSDP monitor designates what information will go on which tab to ensure standardization across the command (contact the Compliance Chief for sample copies that were too large for publication in this document). When the inspection team arrives at the activity to conduct their CSDP evaluation, they can reference the folder for a smoother and quicker inspection.

(b) The FY15 CLRP identified a BBP for the follow up portion of the CSDP to facilitate command emphasis and involvement: one facility sent CSDP inspection results through the normal staffing process using the MEDCOM Form 540 (Staff Action Summary Sheet). The MC Form 540 contained a summary of the visit (eliminating the need for a separate memorandum) and findings that required corrective action. By using the MC Form 540 in place of multiple documents, it allows the command to see the highlights of the visit up front and easily reference what items need to be corrected. Since the document is routed through the staff and command, the NCOIC and OIC of the inspected area have to initial the summary sheet which verifies to the command that they have seen the results and required corrective actions they need to take. The same MC Form 540 can be used during follow-up visits and is easily maintained in the NCOIC’s six-sided CSDP folder. The activity has the option of requiring the NCOIC/OIC to write their corrective actions plan on the document as well during the routing process.

15-4. MANAGEMENT INTERNAL CONTROL PROGRAMS

a. Program Overview. IAW AR 11-2, an internal control evaluation is a detailed, systematic, and comprehensive examination of the key internal controls to determine whether they are in place, being used as intended, and effective in achieving their purpose including internal controls related to financial reporting. The Army Manager’s Internal Control Program (MICP) applies to all Army organizations and programs at all levels. The CSDP described in Paragraph 15-3 above is one component of the MICP.

b. Program Objective. The evaluation must be based on the actual testing of these key internal controls using one of several methods (for example, direct observation, file and document analysis, sampling, or simulation). The evaluation of key internal controls must result in a specific

determination of their effectiveness. Finally, the evaluation must be supported by documentation that clearly indicates who conducted the evaluation and when, what methods were used to test the key controls, evaluation results, what internal control deficiencies (if any) were detected, and what corrective actions were taken.

c. Concept of Operations.

(1) The MICP at each activity is overseen by an internal control administrator (ICA). The ICA identifies, develops and maintains the organization's Internal Control Evaluation Program (ICEP).

(2) Logistics-related programs (CSDP, QA/QC) are normally prepared and evaluated by the Chief of Logistics and forwarded to the Commander through the DCA for his/her signature.

(3) Once the ICA has received all applicable evaluations, he/she prepares the annual statement of assurance for the commander to sign and ensures it is transmitted to the appropriate HQ or agency.

d. Additional Information. Formal internal control evaluations of key internal controls must be conducted at least once every 5 years. Commanders and/or managers may require more frequent evaluations based on leadership emphasis, personnel turnover, audit and/or inspection findings, change in mission, and so on.

15-4. CLRP-OIP SYNCHRONIZATION

a. Background. In mid-2014, several significant events across the command demonstrated gaps in the MEDCOM's governance programs. As a result, the G3/5/7 directed the MEDCOM staff to establish a working group to conduct a comprehensive review of the Organizational Inspection Program and other audit programs such as the Fiscal Accountability and Recovery Mission (FARM), CLRP, Special Compensation for Assistance with Activities of Daily Living (SCAADL), and Army Safety and Health Management System (ASHMS) IOT improve synchronization of governance and audit efforts across the command. Though AR 11-1 specifically precludes combining the OIP and CLRP, the MEDCOM Compliance Branch reviewed several courses of action to enhance MEDCOM governance through better coordination of the two programs. In July 2015, the MEDCOM G4 conducted a planning conference and developed a concept of operations for synchronizing their efforts with the MEDCOM and RHC/MSC OIP teams. Starting FY16 MEDCOM representatives will join OIP as additional inspectors. Findings resulting from these inspections may lead to follow on CLRT visits tailored to those findings.

b. Concept of Operation. Starting in FY16, the MEDCOM G4 will place more emphasis on evaluating the major logistics performance indicators and processes of the RHC/MSC. To achieve unity of effort between the OIP and CLRP programs, each functional area will utilize a universal checklist separated by echelon (checklists are located at <https://www.us.army.mil/suite/folder/22657342>). The programs will support each other through the following methodology:

(1) The MEDCOM OIP team inspects the RHC/MSC's management of their subordinate units. The G-4 will send personnel to represent the G-4 on the MEDCOM OIP team, and will expand the team to include other functional area SMEs based on additional guidance or special requirements. The G-4 OIP team will review the inspection and assessment results for the RHC/MSC's subordinate units prior to the on-site inspection of the RHC/MSC in order to determine an initial assessment of the level of RHC/MSC's management. The G-4 reps will evaluate the RHC/MSC's management and oversight of its CSDP/CMDP, environmental services, medical maintenance, transportation, readiness, supply chain and financial management programs at the Headquarters level.

(2) When the RHC conducts an OIP inspection at a selected activity, they will address the checklist items labeled "RHC OIP". After the exit brief to the activity commander, the final results will be forwarded to the MEDCOM G-4.

(3) The MEDCOM CLRT's focus will be tailored to the findings discovered during OIP visits and evaluating the activity's performance and processes against established metrics such eCommerce rate, Use of Government Purchase Card (GPC), Scheduled Services Completion Rate, etc.

15-5. COMMAND LOGISTICS REVIEW PROGRAM (CLRP)

a. Program Overview.

(1) The purpose of the CLRP is to make MEDCOM G-4 staff expertise available to subordinate levels of the command in order to attain, sustain, and manage logistics operations and readiness.

(2) The Deputy G-4 has overall staff responsibility for the CLRP.

(3) The frequency of visits and levels of command visited will be decided on a case-by-case basis considering the significance of identified logistics problems, uniqueness and importance of the activity's mission. Activities will be visited based on findings discovered during OIP visits.

(4) IAW AR 11-1, the CLRP is not part of organizational inspection programs, command inspections, staff inspections, staff assistance visits, or IG visits. Army inspection policies outlined in AR 1-201 should not be used to implement the CLRP. IAW AR 710-2, the MEDCOM CLRP is a supplement to the CSDP and can be integrated into those efforts.

b. Program Objectives. The CLRP has the following objectives:

(1) Identify, resolve and conduct root cause analysis of logistics problems at all levels that are adversely affecting the readiness posture of the command, RHC/MSCs, or activities.

(2) Evaluate the performance and processes of medical logistics operations and programs against established management objectives and standards in order to reduce variance and certify the implementation of the operating company model across the command.

(3) Assess compliance with all applicable regulations in the following areas: Command Supply Discipline (CSDP), Logistics Readiness, Environmental Services, Transportation, Property Management and FLIPLs, Government Purchase Cards and Financial Management, Medical Supply Performance, Regulated Medical Waste and Hazardous Waste, Equipment Maintenance and Optical Fabrication (if applicable). See AR 11-1 paragraph 8 for additional recommended areas of emphasis.

(4) Provide subject matter expertise as needed.

(5) Identify best business practices for consideration as possible MEDCOM-wide implementation.

c. Concept of Operations. A CLRP visit is conducted in four phases:

(1) Phase I: Preparation and Planning. Phase I begins with notification to the RHC and activity of the CLRT visit. MEDCOM CLRP Chief will provide an e-mail notification approximately 60-75 days from the start of the visit.

(2) Phase II: CLRT Visit. Phase II begins with an initial visit by members of the CLRP determined to be needed during the OIP visit to the higher headquarters section. The Compliance Chief will begin with an entrance brief to the commander on the areas previously determined by the OIP as needing assistance. The in-brief will provide an overview of the CLRP process, identify documentation requirements and deadlines, and address any questions or concerns. Phase II is complete when the findings resolutions have been rectified by the activities staff under the supervision of the activity's Chief of Logistics.

(a) The RHC/MSC will provide the CLRT Chief a copy of the activity's most recent CLRP and OIP results conducted by the RHC.

(b) Once the RHC/MSC and activity have submitted all the required information, the MEDCOM CLRT will post the results of the visit to the AKO Portal.

(c) An exit brief to the activity's commander showing the rectification of findings will begin immediately thereafter. Phase II is complete after presentation of observations and recommendations during the exit brief to the activity commander.

(4) Phase III: Reporting and Response(s). Phase III begins with the CLRT publication of the final report and index of observations from the activity visit. The final report will be published through the RHC/MSC NLT 45 days after the activity exit brief and posted on the CLRP AKO Portal. The activity has 60 days to provide the corrective actions taken on the index of observations spreadsheet and email them to the Compliance Chief within 60 days. The spreadsheet must include a cover letter/memo signed by the activity commander acknowledging that he/she has reviewed and approved the actions taken. Incomplete responses will be reported to the MEDCOM G4 for appropriate action. Phase III is complete when the activity has provided

written corrective actions for all observations reported along with the activity commander's cover letter.

d. Additional Program Instructions.

(1) The Compliance Chief must ensure to forward final reports and CLRP visits observations, maintenance assistance visit observations, and CSDP inspections to the HQDA Virtual Command Logistics Review Program (VCLRP) data repository. User names and passwords for this program will be obtained by writing to LIA, 5870 21st Street, Building 212, Fort Belvoir, VA 22060-5941. Electronic reports and findings should be posted within 30 days after each visit.

(2) AKO Portal and Access. Current checklists, previous findings, regulations and other information can be found on the CLRP AKO Portal folder located at the following link: <https://www.us.army.mil/suite/folder/22657342>. Units will also post documents required for the Phase II Virtual Assessment in the appropriate folder labeled with their activity name and the current FY. Units must contact the current Compliance Chief at (210) 808-2807 for access to upload information to the folders.

(3) MEDCOM may use the results of RHC/MSC CLRP visits in lieu of a MEDCOM CLRP assessment to meet the 36-month guidance found in AR 11-1. There are two requirements in order to accept RHC/MSC visits in lieu of a MEDCOM visits: the RHC/MSCs must utilize the current MEDCOM checklists during their visits to their subordinate activities, assess all functional areas checked by the MEDCOM CLRT (assessments with one or two of the nine functional areas will not be credited), and they must provide the final report and index of observations (see current OPORD for format) to the MEDCOM Compliance Chief. The submission timeframe for RHC/MSC reports are the same used by the MEDCOM CLRT (45 days for the final report to be provided to the activity commander and 60 days for activity responses to the report).

(4) RHC/MSC findings will be used along with MEDCOM findings to analyze and trend logistics compliance rates across the MEDCOM, share best practices and provide data to the HQDA Virtual CLRP.

(5) When appropriate, RHC/MSC G4 SMEs and staff may partner with the MEDCOM CLRP team SMEs during visits to standardize supply discipline, logistics readiness templates, and reporting procedures.

(6) Resource constraints hindering the RHCs/MSCs from conducting internal logistics CLRP or OIP visits of their subordinate units should be reported immediately to the CLRP Chief.

APPENDIX A.
SIMILAR ASSET/ESTIMATED FAIR MARKET VALUE (FMV) WORKSHEET

APPENDIX A.
SIMILAR ASSET/ESTIMATED FAIR MARKET VALUE (FMV) WORKSHEET

The Similar Asset/Estimated FMV Worksheet (see page A-2 of this Appendix) is used to document the estimated acquisition cost and acquisition date for capital assets lacking proper source documentation. This worksheet, when properly completed, serves as a substitute for original acquisition documentation and should be used when all attempts to locate actual documentation have been exhausted. Instructions below are provided for completion of the FMV worksheet.

Section A (Capital Asset General Information): This information is required to accurately identify the asset. This information should be obtained through physical examination, observation, and inquiries with using personnel.

Section B (Similar Asset Comparison): This section allows the activity to estimate the acquisition cost and useful life of the capital asset. It is important that every effort is made to ensure that the similar asset is a close match. Once a similar asset is found, source documentation, if available, should be obtained to substantiate acquisition cost and date. If a similar asset cannot be located, Step 2 of Section C should be completed.

Section C (Determine Acquisition Cost): If copies of the source documentation of the similar asset are available, record the acquisition cost in Step 1. Include other costs (installation, site prep, training, etc.) if known or listed on the similar asset source documentation. If a similar asset cannot be located, estimate the fair market value of the asset by using other sources of pricing information (e.g., FEDLOG, GSA acquisition schedules, vendor quotes). Obtaining this information may require

Section D (Determine Acquisition Date): If source documentation for the similar asset was available, record the acquisition date on the lines listed in Step 2. If source documentation could not be obtained for the similar asset, the acquisition date will be determined by judgmentally selecting the most appropriate date from Step 2.

Section E (Documentation Requirements): File this worksheet and all supporting documentation in accordance with *SB 8-75-11*, Chapter 5. The file is maintained until the asset is disposed. The file must accompany the equipment upon transfer or turn-in.

Certification: The PBO will sign and date this form to certify the accuracy of this information. The Similar Asset/Estimated FMV Worksheet is used to document the estimated acquisition cost and acquisition date for capital assets lacking proper source documentation. This worksheet, when properly completed, serves as a substitute for original acquisition documentation and should be used when all attempts to locate actual documentation have been exhausted.

a. Capital Asset General Information

UIC/Activity Name: _____
Location: _____
Hand-receipt/Customer: _____
Document Number: _____
Nomenclature: _____
Stock Number/Item ID: _____
Serial Number: _____
Manufacturer: _____
MMCN/ECN: _____
Method of Acquisition:
Local Purchase _____ Requisition ____ Transfer _____ Donated _____ Found _____

b. Similar Asset Comparison:

Location of similar asset: _____
Activity owning similar asset: _____
Similar asset comparison: _____
Location of similar asset: _____
Activity owning similar asset: _____
Similar asset comparison: _____

	Capital Asset	Similar Asset
Nomenclature:	_____	_____
Stock Number/Item ID:	_____	_____
Serial Number:	_____	_____
Manufacturer:	_____	_____
Model:	_____	_____
Model Year:	_____	_____
Description of Function:	_____	_____
Acquisition Cost:	_____	_____
Receipt Date:	_____	_____

c. Determine Acquisition Cost:

(1) If the assets are similar, obtain copies of the acquisition documentation for the similar asset and attach to this form. Record the following information:

Acquisition Cost: _____
Other Costs: _____

Total Cost: _____

(2) If a similar asset cannot be located, estimate the fair market value for the capital asset as of the date acquired. Use one or more of the following sources in determining a fair market value:

Source	Company	Contract #	Acq. Cost	Date
FEDLOG Price	FEDLOG	NA	_____	_____
GSA Schedule	_____	_____	_____	_____
Vendor Quote	_____	_____	_____	_____

- (3) Record the following information below:
- (a) Estimated FMV
 - (b) Other Costs
 - (c) Total Price

d. Determine Acquisition Date

(1) If similar assets are found, obtain copies of the acquisition documents for the similar asset. Record the information below.

(2) If source documentation is not available, obtain the acquisition date in the following order:

	Document #	Date
Source Document	_____	_____
Transfer Date on DD Form 1149/DA Form 3161 for transfers		
Shipping Date	_____	_____
Inspection Date	_____	_____
Date Found	_____	_____
Determined Acquisition Date	_____	_____

e. Documentation Requirements

File this document as the original source documentation in accordance with *SB 8-75-11*, Chapter 5. The following documentation should be included:

- (1) Similar Asset Invoice
- (2) Procurement Documentation
- (3) Receiving Report
- (4) Printout of FEDLOG Entry
- (5) Copy of relevant GSA Schedule
- (6) Copy of vendor quote
- (7) Acquisition date
- (8) Transfer Document
- (9) Shipping Invoice
- (10) Inspection work order
- (11) Copy of physical inventory

CERTIFICATION:

I certify that the capital asset information recorded above is accurate to the best of my knowledge.

Name	Activity	Signature	Date
_____	_____	_____	_____

APPENDIX B
INSTRUCTIONS FOR RECORDING DIN-PACS MEDICAL SYSTEMS ON THE ACTIVITY PROPERTY
BOOK FOR SITES USING DMLSS

INSTRUCTIONS FOR RECORDING DIN-PACS MEDICAL SYSTEMS ON THE ACTIVITY PROPERTY BOOK FOR SITES USING DMLSS

DMLSS users will adhere to the following procedures to establish DIN-PACS as a system on the property book.

- a.. Establish a due in for the item in accordance with DMLSS procedures.
- b. Receive the system in accordance with DMLSS and local procedures. Establish the Equipment Type as "System" (System ECN). This is an actual item and should be the major item of the system. For DIN-PACS, this item will be one of the main servers as identified by the Army PACS Program Management Office (APPMO), phone 301-619-3322. Ensure that the total system acquisition cost, including all PACS components, is reflected on this system ECN.
- c. Gain the other components of the system using the DMLSS ETM Gain module with the reason "Component Gain" and Equipment Type of "Component" with an acquisition cost of \$0.00. Ensure the components are associated with the system ECN. The device nomenclatures for the components are listed in the table below.

Device	Nomenclature	Class Code	Maint Cycle
16247	Information System, Picture Archiving and Communication, Radiology	17960	None
22509	Information System, Picture Archiving and Communication, Cardiology	17960	None
17960	Information System, Picture Archiving and Communication	17960	None
20763	Dictation Systems, Digital Speech recognition/ Transcription	17960	
C0325	Workstation, Digital Radiography, Mammographic, M2	21952	12m
C0076	Monitor, Video Medical	16603	12m
C0076	Monitor, Video Medical	16603	12m
C0125	Monitor, Computer	C5114	None
C0322	Workstation, Digital Radiography, Diagnostic, D4	21952	12m
C0076	Monitor, Video Medical	16603	12m
C0076	Monitor, Video Medical	16603	12m
C0125	Monitor, Computer	C5114	None
C0323	Workstation, Digital Radiography, Diagnostic, D4	21952	12m
C0076	Monitor, Video Medical	16603	12m
C0076	Monitor, Video Medical	16603	12m
C0076	Monitor, Video Medical	16603	12m
C0076	Monitor, Video Medical	16603	12m
C0125	Monitor, Computer	C5114	None
C0335	Workstation, Digital Radiography, Review, R1	21952	12m
C0076	Monitor, Medical	16603	12m
C0336	Workstation, Digital Radiography, Review, R2	21952	12m
C0076	Monitor, Medical	16603	12m
C0076	Monitor, Medical	16603	12m
C0333	Workstation, Digital Radiography, Quality Control, OC1	21952	12m
C0076	Monitor, Medical	16603	12m
C0334	Workstation, Digital Radiography, Quality Control, OC2	21952	12m
C0076	Monitor, Medical	16603	12m
C0076	Monitor, Medical	16603	12m
C0337	Workstation, Digital Radiography, System Administration	21952	12m
C0125	Monitor, Computer	C5114	None
C0125	Monitor, Computer	C5114	None

C0286	Workstation, Digital Radiography, Operating Room	21952	12m
21969	Information System, Picture Archiving and Communication, Three-Dimensional Image	21952	12m
22813	Information System, Picture Archiving and Communication, DICOM CD/DVD	21952	12m

d. Finally, ensure components requiring medical maintenance services have a Maintenance Requirements Indicator of "YES" in the catalog record and appropriate services scheduled.

e. If the DIN-PACS system is already on the property book, the following is required:

(1) Confirm the system ECN is the major item of the system. For DIN-PACS, this item will be one of the main servers as identified by the Army PACS Program Management Office (APPMO), if necessary, change the Equipment Type of the identified major end item to "System." Do this by opening the appropriate equipment record and selecting "System" in the Equipment Type drop down window found on the Main tab.

(2) Validate the total system acquisition cost, including all PACS components is reflected on the system ECN. Update the system acquisition cost by opening the equipment record for the system ECN and click on the Acq. Cost icon on the vertical tool bar. In the Acquisition Cost Change window, adjust the values as necessary. Click OK. Click Save in the Equipment Detail window.

(3) Ensure all component equipment records have an Equipment Type of "Component," the appropriate System ECN and an acquisition cost of \$0.00.

(4) Identify components requiring medical maintenance services. Update the catalog record to signify which components require maintenance services.

APPENDIX C
USAMEDCOM GUIDE TO TDA CHANGES/EQUIPMENT AUTHORIZATIONS

USAMEDCOM Guide to TDA Changes/Equipment Authorizations

Summary

This pamphlet provides guidance and instructions for preparing and submitting requests for changes for equipment listed in Section III of the TDA.

Applicability This pamphlet applies to all activities assigned to US Army Medical Command (USAMEDCOM).

Chapter 1

General

1.1 Purpose. The purpose of this pamphlet is to define USAMEDCOM's role in documentation and set procedures and guidance for preparing and submitting TDA change requests. This pamphlet clarifies guidance from various Army regulations and is intended as a ready reference for use by USAMEDCOM activities at all levels of command. When a conflict exists between guidance contained in this pamphlet and a Headquarters, Department of Army (HQDA) publication, HQDA policy will be followed. Most USAMEDCOM medical equipment is authorized by *AR 40-61*. However, Department of Army (DA) controlled items of medical equipment as identified by *SB 700-20* require TDA documentation. Guidance is found in *AR 71-32*.

Chapter 2

Tables of Distribution and Allowances (TDA)

2.1 Proponency

a. The United States Army Force Management Support Agency (USAFMSA) is the HQDA proponent agent for TDAs. Approval authority for DA controlled TDA equipment is DA, G-3, Equipment Review and Validation Board (ERVVB). "DA Controlled" items can be identified by researching the CIC code in *SB 700-20*. Most items of equipment are found in Chapters 2 and 6. Chapter 4 has been reserved for new or experimental items (Zulu LINs). If the CIC contains the letter "C", the item is a DA controlled item and must be approved by DA, G-3 and USAFMSA prior to being purchased. If the CIC code lists an "O", the item is approvable at USAMEDCOM level. Only equipment items with LINs assigned can be added to the TDA. Chapter 8 of *SB 700-20* contains a listing of CTA items. CTA items cannot be added to the TDA. The CTA, itself, is the authorization for you to have the item of equipment. The G-3/FMP TDA Equipment Review and Validation Board will approve or disapprove all TDA equipment requests for all intensely managed items contained in *SB 700-20*, Chapters 2 and 4, coded as Controlled Item Code (CIC) "C" and Reportable Item Control Code (RICC) "2" or equivalent. HQDA controlled items of equipment may only be requisitioned or issued to an organization when it is included in an approved authorization document. For USAMEDCOM units, this means the item must be approved and listed in the Section III portion of the activity's TDA prior to purchasing. Adherence to this policy will be an item of command interest in future CLRT visits.

b. The USAMEDCOM retains the authority to document all equipment transfers between paragraphs inside a specific Unit Identification Codes (UICs). Requests to document transfers of LINs between UICs within the same ACOM/ASCC/DRU will be forwarded to the Equipment Review and Validation Board for decision only if the LINs are intensely managed as noted above. All requests to document Inter-Command equipment transfers must be submitted through G-3/7/FMP to the TDA Unit Equipment Review and Validation Board for review and decision and include concurrence signed by a General Officer in the Command. The Equipment Review and Validation Board will convene no earlier

than the 16th day of each month. MEDCOM requests will be boarded during the months of September and March but may shift dependent on G-3/7/FMP requests. If equipment is considered mission critical for support to overseas contingency operations and cannot wait until the next scheduled ERVB submit a priority request for submission to an ERVB that is not regularly scheduled for MEDCOM activities. Board decisions will be distributed no later than the last working day of each month. After the Board approves the DA Form 4610-R, G-3/7/FMP will approve a documentation strategy. If the LIN is critical to the unit or activity then an Out of Cycle (OOC) document will be directed for implementation. The HQ, USAMEDCOM, is the approval authority for those DA-controlled items coded "MAPP" (ACOM/ASCC/DRU approval) in *SB 700-20*, those included in the Force Management Bulletin Board for which requirements have been established in Basis of Issue Plans (BOIPs) and approved by HQDA, and those select DA controlled items of equipment for Training Support Centers for which USAFMSA granted a waiver.

c. BOIPs are developed for new or improved items of equipment. A BOIP describes in detail a new item, its capabilities, component items of equipment, where the item is to be used, and identifies the associated support items of equipment and personnel. BOIPs are required documents used to plan and manage the introduction of developmental and non-developmental items of equipment. It is not an authorization document. It is a requirements document.

d. The USAMEDCOM retains the authority to document all equipment deletions.

2.2 How TDAs are Organized

a. TDA Development. The TDA prescribes the organizational structure for a unit having a support mission for which a Table of Organization and Equipment (TOE) does not exist and may include civilian positions. They are developed based on the type and level of workloads associated with the unit's mission.

b. TDA Composition. The TDA document is composed of three sections as follows:

(1) *Section I, General*: Includes unit designation, mission statement, capabilities, and administrative data.

(2) *Section II, Personnel Allowances*: Contains by paragraph and line number, detailed information on required and authorized personnel, followed by a recapitulation by civilian and/or military grade and skill and Army Management Structure Code (AMSCs), of all positions in the organization.

(3) *Section III, Equipment Allowance*: Contains by paragraph and LIN, all equipment required and authorized for the unit, followed by a recapitulation in LIN sequence.

2.3 Responsibilities

Installation/Activity Commanders will:

a. Ensure that no DA controlled items of equipment are purchased prior to receiving approval from the DA, G-3.

b. Report unused equipment as excess and delete from authorization documents unless justified for retention by a letter request or an economic analysis or as job peculiar.

c. Institute procedures to ensure turn-in or transfer of excess equipment identified by equipment authorization surveys within timeframe identified.

d. Designate one person within logistics as the Equipment Manager. This would normally be the Property Book Officer (PBO).

e. Designate one primary person within logistics as the Excess equipment manager. This person will be trained in the Decision Support Tool (DST) application and serve as the focal point for all equipment requiring divestment.

2.4 Equipment Usage Management

In the area of equipment usage management, the Army's objective is to obtain optimum use and efficient management of equipment used by Generating Force activities to meet mission requirements with the minimum of equipment. Usage of medical equipment will be managed per *AR 40-61*.

