BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 41-209

10 MARCH 2004

Health Services

MEDICAL LOGISTICS SUPPORT

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFDPO WWW site at: **http://www.e-publishing.af.mil.**

OPR: AFMSA/SGSL (Col Perry Cooper)
Supersedes AFI 41-209, 27 November 2000

Certified by: AFMSA/CC (Col Patricia Lewis)
Pages: 331
Distribution: F

This instruction implements AFPD 41-2, Medical Support. It provides guidance for establishing and operating medical logistics support for Air Force Medical Treatment Facilties (MTFs). This instruction applies to all Air Force, Air Force Reserve, and Air National Guard activities. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication,** to AFMSA/SGSLP, 1423 Sultan Drive, Suite 200, Fort Detrick, MD 21702-5006
(E-mail: **mailto:sgml.policy@ft-detrick.af.mil**). Maintain and dispose of all records created by the AFI in accordance with AFMAN 37-139, Records Disposition Schedule. Note: For medical wings, references to medical logistics flight commander and medical support squadron commander shall be interchanged with medical logistics squadron commander and medical support group commander respectively.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This change incorporates the medical logistics policy and procedure in the 1 April 2003 version of AFMAN 23-110, volume 5. It realigns and consolidates the chapters in the following manner:

AFMAN 23-110, volume 5		AFI 41-209	
1.	General and Administrative	1.	General and Administrative
2. 3. 4. 5.	Data Elements and Codes Data Records Documents Reports	2.	Documentation and Reports
7. 8. 9. 10. 11. 12. 13. 20.	Inventory Stratification Requirements, Requisitions, Due-ins Receipts Resulting from Requisitions Issues and Due-outs Customer Turn-ins Gains and Losses of Inventory Expiration Dated Items Excess	3.	Inventory Management
16. 17. 3.4. 22.	Local Purchase Nonmedical Materiel Zero overpricing Manual Supply Operations	4.	Acquisitions
14. 23.4.	Controlled Medical Items Storage of Controlled Medical Items	5.	Controlled Medical Items
25.	Hazardous Materiel and Hazardous Waste Management	6.	Hazardous Materiel and Hazardous Waste Management
18.	Medical Equipment Management	7.	Medical Equipment Management
27.	Patient Movement Items	8.	Patient Movement Items
19.	Quality Assurance	9.	Quality Assurance
21.	Linen Supply	10.	Linen Supply
23. 24.	Storage Packing, Marking, and Shipping	11.	Storage and Distribution
26.	Ambulances and other Medical Vehicles	12.	Vehicles
27.	Medical Service War Reserve Materiel (WRM)	13.	War Reserve Materiel

This change incorporates Defense Medical Logistics Standard Support (DMLSS) system terminology and reduces references to specific MEDLOG transactions; removes many of the attachments in instances where the information is readily available from other sources; modifies the requirements to be the

accountable medical supply officer (paragraph **1.3.**); adds information on prime vendor acquisition (paragraph **4.12.**); adds significant information on service contract management (paragraph **4.18.**); modifies the requirements to be appointed a controlled medical item custodian (paragraph **5.2.2.6.**); deletes the process for replenishing consumable PMI items; adds the option of assigning a WRM Crew Chief (paragraph **13.2.7.**); deletes the procedures for High Cost Medical Equipment; elaborates on the issue of force health protection prescription products (FHPPP) (paragraph **13.13.4.7.**); adds information on the WRM in-garrison maintenance contract (paragraph **13.9.**); adds loaner, repair and return centers for maintenance of medical equipment at deployed locations (paragraph **13.21.**); adds the requirement to maintain WRM project continuity files (paragraph **13.26.**.); incorporates AF medical logistics policy letter, 26 Sep 01, Medical/Surgical Prime Vendor Generation II Contract Service Level Election Approval Process (paragraph **4.12.1.**); incorporates SG policy letter, 14 Nov 01, Loan and Reconstitution of WRM (paragraph **13.13.6.**); incorporates AF medical logistics policy letter 28 Feb 02, Pharmacy Supply Costs and Product Price Comparison Policy (paragraph **4.36.**); incorporates AF medical logistics policy letter, 12 Jun 02, WRM Commercial Credit Returns Policy (paragraph **3.55.**); incorporates AF medical logistics policy letter, 8 Oct 02, Appointment of MTF Report of Survey Monitor (paragraph **3.2.1.**); incorporates AF SG policy letter, 24 Jun 03, Air Force Medical Service Policy on Force Health Protection Prescription Products (paragraph **13.13.4.7.**); updates referenced publication, forms, and office symbols; adds the Air Force medical logistics (AFML) website **https://afml.ft-detrick.af.mil/afmlo** as a primary source of on-line products referenced throughout this instruction.

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Chapter 1

GENERAL AND ADMINISTRATIVE

1.1. Purpose.

1.1.1. Medical logistics provides equipment, materiel, services, and information to the medical mission. This instruction provides logistics policy, procedures, and guidance for Air Force medical activities. AFI 41-201, *Managing Clinical Engineering Programs*, contains facility management and equipment maintenance guidance. MEDLOG information is in AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ, Users Manual*. Defense Medical Logistics Standard Support (DMLSS) system information is in AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) System Users Manual*.

1.1.2. The primary objective