2.5 Guidelines for Changing Authorization Document

Most changes originate at the unit level with the need or desire for changes (more, less, or different equipment). The following list shows How to Submit a Change. Use the following steps to submit an authorization document change:

- a. Determine the change needed.
- b. Consult the current and future versions of the TDA to see if the change has already been applied. Note: The activities' Resource Management Division has copies of the latest TDA and change documents or it can be obtained through FMSWeb
- c. Prepare the request for change utilizing guidance in this document, DA Form 4610-R, *Equipment Changes in MTOE/TDA*, and *AR 71-32*.
- d. Make sure the justification is clear and can be understood by someone not familiar with your unit organization or method of operations. USAMEDCOM unit structure is very diversified; no two are alike. The clearer and more logical the justification, the better the chance it will be approved. Ensure justification covers mission requirement, modernization, funding and maintenance concerns if disapproved. Requests for equipment changes must be approved by the Equipment Review and Validation Board managed by DA, G-3.
- e. Ensure all numbers add up.

2.6 Procedures for Changing TDA Equipment

An activity submits a completed DA Form 4610-R, *Equipment Changes in MTOE/TDA*, utilizing the new automated Force Management System Website (FMSWeb) DA Form 4610-R Tool (Instructions are in Annex) C and D. Currently a security clearance is required to access this site. Once the form has been completed it will automatically appear in the FMSWeb inbox of the USAMEDCOM Command Approver. The Command Manger will, in turn, ensure that all requirements of *AR 71-32* have been met and will forward the electronic form for presentation to the DA G-3 Equipment Review and Validation Board. If approved at G-3, the packet will be submitted to USAFMSA for documentation in the next Management of Change (MOC) window. The MOC window usually opens in January of each year. There is no longer a requirement to submit the manually prepared DA Form 4610-Rs as in the past unless access to the FMSWeb Tool is not granted. If the packet is disapproved, it will be sent back through the chain of command for rework or more justification. The importance of the justification cannot be overstated. The first line of justification should identify how items were purchased i.e., DHP, OMA etc. Justifications should be very thorough and explain why the item is needed. One-line justifications are no longer adequate for presentation to the Board. The following are important areas that need to be addressed in each justification:

- a. Show that the request has been reviewed by interested staff agencies (as applicable).

- b. Include a statement in the justification on why like items presently authorized cannot be used to accomplish the mission.
- c. State the function the item will serve and how it will be used.
- d. State the specific impact on Unit mission if the item is not obtained.
- e. When the request is for support of a new mission, cite the authority to perform the mission and clearly state how the requirement(s) will be satisfied.
- f. When tactical communications equipment is being requested for a Generating Force unit, comply with *AR 71-32*, paragraph B-14, Section III.
- g. When the request is based on an increase in equipment usage, consider actual use of all like type equipment on the current TDA considered to determine whether the increase can be accommodated within current resources. State why it is not feasible to support the mission.
- h. Include the DA TMDE registration number (*DA Pam 700-20*) with request for TMDE. The Logistics Control Code (LCC) identified in FEDLOG must be stated in the first line of justification for all TMDE. TMDE should never be procured prior to receiving approval from the USAMEDCOM TMDE Coordinator.
- i. When commercial equipment (*SB 700-20*, Chapter 6) is being requested, consider standard items excess to total requirements.
- j. When the request pertains to tool sets, test equipment, and other maintenance related items, cite the level of maintenance to be performed, the end item to be maintained, and the page numbers of the Technical Manual (TM) that prescribes the specific use.
- k. When the request pertains to power driven equipment, include a statement as to the source of power for such equipment.
- l. When the request is for Materials Handling Equipment (MHE) provide evidence of coordination with the appropriate installation MHE control office.

2.7 Before Preparing TDA Equipment Changes

- a. Contact your Resource Management office or access FMSWeb to ensure you are reviewing current authorization in the latest approved/projected TDA.
- b. If nothing suitable is presently authorized, review *SB 700-20* to determine additional requirements.
- c. Determine what items, if any, can be deleted if requested equipment is approved.
- d. Ensure current manpower authorizations are sufficient to support additional equipment.
- e. Ensure that equipment requested is the minimum essential for mission accomplishment; not just "nice to have".
- f. Ensure the requirement cannot be met by borrowing from another activity.

- g. Ensure that mixing of models of the same type of equipment is kept to a minimum or eliminated.
- h. Ensure that requested equipment can be maintained with currently authorized maintenance personnel and equipment.
- i. Ensure that facility size and structure can accommodate the new equipment.
- j. Ensure that requested equipment is compatible with already authorized equipment.
- k. Ensure that equipment is not already authorized by a CTA.

2.8 Preparing TDA Equipment Change Requests

A TDA Equipment Change Request Package will consist of a completed DA Form 4610-R, utilizing the FMSWeb DA Form 4610-R Tool as described above in paragraph 2-6.

a. **Tactical Wheeled Vehicles (TWV):** The Tactical Wheeled Vehicle Requirements Management Office (TWVRMO) is tasked by HQDA to review current initial issue quantities; TOE, MTOE, TDA, and the Basis of Issue Plan (BOIP) documentation; and associated justification to provide impact analysis and maintain an audit trail of the fluctuations to the overall Tactical Wheeled Vehicle (TWV) fleet. DA Form 4610-R and the TWVRMO Questionnaire for TWV will be forwarded through command channels. Per *AR 71-32* Appendix B, Section IV all requests for tactical wheeled vehicles will be reviewed by the Tactical Wheeled Vehicle Requirements Management Office (TWVRMO), Fort Lee, VA. To avoid unnecessary delays TWV requirements should not be mixed with other HQDA controlled equipment on the same request. TWV request packets should be sent through FMSWeb to USAMEDCOM and not directly to the TWVRMO. USAMEDCOM will review and forward the request.

b. **Non-tactical Vehicles (NTVs):** If an organization has their own account with GSA and does not utilize the installation transportation motor pool (TMP) for support, these vehicles must be authorized on the activity's TDA. If, however, the activity is drawing vehicles from the installation and reimbursing, these vehicles would be documented in the installation TDA, not the USAMEDCOM activity's TDA.

c. **Government-Owned/Contractor-Operated (GOCO) Equipment:** Submission of *DA Forms 4610-R* is not required for GOCO equipment. Any contract that obligates the government to provide equipment to a contractor is recognized as an authorization document for purposes of requisitioning. The Contracting Officer for the respective Commands will be the approving authority for this equipment.

d. **Commercial Non-standard Equipment:** Submission of DA Form 4840-R requesting LIN assignment is required for commercial nonstandard equipment with a unit cost of \$250,000 or over. A package consists of a Memorandum of Transmittal, properly completed DA Form 4840, Request for Type Classification Exemption (TCE)/LIN for Commercial Equipment, and manufacturer's brochure, photographs, drawings or specifications. These items can then be documented in the TDA once the LIN is assigned and appears in *SB 700-20*. TCEs are normally not required on systems unique to the Army Medical Department such as nurse call systems etc, these should be handled on a case by case basis.

2.9 Equipment not to be documented in TDAs

- a. Equipment authorized in another document and used for the same purpose.
- b. Equipment authorized by another TDA.

- c. Equipment on hand through temporary loan.
- d. RDTE equipment purchased with RDTE funds.
- e. Maintenance float, sizing float, repair parts and expendable or durable items.
- f. Equipment procured with non-appropriated funds DHP funds.
- g. Prefabricated buildings.
- h. Operational float stocks obtained under *AR 710-1*.
- i. Real property.
- j. Equipment procured exclusively for DOD civil defense efforts.
- k. Any nonexpendable item of serviceable equipment that is withdrawn from the DRMO.
- l. Equipment used for experiments and tests.

Chapter 3

Guidance for Selected Types of Equipment

3.1 Ammunition and Related Items

- a. Targets, target equipment, and ammunition are authorized by *CTA 50-909*.
- b. Training ammunition authorizations are provided to ACOM/ASCC/DRUs by DA training ammunition memorandum. Cartridges for the launch Electrode Device (Tasers) are considered ammunition, and will be handled as such.

3.2 Armament and Weapons

a. General. Weapons included in TDAs will be limited to the minimum essential types and quantities. Individual Type Weapons. These weapons are provided for the protection and security of the unit, personnel in the unit, or the wounded and sick in their charge. Weapons are not authorized for chaplain and general officers. As a rule, individual weapons on hand will not exceed the total number of required, authorized, or assigned personnel. General officers are authorized a weapon per *AR 725-1*.

b. Generating Force Activities.

(1) Each military individual assigned to OCONUS Generating Force organizations and to CONUS based Generating Force organizations with contingency missions to support deployed forces requiring movement of personnel into threat areas will be provided an individual weapon in accordance with the appropriate basis of issue (BOI). The exception is AMEDD personnel assigned to Generating Force activities in OCONUS commands who will be authorized individual weapons on the basis of one-for-two individuals. Alaska and Hawaii and other areas outside the contiguous United States are included in geographical connotation of OCONUS.

(2) Ceremonial Rifles. Selected honor guards established per *AR 71-32* will use the M14 as the honor guard rifle. Other honor guards not recognized by this regulation but have been approved by ACOM/ASCC/DRU commanders will also use the M14. Honor guards other than described above, color guards, and burial details will be equipped with presently authorized TDA weapons.

(3) Bayonets. Bayonets are authorized for all individuals authorized an individual weapon except medical personnel and medical units, Chaplains are not authorized bayonets, but chaplain's assistants are, since they are issued individual weapons.

3.3 Books

The nonexpendable books or publications required by Generating Force units will be included in Section III of the TDA if listed in *SB 700-20* and *is not* carried on library accounts. Book sets are listed as sets in *SB 700-20*.

3.4 Camouflage Clothing and Equipment

- a. *CTA 50-900* authorizes individual camouflage clothing and equipment.
- b. Requirements and authorizations for camouflage net requirements will be included in the TDA.
- c. Camouflage net requirements for the purpose of supporting specific operations, contingencies, or war plans for a specific geographic area should be justified as operational project items under *AR 710-1*.

3.5 Chaplain and Chapel Equipment

CTA 50-909 authorizes chaplain and chapel equipment.

3.6 Civilian Guard Equipment

CTA 50-900 authorizes civilian guard equipment.

3.7 Clothing and Individual Equipment (CIE)

a. Prescribed Items. The following publications are the only DA authorization documents permitting the use of appropriated funds to procure individual and organizational CIE for personnel in the Army.

- (1) *AR 700-84* - Authorizes civilian clothing for military individuals, special measurement clothing and clothing for prisoners in Army installation confinement facilities.
- (2) *CTA 50-900* - Authorizes individual clothing and equipment
- (3) *CTA 8-100* - This authorizes AMEDD expendable/durable items.
- (4) *CTA 50-970* - This authorizes expendable/durable items (except medical, class V, repair parts, and heraldic).

3.8 COMSEC Equipment

COMSEC equipment to provide secure transmission of information will be documented as required if meeting requirements outlined above and in *SB 700-20*. Note: The old STU III phones are CTA items. The new tactical STE phone is a TDA item.

3.9 Dayroom Furniture

CTA 50-909, Tables 41, 42, and 43 authorizes dayroom furniture.

3.10 Flags and Related Items

a. Heraldic items. Heraldic items are described in *AR 840-10* for display by organizations and individuals such as guidons, flags etc. They will not be included in the TDA.

b. Non-heraldic items. *CTA 50-909* and *CTA 50-970* authorize non-heraldic flags and related items.

3.11 Food Service Equipment

CTA 50-909 authorizes equipment with unit cost less than \$250,000 for all Army appropriated fund food service facilities. Army-appropriated fund food-service equipment costing \$250,000 and over is authorized by the TDA.

3.12 Laundry and Dry-Cleaning Equipment

CTA 50-909 authorizes equipment with unit cost less than \$ 100,000. Fixed-laundry and dry-cleaning equipment costing \$ 100,000and over is authorized by TDA.

3.13 Materials Handling Equipment (MHE)

For storage operations forklift requirements will be computed as prescribed in AR 71-32, Appendix B-27, Tables B-1, B-2 and B-3.

3.14 Protective Masks

Protective masks are documented in the TDA as follows:

a. Each individual (military and civilian) in an OCONUS Generating Force organization operating in a chemical or biological threat area will be authorized a protective mask of a type commensurate with the individual duty position.

(1) The basis of issue for a civilian in an OCONUS Generating Force organization is one per emergency essential civilian designated on the OCONUS mobilization TDA and one per civilian designated as host-nation support and not otherwise provided a protective mask.

(2) Protective masks are not authorized for family members or other civilians not listed above.

b. Individuals assigned to CONUS-based Generating Force organizations with missions to support deployed forces requiring injection of personnel into chemical or biological threat areas will be authorized a protective mask commensurate with the individual's duty position. This also applies to civilian employees who have agreed to deploy with an organization.

c. CONUS-based non-deployable organizations will include sufficient masks in TDA to meet unique mission requirements or to support individual proficiency.

d. Units may stock up to 105% of the TDA authorization to enhance readiness by facilitating ready exchange or replacement items which are defective or of incorrect size.

3.15 Recreation Equipment

CTA 50-909 authorizes recreation equipment for physical training programs. Recreation equipment costing greater than \$ 100,000will be placed on the TDA.

3.16 Relocatable Buildings

Relocatable buildings will normally be accounted for as real property and not be included in the TDA.

3.17 Tentage, Tarpaulins, and Related Items

CTA 50-909, Table 61, authorizes tentage, tarpaulins, and related items costing less than \$100,000. Items cost greater than 100,000 will be placed on the TDA.

3.18 Tool Sets

Tool sets and equipment for machinists, mechanics, repairers, helpers, and similar categories of personnel will be provided to military and civilian personnel on an individual basis in TDAs as required. Consideration will be given to quantities of available equipment, number of shifts in operations and minimum allowances required to accomplish the mission. Standard items should be procured as much as possible.

3.19 Training Devices

Training devices are authorized on the training support center TDA, unless another TDA or TDA paragraph has been authorized as an exception per AR 25-1. In turn, the devices will be issued on a loan basis to using activities as required.

3.20 Aircrafts

Aircraft will be authorized for inclusion in Generating Force units only when a continuing need is demonstrated. Justification will show, by reference to the appropriate TDA, sufficient supporting personnel and equipment are authorized, or will be authorized to operate and maintain the requested aircraft. AR 71-32, Appendix B, Section II Aircraft, details requirements of procuring and documenting aircraft.

3.21 Communication Equipment

In Generating Force activities, communications equipment requirements and allowances will be determined in accordance with policy and procedures in AR 25-1. Authorizations will only be approved when justified as a continuous requirement vital to the mission of the unit. When tactical communications equipment is being requested for a TDA unit, comply with paragraph B-54 of AR 71-2.

3.22 Motor Vehicles

a. Vehicles will be included in TDA in the minimum justified and approved quantities required to provide essential mobility to maintain the mission capabilities of units and activities.

b. Vehicles will not be authorized to individuals, but will be authorized on the basis of functional or activity requirements.

c. Vehicles will not be authorized for the sole purpose of transporting infrequently moved equipment. DA DCSLOG established an ACOM/ASCC/DRU ceiling for all authorized NTV. Each ACOM/ASCC/DRU has a ceiling with authority to increase, decrease or substitute vehicles between subordinate elements as long as the changes do not exceed the ceiling. The ACOM/ASCC/DRU NTV ceiling cannot be increased without express written approval of the DA DCSLOG.

d. The non-tactical wheeled vehicle fleet contains motor vehicles for general purposes and passenger transport purposes. These will be authorized by TDA. Per AR 71-32, motor vehicle requirements for this type of vehicle will be authorized in the transportation motor pool paragraph of the installation TDA. The only exception is that GSA lease general purpose and passenger transport vehicles may be documented in the Directorate of Public Works (DPW) paragraph of the installation

TDA when the DPW has an existing lease for special purpose vehicles directly with GSA. Running motor pools is not in our core mission; vehicles should be drawn from the installation Transportation Motor Pool when possible. Authorization for prestige sedans are subject to Office of the Secretary of Defense (OSD) and Office of Management and Budget (OMB) approval.

e. Requests for tactical vehicles must be approved by the Tactical Wheeled Vehicle Requirements Management Office (TWVRMO) prior to being submitted to the Equipment Review and Validation Office.

f. Materials Handling Equipment is not considered wheeled vehicles.

3.23 Office Type Furniture and Equipment

Except as otherwise stated *CTA 50-909* is the only DA authorization documents for office type furniture and equipment.

3.24 Test, Measurement and Diagnostic Equipment (TMDE)

a. Activities will comply with the acquisition requirements of *AR 750-43, Army Test, Measurement, and Diagnostic Equipment*.

b. Route request through:
United States Medical Materiel Agency (USAMMA) ATTN: MCMR- MMO M
693 Neiman Street
Fort Detrick MD 21702-5001

To the address listed in subparagraph c, below.

c. Before requisitioning any item of TMDE, receipt of acquisition approval is necessary from US Army TMDE Activity
ATTN: AMXTM-LM-A
Redstone Arsenal, AL 35898-5400

The acquisition request is now automated. You may request online using website <https://TMDE-Register.us.army.mil>. You will need an AKO login and password to access the TMDE Register.

d. The *AR 750-43* lists those items exempt from acquisition approval. Preventive Medicine activities utilize many items of testing equipment that is exempt from the approval process, e.g., air flow meters, sound level meters etc.

3.25 Research, Development, and Test Equipment (RDTE)

a. Equipment that will be documented includes:

(1) HQDA controlled equipment required for support of base operations at RDTE installations. This includes but is not limited to facility engineer, message center, security, motor pool, and installation maintenance.

(2) HQDA controlled equipment required for support of RDTE projects or specific test requirements for a period exceeding 2 years.

(3) Items acquired with RDTE funds for testing purposes which are still available at completion of the test program and are reassigned for operational use or inventory will be documented in the TDA.

b. Equipment that will not be documented includes:

- (1) Equipment procured with RDTE funds.
- (2) Special purpose equipment required for RDTE activities.
- (3) Prototypes required by an RDTE activity to support experiments.

3.26 Morale Support Activities

In order that the morale support activities program can meet the changing needs, interests, and off-duty requirements of the soldier and his or her family, equipment to support these programs are authorized as follows:

- a. Investment (\$100,000 and over) equipment- installation TDA.
- b. Expense (less than \$100,000) equipment- *CTA 50-909*.
- c. Expendable or durable equipment- *CTA 8-100* and *CTA 50-970*.

Chapter 4 Command Review

Command involvement is of vital importance to ensure that only mission essential equipment is authorized. Review procedures will be established to ensure determination of the need before requesting an item. At the initiating level, the commander involved will explore all feasible alternatives prior to the submission of a material request. When, in the commander's opinion, the item desired is the most efficient and cost-effective to accomplish the mission, he or she will initiate the request.

- a. When a request for a commercial item is being processed, the reviewing commander will compare the commercial item cost with that of the related standard adopted item, determine whether it is more cost effective to lease or purchase, and select an alternative, when possible, that will eliminate the need for the requested item of equipment.
- b. Commanders will review the need for all equipment during each annual inventory. Equipment no longer needed; will be turned in using normal supply procedures, and appropriate document changes will be initiated.
- c. Command control of equipment purchases with credit cards is essential to ensure that equipment is not purchased without following the above listed requirements. Controls will be put in place to prevent unauthorized purchases of equipment.

**APPENDIX D
TABLE OF DISTRIBUTION AND ALLOWANCES (TDA) UNIT EQUIPMENT REVIEW
AND VALIDATION BOARD**

DAMO-FMP

SUBJECT: Table of Distribution and Allowances (TDA) Unit Equipment Review and Validation Board (EVRB)

The Equipment Review and Validation Board is semi-annual (normally Sep & Mar but can shift depending on the Army G-3/5/7 requirements) process required for adding, deleting or modifying the Unit/Activity/Organization existing TDA of DA managed LINS. The EVRB are actually two boards consisting of the Council of Colonels (CoC) followed by a General Officer Steering Committee (GOSC). TDA changes must be approved by both boards in order to change TDA documents. All requests must be in NLT 30 days prior to the board meeting for consideration. During the boards, all requests will be locked. Equipment request that have not been completed by the cutoff date will be reviewed during the next ERVB.

ANNEX A: ADDITIONAL GUIDANCE AND EQUIPMENT AUTHORIZATION DOCUMENTS

a. Additional Guidance:

(1) All requests for TDA modifications will be approved by the Command and submitted through For Management System Website (FMSWEB) by the PBO.

(2) All medical equipment must be reviewed and approved by the Command Approver prior to submission to G-3/7/FMP and TDA Unit Equipment Review and Validation Board.

(3) Do not forward to the TDA Unit Equipment Review and Validation Board if the item(s) requested are within the proponent approval authority.

(4) Medical equipment that is purchased, maintained and disposed of using DHP funding will come before the ERVB for approval and visibility. However due to its predetermined funding stream, it is less likely to be disapproved by the Council of Colonels or the General Officer Steering Committee.

(5) Ensure the clinician or end user provides a detailed justification for the requested item. The justification will include equipment requirement, funding source and impact if not received. The PBO / Accountable Officer should not provide the justification.

(6) When the request is for support of a new mission, cite the authority to perform the mission and clearly state how the requirement(s) will be satisfied by transfer from one or more The Army Authorization Documents System (TAADS) documents. List the deletions.

(7) When tactical communications equipment is being requested for a Generating Force unit, comply with paragraph B-54 of *AR 71-32*.

(8) Include the DA Test, Measurement, & Diagnostic Equipment (TMDE) Logistics Control Code (*AR 750-43*) with the request for TMDE at the beginning of the Justification.

(9) Prepare and include communication net diagrams for TDA requests (wire or radio diagrams). All attachments require control numbers to be annotated and submitted through command channels to command managers via e-mail. Do not paste any attachments into the FMSWeb DA Form 4610-R tool.

(10) When the request pertains to tool sets, test equipment, and other maintenance related items, cite the level of maintenance to be performed, the end item to be maintained, and the page numbers of the TM that prescribes the specific use.

(11) When the request pertains to power driven equipment, include a statement as to the source of power for such equipment.

(12) Include a specific statement that the item can be stored and maintained. Indicate whether the personnel associated with the equipment are included only in a Concept Plan or whether they are already in a published TDA.

(13) When the request is for materials handling equipment (MHE), provide evidence of coordination with the appropriate installation MHE program manager. (See paragraph B-27 of *Army Regulation 71-32*)

(14) Ensure that the requested equipment meets the minimum essential requirement necessary to accomplish the mission.

b. Regulations That Are Also Equipment Authorization Documents:

- (1) *AR 1-100, Gifts and Donations*
- (2) *AR 25-1, Army Information Technology*
- (3) *AR 40-61, Medical Logistics Policies*
- (4) *AR 40-63, Ophthalmic Services*
- (5) *AR 70-6, Management of the Research, Development, Test, & Evaluation, Army Appropriation*
- (6) *AR 71-32, Force Development and Documentation – Consolidated Policies*
- (7) *AR 350-2, Opposing Force (OPFOR) Program*
- (8) *AR 570-7, Equipment Survey Program*
- (9) *AR 600-8-1, Army Casualty Program*
- (10) *AR 600-8-22, Military Awards*
- (11) *AR 608-4, Control and Registration of War Trophies and War Trophy Firearms*
- (12) *AR 670-10, Furnishing Uniforms or Paying Uniform Allowances to Civilian Employees*
- (13) *AR 700-84, Issue and Sale of Personal Clothing*
- (14) *AR 700-90, Army Industrial Base Process*
- (15) *AR 710-2, Supply Policy Below The National Level*
- (16) *AR 725-1, Special Authorization and Procedures for Issues, Sales, and Loans*
- (17) *AR 750-43, Army Test, Measurement, and Diagnostic Equipment*
- (18) *AR 840-10, Flags, Guidons, Streamers, Tabards, and Automobile and Aircraft Plates*
- (19) *AR 870-20, Army Museums, Historical Artifacts, and Art*

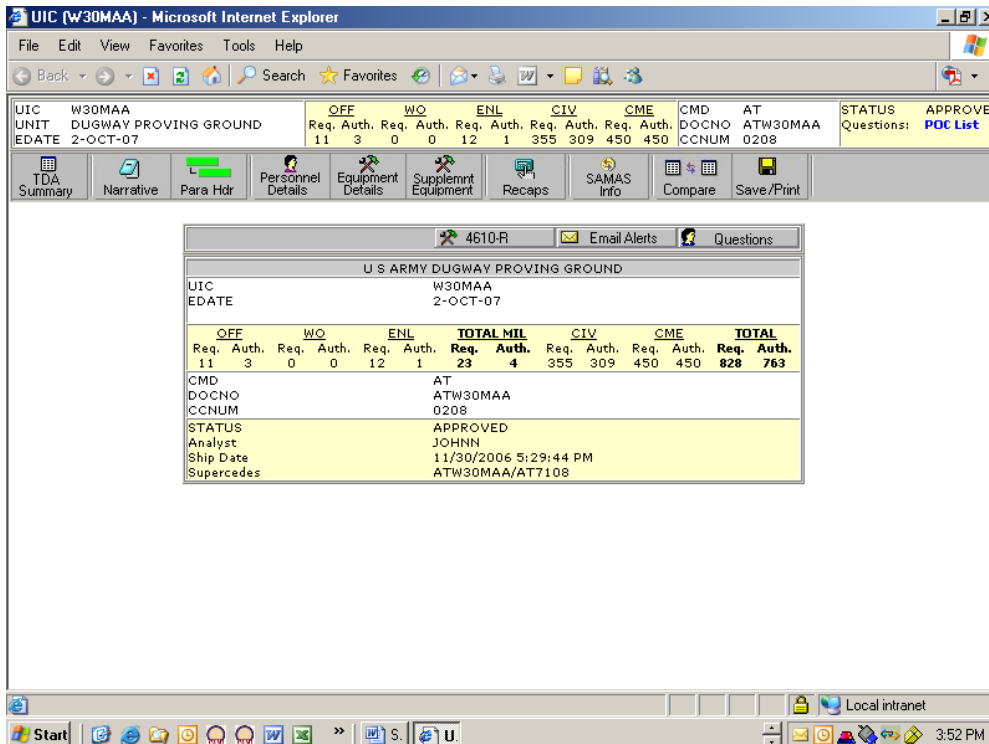
ANNEX B: FMSWeb DA FORM 4610-R TOOL

- a. Initial requirements.
 - (1) Units: Submit equipment requests via the FMSWeb DA Form 4610-R Tool.
 - (2) Commands:
 - (a) Command Approvers must request permission from their Command Manager to have approval authority for their Command. Suggest that Commands have more than one person with approval authority. This request must be in a memorandum signed by a COL or GS-15, listing those who are nominated for Command Approval privileges. The Command Approver must have an account on FMSWeb.
 - (b) Command Approvers approve or disapprove requests from their units. Command approvals must be completed by the close of business of the last working day of the month preceding the TDA Unit Equipment Review and Validation Board. If a LIN is approved by the Command, the Command Approver assigns a Command Log Numbers as follows: The number will be assigned in sequential order and consist of the Command Control Number (CCNUM) prefix, the sequence number (three digits), and the current fiscal year suffix; for example TC 001-10 would be the first request submitted by TRADOC in fiscal year 2010. The FMSWeb DA Form 4610-R automatically puts in the Command Code and Fiscal Year. The Command assigns the sequence number. One sequence number per UIC, all LIN requests for a specific UIC have the same sequence number for that month. Sequence numbers may only be used once during a fiscal year.
 - (3) Command Managers:
 - (a) Review, approve (or disapprove) and forward Command Approved HQDA requests to TDA Unit Equipment Review and Validation Board coordinator. Command Managers must review submissions from their Command by the first three working days of the month the TDA Unit Equipment Review and Validation Board meets. USAFMSA equipment requests are between the Command and USAFMSA.
 - (b) Command Managers will be given permission to approve or disapprove HQDA equipment requests from their Commands.
 - (4) TDA Unit Equipment Review and Validation Board: (normally September and March)
 - (a) Lock Command Manager approved HQDA requests on the fourth working day of the month the TDA Unit Equipment Review and Validation Board meets.
 - (b) Send Command Manager approved HQDA requests to Board members on fourth working day of the month.

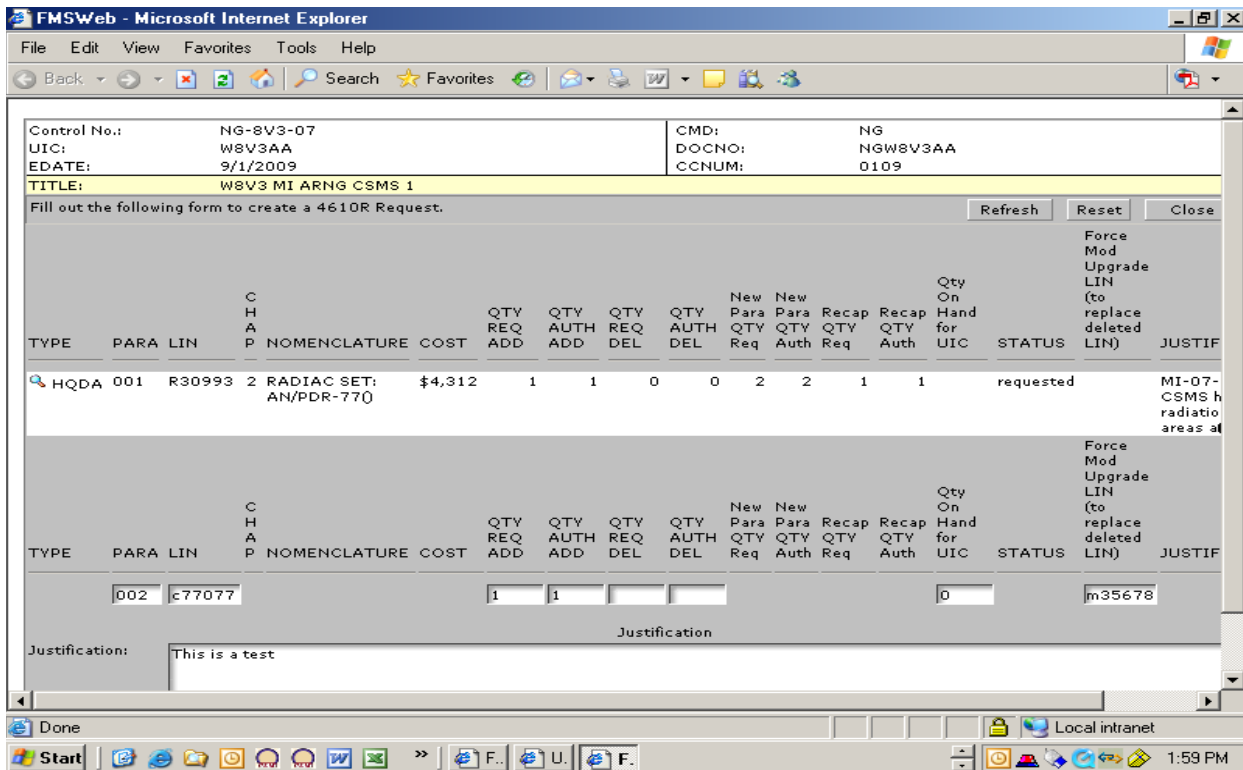
- b. Using the DA Form 4610-R Tool.
 - (1) Basic requirements and features:
 - (a) Users must have an account on USAFMSA FMSWeb.
 - (b) Each level of approval or disapproval locks out the lower level, i.e. when the Command approves a request, the Requester is locked out; when the Command Manager approves a request, the Command is locked out.

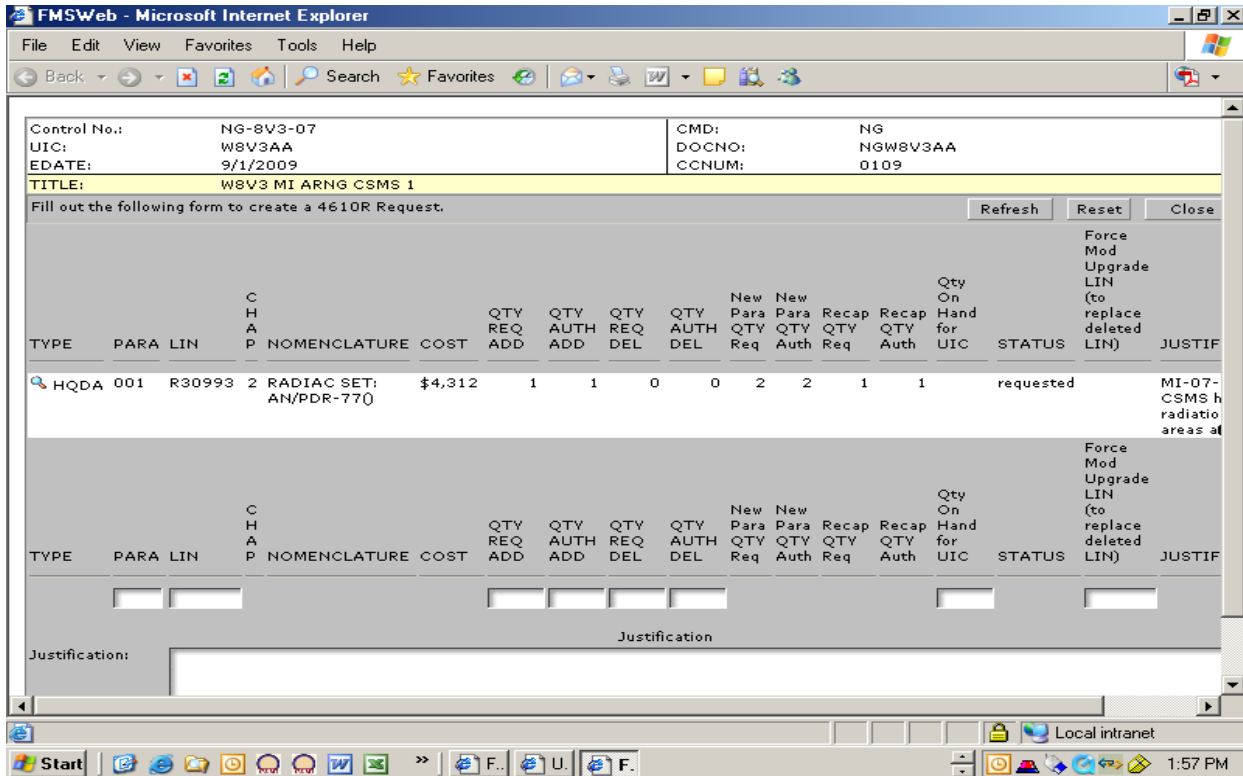
- c. Basic tools are:
 - (1) Current Requests – list of active requests by type, status, command, UIC, etc. A request is considered active until a new CMD/DOCNO/CCNUM has been assigned to the request by USAFMSA or the request is denied at any level.
 - (2) Archived Requests – list of inactive requests from past Boards and USAFMSA reviews by type, status, command, UIC, etc. and disapprovals at any level
 - (3) HQDA CMD Managers – list of HQDA Command Managers
 - (4) FMSA Approvers – list of USAFMSA approvers
 - (5) CMD Managers – list of Command approvers
 - (6) TMVRMO LINS – list of Tactical Wheeled Vehicle Requirements Management Office (TWVRMO) LINS

- d. Units and Activities
 - (1) Log into FMSWeb
 - (2) Click on AUTHORIZED Doc. Review
 - (3) Click on TDA Documents
 - (4) Find Table of Distribution and Allowances (TDA) where equipment will be added or deleted by either clicking on Unit By Command, Unit By Sub Command, or Unit By UIC
 - (5) Open TDA
 - (6) Click on the 4610-R button in the TDA Summary



- (7) In the DA Form 4610-R Request window, enter the following information:
- (a) Paragraph
 - (b) Line Item Number (LIN)
 - (c) Quantity Required to Add (QTY REQ ADD)
 - (d) Quantity Authorized to Add (QTY AUTH ADD)
 - (e) Quantity Required to Delete (QTY REQ DEL)
 - (f) Quantity Authorized to Delete (QTY AUTH DEL)
 - (g) New Paragraph Quantity Required (NEW PARA QTY REQ) (new total for paragraph automatically calculated)
 - (h) New Paragraph Quantity Authorized (NEW PARA QTY AUTH) (new total for paragraph automatically calculated)
 - (i) Recap Quantity Required (RECAP QTY REQ) (current total on TDA automatically calculated)
 - (j) Recap Quantity Authorized (RECAP QTY AUTH) (current total on TDA automatically calculated)
 - (k) Quantity On Hand For UIC (QTY ON HAND FOR UIC)
 - (l) Force Modernization Upgrade LIN (to replace deleted LIN) if an obsolete LIN is being deleted for a modern LIN, enter the modern LIN here. Enter documented (obsolete) LIN with quantities to be deleted. Enter Force Mod LIN with quantities to be added. Enter justification for the Force Modernization Upgrade LIN. Then click on Continue.
 - (m) Justification, up to 255 characters
 - (n) Click on Continue after all data has been entered for the LIN. Keep entering paragraph and LINS as appropriate for the UIC, when finished (all LINS are shown in the data entered window), click on the Close Window button to return to the last window.
- File/Edit/View/Favorites/Tools/Help



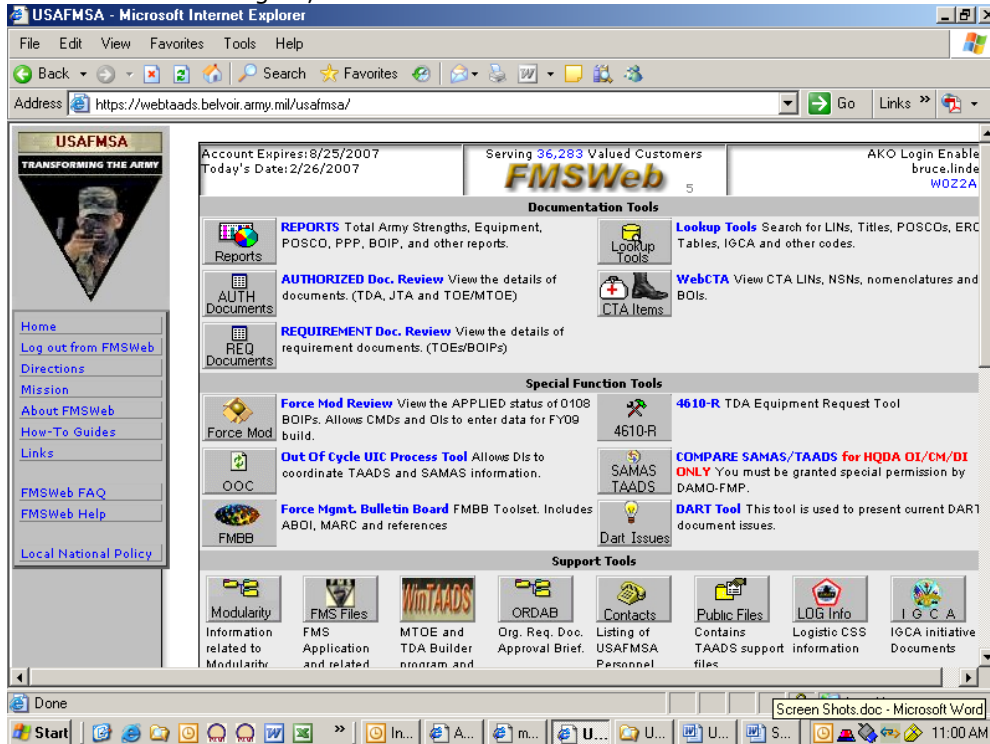


(o) A red flag by the LIN means this item requires Tactical Wheeled Vehicle Requirements Management Office (T\1\NRMO) review. Click on the little red flag for a prompt to save the T\1\NRMO LIN Tactical Wheeled Vehicle Justification Questionnaire (T\1\NJQ) file. The T\1\NJQ must be submitted to TWVRMO for review and recommendation. TWVRMO web site is <http://www.transchool.lee.army.mil/twvrmo/1default1.htm>

(p) A small thumbs-up icon by the LIN means the item being deleted is because of a LIN Upgrade. Put your mouse over the icon for the upgrade LIN.

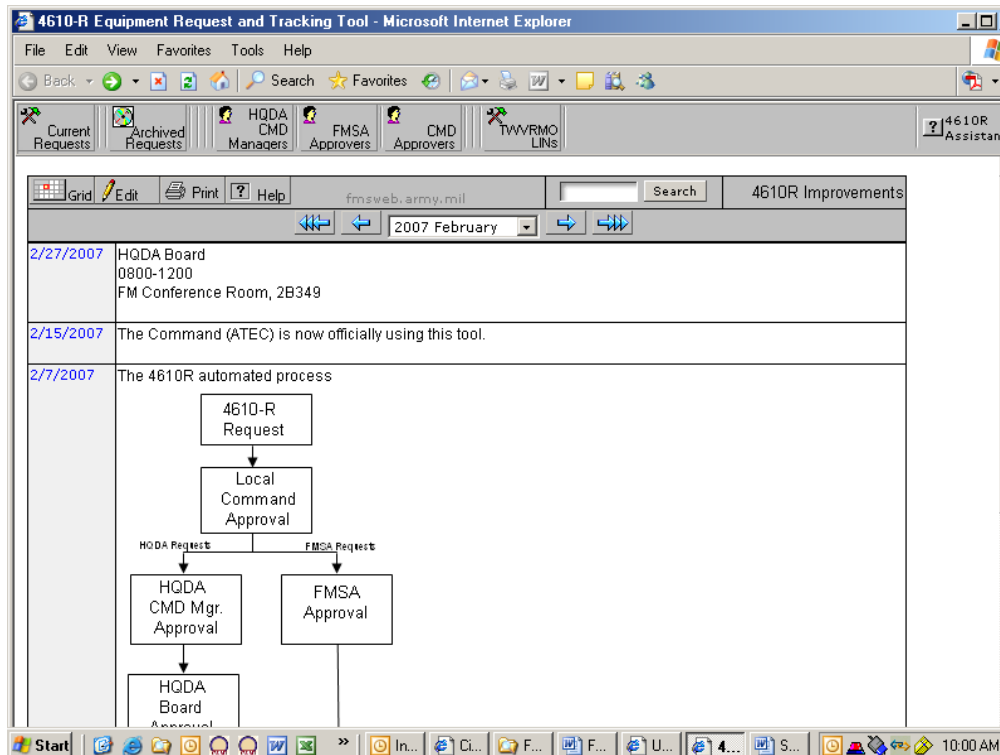
(8) In the main FMSWeb window, there is a button for 4610-R TDA Equipment Request Tool. Use this button to determine Current Requests, Archived Requests, list of Command Requesters

and Command Managers, and list of TWVRMO LINS.

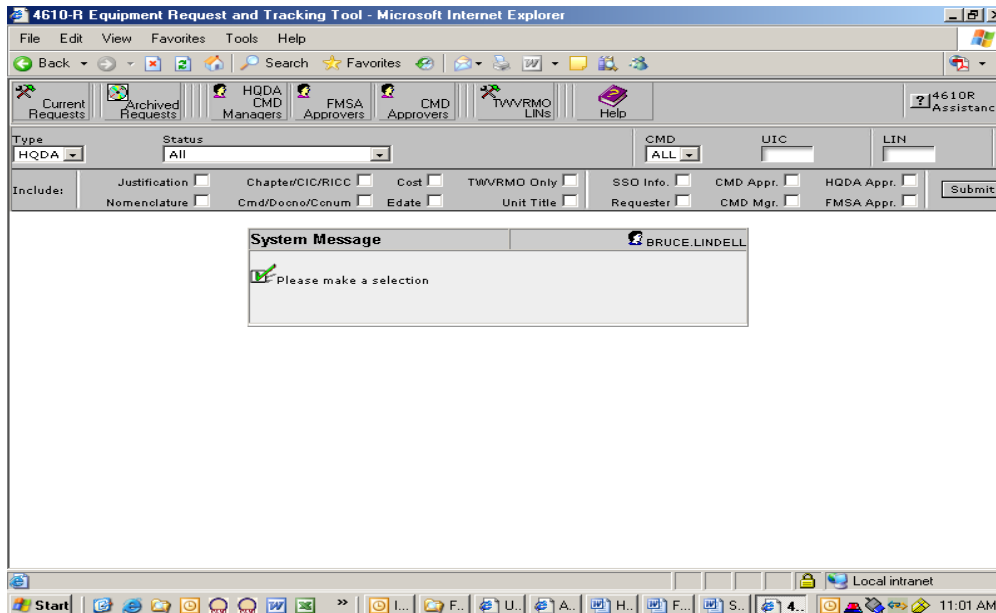


d. Commands

- (1) Log into FMSWeb
- (2) Click on the 4610-R TDA Equipment Request Tool



(3) Click on Current Requests



- (4) Click on arrow at the Type Window and chose HQDA
- (5) Click on arrow at the Status Window and chose Requested
- (6) Click on arrow at the CMD Window and chose your Command Code
- (7) Click on any of the following boxes if you wish to see that data:

- (a) UIC – enter specific Unit Identification Code

- (b) LIN – enter specific Line Item Number (A small thumbs-up icon by the LIN means the item being deleted is because of a LIN Upgrade. Put your mouse over the icon for the upgrade LIN.) (A red flag by the LIN means this item requires Tactical Wheeled Vehicle Requirements Management Office (TWVRMO) review). Click on the little red flag for a prompt to save the TWVRMO LIN Tactical Wheeled Vehicle Justification Questionnaire (TWVJQ) file. The TWVJQ must be submitted to TWVRMO for review and recommendation. TWVRMO web site is <http://www.transchool.lee.army.mil/twvrmo/default.htm>

- (c) Justification – justification, up to 255 characters

- (d) Nomenclature – nomenclature

- (e) Chapter / CIC / RICC – chapter, Controlled Item Code (CIC) and Reportable Item Control Code (RICC) in SB 700-20

- (f) Cmd / Docno / CCnum – Command code / document number (command or subcommand code and UIC) / command control number (TDA sequence number and fiscal year)

- (g) Cost – cost rounded to the nearest dollar

- (h) Edate – effective date

- (i) TWVRMO Only – list of only LINS that require TWVRMO review

- (j) Unit Title – unit designation

- (k) SSO Info. – System Synchronization Officer name and Office symbol

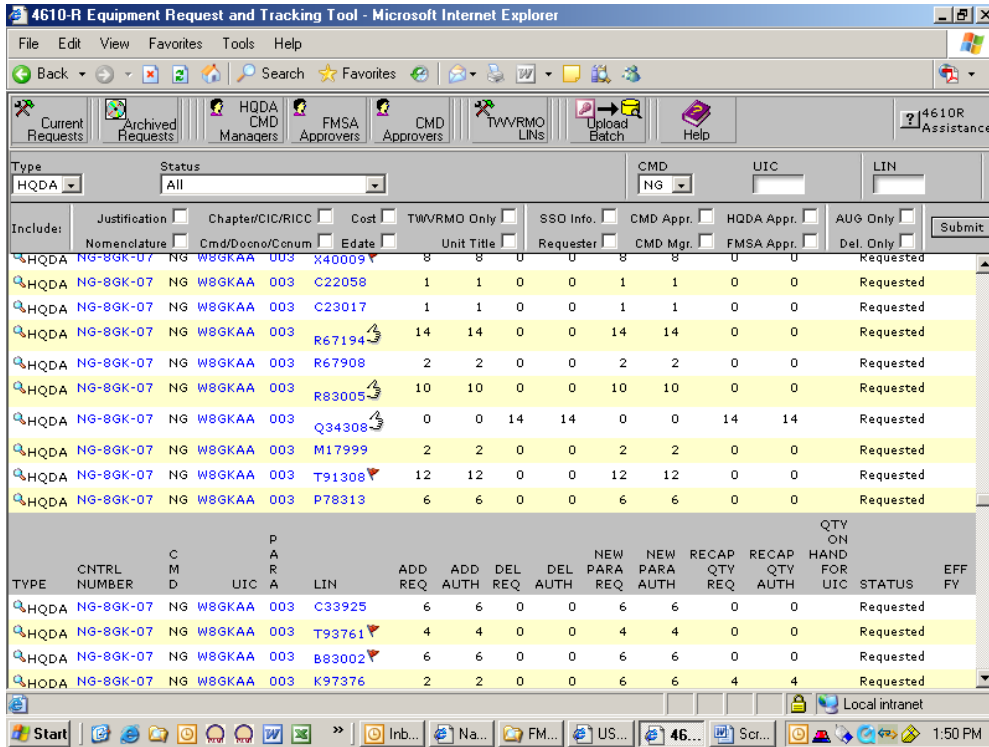
- (l) Requester – requester

- (m) CMD Appr. – Command Approver name and approval or disapproval date

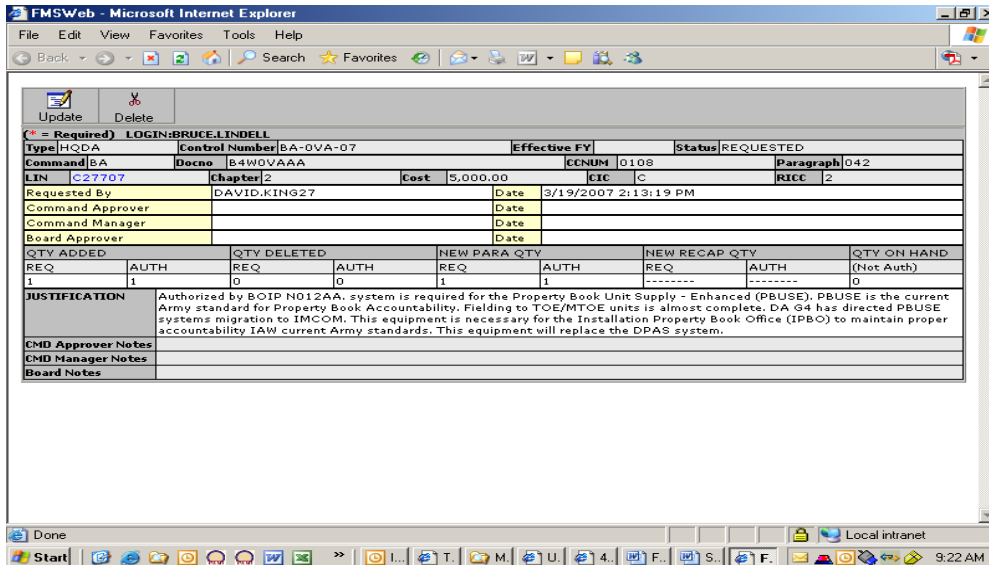
- (n) CMD Mgr. – Command Manager name and approval or disapproval date

- (o) HQDA Appr. – HQDA TDA Equipment Board lock (being reviewed), approval, or disapproval - FMSA Appr. – USAFMSA approval (FMSA approved or disapproved LIN)

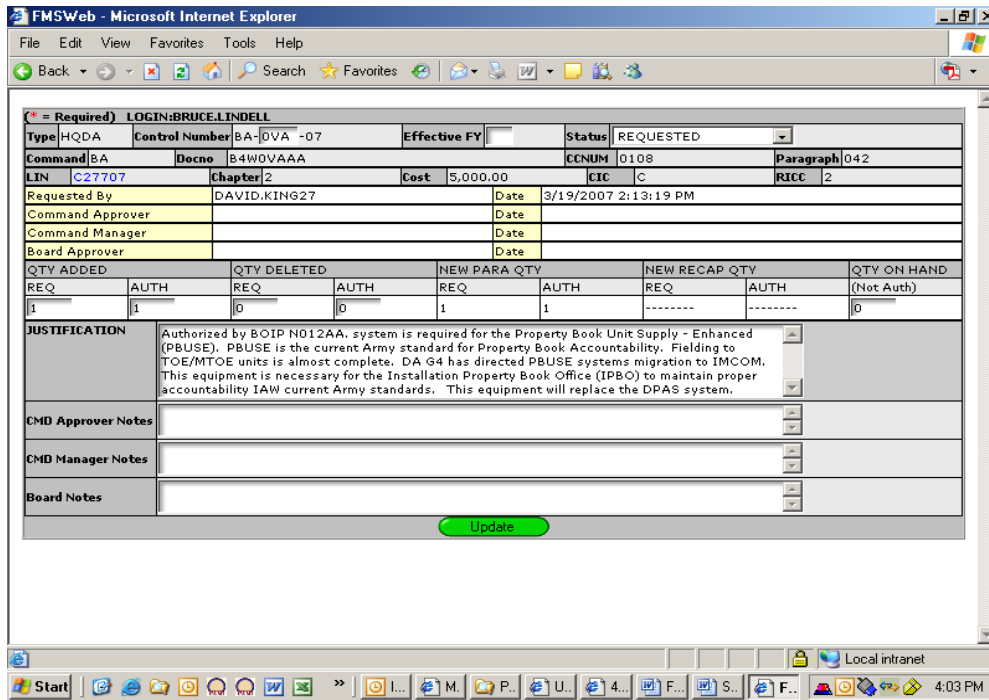
- (8) Click the Submit button for a listing of Requests from units in your Command (if green, LIN is approved, if red, LIN is disapproved at the level shown in Status)



- (9) Approving LINS individually
 - (a) Click on magnifying glass by item to be reviewed

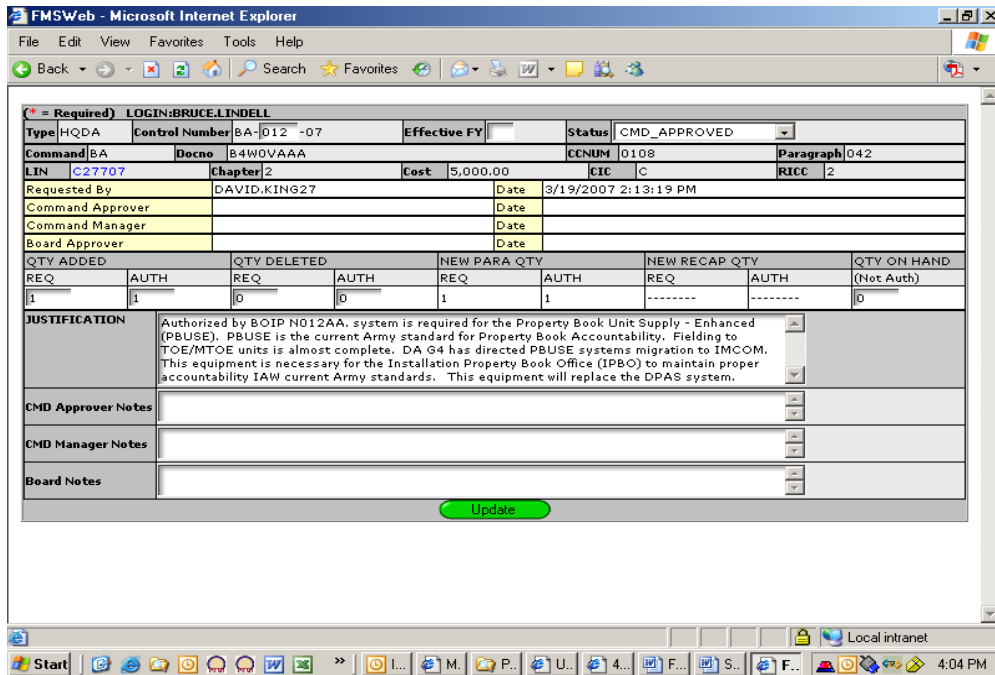


(b) Click on the Update button to make changes

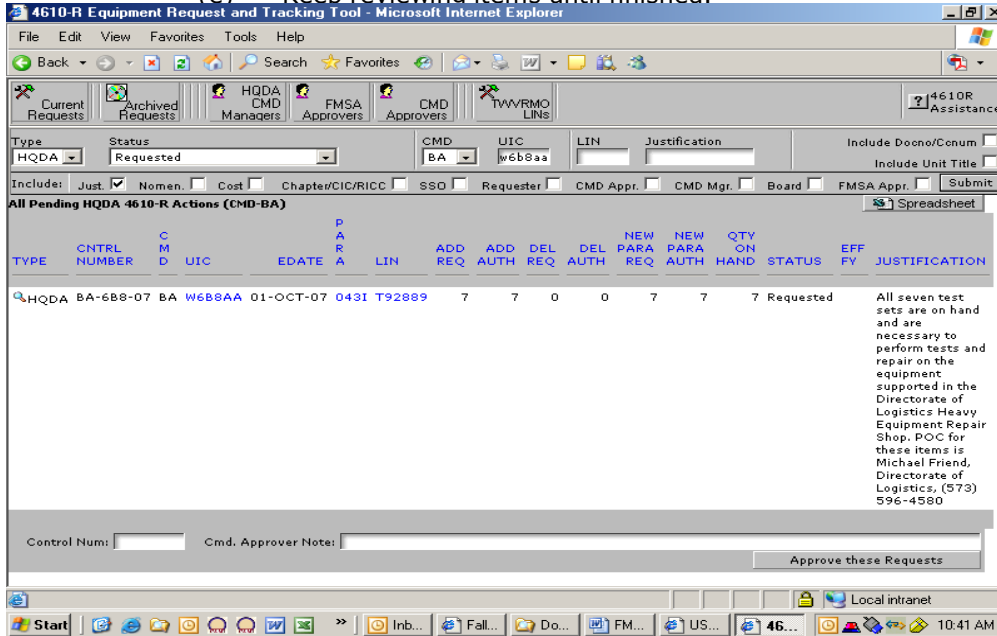


(c) Click on arrow at the Status Window and chose CMD_APPROVED or

(d) If CMD_APPROVED (Command Approved), enter the Control Number, one per UIC per month (can be up to three digits, cannot have been used in a previous Board submission) (Command Code and FY are entered automatically). Enter any Command Approver Notes if appropriate. Click on Update. The request cannot be approved until the Command has entered a valid Control Number.



(e) Keep reviewing items until finished.



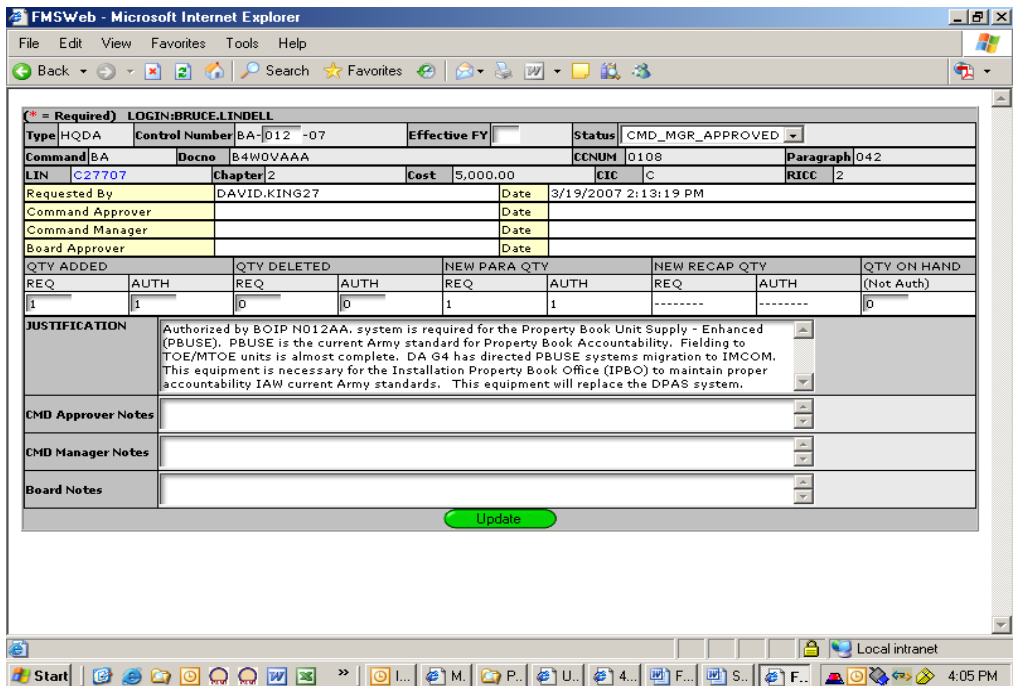
(10) Approving LINs by UIC

- (a) Click on arrow in Status Window and chose Local Command Approved
- (b) Enter Command Code in the CMD box
- (c) Enter UIC in the UIC box
- (d) Check Justification box
- (e) Click on Submit
- (f) Review LINs being requested and justification
- (g) Enter Control Number
- (h) If desired, enter Command Approver Notes (up to 200 characters) (these notes will apply to all LINs being approved with that Control Number)
- (i) Click on Approve these Requests . Repeat on all UICs that have LINs to be Command Approved

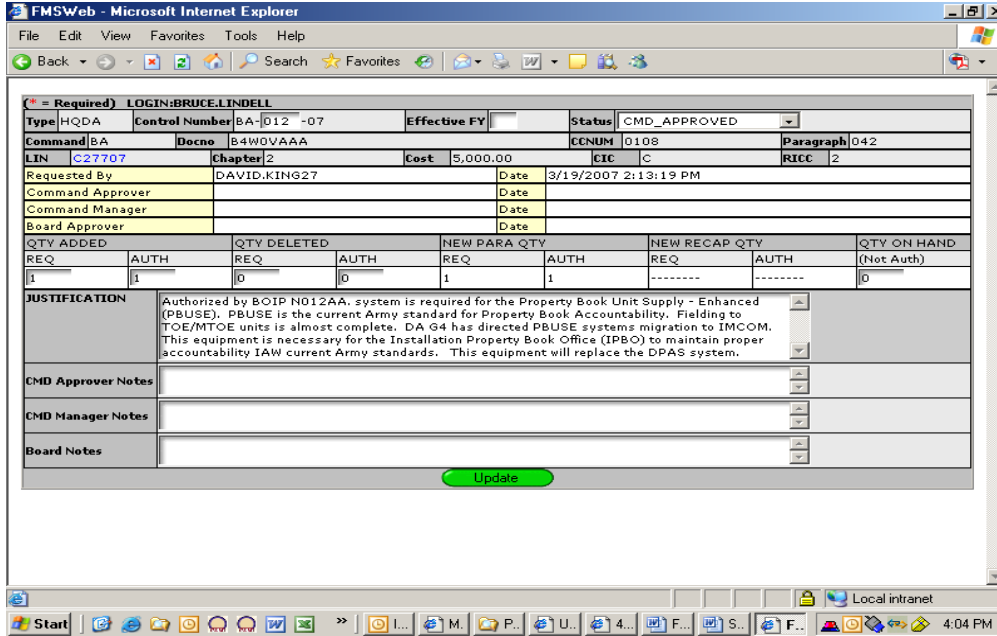
e. Command Managers

- (1) Log into FMSWeb
- (2) Click on 4610-R TDA Equipment Request Tool
- (3) Click on Current Requests
- (4) Click on arrow at the Type Window and chose HQDA
- (5) Click on arrow at the Status Window and chose Local Command Approved
- (6) Click on arrow at the CMD Window and chose your Command Code
- (7) Click on any of the following boxes if you wish to see that data:
 - (a) UIC enter specific Unit Identification Code
 - (b) LIN – enter specific Line Item Number (A small thumbs-up icon by the LIN means the item being deleted is because of a LIN Upgrade. Put your mouse over the icon for the upgrade LIN.) (A red flag by the LIN means this item requires Tactical Wheeled Vehicle Requirements Management Office (TWVRMO) review). Click on the little red flag for a prompt to save the TWVRMO LIN Tactical Wheeled Vehicle Justification Questionnaire (TWVJQ) file. The TWVJQ must be submitted to TWVRMO for review and recommendation. TWVRMO web site is <http://www.transchool.lee.army.mil/TWVRMO/default1.htm>
 - (c) Justification – justification, up to 255 characters

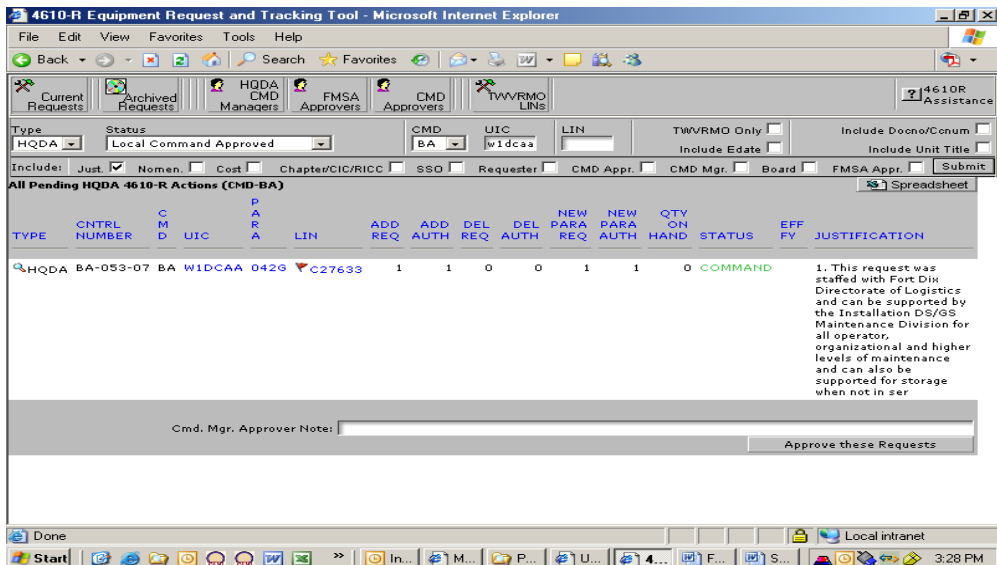
- (d) Nomenclature
 - (e) Chapter / CIC / RICC – chapter, Controlled Item Code (CIC) and Reportable Item Control Code (RICC) in SB 700-20
 - (f) Cmd/Docno/CCnum – Command code / document number (command or subcommand code and UIC) / command control number (TDA sequence number and fiscal year) Cost rounded to the nearest dollar
 - (g) EDATE– effective date
 - (h) TWVRMO Only – list of only LINS that require TWVRMO review
 - (i) Unit Title – unit designation
 - (j) SSO Info. – System Synchronization Officer name and office symbol
 - (k) Requester – requester
 - (l) CMD Apvl. – Command name and approval or disapproval date
 - (m) CMD Mgr. – Command manager name and approval or disapproval date
 - (n) HQDA Apvl. – HQDA TDA Equipment Board lock (being reviewed), approval, ordisapproval
 - (o) FMSA Apvl. – USAFMSA approval (FMSA approved or disapproved LIN)
- (8) Click on Submit button for a listing of Requests from units in your Command
- (9) Approving LINS individually
- (a) Click on magnifying glass by item to be reviewed
 - (b) Click on the Update button to make changes



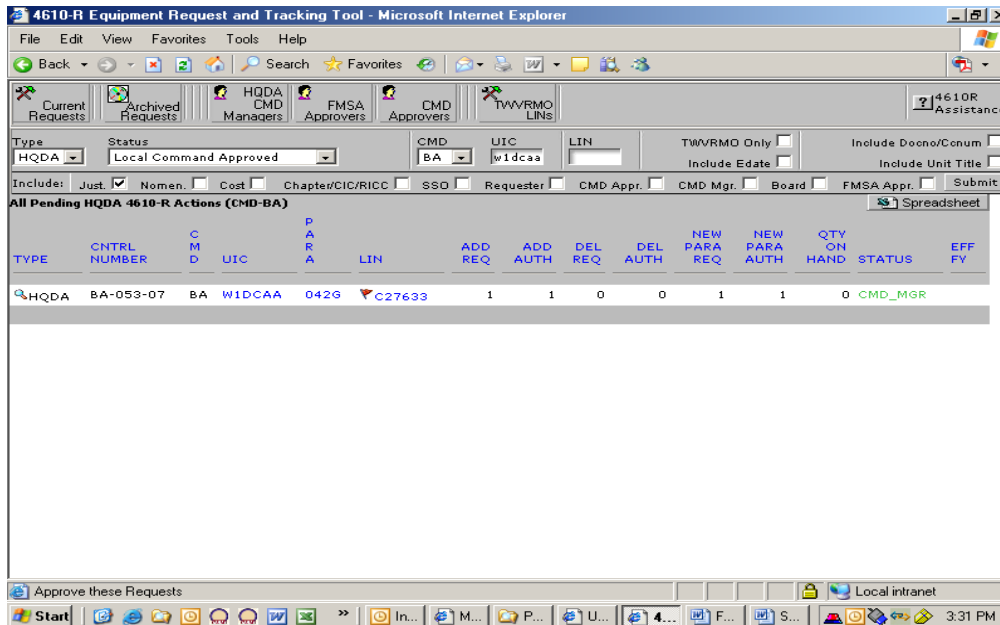
- (c) Click on arrow at the Status Window and chose CMD_MGR_APPROVED or CMD_MGR_DENIED or CMD_MGR_DEFERRED Keep reviewing items until finished.
- (10) Approving LINS by UIC



- (a) Click on arrow in Status Window and chose Local Command Approved
- (b) Enter Command Code in the CMD box
- (c) Enter UIC in the UIC box
- (d) Check Justification box
- (e) Click on Submit
- (f) Review LINS being requested and justification
- (g) If desired, enter Command Manager Notes (up to 200 characters) (these notes will apply to all LINS being approved with that UIC)



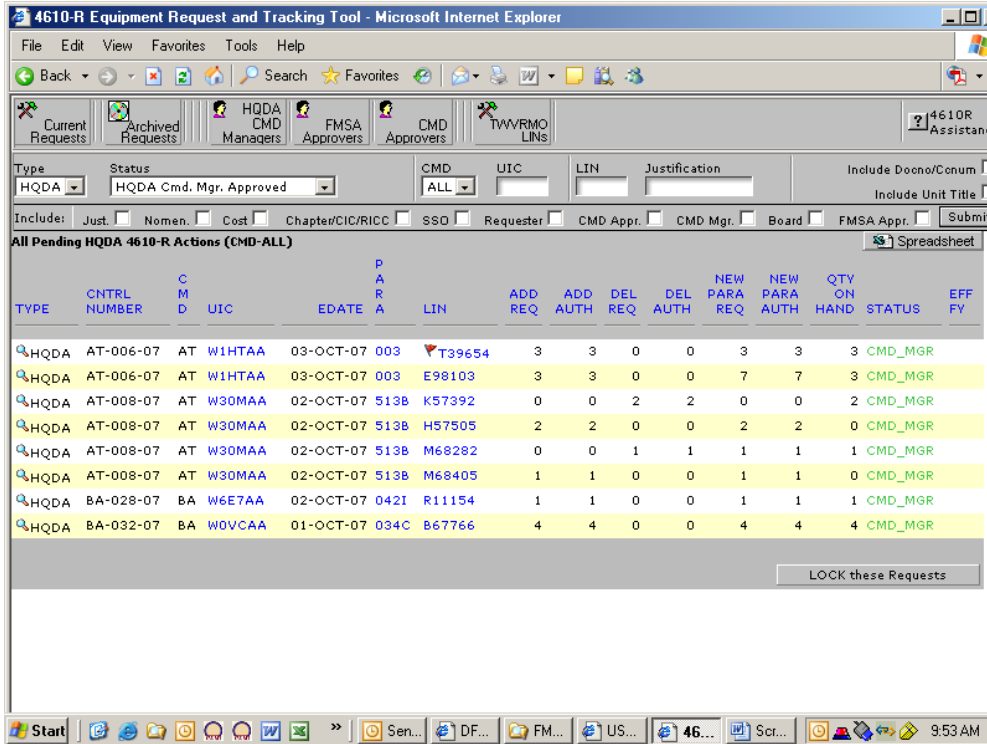
- (h) Click on Approve. Requests Repeat on all UICs that have LINS to be Command approved



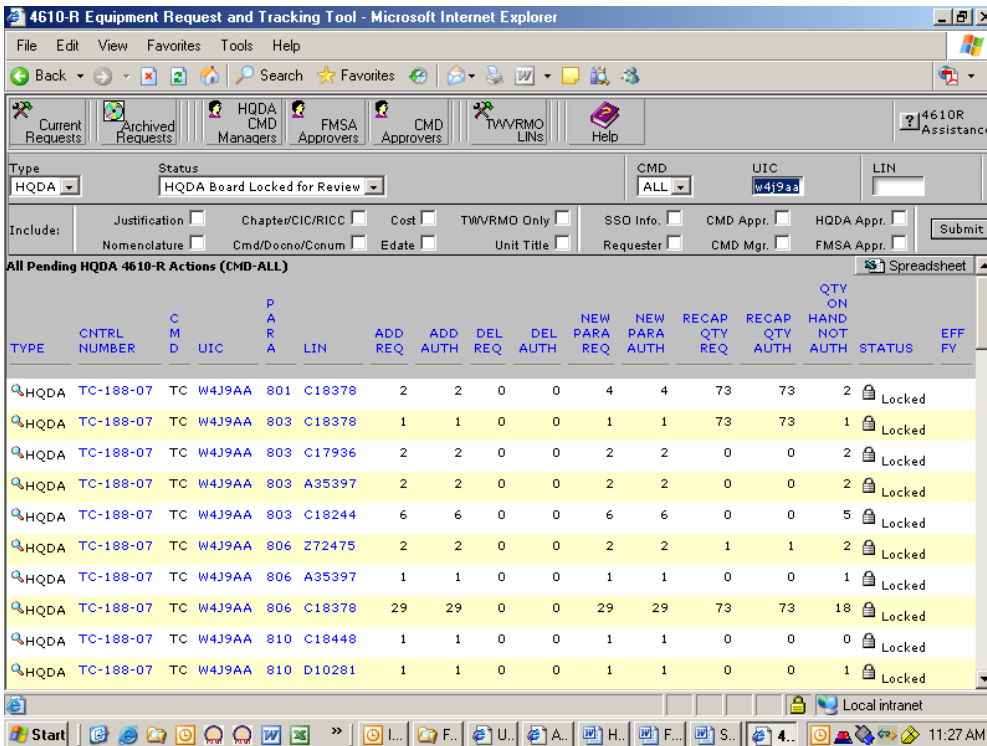
(i) Table of Distribution and Allowances (TDA) Unit Equipment Review and Validation Board

(11) Log into FMSWeb

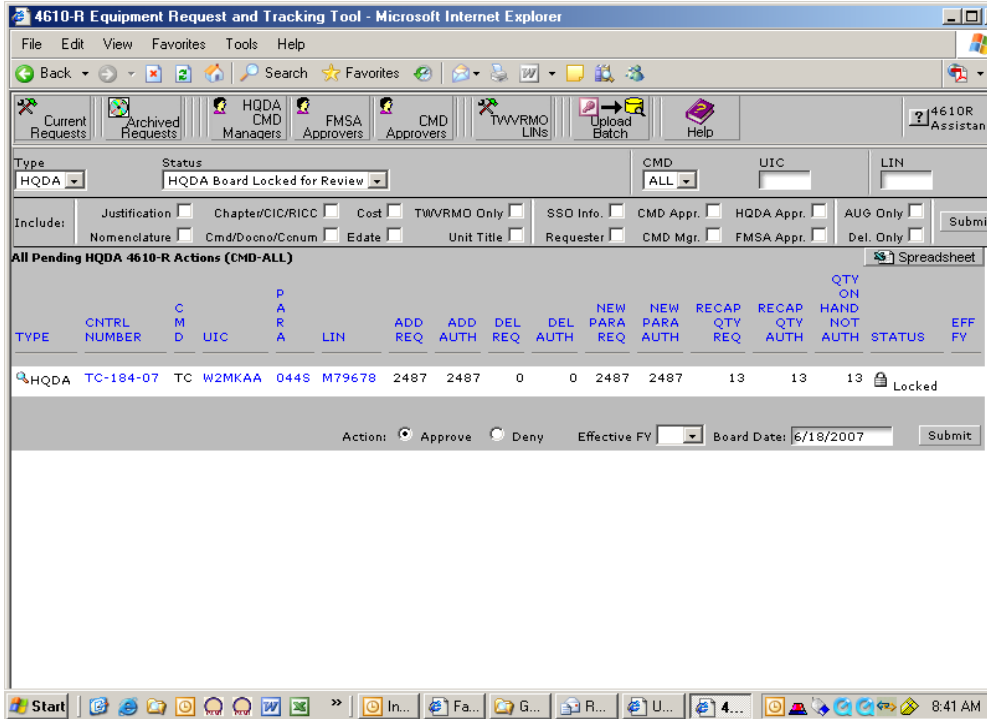
- (a) Click on 4610-R TDA Equipment Request Tool
- (b) Click on Current Requests
- (c) Click on arrow at the Type Window and chose HQDA
- (d) Click on arrow at the Status Window and chose HQDA Cmd. Mgr. Approved
- (e) Click on Submit



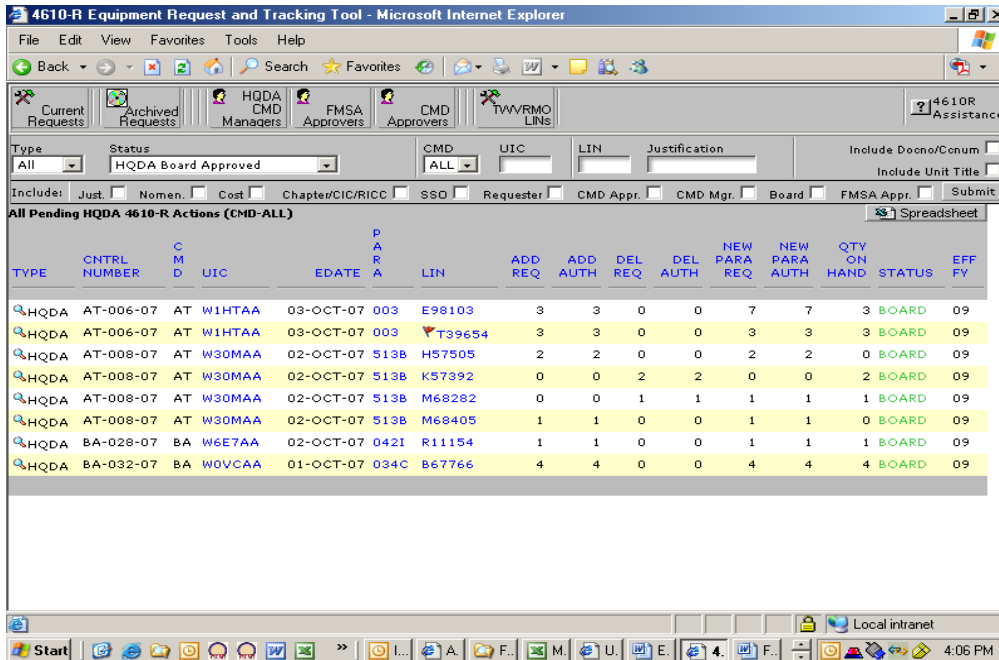
(f) Click on Lock these Requests (HQDA Board Locked for Review becomes the new status)



- (g) After the Board has met Click on arrow at the Type Window and chose HQDA Locked for Review
- (h) Click on arrow at the Status Window and chose HQDA Board
- (i) Click on Submit



- (j) For items HQDA Board Disapproved, click on magnifying glass by item disapproved, click on the Update button to make changes, click on the Update button to make changes, click on arrow at the Status Window and chose BOARD_DENIED; or for bulk disapprovals, enter UIC and/or LIN and click on Submit for list by UIC and/or LIN for LINS to be disapproved, enter Board Date (do not enter Effective FY), then chose Deny and click on Submit (be careful not to disapprove LINS that have been approved or deferred)
- (k) After all HQDA Board Disapproved have been recorded, click on Submit for a new listing of HQDA Board Locked for Review
- (l) Enter Effective FY and Board Date, then chose Approve and click on Submit (be careful, if there are LINS that have been deferred, also enter UIC and/or LIN for bulk approvals and click on Submit for list by UIC and/or LIN for LINS to be approved)
- (m) For those items with a different FY, change FY as needed; (h) Status changes to HQDA Board Approved or HQDA Board Denied and EFF FY column shows the effective FY the LIN is to be placed on the TDA.



e. Equipment Survey Results and Bulk Equipment Transfers

(1) If an equipment survey has been performed or there is a bulk transfer of LINs from one UIC to another UIC (usually between Commands), the Batch Upload process may be used.

(2) The process to use the Batch Upload option is as follows:

(a) A Microsoft Access or Microsoft Excel (if Excel, must be converted to Access before uploading) file is created with the following structure:

- CNTRLNUMBER – control number (Command Control Number (CCNUM) prefix, the sequence number (three digits), and the current fiscal year suffix; for example TC-001-07 would be the first request submitted by TRADOC in fiscal year 2007)

- DOCNO – document number (command code and UIC)

- CCNUM – Command Control Number (i.e. 0108, must be four characters)

- PARA – paragraph (i.e. 003 or 005B)

- LIN – Line Item Number

- LINUM_UPGRADE – Force Modernization Upgrade LIN (to replace deleted LIN) if an obsolete LIN is being deleted for a modern LIN, enter the modern LIN

- ADD_REQ – quantity required to add (must be digits, not text)

- ADD_AUTH – quantity authorized to add (must be digits, not text)

- DEL_REQ – quantity required to delete (must be digits, not text)

- DEL_AUTH – quantity authorized to delete (must be digits, not text)

- QTY_ON_HAND_FOR_UIC – quantity on hand for UIC (must be digits, not text)

- JUSTIFICATION – justification (up to 255 characters). For equipment surveys, start the justification with "Equipment Survey conducted on" and other justification as necessary. For equipment transfers, start the justification with "Transfer from WxxxAA name of unit to WyyyAA name of unit" and other justification as necessary. For approved Concept Plans, start the justification with "Part of approved Concept Plan xxxxx" (title) and other justification as necessary.

- REQUESTER_NAME – requester name (Army Knowledge Online name, i.e., john.doe)

- REQUEST_DATE – requester date (day – month – year i.e. 01-APR-07)

- CMD_APPR_NAME – command approver name (Army Knowledge Online name, i.e., mary.m.smith)

- CMD_APPR_DATE – command approver date (day – month – year i.e. 01- APR-07)

- CMD_APPROVER_NOTES – command approver notes (up to 200 characters)

(b) The Batch Upload file is sent to your USAFMSA documenter for review and

(3) Equipment will be tagged as either HQDA or FMSA. If the LIN is tagged as HQDA, the Command Manager will review and approve or disapprove the request. If Command Manager approved, the LIN will be reviewed by the HQDA TDA Unit Equipment Review and Validation Board. If the LIN is tagged as FMSA, the documenter will review and approve or disapprove the request. LINS with the TWVRMO flag require the Tactical Wheeled Vehicle Justification Questionnaire (TWVJQ) be submitted to TWVRMO for review and recommendation. Click on the little red flag for a prompt to save the TWVRMO LIN TWVJQ Form. TWVRMO web site is <http://www.transchool.lee.army.mil/twvrmo/default1.htm>

SB 8-75-11

APPENDIX E
DWCF APPOINTMENT SAMPLE

From: Commander, Martin Army Commander Hospital, Ft. Benning, GA 78234

TO: Mr. John Smith

Subject: Appointment as Accountable Officer for the Defense Working Capital Fund (DWCF) Installation Medical Supply Account (IMSA), Martin ACH, AYU

Ref: (a) Army Regulation 710-2
 (b) Army Regulation 735-5
 (c) DA PAM 710-2-2
 (d) Memorandum of Agreement between the DLA and the USAMEDCOM, 19 Dec 2014
 (e) Supply Bulletin 8-75-11
 (f) Army Medical Materiel Agreement Standard Operating Procedures

1. Per the references, you are appointed as the Accountable Officer (AO) for account AYU, Martin Army Community Hospital, Ft Benning GA, effective 19 October 2016 and continuing until 15 November 2016 or until officially revoked.
2. In accordance with the references, you will ensure that the following duties are accomplished:
 - a. Assumption of Account
 - (1) Ensure 100% inventory has been conducted within the last year or that 10% inventories are being conducted monthly prior to accepting responsibility for your account. If inventories have not been conducted, you must conduct a 100% inventory prior to accepting responsibility for the account.
 - (2) Sign this appointment letter, acknowledging responsibility for the account and attesting to your understanding of all AMMA procedures
 - (3) Ensure initial AMMA training is completed within the first 30 days of being assigned as a DWCF Accountable Officer and continue to receive annual AMMA Accountable Officer Training. Request for initial training will be coordinated through the appropriate RMC to MEDCOM to DLA Troop Support Medical.
 - b. Maintenance of Your Account
 - (1) Inventory material considered for stockage will be on a demand basis.
 - (2) Properly maintain, safeguard, and account for all inventory assigned to your account.
 - (3) Ensure, through frequent inspections, that all property is accounted for and is in serviceable condition.
 - (4) Ensure that all your subordinates are properly instructed in transmitting inventory transactions for any AMMA materiel that is obtained, moved, classified, modified or sold. Ensure all material handlers are trained on proper handling procedures for all Temperature Sensitive Medical Products (TSMP)
 - (5) Retain all formal inventory records to account for your inventory according to references in Appendix A.
 - c. Responsibility for Your Account
 - (1) Use the DWCF, Fund code 7H, to purchase medical material for stocks to support requirements for your external retail customers.
 - (2) Maintain the financial integrity of the DWCF, It is imperative that AMMA sites price the materiel they sell to their retail customers appropriately.
 - (a) Ensure any transportation and handling charges inherent in obtaining and delivering materiel to the retail customer are included in the price of material sold to that retail customer.

- (3) Make local purchases of medical materiel using DLA DWCF for medical materiel only.
- (a) Acquisitions are limited to required purchases of medical materiel for stock, including Prime Vendor and ECAT manufacturer/distributor stock outages or non-distributed items.
 - (b) Army Purchasing Blanket Agreements are NOT authorized for procurement of items that are available under DLA Troop Support Medical contracts.
- (4) Minimize the use of DLA credit cards funded by the DWCF. The use of DLA-funded credit cards must be within the parameters outlined in the AMMA Agreement and must be consistent with DoD and Army medical materiel procurement management policies, including the FAR, DFAR, AR 40-61, Dept of Army GPC Guidelines MEDCOM GPC SOP, AR 710-2, SB 8-75-11 and the AMMA Accountable Officer SOP.
- (a) DLA-Funded credit cards are only authorized for the purchase of medical materiel for imminent resale to DLA retail customers and for stock replacements.
 - (b) DLA Credit Cards will not be used as a method of payment for Decentralized Blanket Purchase Agreements (DBPA).
 - (c) DLA Credit Cards will not be used to purchase materiel that is available under DLA Troop Support Medical contracts.
 - (d) DLA Credit Cards will not be used to pay transportation and handling fees for drop shipments or other transportation charges.
- (5) Accountable Officers are accountable for all DWCF funded credit card users and their purchases. Nomination, change or cancellation of DWCF funded credit card accounts will be communicated to the USAMEDCOM G-4/4 and the DLA AMMA Program Manager within two weeks of the required change.
- (6) Measuring performance of your account will be done on a monthly/quarterly basis.
- (a) The following measurement criteria will be provided to G-4/4, USAMEDCOM, on a **monthly** basis. The USAMEDCOM G-4/4 will consolidate all reports and forward to the DLA Program Manager:

1. Inventory value
2. Suspended stock
3. Local purchases (all categories)
4. Credit Card obligations

- (b) The following measurement criteria will be provided to USAMEDCOM G-4/4, on a **quarterly** basis. The USAMEDCOM G-4/4 will consolidate all reports and forward to the DLA Program Manager::

1. Excess and Dead stock
2. Adjustments of gross gains and losses
3. Inventory turnover ratio

d. Transferring Your Account

(1) Prior to being relieved of your DWCF accountable officer duties, you must submit notification of your pending relief and identification of your replacement's information to the USAMEDCOM G-4/4 and DLA AMMA Program Officer at least 30 days in advance. In instances where the 30 day notice cannot be met, provide notification as soon as impending change is known.

(2) You will ensure a 100% inventory of all stocks has been conducted with the last year. If inventories have not been conducted within the last year, you are required to conduct a 100% inventory prior to accepting responsibility for the account.

Susan Smith
COL, Commanding
Brooke Army Medical Center
Ft Sam Houston, TX 78234

I have read and understand the instructions and procedures contained in references (a) through (f) which apply to management of a DLA DWCF AMMA site.

I hereby accept this appointment as the Accountable Officer for AZK, Brooke Army Medical Center, Ft Sam Houston, TX and accept full accountability for this account and the appropriate use of the DLA DWCF. The current value of my account effective 1 January 2012 is \$1,125,882.42

Accountable Officer Signature: _____

USAMEDCOM G-4, Endorsement:

Deputy G-4, USAMEDCOM
LTC Matthew J. Otting

DLA Troop Support Medical Supply Chain Endorsement

Director DLA Troop Support Medical Supply Chain
COL Alex P. Zotomayor

SB 8-75-11

**APPENDIX F
DHP APPOINTMENT
SAMPLE**

From: Commander, Dwight D. Eisenhower Army Medical Center, Ft Gordon, GA 30905

TO: Ms. Jane Smith

Subject: Appointment as Accountable Officer for the Installation Medical Supply Activity (IMSA), DDEAMC, W33M8S

Ref: (a) *Army Regulation 710-2*
(b) *Army Regulation 735-5*
(c) *DA PAM 710-2-2*
(d) *Supply Bulletin 8-75-11*

1. Per the references, you are appointed as the Accountable Officer (AO) for account W33M8S, Dwight D. Eisenhower, Ft Gordon, GA, effective 1 January 2012.
2. In accordance with the references, you will ensure that the following duties are accomplished:
 - a. Assumption of Account
 - (1) Ensure 100% inventory has been conducted within the last year or that 10% inventories are being conducted monthly prior to accepting responsibility for your account. If inventories have not been conducted, you must conduct a 100% inventory prior to accepting responsibility for the account.
 - (2) Request AO training from your Regional Medical Command.
 - (3) Sign this appointment letter, acknowledging responsibilities in the management of this IMSA inventory.
 - b. Maintenance of Your Account
 - (1) Inventory material considered for stockage will be on a demand basis.
 - (2) Properly maintain, safeguard, and account for all inventory assigned to your account.
 - (3) Ensure, thorough and frequent inspections, that all materiel/property is serviceable at all times.
 - (4) Ensure that all of your subordinates are properly instructed in transmitting inventory transactions on any materiel that is obtained, moved, classified, modified or sold. Ensure that all material handlers are trained on the handling of Temperature Sensitive Medical Products (TSMP)
 - (5) Retain all formal inventory records to account for your inventory.
 - c. Responsibility for Your Account
 - (1) Use the Logistics Fund code WZ, to purchase materiel only ahead of short-term needs and subsequently resell the materiel to retail customers supported by the site.
 - (2) Maintain the financial integrity of the LOG Fund, it is imperative that you correctly price the materiel you sell to your retail customers appropriately. Ensure any transportation and handling charges inherent in obtaining and delivering materiel to the requesting customer are included in the price of materiel sold to the customer.
 - (3) Use of credit cards and convenience checks must be within the parameters outlined in the MTF guidance, MEDCOM Government Purchase Card SOP and must be consistent with DOD and Army medical materiel procurement management policies, e.g., FAR, DFAR, Department of the Army Government Purchase Card Operating Procedures and SB 8-75-11. The purchase card is the least preferred method of acquisition and should be used only when there are no other acquisition options.

SB 8-75-11

All attempts to source purchase via e- commerce sources will be pursued before using the purchase card.

(4) Accountable Officers are responsible for all supply chain purchase/payment credit card users and their purchases. Notification of nomination, change or termination of cardholders will be provided to USAMEDCOM G-4/4 within one week of action for approval or termination.

(5) Measuring performance of your account will be done on a monthly/quarterly basis. The following measurement criteria will be provided to USAMEDCOM G-4/4 on a monthly basis. USAMEDCOM G-4/4 will consolidate all reports for inclusion in the CMR:

- (a) Inventory value
- (b) Suspended stock
- (c) Local purchases (all categories)
- (d) Credit Card obligations

d. The following measurement criteria will be provided to USAMEDCOM G-4/4 on a quarterly basis. The USAMEDCOM G-4/4 will consolidate all reports for inclusion on the CMR.

- (1) Excess and Dead stock
- (2) Adjustments of gross gains and losses
- (3) Inventory turnover ratio

e. Transferring Your Account

(1) Prior to being relieved of the AO responsibilities, notification of the impending AO change and your replacement's information must be provided to USAMEDCOM G-4/4 at least 30 days prior to transferring of the account. In instances where the 30 day notice cannot be met, provide notification as soon as impending change is known.

(2) You will conduct a joint inventory with your designated replacement and assist them by providing as much information as possible to determine the proper assessment of the account.

(Insert the commander's name here)
COL, Commanding
Dwight D. Eisenhower Army Medical Center
Fort Gordon, GA 30905

I have read and understand the instructions and procedures contained in references a through d which applies to management of an Installation Medical Supply Activity.

I hereby accept this appointment as the Accountable Officer for W33M8S, Dwight D. Eisenhower Army Medical Center, Ft Gordon, GA and accept full accountability of this account. The current value of my account is \$647,246.34

Accountable Officer Signature: _____

DEPUTY G-4, USAMEDCOM Endorsement:

LTC Matthew J. Otting
Chief OMD, G-44, USAMEDCOM

APPENDIX G
NOMINATION FORM GPC PROGRAM DEFENSE WORKING CAPITAL FUND (DWCF)

SB 8-75-11

NOMINATION FORM GPC PROGRAM DEFENSE WORKING CAPITAL FUND (DWCF)

TO BE COMPLETED BY DLA-TS:

Approved Disapproved (Check One Block) Date:

Single Purchase Limit: \$ 30 Day Purchase Limit: \$ Appropriation Data/LOA

Printed Name of Approver:

Signature:

TO BE COMPLETED BY RMD:

RM Initials

Date:

Child Rule Set: Appropriation Data:

OAC: ASN: UIC: WCR: OC: DBSH: A1:

TO BE COMPLETED BY CONTRACTING OFFICE A/OPC:

New Account:

Company Number:

Agent Number: Level

4:

Self Registration Forwarded:

Date Established:

By:

SB 8-75-11

APPENDIX H
REPORTING, SEARCHING, ADVERTISING AND REQUESTING EXCESS MATERIEL IN DMLSS

SB 8-75-11

H-2

Appendix H. Reporting, Searching, Advertising and Requesting Excess Materiel in DMLSS

TO REPORT EXCESS IN WAREHOUSE STOCKS:

In the Report Excess Search Results window, you can see the results of your search for potential excess items. These are items that can be retained, reported, or re-stratified. You will see slightly different information for items, depending on whether they are IM or AM items, but the basic functionality is the same. In the Report Excess Search Results window, the following tasks are performed.

- a. Create an item report (IM only)
 - (1) Search for the potential excess item
 - (2) In the Report Excess Search Results window, select the item. (3) Click Item Report.

- b. To process a loss for an excess item:
 - (1) Search for the excess item
 - (2) In the Report Excess Search Results window, select the item.
 - (3) Do one of the following:

If you are	Then
Processing a loss for an IM item	Click I tem G/L
Processing a loss for an AM item	Click ARD

- (4) In the Item Gains/Losses window, fill in the loss information
 - (5) Click Save.
 - (6) Click Yes or No in response to the print message.
 - (7) Click OK in response to the confirmation message.
 - (8) In the Item Gain/Loss window, select the form to be printed, and click OK.

- c. Report an item as excess:
 - (1) Search for the excess item.
 - (2) In the Report Excess Search Results window, select the item.
 - (3) Click **Excess Report**.

Note: You can only report an item as excess if the checkbox in the Reportable column is selected.

- (4) In the Excess Report Screen window, type the quantity to be reported as excess.
- (5) Edit any other fields, as necessary.
- (6) Click **Save**.
- (7) Click **OK** in response to the confirmation message.

TO GET A COPY OF THE DMLSS EXCESS REPORT, FOLLOW THESE STEPS:

- (1) Go to IM in DMLSS
- (2) Click on Navigate
- (3) Click on Excess
- (4) There are three choices at this point: Search, Report, or Request Excess:

If you want to -	Then
Search for Excess materiel in the warehouse stock	Click on Search Excess from the drop down
Report Excess materiel in the warehouse stock	Click on Report Excess from the drop down
Request Excess materiel from the Tri-Service Medical Excess Distribution System (TRIMEDS)	Click on Excess

TO SEARCH FOR POTENTIAL EXCESS ITEMS:

- (1) In the Report Excess window, select **IM** (Inventory Management) or **AM** (Assemblage Management) for the scope of your search.
- (2) Do one of the following:

If you want to -	Then
Include all items in your search	Select the Select All checkbox
Include only particular items in your search	a) Clear the Select All checkbox b) In the left section, select the items you want to include c) Click the > button to move those items to the right

- (3) In the Strat State section, select the checkbox next to any stratification state you want to include in your search.
- (4) In the ERQ section, If you are searching for AM items, and you want to consider economic retention quantities for potential re-stratification to operating, select the Use Operating ERQ For Asset Review checkbox.
- (5) Click Search. The search results will appear in the Report Excess Search Results window. Use this window to complete the next step:

d. To review potential excess assets:

- (1) Search for the potential excess items.
- (2) In the Report Excess Search Results window, select the item.
- (3) Click **Asset Review**.

Note: You can only review the assets if the checkbox in the A/R column is selected.

- (4) In the Asset Review window, the Potential Excess amount is the quantity that should be re-stratified.
- (5) To select an item for re-stratification, select the **SEL** checkbox in the bottom section of the window.
- (6) Click **Transfer**.
- (7) In the Internal Transfer window, fill out the transfer information.
- (8) Click **Save**.
- (9) Click **Yes** or **No** in response to the print message.

e. To Request Excess from the TRIMEDS:

- (1) On the **Navigate** menu, point to **Excess**, and click **Request Excess**.
- (2) In the Request Excess window, do one of the following:

If you are requesting	Then
Excess for operating inventory	Select the Operating request type.
Excess for assemblages	a) Select the War Reserve Material request type. b) In the WRM section of the window, select the SEL checkbox next to any assemblage with which you want to
Excess for customers	a) Select the Customer request type b) Select the customer ID

DMLSS enables you to request reported excess from the Tri-Service Medical Excess Distribution System (TRIMEDS). To review available excess, visit the Procurement Services section at <https://medlog.detrick.af.mil/index.cfm?event=medlog.trimeds>

- (3) If you find items that you want, you can request them through DMLSS you find it.
- (4) Conversely, you can search your own inventory for potential excess items, and report excess as
 - (5) The minimum dollar value to report at DHP sites as excess is \$20
 - (6) Select the item ID of the item being requested, and type the quantity requested
 - (7) Select the minimum allowable condition code, or leave the condition code blank to request any available materiel.
- (8) If you want to limit the request to a specific TRIMEDS report, type the FOA document number
 - (9) Click Execute. Field Operating Agency (FOA) document number: If you are requesting excess that is associated with an FOA document number, type it in the appropriate box. The FOA Document Number that is entered in an excess request will be recorded and displayed in the Due-in Record and in Transaction History.

APPENDIX I.
CAMPAIGN ON PROPERTY ACCOUNTABILITY MTF (NEW), MONTHLY FLIPL REPORTS

SB 8-75-11

Data for the Month of:	* Open FLIPLs < 75 days		* Open FLIPLs > 75 days (explanation required on Late FLIPL stub)		* Open FLIPLs (Total)		FY 16 Open FLIPLs		FY 17 Open FLIPLs		Current Status					
	Qty	\$ Value	Qty	\$ Value	Qty	\$ Value	Qty	\$ Value	Qty	\$ Value	Grand Total	Grand Total \$ Value	Total Items Recovered	Total \$ Value Recovered	Count of Liability Assessed	Liability Assessed \$ Value
October	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
November	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
December	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
January	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
February	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
March	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
April	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
May	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
June	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
July	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
August	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
September	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
TOTAL																

* Number of open FLIPLs active not completed and dollar value as of the reporting date. Provide open FLIPLs information for FY 17 trend analysis

Data for the Month of:	Command Trends for Late FLIPLs			Average Age of All Late FLIPLs		
	Initiations	Investigations	Adjudications	Over 75 days	Number of days late	Average days late
October	0	0	0	0	0	#DIV/0!
November	0	0	0	0	0	#DIV/0!
December	0	0	0	0	0	#DIV/0!
January	0	0	0	0	0	#DIV/0!
February	0	0	0	0	0	#DIV/0!
March	0	0	0	0	0	#DIV/0!
April	0	0	0	0	0	#DIV/0!
May	0	0	0	0	0	#DIV/0!
June	0	0	0	0	0	#DIV/0!
July	0	0	0	0	0	#DIV/0!
August	0	0	0	0	0	#DIV/0!
September	0	0	0	0	0	#DIV/0!
TOTAL						

Trends is obtained by taking the average reason for the FLIPLs being late using one of the codes (time segment as identified IAW AR 735-S, FIG 13-1)

Total number of days over 75 days for all late FLIPLs (Open/Closed) divided by the number of delinquent FLIPLs

FLIPLs SUMMARY	
TOTAL FLIPLs FY 17	0
DOLLAR VALUE	\$ -
TOTAL OPEN FLIPLs	0
DOLLAR VALUE	\$ -
TOTAL CLOSED FLIPLs	0
DOLLAR VALUE	\$ -
FLIPLs > 75 DAYS	0
TOTAL AMT RECOVERED	0
DOLLAR VALUE	\$ -
LIABILITY ASSESSED	\$ -
TOTAL LOSS TO GOV.	\$ -

MONTHLY TOTALS CURRENT TO MONTH REPORTED								NO MTF INPUT REQUIRED - ALL AUTO FILL	
Data for the Month of:	Closed FLIPLS		Total Amount Recovered		Liability Assessed	Total Loss to Government			
	Qty	\$ Value	Qty	\$ Value		\$ Value			
October	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
November	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
December	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
January	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
February	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
March	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
April	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
May	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
June	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
July	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
August	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
September	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		
TOTAL	0	\$ -	0	\$ -	\$ -	\$ -	\$ -		

NOTES:

- New FLIPLs also Includes all FLIPLs opened and closed during current month
- Closed FLIPLs (FY YTD) are all FLIPLs closed to date this FY
- Closed FLIPLs (# Monthly) are all FLIPLs closed during reporting month
- Total Amount Recovered, Total Amount Liability Assessed and Total Amount Loss to Government should equal Closed FLIPLs (# Monthly).
- Command trends should equal Closed FLIPLs (# Monthly) if more than one reason, the reason with the highest number of days applies.

APPENDIX J
2018
CUMULATIVE INDEX FOR THE DA SB 8-75 SERIES

SB 8-75-11

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**APPENDIX K.
STANDARDIZED COMMENT MATRIX PRIMER**

STANDARDIZED COMMENT MATRIX PRIMER

The matrix below is a Word document table to be used as a template for submitting comments on draft publications and draft program directives. Except as noted below, an entry is required in each of the columns. To facilitate consolidating matrices from various sources, do not adjust the column widths.

Column 1 – ITEM

Numeric order of comments. Accomplish when all comments from all sources are entered and sorted. To number the matrix rows, highlight this column only and then select the numbering ICON on the formatting tool bar.

Column 2 -

Used to track comments by source. Manually enter numbers from the first comment to the last comment. These numbers will stay with the comment and will not change when consolidated with other comments.

Column 3 – SOURCE

J1 - J-1	JFCOM - US Joint Forces Command
J2 - J-2	NORTHCOM - US Northern Command
J3 - J-3	PACOM - US Pacific Command
J4 - J-4	SOCOM - US Special Operations Command
J5 - J-5	SOUTHCOM - US Southern Command
J6 - J-6	STRATCOM - US Strategic Command
J7 - J-7	TRANSCOM - US Transportation Command
J8 - J-8	DTRA – Defense Threat Reduction Agency
USA – US Army	DIA – Defense Intelligence Agency
USN – US Navy	DLA – Defense Logistics Agency
USAF – US Air Force	MDO – Missile Defense Organization
USMC – US Marine Corps	NSA – National Security Agency
USCG – US Coast Guard	DISA – Defense Information Systems Agency
CENTCOM - US Central Command	NGA – National Geospatial-Intelligence Agency
EUCOM - US European Command	LC – Joint Staff Office of Legal Counsel

Column 4 – TYPE

C – Critical (Contentious issue that will cause non-concurrence with publication)
 M – Major (Incorrect material that may cause non-concurrence with publication)
 S – Substantive (Factually incorrect material)
 A – Administrative (grammar, punctuation, style, etc.)

Column 9 - RATIONALE

Provide concise, objective explanation of the rationale for the comment.

Column 10 - DECISION

A - Accept
 R – Reject (Rationale required for rejection.)
 M - Accept with modification (Rationale required for modification.)

NOTE: This column is for the LA and JSDS use only. No rationale required for accepted items. Rationale for rejection is placed in the rationale comment box and highlighted for clarity. For modifications, the complete modified language will be placed (and annotated) as the bottom entry for that item in the “Comments” column and the rationale for the modification placed in the rationale comment box and highlighted for clarity.

Column 5 – PAGE

Page numbers expressed in decimal form using the following convention: (Page I-2 = 1.02, Page IV-56 = 4.56, etc.) This format enables proper sorting of consolidated comments.

0 – General Comments

0.xx - Preface, TOC, Executive Summary (Page i = 0.01, Page XI = 0.11)
 1.xx – Chapter I
 2.xx – Chapter II
 3.xx – Chapter III
 x.xx – Chapter x, etc.
 51.xx – Appendix A
 52.xx – Appendix B
 52.01.xx - Annex A to Appendix B
 53.xx – Appendix C, etc.
 99.xx – Glossary

NOTE: For Program Directives enter the page number as a whole number, (1, 2, 3, etc.) PDs are normally sorted by paragraph and line number and the page number helps to find the paragraph.

Column 6 – PARA

Paragraph number that pertains to the comment expressed. (i.e. 4a, 6g, etc.)

NOTE: An entry in this column should be used when commenting on draft program directives. An entry is optional for comments on draft joint publications.

Column 7 – LINE

Line number on the designated page that pertains to the comment, expressed in decimal form (i.e., line 1=1, line 4-5 = 4.5, line 45-67 = 45.67, etc.) For figures where there is no line number, use "F" with the figure number expressed in decimal form (i.e. figure II-2 as line number F2.02). For appendices, use the "F" and the appendix letter with the figure number (i.e. appendix D, figure 13 as line number FD.13; appendix C, annex A, figure 7 as line number FCA.07)

Column 8 – COMMENT

Provide comments using line-in-line-out format according to JSM 5711.01A, *Joint Staff Correspondence Preparation* (Examples are provided in CJCSI 5120.02, Joint Doctrine Development System. To facilitate adjudication of comments, copy and insert complete sentences into the matrix. This makes it unnecessary to refer back to the publication to understand the rationale for the change. Do not use Tools, Track Changes mode to edit the comments in the matrix. Include deleted material in the comment in the strike through mode. Add material in the comment with underlining. Do not combine separate comments into one long comment in the matrix, (i.e. 5 comments rolled up into one).

TIPS AND TRICKS OF THE TRADE

Headers and Footers

1. Publication name
2. Classification (Unclassified/Secret/ etc.)
3. Column headings
4. Filename (insert from header/footer drop down menu)
5. As of “date” (insert from header/footer drop down menu—manually enter date when finalized for tracking purposes)
6. Page X of Y (insert from header/footer drop down menu—manually enter last page number for Y when finalized—tracks total # of pages and does not default back to actual page #)

Combining Matrices

1. Select all and correct for font and font size (Times New Roman, #10).
2. Copy one entire matrix and paste it a few lines below the last row of another matrix.
3. Adjust column widths as necessary to match one matrix with the other (use the column headings in the document header as a guide).
4. Merge the matrices into one by deleting the lines between the two.

Item (row) numbering (automatic numbering)

1. Highlight column number 1 from top to bottom.
2. Delete the existing number and then renumber by selecting automatic line numbering on the formatting tool bar.

Sorting

1. Select: “Table” on top menu toolbar.
2. Select: “Sort.”
3. Select: “Sort by, Column 5 (Page column), Number, Ascending.”
4. Select: “Then by, Column 7 (Line column), Number, Ascending.”
5. Select: “Then by, Column 4 (Type column), Text, Descending.”

Executive Summaries

Do not make comments on the executive summary until the FC. Main body text will be copied and pasted into the executive summary reducing the amount of time spent on making the two accurate. The contractor with LA and/or JSDS input will include an executive summary in the FC released for review and comment.

**APPENDIX L
SEGREGATION OF DUTIES (SOD) WAIVER**

Segregation of Duties (SoD) Waiver			
Region Acronym:		Date Submitted:	Click here to enter a date.
Site DoDAAC:		Site Name:	
Department:		Department Chief:	
Department Chief Phone:		Department Chief Email:	
DEPARTMENT CHIEF SIGNATURE:			
Section:		Section Chief:	
Section Chief Phone:		Section Chief Email:	
SECTION CHIEF SIGNATURE:			
Employee Job Title:			
Employee Name:		Supervisor Name:	
Employee Phone:		Supervisor Phone:	
Employee Email:		Supervisor Email:	
Employee DMLSS user_id:		Supervisor Job Title:	
Date hired:		Supervisor Job Title:	
EMPLOYEE SIGNATURE:		SUPERVISOR SIGNATURE:	
Current Roles/Responsibilities:			
Describe the employee's current roles, responsibilities and activities.			
<ul style="list-style-type: none"> Bulleted list item Bulleted list item Bulleted list item			
SoD Waiver Justification:			
Requesting Role/Responsibilities:			
Describe the essential roles, responsibilities and activities an employee can expect to assume in this position with regards to overlapping of typical segregation of duties requirements and describe why. Be as short and concise as possible.			
<ul style="list-style-type: none"> Bulleted list item Bulleted list item Bulleted list item Need to input some checkbox options here the different possible overlapping roles that are in question with the corresponding below attachments as deemed appropriate.			
<ul style="list-style-type: none"> Attach the approved HCAA Application-Maintenance Form if a BO/AO/Certifying Official or GPC Holder Attach the 1687 if a Hand Receipt Holder Attach the Appointment Order 			
Printed name and signature required for the below:			
Region Reviewed By:		Date:	Click here to enter a date.
Region Approved By:		Date:	Click here to enter a date.
<i>Valid for 2 years from date of Region approval</i>			
MEDCOM Reviewed By:		Date:	Click here to enter a date.
Last Updated By:		Date:	Click here to enter a date.

APPENDIX M
MEDCOM DoDAAC/RIC REQUEST

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To request DoDAAC changes, additions, transfers or deletions complete this form and forward to the MEDCOM DoDAAC Coordinator.

SECTION I - TYPE OF REQUEST
 (Check one and fill out the appropriate shaded boxes)

DEPARTMENT OF DEFENSE ACTIVITY ADDRESS CODE (DoDAAC)

SECTION I - TYPE OF REQUEST

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> A. New DoDAAC | (Enter UIC of new DoDAAC) | Click here to enter text. |
| <input type="checkbox"/> B. Delete DoDAAC | (Enter DoDAAC to be deleted) | Click here to enter text. |
| <input type="checkbox"/> C. Update DoDAAC | (Enter DoDAAC to be updated) | Click here to enter text. |
| <input type="checkbox"/> D. Realign DoDAAC | (Enter DoDAAC to be realigned) | Click here to enter text. |
| | (Enter New UIC/dUIC for DoDAAC) | Click here to enter text. |

ROUTING IDENTIFICATION CODE (RIC)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> A. New RIC | (Enter DoDAAC Associated with RIC) | Click here to enter text. |
| <input type="checkbox"/> B. Delete RIC | (Enter RIC to be deleted) | Click here to enter text. |
| <input type="checkbox"/> C. Update/Change DoDAAC | (Enter RIC to be updated) | Click here to enter text. |

REASON FOR REQUEST: (Enter a brief description of request. If it is a new request, provide the class type and justification for the DoDAAC. Keep in mind that the physical address of the DoDAAC must match the UIC; if not a dUIC will be needed.)

Enter Justification here:

SECTION II – TAC 1 INFORMATION
 (Postal/Mailing Address)

LINE 1: (Is automatically filled using UIC Unit First Line of Unit)

LINE 2: (Can be used for Attention Line or PO Box or First Line of Address)
[Click here to enter text.](#)

LINE 3: (Mailing Address Line two)
[Click here to enter text.](#)

LINE 4: Country (OCONUS)	Click here to enter text.
State/APO/Province:	Click here to enter text.

LINE 5: City: Click here to enter text.	Zip Code (9 Digit Required): Click here to enter text.
	International Postal Code: Click here to enter text.

SECTION III – TAC 2 INFORMATION (Freight Shipping Address)	
LINE 1: (Is automatically filled using UIC Unit First Line of Unit)	
LINE 2: (Enter Official First Line of Shipping Address – <i>cannot be a PO Box</i>) Click here to enter text.	
LINE 3: (Enter Official Second Line of Shipping Address) Click here to enter text.	
LINE 4: Country (OCONUS) State/APO/Province:	Click here to enter text. Click here to enter text.
LINE 5: City: Click here to enter text.	Zip Code (9 Digit Required): Click here to enter text. International Postal Code: Click here to enter text.
SECTION IV – COST CENTER (This is a required field. This information would come from the units RM) Enter Cost Center: Click here to enter text.	
SECTION V – TAC 3 INFORMATION (This is the Financial Station Number description i.e. GFEBS or G-Army. Contact your RM for this information) Enter FSN Description: Click here to enter text.	

<p>Break Bulk Point (BBP) (<i>required</i>) Click here to enter text. (BBP is a DoDAAC that has the same shipping address as the current DoDAAC. At times they use their original DoDAAC or use one that already exists. Keep in mind if the original DoDAAC is used, other DoDAACs can use it as their BBP)</p>
<p>If Applicable Consolidated and Containerization Point (CCP): Click here to enter text. Aerial Port of Debarkation (APOD): Click here to enter text. Water Port of Debarkation (WPOD): Click here to enter text.</p>

**APPENDIX N
INCENTIVE AGREEMENT (IA) EXEMPTION REQUEST**

MEMORANDUM THRU

Standardization Committee, _____ (MTF or Region),

Commander, _____ (MTF or Region)

FOR: Commander, (MEDCOM or Region)

SUBJECT: DECISION REQUEST FOR PRODUCT STANDARDIZATION "EXEMPTION"

(IA # OR REGIONAL #) _____

1. PURPOSE: Provide a brief purpose for this IA.
2. ANALYSIS: Provide an analysis on the non-standardized products that exceed the 10% threshold, request exemption from the following standard line by completing the information in this sheet and the worksheet (see attached Request for Exemption Worksheet):

Standardization Action Product Line: _____

IA Holder: _____

Annual \$ Usage of this Product Line (last 12 months): \$ _____
(DMLSS or other authoritative records should be used for determining historical demand data.)

The actual (or projected) annual deviation from the IA is _____%.
(While implementing instructions for the IA provide some product cross-referencing data, the **activity must determine/validate which clinically equivalent non-standard products apply.**)

The estimated annual supply cost impact to this facility/organization is \$_____.

Specific product analysis is provided on the attached Request for Exemption Worksheet.

3. JUSTIFICATION: Provide justification based upon internal coordination within the Region or MTF that supports the standardized product line is not clinically suitable for the clinical procedures and reasons as stated below: (Attach a continuation sheet as necessary as well as both vendor-supplied and independent literature supporting the use of the non-standard product(s).)

Originator Contact Information: _____
(Name, email, & Phone #)

(MTF OR Regional Activity Name)

Standardization Committee: _____
(MEDCOM or Region Name)

Approval/Disapproval (circle one) Comments (optional):

Incentive Agreement (IA) Exemption Request

Exemption #: _____ (Assigned by Standardization Committee)

Approving Authority: _____
Commander (MEDCOM or Region)

Approval/Disapproval. (Circle one) Comments (optional):

Approving Authority: Commander (MEDCOM or Region)
Approval/Disapproval. (Circle one) Comments (optional):

Commander (MEDCOM or Region) (Signature)

(Date)

- Attachments:
Request for Exemption Worksheet
Supporting Vendor and Independent Literature
Continuation Sheets (as required)

Exemption #: _____ (Assigned by Standardization Committee)

APPENDIX O
HCAA GPC APPLICATION/MAINTENANCE FORM

ACTION REQUESTED: NEW (sections I, II, IV - VIII) CHANGE (sections I, III, IV, V, VIII) CANCEL (sections I, III, IV, VIII)

APPLICABLE TO: BILLING OFFICIAL (BO) ALTERNATE BO (ABO) CARDHOLDER (CH)

APPLICATION IS FOR: Defense Working Capital Fund (DWCF) Defense Health Program (DHP)

SECTION I – Demographic Info Level 5/Company Number _____ Managing Acct (last 6 digits): _____
Current BO Name: _____ Current ABO Name: _____

New BO Name (if applicable): _____ Office Symbol: _____
E-mail Address: _____ Organization: _____

Department/Section: _____ Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
DSN: _____

BO Supervisor: _____ BO Supervisor Phone Number: _____

New ABO Name (if applicable): _____ Office Symbol: _____
E-mail Address: _____ Organization: _____

Department/Section: _____ Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
DSN: _____

ABO Supervisor: _____ ABO Supervisor Phone Number: _____

BO/ABO is: Property Book Officer Hand Receipt Holder PR Processor BO/AO/Certifying Official

SECTION II – Cardholder Info Select Acct Type: \$3.5K \$25K* Training Card Payment Card Convenience Check**

CH Name: _____ Office Symbol: _____
Organization: _____

Department/Section: _____
Street Address: _____ E-mail Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
DSN: _____

CH Supervisor: _____ CH Supervisor Phone Number: _____

Naming Convention: ORG DODAAC: CHOOSE FROM DROP DOWN DEPT: CHOOSE FROM DROP DOWN

PRIMARY CARD TYPE: CHOOSE FROM DROP DOWN

*** If the cardholder is one of the choices below then a waiver request must be submitted through the Level 4 A/OPC.**

Cardholder is: Property Book Officer Hand Receipt Holder PR Processor - Requires Level 3 approval

*** NOTE: Must provide \$25K Training Certificate ** If adding more than one new cardholder please use separate sheet of paper (Billing Officials cannot exceed 7 Cardholders including Convenience Check Writers). Training requirements found in AFARS Appendix EE**

SECTION III – Existing Cardholder Changes to Credit Limit – Must provide justification for increase or decrease in Section V.

Check one: Increase Decrease Cancel (Do not list in Section IV) Other
From: \$ _____ To: \$ _____ Change:
\$ _____

CH Name: _____ CH Account (last 6 digits) _____

SECTION IV – Account Info (To Be Completed by BO/ABO): List ALL Cardholders CURRENT and NEW (if applicable) Assigned to the Managing Account-_(Credit Limit equals 3X the Cycle Limit) If applicable, Do Not list Cancelled CHs.

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____
Credit Limit (3X)\$ _____

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____
Credit Limit (3X)\$ _____

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____
Credit Limit (3X)\$ _____

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____
Credit Limit (3X)\$ _____

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____
Credit Limit (3X)\$ _____

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____ Credit
Limit (3X)\$ _____

CH Name _____ Account # Last 4 _____ Cycle Limit \$ _____
Credit Limit (3X)\$ _____

Total Limit for All CH's Cycle Limit \$ _____ Credit

Limit (3X)\$ _____

Signature of BO/ABO constitutes that the information in Section IV is correct.

BO/ABO Signature: _____ Date: _____

SECTION V – Justification/What will the Card be used for? Please be specific as possible. If this application is for a \$25K Single Purchase Limit card you will need to list the Contract, BPA, and the FSS Numbers that will be utilized. (To Be Completed by BO/ABO) MUST BE COMPLETED, NO EXCEPTIONS.

SECTION VI – Approving Authority (Chief of the Office i.e. Commander (Cdr)/Director, not BO or ABO)

Print Name: _____ Title:
_____ (Activity Cdr/Director)

Signature: _____ Date: _____

SECTION VII - Logistics: (Chief of Logistics/Director of Logistics)

Print Name: _____ Title:
_____ (Log Chief/Div Chief)

Signature: _____ Date: _____

SECTION VIII – Resource Management : (Comptroller /Budget Officer)

BO/ABO Cycle Limit: \$ _____ **BO/ABO Credit Limit (3X Cycle Limit):** \$ _____

NOTE: BO/ABO Cycle Limit is the sum of all Cardholder's Cycle Limits listed in Section IV. BO and ABO limits must be the same.

I hereby confirm all Cardholders Cycle limits, as stated in Section IV, inclusively, equal the Billing Officials Cycle Limit stated in this section.

Printed Name: _____ Signature: _____
Date: _____

SECTION IX - MEDCOM G4: (DWCF Cards only)

Print Name: _____ Title: _____

Signature: _____ Date: _____

SECTION X - DLA Troop Support Medical: (DWCF Cards only)

Print Name: _____ Title: _____

Signature: _____ Date: _____

SECTION XI - COMMENTS:

SECTION XII - GPC Office Use Only

Date Received in Office _____ A/OPC Initials _____

If Cardholder or BO/ABO is Property Book Manager, Hand Receipt Holder, PR Processor or BO/ABO; Level 4 A/OPC is to Submit to Level 3 A/OPC for approval.

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APPENDIX P
COLD CHAIN MANAGEMENT INDICATOR

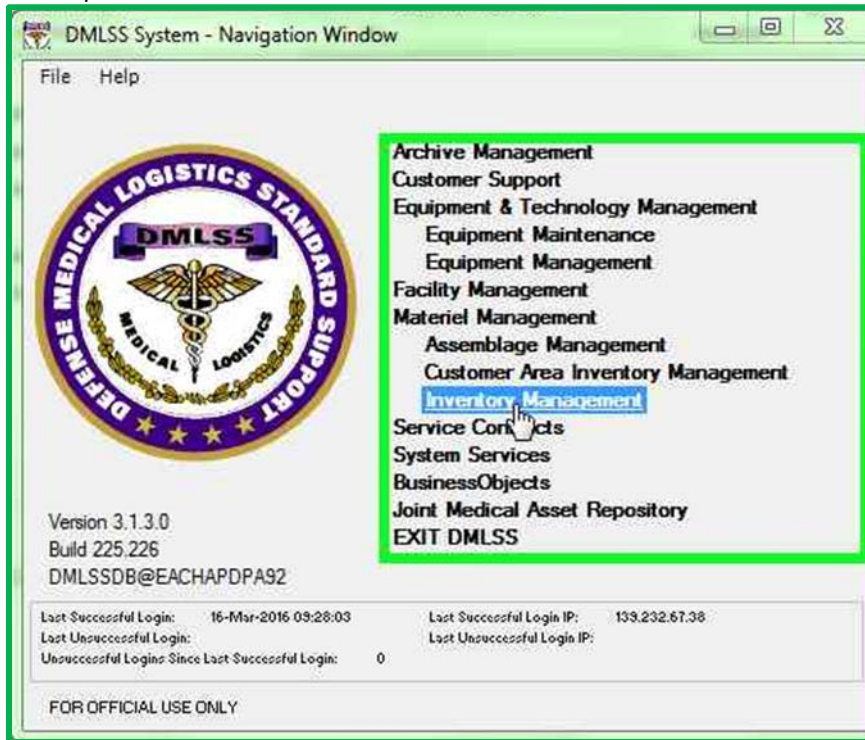
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All items requiring Cold Chain Management are properly identified in DMLSS. This will enable the system to track these items and make handlers aware of the special care required by these items.

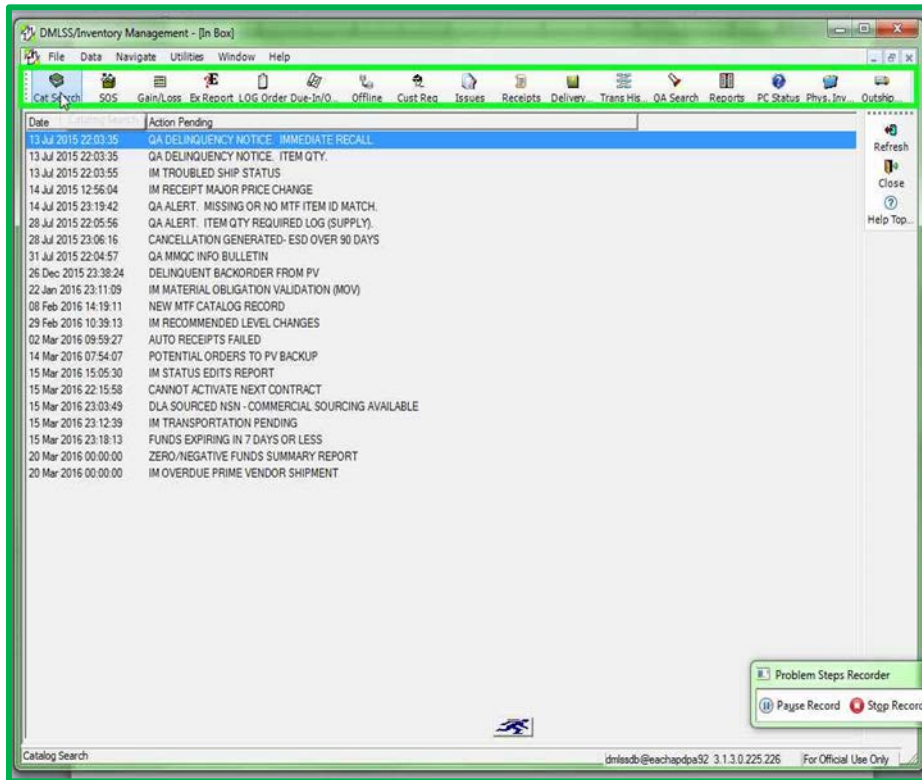
Basic		Technical- Supply	Cust Cat	Log Cat	
Item ID:	001100AA05				MTF Restrictions
Commodity Class:	SUPPLY-EXPENDABLE MEDICAL			Hazardous Material:	NO
NSN:		NDC:		Cold Chain Mgmt:	YES
Short Item Description:	CAUTERY CORDLESS DISPOSABLE LOOP HI-TEMP			Green Product:	NO
Long Item Description:	CAUTERY CORDLESS DISPOSABLE LOOP HI-TEMP STERILE EXT 2IN			Latex Free:	NO
Manufacturer:	BOVIE MEDICAL			Special Handling:	
Manufacturer Cat. No.:	AA05	National Motor Freight Class:		CIIC:	
Local Field 1:		URL:		Standardized:	<input type="checkbox"/>
				Marked for Deletion:	<input type="checkbox"/>
					Special Requirements
					Destruction Methods

The process of TSMP/CM cataloging is as follows:

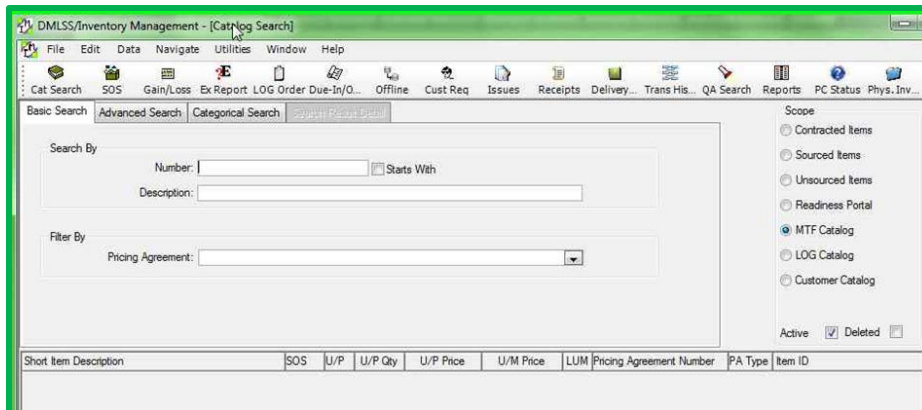
1. Open DMLSS



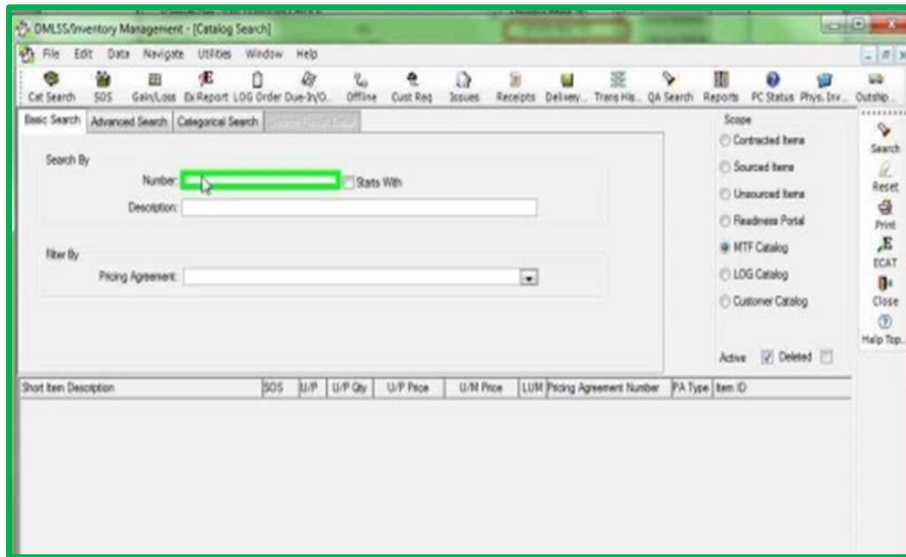
2. Open DMLSS / IM



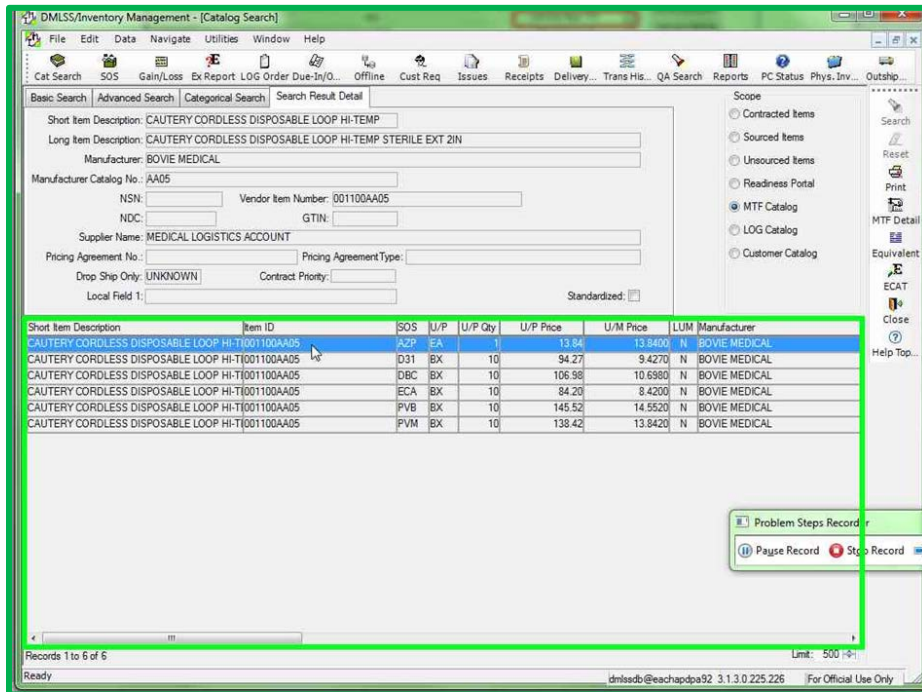
3. Catalog Search



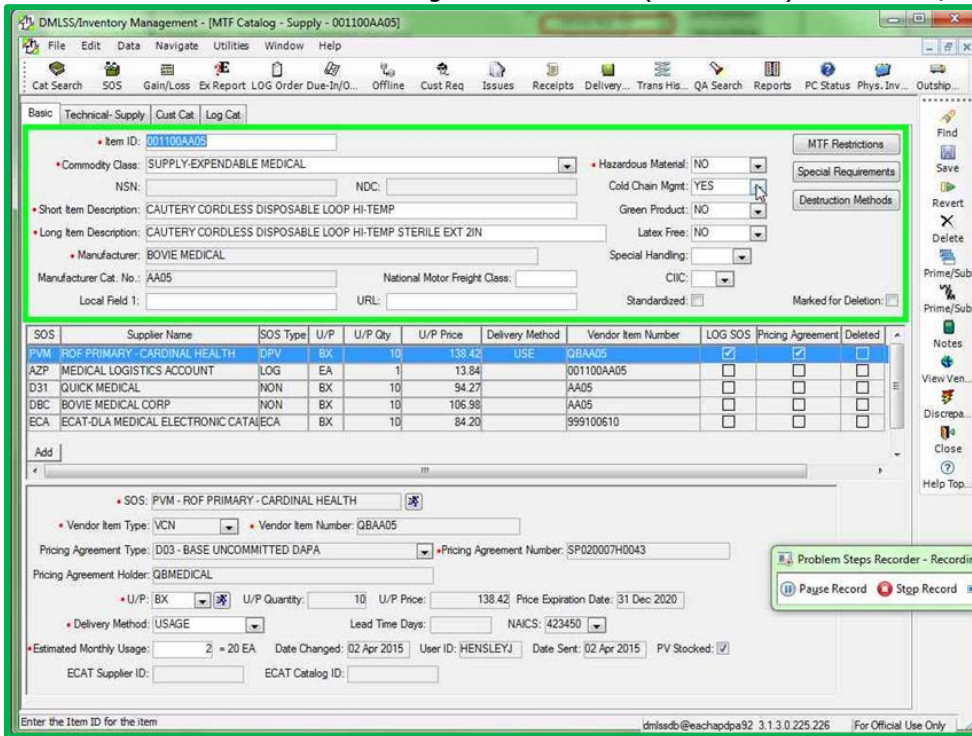
4. Enter Catalog number:



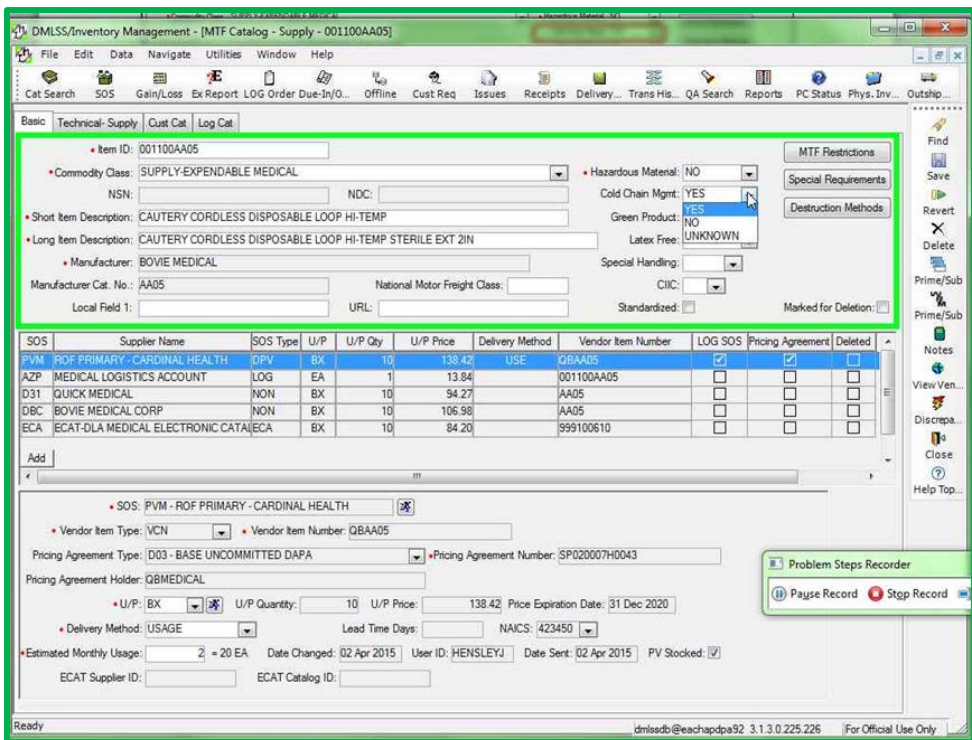
5. Open catalog record:



6. Left click on "Cold Chain Management indicator (combo box)" in "DMLSS/IM



7. Select "YES"



**APPENDIX Q
NAMING CONVENTION OF TSMP/CM**

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Q-2

The steps of the naming convention of TSMP/CM are as follows:

a. Establish/Modify Equipment Record for TSMP monitoring system that is not a standalone unit (i.e. server based) in DMLSS utilizing a Local Device Code consisting of creating a New Local Class and Local Device with the following Equipment Nomenclature/Device Class Name as "Software, Environmental Monitoring, Temperature". Enter Device Definition as follows: "26-795 – Environmental monitoring software designed to operate temperature monitors, control/monitor a limited number of their functions, and/or process data obtained while monitoring. This software is intended to work only with one or a few models of temperature monitors, usually from the same manufacturer. The software may perform a variety of algorithms to facilitate the operation and analysis of the measurements performed while monitoring temperature (e.g., graphical display of temperature trends in a period of time) in enclosed environments such as chambers, refrigerators, and/or freezers."

New Local Device Class

DMLSS/EM - [Device Class Detail : SOFTWARE, ENVIRONMENTAL MONITORING, TEMPERATURE]

File Edit Navigate Utilities Window Help

Catalog Gain Equipment Balance Device Manufact... Loan Request Software Custodian Inv

- Device Class Code: L0-020
- Device Class Name: SOFTWARE, ENVIRONMENTAL MONITORING, TEMPERATURE
- Revision Date: 24 Feb 2016
- Revised By: F_BROCK
- Centrally Managed Code
- Marked For Deletion

New Device

DMLSS/EM - [Device Detail : SOFTWARE, ENVIRONMENTAL MONITORING, TEMPERATURE]

File Edit Navigate Utilities Window Help

Catalog Gain Equipment Balance Device Manufact... Loan Request Software Custodian Inventory Excess Contracts Reports Transad...

Device Manufacturers MTF Catalog Items Replacement Device

- Device Code: L1-538
- Equipment Nomenclature: SOFTWARE, ENVIRONMENTAL MONITORING, TEMPERATURE
- Device Class Name: SOFTWARE, ENVIRONMENTAL MONITORING, TEMPERATURE
- Federal Supply Class:
- Speciality:
- Risk Level: NO SIGNIFICANT RISK
- Accountable Equip. Code: YES
- Life Expectancy: 10 Revision Date: 24 FEB 2016 Revised By: F_BROCK
- Maintenance Requirement Indicator
- Centrally Managed Code
- Marked For Deletion

Device Definition: 26-795 - Environmental monitoring software designed to operate temperature monitors, control/monitor a limited number of their functions, and/or process data obtained while monitoring. This software is intended to work only with one or a few models of temperature monitors, usually from the same manufacturer. The software may perform a variety of algorithms to facilitate the operation and analysis of the measurements performed while monitoring temperature (e.g., graphical display of temperature trends in a period of time) in enclosed environments such as chambers, refrigerators, and/or freezers.

b. Establish/Modify Equipment Record for TSMP monitoring system that is a standalone unit (i.e. Sensaphone) in DMLSS utilizing a Local Device Code consisting of creating a New Local Class and Local Device with the following Equipment Nomenclature/Device Class Name as "33-845 - Recorder, Environmental, Air Humidity/Pressure/Temperature". Enter Device Definition is as follows: "Environmental recorders designed primarily for long-term storing information regarding the air humidity and temperature and also the atmospheric pressure. These recorders typically consist of a portable electronic unit including a mechanism and sensors for periodically sampling at a pre-established rate (e.g., 5, 30, 600 seconds): (1) the air temperature sensors (i.e., thermometers) that measure in a wide range of temperatures (e.g., from -30 to 100 degrees Celsius/-22 to 212 degrees Fahrenheit), (2) relative humidity in the air using appropriate sensors in a range typically from 5 to 95 percent, and (3) atmospheric pressure up to 1100 hPa/825 mmHg. The data may be recorded in a solid state security card (SD card) or in an internal memory; the data is assessed later in an external computer using dedicated software. Environmental recorders that combine air temperature and

humidity and also atmospheric pressure recording may be intended for use in indoor, outdoor, or in both conditions. Some recorders using a mechanical or electromechanical mechanism to print the data waveforms on a data sheet mounted on a move a rotatory cylinder (i.e., chart recorders) are also available.”

New Local Device Class

DMLSS/EM - [Device Class Detail : RECORDER, ENVIRONMENTAL, AIR HUMIDITY/PRESSURE/TEMPERATURE]

File Edit Navigate Utilities Window Help

Catalog Gain Equipment Balance Device Manufact... Loan Request Software Custodian I

• Device Class Code: L0-021

• Device Class Name: RECORDER, ENVIRONMENTAL, AIR HUMIDITY/PRESSURE/TEMPERATURE

Revision Date: 24 Feb 2016

Revised By: F_BROCK

Centrally Managed Code

Marked For Deletion

New Device

DMLSS/EM - [Device Detail : RECORDER, ENVIRONMENTAL, AIR HUMIDITY/PRESSURE/TEMPERATURE]

File Edit Navigate Utilities Window Help

Catalog Gain Equipment Balance Device Manufact... Loan Request Software Custodian Inventory Excess Contracts Reports Transact...

Device Manufacturers MTF Catalog Items Replacement Device

• Device Code: L1-539

• Equipment Nomenclature: RECORDER, ENVIRONMENTAL, AIR HUMIDITY/PRESSURE/TEMPERATURE

• Device Class Name: RECORDER, ENVIRONMENTAL, AIR HUMIDITY/PRESSURE/TEMPERATURE

Federal Supply Class:

Specialty:

• Risk Level: NO SIGNIFICANT RISK

• Accountable Equip. Code: YES

• Life Expectancy: 10 Revision Date: 24 FEB 2016 Revised By: F_BROCK

Maintenance Requirement Indicator

Centrally Managed Code

Marked For Deletion

Device Definition: 33-845 Environmental recorders designed primarily for long-term storing information regarding the air humidity and temperature and also the atmospheric pressure. These recorders typically consist of a portable electronic unit including a mechanism and sensors for periodically sampling at a pre-established rate (e.g., 5, 30, 600 seconds): (1) the air temperature sensors (i.e., thermometers) that measure in a wide range of temperatures (e.g., from -30 to 100 degrees Celsius/-22 to 212 degrees Fahrenheit), (2) relative humidity in the air using appropriate sensors in a range typically from 5 to 95 percent, and (3) atmospheric pressure up to 1100 hPa/825 mmHg. The data may be recorded in a solid state security card (SD card) or in an internal memory; the data is assessed later in an external computer using a dedicated software. Environmental recorders that combine air temperature and humidity and also atmospheric pressure recording may be intended for use in indoor, outdoor, or in both conditions. Some recorders using a mechanical or electromechanical mechanism to print the data waveforms on a data sheet mounted on a move a rotatory cylinder (i.e., chart recorders) are also available.

c. Establish/Modify Maintenance (Accountable “N” / Maintenance “Y”) Record for sensors/probes in DMLSS utilizing the applicable Local Device Code or creating a New Local Device Class and New Device if required with the following nomenclature “Sensor”.

d. List all components related to the TSMP monitoring system (i.e. sensors, repeaters, servers, workstations) as components of the “Software, Environmental Monitoring, and Temperature”.

e. establish/Modify Equipment Record for all sensors (probes) utilizing the sensor ID, MAC address, or serial number as the serial number. In the Temporary Location area of the equipment location, enter the ECN of the refrigerator or freezer being monitored by the TSMP monitoring system.

f. If applicable, ensure all other components requiring maintenance are coded as maintenance significant in DMLSS.

g. Be prepared to adjust maintenance record once JMLFDC create a centralized device code for “Software, Environmental Monitoring, Temperature”, “Recorder, Environmental, Air Humidity/Pressure/Temperature”, and “Sensor” and G4M provides further guidance on what required components will be required to be captured.

APPENDIX R
INSTRUCTIONS FOR COMPLETING THE DML-ES CHANGE REQUEST FORM

DHSS Joint Medical Logistics Functional Development Center

INSTRUCTIONS FOR

COMPLETING THE DML-ES CHANGE REQUEST FORM

Purpose: To provide a means for submitting a request for new or changed DML-ES information system functionality or incident to the Joint Medical Logistics Functional Development center (JMLFDC).

Who Should Use This Form: Any who wishes to:

- Request new functionality
- Request a change to existing functionality
- Report a problem

How to Complete This Form: See the following page.

Where to Send this Form: TBD.

Questions: Contact

DML-ES Change Request Submissions Instructions

The following instructions apply to completing the DML-ES Change Request Form.

1. **Submission Date:** Enter the date on which you are submitting your recommendation. (*mm-dd-ccyy*)
2. **System Impacted:** Select the system for which this request is being made, or issue is being reported.
3. **Request Type:** Select your request type:

- a. **System Change Request** - Request to change existing system functionality
- b. **New Capability** - Request to add a new functionality
- c. **System Incident Report** - Request to report a system issue or problem
4. **Priority:** Select the priority:
 - a. **High** – Request implementation resolves significant impact to business operations
 - b. **Medium** – Request implementation results in improvements to business, but a workaround exists and request is not critical to business operations
 - c. **Low** – Request implementation has no business operations impact, but enhances functionality
5. **Severity:** Select the severity:
 - a. **Emergency** – System or Software failure (GPF, Dr. Watson); Prevents accomplishment of an operational or mission essential capability specified by requirements and a work-around DOES NOT exist. (i.e. Site Server is not operational, users cannot access any business capabilities)
 - b. **Urgent** – Problem adversely affects the accomplishment of operational or mission essential capabilities specified by requirements, and a work-around DOES NOT exist.
 - c. **High** – Affects the accomplishment of operational or mission essential capabilities specified by requirements, but a work-around DOES exist.
 - d. **Routine** – Problem of user inconvenience or annoyance, but does not affect a required operational or mission essential capability.
 - e. **Minor** – Typographical or non-operational problems. Spelling errors OR other minor problems.
6. **Date Desired By:** Enter the date by which you wish the requested change or issue to be addressed. (*mm-dd-ccyy*)
7. **Help Desk:**
 - a. **Help Desk Contact:** Indicate if you have contacted the Help Desk or other support entity for assistance
 - b. **Help Desk Tracking Number:** If so, enter the tracking number you were given.
 - c. **Help Desk Directions/Comments (if any):** If you contacted a support entity, please document the instructions you were given. If you did not contact a support entity, leave this section blank.
8. **Work Around:**
 - a. **Existing Work Around:** Is there an existing work around to the current limitations?
 - b. **Work Around Description:** If yes, please document it here and annotate why this is not an acceptable solution.
9. **Project Name:** Is there an existing technology project that you are aware of that this request is associated with? If so, please indicate the project.
10. **Requested change or problem description:** Briefly describe the new capability or change to existing functionality you are requesting.
11. **Change benefit summary:** Describe the overall benefit that you would like to see realized from this change.
12. **List of things changes should accomplish:** Elaborate on what outcome(s) will change. What are all the things that would be fixed or resolved if the change was implemented?
13. **Who else change would benefit:** Besides you, and those in your same role, describe what other roles that would benefit from the requested change and how. These could be those who enter information, only view it, administer the system, and so forth.
14. **Business activity description:** Briefly describe how this change will be used or impact typical processes. State if you think this will require a change of policy. If so, indicate which policy. If this is a mandated change, a copy of the exact citation/regulation is required. What workflow will change?
15. **Submitter Contact Information:** Please list your contact information.
16. **Supervisor Contact Information:** Please list the contact information of your supervisor.
17. **Approved By:** Enter the name and contact info of the approving individual.

How to do a Screen Capture and embed it in the form: Viewing the screen you wish to capture, using your keyboard simultaneously press the ALT Print Screen buttons (on some computers this may

be Fn Print Screen). This will capture the current view on your screen. Place your cursor in the **capture a screenshot** box on the Change Request Form. Then on the top tool bar select Insert > Object. This will open a new window, in this window, select Microsoft Word® – **make sure the Display as icon button is checked**. Then press OK, a blank word document will open. In this blank document, paste the screenshot you captured previously by pressing CTRL v on your keyboard. After pasting the screenshot into the word document, close the window. You will now see a word icon on the form. When you save the form, the embedded screenshot will be saved with it. Double click on the icon to test that the embedding worked.


DML- ES CHANGE REQUEST FORM

SECTION A: CHANGE IDENTIFICATION (TO BE COMPLETED BY THE SUBMITTER)			
1. Submission Date:		2. System Impacted (if known): DMLSS	
3. Request Type: System Change Request		4. Priority: Select Priority	5. Severity: Select Severity
6. Date Desired By:			
7 (a) Did you contact the Help Desk or other support entity for assistance? Yes No		7 (b) If yes, Tracking Number:	
		7 (c) Help Desk Directions/Comments:	
8 (a). Existing Workaround?: Yes No		8 (b) If yes, please describe:	
N/A			
9. Project Name (if applicable)?			
SECTION B: PROPOSED CHANGE (TO BE COMPLETED BY THE SUBMITTER)			
10. Describe the change being requested:			
11. Summarize the change benefit:			
12. Write a list of things the change should accomplish:			
13. Who else would benefit and how?			
14. Describe the business activity (e.g., Issue Supplies) the request supports:			
SECTION C: SUBMITTED BY (TO BE COMPLETED BY THE SUBMITTER, SUPERVISOR, AND APPROVER)			
15. Submitter's Contact Info:			
Name:	Phone:	Email:	Service Branch: Select Service Branch
Role: (e.g., Facility Mgr.)		Agency/Address:	Other:
Supervisor:	Phone:	Email:	
17. Approved By (Senior Service Representative):			
Name:	Phone:	Email:	
Screen shots or other pertinent documentation can be very helpful. Please embed a file as an object, if possible. Embed screenshots in a PowerPoint or MS-Word file and comments/text can be added to clearly describe your issues.			
Please send this form to xxxx@army.mil			

APPENDIX S
INSTRUCTIONS FOR COMPLETING DD FORM 2875

SB 8-75-11

User/Requester -Complete the following fields:

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)		
PRIVACY ACT STATEMENT		
AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form. ROUTINE USES: None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.		
TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD) 20180510
SYSTEM NAME (Platform or Applications) DMLSS		LOCATION (Physical Location of System) JBSA San Antonio Texas
PART I (To be completed by Requestor)		
1. NAME (Last, First, Middle Initial) Smith, Fred	2. ORGANIZATION Johnson Health Clinic	
3. OFFICE SYMBOL/DEPARTMENT MCLO-LG	4. PHONE (DSN or Commercial) 210-221-0000	
5. OFFICIAL E-MAIL ADDRESS fred.smith.civ@mail.mil	6. JOB TITLE AND GRADE/RANK Pharmacy Tech	
7. OFFICIAL MAILING ADDRESS 123 Easy Street Bldg 1070 San Antonio, Texas 78234-6000	8. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) 20180512		
11. USER SIGNATURE Fred Smith		12. DATE (YYYYMMDD) 20180501

Type of Request - Fill in the box that identifies your type of request.

User ID – Enter DMLSS USER ID if *Type of Request* is a MODIFICATION or DEACTIVATE.

Date- Enter date of most current "Annual DoD Cyber Awareness Challenge Exam." Fill in the date YYYYMMDD. EX: 20180512. *Ensure to attach certificate to this form.*

System Name- DMLSS

Location- Location of DMLSS server.

Block 1- Name, (Last, First, Middle Initial).

Block 2- Organization - Unit Name.

Block 3- Office Symbol.

Block 4- Phone number DSN or Commercial.

Block 5- Official Email Address.

Block 6- Job Title and Grade/Rank.

Block 7- Official Mailing Address.

Block 8-Citizenship- Select appropriate citizenship status.

Block 19- Date YYYYMMDD EX; 20180512.

Block 20- Supervisors Organization/Department.

Block 20a- Supervisors Official Email Address.

Block 20b- Phone Number.

Block 21 – 25- Leave blank

26. NAME (Last, First, Middle Initial) Smith, Fred
27. OPTIONAL INFORMATION (Additional Information) Use if additional justification space is needed.

Block 26- Name, (Last, First, Middle Initial).

Block 27- Use if additional space for justification is needed.

Supervisor - Send the form to the Site Security Manager for completion of Part III.

Part III Site Security Manager

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
28. TYPE OF INVESTIGATION ANACI		28a. DATE OF INVESTIGATION (YYYYMMDD) 20180410	
28b. CLEARANCE LEVEL Secret		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input checked="" type="checkbox"/> LEVEL III	
29. VERIFIED BY (<i>Print name</i>) Holmes, Sherlock	30. SECURITY MANAGER TELEPHONE NUMBER 210-221-0004	31. SECURITY MANAGER SIGNATURE Need Digital Signature	32. DATE (YYYYMMDD) 20180503

Block 28 – Enter type of investigation.

Block 28a- Enter date of investigation.

Block 28b – Enter Clearance Level.

Block 28c- IT Level Designation (Check appropriate box).

Block 29- Verified By- Enter Security Manager name.

Block 30- Security Manager Phone Number.

Block 31-Digitally sign.

Block 32- Enter date using format YYYYMMDD 20180512.

APPENDIX T
CATEGORIES OF SUPPLY REQUIRED TO BE
MAINTAINED ON-HAND BY UNITS

Regular Army				
	Medical HAZMAT & flammable items	Expendable medical supplies w/ shelf life of 60 months or less.	Expendable medical supplies w/ more than 60 month shelf life	Non-expendables & Durables
BCTs & Functional Bdes (Divisional Role 1 & 2)	X	X	X	X
EAB Medical Units	X	X	X	X
EAB Medical Units Supported by UDP			X	X

Army Reserve				
	Medical HAZMAT & flammable items	Expendable medical supplies w/ shelf life of 60 months or less.	Expendable medical supplies w/ more than 60 month shelf life	Non-expendables & Durables
BCTs & Functional Bdes (Divisional Role 1 & 2)				X
EAB Medical Units				X
EAB Medical Units Supported by UDP				X

Army National Guard				
	Medical HAZMAT & flammable items	Expendable medical supplies w/ shelf life of 60 months or less.	Expendable medical supplies w/ more than 60 month shelf life	Non-expendables & Durables
BCTs & Functional Bdes (Divisional Role 1 & 2)				X
EAB Medical Units	N/A	N/A	N/A	N/A
EAB Medical Units Supported by UDP	N/A	N/A	N/A	N/A

GLOSSARY OF ACRONYMS AND DEFINITIONS

ACRONYM	DEFINITION
AAALAC	American Association for Accreditation of Laboratory Animal Care
AAC	Acquisition Advice Code
ACN	Asset Control Number
ACOR	Alternate Contracting Officer's Representative
ACSFAC	Assistant Chief of Staff for Facilities
ACSLOG	Assistant Chief of Staff for Logistics
ACSRM	Assistant Chief of Staff for Resource Management
ACOM	Army Command
ADA	American with Disabilities Act
ADAL	Addition or Alteration
ADSC	Associate Designated Senior Clinician
ADSL	Associate Designated Senior Logistician
AEFRP	Army Emergency First Responder Program
AESIP	Army Enterprise Systems Integration Program
AFARS	Army Federal Acquisition Regulation Supplement
AFR	Air Force Regulation
AIS	Automated Information System
AHE	Association for the Healthcare Environment
AHLTA	Armed Forces Health Longitudinal Technology Application 3.3
AIA	American Institute of Architects
AIT	Automatic Information Technology
AKO	Army Knowledge Online
ALSI	AMEDD Limited Support Items
AM	Assemblage Management
AMC	Army Materiel Command
AMC/SG	Air Mobility Command/Surgeon General
AMDF	Army Master Data File
AMEDD	Army Medical Department
AMMA	Army Medical Materiel Agreement
ANSI	American National Standard Institute
AMSCO	Army Management Structure Code
AO	Approving Official
AOD	Administrative Officer of the Day
AOR	Area of Responsibility
APC	Accounting Processing Code
APS	Army Preposition Stocks
AR	Army Regulation
ARC	Accounting Requirements Code
ARIMS	Army Record Information Management System
ARNG	Army National Guard
ARSAMS	Army Reserve Supply and Maintenance System

ACRONYM	DEFINITION
ASARDA	Assistant Secretary of the Army for Research, Development and Acquisition
ASCC	Army Service Component Command
ASD/HA	Assistant Secretary of Defense for Health Affairs
ASHE	American Society of Health Care Engineers
ASIOE	Associated Support Items of Equipment
ASL	Authorized Stockage List
ASN	Allotment Serial Number
AT/FP	Anti-Terrorism / Force Protection
AWR	Air-Worthiness Release
AXOL	Access Online
BDN	Build Directive Number
BES	Biomedical Equipment Specialists
BMSO(s)	Brigade Medical Supply Office(s)
BO	Business Objects
BOI	Basis of Issue
BOMI	Building Owners and Managers Institute
BPA	Blanket Purchase Agreement
BSC	Balanced Score Card
BSI	Base Support Installations
BSL3	Bio-Safety Level 3 Facility
BUMEDINST	Bureau of Medicine and Surgery Instruction (Navy)
C, ES	Chief, Environmental Services
CaTS	Clinical and Technical Section (of HFPA)
CAD	Computer-Aided Design/Drawing
CADD	Computer-Aided Drafting and Design
CAIM	Customer Area Inventory Management
CAP	Council of American Pathologists
CAPS-W	Commercial Accounting and Payment System Worldwide
CARS	Custom Army Reporting System
CATCODE	Category Code
CBRN	Chemical Biological Radiological and Nuclear
CBT	Computer-Based Training
CCIR	Commander's Critical Information Requirement
CDC	Center for Disease Control
CDR	Commander
CEEP	Capital Expense Equipment Program
CERP	Capital Equipment Requirements Program
CFA	Current File Area
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHFM	Certified Health Facility Manager
CIE	Clothing and Individual Equipment
CIF	Central Issue Facility

ACRONYM	DEFINITION
CIIC	Controlled Inventory Item Code
CLRP	Command Logistics Review Program
CLRT	Command Logistics Review Team
CLS	Combat Lifesaver
CM	Condition Monitoring
CM(S)	Consequence Management (Sets)
CMMS	Computerized Maintenance Management System
CMR	Command Management Review
COB	Close of Business
COCOM	Combatant Command(er) CONUS Continental United States
COR	Contracting Officer's Representative
CoS	Chief of Staff
CPC	CBRN Pharmaceutical Countermeasures
CPTS	Chemical Patient Treatment Sets
CPU(s)	Central Processing Unit(s)
CREST	Contractually Required Equal/Exceed Ship Total
CRF	Cost Recovery Fee
CRM	Customer Relations Management
CRR	Cost Recover Rate
CS	Customer Support
CSS	Combat Services Support
CSDP	Command Supply Discipline Program
CSH	Combat Support Hospital
CT	Computer Tomography
CTA	Common Table of Allowances
DA	Department of the Army
DAAS	Defense Automatic Addressing System
DAPA/DAPA-DMS	Distribution and Pricing Agreement/DAPA Management System
DAB	Division and Below
DBBS	Defense Blood Bank System
DBPA	Decentralized Blanket Purchase Agreements
DCAM	DMLSS Customer Assistance Module
DCDD	Directorate of Combat and Doctrine Development
DCM	DMLSS Communications manager
DCS	Defense Collaboration Services
DEA	Drug Enforcement Administration
DENCOM	Dental Command
DENTAC	Dental Activity
DEPMEDS	Deployable Medical Systems
DFAR	DOD Federal Acquisition Regulation
DFARS	DOD Federal Acquisition Regulations Supplement
DFAS	Defense Finance and Accounting Service
DFAS-IN	Defense Finance and Accounting Service Indianapolis Center
DHA	Defense Health Agency
DHA MEDLOG	Defense Health Agency Medical Logistics Division
DHIMS	Defense Health Information Management System
DHP	Defense Health Program

ACRONYM**DEFINITION**

DIC	Document Identifier Code
DIN-PACS	Digital Imaging Network–Picture Archiving Communications System
DISC	Defense Industrial Supply Center
DLA	Defense Logistics Agency
DLA-DS	DLA-Disposition Services
DLAM	Defense Logistics Agency Manual
DLAR	Defense Logistics Agency Regulation
DLIS	Defense Logistics Information System
DMFO	Defense Medical Facilities Office
DMLSS	Defense Medical Logistics Standard Support
DMLSS-FM	DMLSS Facility Management Module
DMLSS-R	DMLSS – Retail
DMLSS-W	DMLSS – Wholesale
DMMC	Division Materiel Management Center
DOC	Distribution Operations Center
DST	Decision Support Tool
DOD	Department of Defense
DoDAAC	Department of Defense Activity Address Code
DODI	DOD Instruction
DOL	Director of Logistics
DOS	Days of Supply
DOT	Department of Transportation
DPW	Director of Public Works
DRU	Direct Reporting Unit
DS	Division Surgeon
DSC	Designated Senior Clinician
DSL	Designated Senior Logistician
DSN	Defense Switching Network
DVA	Department of Veterans Affairs
DWCF	Defense Working Capital Fund
E&TM	Equipment and Technology Management
EAB	Echelon/Levels Above Brigade
EAC	Echelons Above Corps
EBS	Enterprise Business System
ECAT	Electronic Catalog
ECIP	Energy Conservation Investment Program
ECN	Equipment Control Number
ECP	Exposure Control Plan
ED	Emergency Division
EDI	Electronic Data Interface
EEMP	Excess Equipment Management Program
EMP	Enhanced Maintenance Plan
EOD	End of Day
EOQ	Economic Order Quantity
EOR	Element of Resources
EPA	Environmental Protection Agency
EPR	Environmental Program Requirements
EPR-M	Environmental Program Requirements - MEDCOM

ACRONYM	DEFINITION
ERVB	Equipment Review and Validation Board
ES	Environmental Services
ESL	Estimated Storage Life
ESMIS	Environmental Service Management Information System
ESO	Environmental Science Officer
ESPC	Energy Savings Performance Contract
EXSUM	Executive Summary
F&AO	Finance and Accounting Office
FAAST	Facility Assistance and Assessment Support Team
FAST	Federal Acquisition Statistics Tool
FAD	Financial Authorization Document
FAQ	Frequently Asked Question
FAR	Federal Acquisition Regulation
FCI	Facility Condition Index
FDA	Food and Drug Administration
FEDLOG	Federal Logistics
FIA	Financial Inventory Accounting
FLCM	Facility Life Cycle Management
FLIPL	Financial Liability Investigation of Property Loss
FM	Facilities Management or, Field Manual (when followed by a number)
FMA	Failure Mode Analysis
FMB	Facilities Management Branch
FMSWeb	Force Management System Website
FMV	Fair Market Value
FOA	Field Operating Agency
FORSCOM	U.S. Army Forces Command
FPP	Force Projection Platform
FSC	Federal Supply Catalog / Federal Supply Class
FSM	Facility Sustainment Model
FSP	Force Support Platform
FSS	Federal Supply Schedules
FST	Forward Surgical Team
FTP	File Transfer Protocol
FY	Fiscal Year
GCSS-A	Global Combat Support System-Army
GFEBs	General Fund Enterprise Business System
GFP	Government Furnished Property
GOCO	Government-Owned/Contractor Operated (Equipment)
GPC	Government Purchase Card
GSA	General Services Administration
GU	General Use
HA	Health Affairs
HAZMAT	Hazardous Materiel
HCA	Health Care Activity
HCP	Hazard Communication Program

ACRONYM**DEFINITION**

HRP	Health Readiness Platform
HFPA	Health Facility Planning Agency
HM	Hazardous Materiel
HOSP	Hospital Optimization Standardization Program
HQIFS	Headquarters Integrated Facilities System
HQIIS	Headquarters Installation Information System
HTTPS	Hyper Text Transfer Protocol
HW	Hazardous Waste
IA	Incentive Agreement
IAR	Inventory Adjustment Report
IAW	In Accordance With
IBE	Installed Business Equipment
IFS-M	Integrated Facilities System Mini/Micro
IHS	Indian Health Service
IM	Inventory Management
IM/IT	Information Management/ and Information Technology
IM/ITS	Information Management and Information Technology Systems
IMA	Installation Management Activity
IMMSS	Integrated Modular Medical Support System
IMSA	Installation Medical Supply Activity
IO&T	Initial Outfitting and Transition
IPD	Issue Priority Designator
IPP	Installation Protection Program
IS	Information Systems
ISP	Installation Support Package
ISSA	Inter-Service Support Agreements
ITO	Installation Transportation Office
JC	Joint Commission (Accreditation of Health Care Organizations)
JDF	Joint Deployment Formulary
JER	Joint Ethics Regulation
JMAR	Joint Medical Asset Repository
JPOC	Joint Product of Choice
JWOD	Javits-Wagner-O'Day
LAN	Local Area Network
LEED	Leadership in Energy and Environmental Design
LIN	Line Item Number
LIW	Logistics Information Warehouse
LMC	Linen Management Committee
LOG	Logistics (Division)
LSE	Logistics Support Element
LSU	Life Safety Upgrade
MACOM/ASCC /DRU	Major Command (US Army)

ACRONYM	DEFINITION
MCA	Military Construction, Army
MCDM	Medical CBRN Defense Materiel
MCN	Management Control Number
MCO	Marine Corps Order
MCOC	Medical Customer Operations Center
MCSC	Materiel Category Structure Code
MD	Medical Device
MDS	Medical Device Systems
M/DPQDR	Medical/Dental Product Quality Deficiency Report
MEDCASE	Medical Care Support Equipment
MEDCAT	Medical Catalog
MEDCEN	Medical Center
MEDCOM	US Army Medical Command
MEDDAC	Medical Department Activity
MEDLOG	Medical Logistics
MEDPDB	Medical Products Data Base
MEDSILS	Medical Services Information Logistics Systems
MEDSUP	Medical Supply
MEDSURG	Medical/Surgical
MEET	Mission Essential Equipment Training
MEIS	Military Environmental Information Source
MES	Medical Equipment Sets
MEPS	Military Entrance Processing Station
MEVA	Mission Essential/Vulnerable Areas
MFT	Materiel Fielding Team
MHE	Materials Handling Equipment
MHS	Military Health System
MIDI	Military Item Disposition Instructions
MILCON	Military Construction
MILSBILLS	Military Standard Billing System
MILSTRIP	Military Standard Requisitioning and Issue Procedures
MIREP	Medical Instrument Recycling Program
MLC	Medical Logistics Company
MLMC	Medical Logistics Management Center
MLID	Medical Logistics Informatics Division
MLST	Medical Logistics Support Team
MMBP	Military Medical Benefits Property
MMC	Medical Master Catalog
MMESO	Medical Materiel Enterprise Standardization Office
MMI	Medical Materiel Information
MMQC	Medical Materiel Quality Control
MMR	Maintenance Management Report
MMRP	Medical Materiel Readiness Program
MMS	Medical Materiel Sets
MNT	Maintenance
MOA	Memorandum of Agreement
MOC	Management of Change
MOU	Memorandum of Understanding

ACRONYM**DEFINITION**

MOF	Master Ordering Facilities
MOV	Materiel Obligation Validation
M3PT	Medical Materiel Mobilization Planning Tool
MPL	Mandatory Part(s) List
MR/MC	Major Repairs/Minor Construction
MRMC	Medical Research and Materiel Command
MRO	Materiel Release Order
MRR	Major Repair Renewal
MSC	Major Subordinate Command
MSE	Mobile Subscriber Equipment
MSO	Medical Supply Officer
MSPC	Medical Space Planning Criteria
MTDA	Modified Table of Distribution and Allowances
MTOE	Modified Table of Organization and Equipment
NAC	National Agency Check
NAF	Non-Appropriated Funded/Funding
NATO	North Atlantic Treaty Organization
NAVSUP PUB	Navy Supply Publication
NAVSUPINST	Navy Supply Instruction
NDC	National Drug Codes
NFPA	National Fire Protection Association
NGB	National Guard Bureau
NICP	National Inventory Control Point
NLT	Not Later Than
NNI	Non-supportable, Non-sustainable, and Obsolete Items
NORA	Narcotics Order, Review, and Approval
NOSTRA	Naval Ophthalmic Support and Training Activity
NSN	National Stock Number
NTV	Non-Tactical Vehicle
NUS	Non-use
O&M OA	Operations & Maintenance Obligation Authority
OACSIM	Office of the Assistance Chief of Staff for Installations
OCIE	Organizational Clothing and Individual Equipment
OCONUS	Outside Continental U. S.
OEM	Original Equipment Manufacturer
OFAB	Optical Fabrication Advisory Board
OFE	Optical Fabrication Enterprise
OFL	Optical Fabrication Laboratories
OIP	Organizational Inspection Program
OMA	Operations and Maintenance, Army
OMD	Operations and Maintenance, Defense/ or Operations & Management Division
OPA	Other Procurement, Army
OPD	Other Procurement, Defense
OPORD	Operations Order
OSD	Office of Secretary of Defense
OSHA	Occupational Safety & Health Administration
OST	Order and Shipping Time
OTR	Oracle Tech Refresh

ACRONYM	DEFINITION
OTSG	Office of The Surgeon General
P&D	Potency & Dated
PAD	Patient Administration Division
PARC	Principle Assistant Responsible for Contracting
PBA	Performance-Based Agreement
PBAC	Program Budget Advisory Committee
PBO	Property Book Officer
PBUSE	Property Book Unit Supply Enhancement
PC	Personal Computer
PCOLS	Purchase Card Online System
PDC	Planning, Design, and Construction
PDREP	Product Data Reporting and Evaluation Program
PFD	Program for Design
PHS	Public Health Service
PM	Preventive Maintenance
PMBS	Precious Metals Bearing Scrap
PMC	Precious Metals Coordinator
PMed	Preventive Medicine
PMI	Patient Movement Items
PMITS	Patient Movement Item Tracking System
PMM	Precious Metals Monitor
PMO	Program Management Office
PMRP	Precious Metals Recovery Program
POA	Power of Attorney
POC	Point of Contact
POU	Point of Use
PPV-G	Pharmacy Prime Vendor Global
PR	Purchase Request
PRA	Property Record Administrative Adjustment
PROFIS	Professional Filler System
PSR	Product Sourcing Request
PV	Prime Vendor
PVM	Prime Vendor MEDSURG
PVON	Prime Vendor Order Number
PVP	Prime Vendor Pharmaceutical
PWS	Performance Work Statements
QA	Quality Assurance
QC	Quality Control
RC	Reserve Component
RCA	Root Cause Analysis
RCFA	Root Cause Failure Analysis
RCHD	Reserve Component Hospital Decrement
RCM	Reliability Centered Maintenance
RCN	Record Control Number

ACRONYM**DEFINITION**

RDTE	Research Development Test and Evaluation
RFID	Radio Frequency Identification Devices
RHC (P)	Regional Health Command
RIA	Regional Incentive Agreement
RIC	Routing Identifier Code
RICC	Reportable Item Control Code
RIM	Research In Motion
RMA	Readiness Management Application
RMW	Regulated Medical Waste
RO	Requisition Objective
ROD	Report of Discrepancy
ROP	Re-Order Point
ROF	Regular Order Facility
RPPF	Radiation Protection Program Files
SALE	Single Army Logistics Enterprise
SAMS-1	Standard Army Maintenance System Level 1
SAMS-2	Standard Army Maintenance System Level 2
SAMS-E	Standard Army Maintenance System - Enterprise
SAP	Systems Applications and Products
SB	Supply Bulletin
SC	Supply Catalog
SCP	Spill Contingency Plan
SCR	System Change Request
SDS	Safety Data Sheets
SECNAVINST	Secretary of the Navy Instruction
SF	Standard Form
SIAD	Sierra Army Depot
SICC	Service Item Control Center
SIMLM	Single Integrated Medical Logistics Manager
SIR	Serious Incident/Accident Report
SKO	Sets, Kits, and Outfits
SLC	Shelf Life Code
SLEF	Service Level Election Form
SLEP	Shelf Life Extension Program
SMDA	Safe Medical Devices Act
SOMARDS	Standard Operations and Maintenance Army Research and Development System
SOS	Source of Supply
SOW	Statement of Work
SRM	Sustainment, Restoration, and Modernization
SRP	Soldier Readiness Processing
SRTS/SRTS II	Spectacle Request Transmission System / II
SSA	Supply Support Activity
STANFINS	Standard Finance System

ACRONYM	DEFINITION
SUD	Single Use Device
SWA	South West Asia
TAADS	The Army Authorization Documents System
TAC	Type Address Code or Transportation Code
TARA	Technology Assessment Requirements Analysis
TAT	To Accompany Troops
TB	Technical Bulletin
TB MED	Technical Bulletin, Medical
TC	Transportation Coordinator
TCE	Type Classification Exemption
TCS	Temporary Change of Station (i.e., Temporary Deployment)
TDA	Table of Distribution and Allowances
TDY	Temporary Duty (Station)
TEWLS	Theater Enterprise Wide Logistics System
TEWLS-AM	Theater Enterprise Wide Logistics System – Assembly Management
TI	Technical Inspection
TLAMM	Theater Lead Agent for Medical Materiel
TM TMC	Technical Manual Troop Medical Clinic
TMDE	Test, Measurement, and Diagnostic Equipment
TMOP	Tricare Mail Order Pharmacy
TMIP	Theater Medical Information Program
TMU	Table Maintenance Utility
TOE	Table of Organization and Equipment
TRIMEDS	Tri-Service Medial Excess Distribution System
TRD	Transportation Discrepancy Report
TRO	Tri-Care Regional Office
TSG	The Surgeon General
TSMP	Temperature Sensitive Medical Products
TWV	Tactical-Wheeled Vehicles
UA	Unit Assemblage
UAL	Unit Assembly Listing
UAMT	Unit Assemblage Management Tool
UBL	Unit Basic Load
UDP	Unit Deployment Package
UDR	Universal Data Repository
UIC	Unit Identification Code
UL	Unable (to) Locate
UMMC	Unspecified Minor Military Construction
UPN	Universal Product Number
USAFMSA	US Army Force Management Support Agency
USAHFPA	US Army Health Facility Planning Agency
USAMEDCOM	US Army Medical Command
USAMITC	US Army Medical Information Technology Center
USAMMA	US Army Medical Materiel Agency
USAMMC-E	US Army Medical Materiel Center - Europe
USAMMC-K	US Army Medical Materiel Center - Korea

ACRONYM

DEFINITION

USAMMC-SWA	US Army Medical Materiel Center - Southwest Asia
USAMMDA	US Army Medical Materiel Development Activity
USAPHC	US Army Public Health Command
USAR	US Army Reserve
USARC	US Army Reserve Command
USAREUR	US Army Europe
USARPAC	US Army Pacific
USDA	United States Department of Agriculture
USE	Usage
USEPA	US Environmental Protection Agency
USP	United States Pharmacopeial
USPFO	United States Property and Fiscal Officer
V&ME	Vaccines and Mission Essential
WAWF	Wide Area Work Flow
WAWF-RA	Wide Area Work Flow-Receipts and Acceptance
WEB-CARS	WEB Custom Army Reporting System
YVAC	Anthrax/Smallpox Vaccine
YAV1	Anti-Viral (Pandemic Influenza)
YABX	Antibiotic (Pandemic Influenza)
YAFR	Army Emergency First Responder
YEXS	Reportable Excess
YIPP	Installation Protection Program
YMBC	MNBCDM
YBLU	Prussian Blue

GLOSSARY OF TERMS

TERM	DEFINITION
Accountability	Obligation to keep records of property, documents, or funds, such as item identification data, gains, losses, dues-in, dues-out, and balances on hand or in use. (AR 40-61, AR 710-2, AR 735-5, DA PAM 710-2-1, DA PAM 710-2-2)
Accountable officer	Person officially appointed in writing to maintain a formal set of accounting records of property or funds. This person may or may not have physical possession of the property or funds. Two types of accountability most common to medical facilities or organizations are: a. Formal – Stock record accounting for supplies being held for issue from time of receipt until, issued, shipped or dropped from accountability. (AR 40-61, AR 710-2, AR 735-5, DA PAM 710-2-1, DA PAM 710-2-2). b. Property Book – Accounting for nonexpendable organization property upon receipt and until subsequently turned-in, used (consumed) for authorized purposes, or dropped from accountability. (AR 40-61, AR 710-2, AR 735-5, DA PAM 710-2-1, DA PAM 710-2-2).
Army Master Data File (AMDF)	An official source of supply management data used in medical logistics. The US Army Materiel Command publishes it monthly.
Army Medical Command	An organization that has command over one or more MEDCENs, MEDDACs, or medical research activities. Includes US Army Medical Command, US Army Medical Research and Materiel Command, and 18th Medical Command.
Bulk (liquid) gases	A fixed, central system consisting of a main storage tank that pipes oxygen, ethylene oxide, or other gasses to patient care areas.
Capital Expense Equipment Program	Equipment having a unit price less than \$100K each.
Command Surgeons	Senior Medical Corps officer who is part of the Division/Corps/Theater/ACOM/ASCC/DRU special staff. Keeps the commander informed regarding medical aspects of operations.
Durable item	An item of Army property coded with an ARC of "D" in the AMDF or DOD Medical Catalog. Durable items do not require property book accountability. Durable items are identified with an ARC "D" in the AMDF or UDR.
Expendable	Commercial and fabricated items similar to items coded "D" in the AMDF or UDR are considered durable items.
Gas analysis	An item that is consumed or loses its identity in use. Expendable items are identified with an ARC of X in the AMDF or UDR.
Generating Force	A measurement of the percentage of the gas in a sample by volume using a battery-operated, portable, hand-held instrument.

TERM	DEFINITION
Health Care Activity (HCA)	All Operating Force and Generating Force facilities that provide medical care and support. Includes hospitals, clinics, dental activities, veterinary activities, combat stress, preventive medicine, logistics, and evacuation.
Installation medical supply activity (IMSA)	In CONUS, the SSA for medical materiel for an installation or geographic area. In OCONUS, it is normally the primary SSA for medical materiel for a designated geographic area.
Leased Equipment	Leased equipment requires legal agreement and accountability. Files should contain authorization, lease agreement with applicable amendments, and receipt of turn-in/return documentation.
Loaned Equipment	Equipment provided "free of charge" while using vendors' software applications and reagents in the medical arena. This includes vendor equipment furnished with established Blanket Purchase Agreements.
Major Subordinate Commands (MSC)	MSCs under USAMEDCOM; includes RHCs, USAPHC, DENCOM, AMEDDC&S, and USAMRMC.
Management level	An acceptable range of performance expressed with upper and lower control limits. Performance that is not within the acceptable range warrants management review.
Management objective	The point of measured performance that is generally attainable under normal operating conditions.
Medical Care Support Equipment (MEDCASE)	That equipment required in AMEDD Generating Force fixed health care activities that is authorized for acquisition through DHP Procurement and MED MILCON funding programs.
Medical materiel	Medical materiel includes nonexpendable, durable, and expendable supplies used in HCAs, medical research and laboratory facilities and other medical related institutions and units in the AMEDD.
Military Medical Benefits Property (MMBP)	Consists of equipment loaned from a treatment facility to authorized personnel when needed for the treatment of injury or disease.
Operating Force	An Operating Force is a unit organized and authorized on a Table of Distribution and Allowances (TDA).
Performance measures	A selected indicator that is used as a barometer or gauge to compare actual performance against a management objective or the parameters of a management level.
Preventive Maintenance Checks (PMC)	Operator PMC and maintainer scheduled services are the systematic care, servicing, and inspection of medical equipment IAW <i>TB MED 750-1</i> , <i>TB MED 750-2</i> , and manufacturer's literature.
Regulated Medical Items	Materiel identified in the AMDF or FEDLOG or UDR with an AAC A. Examples would be MES, patient-movement items, and ASIOE.

TERM	DEFINITION
Regulated Medical Waste	Includes liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potential infectious materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials
Type I complaint	Initiated when materiel (including equipment items) is determined by use or test to be harmful or defective to the extent that its use has caused or may cause death, injury, or illness. Immediate action will be taken to report such items and suspend them from use.
Type II complaint	Initiated when medical materiel other than equipment is suspected of being harmful, defective, deteriorated, or otherwise unsuitable for use. Expedient action will be taken to report these items and suspend them from use.
Type III complaint	Initiated when equipment is determined to be unsatisfactory because of malfunction, design, or defects (attributable to faulty materiel workmanship and/or quality inspection or performance). Does not necessarily require suspension of the item.

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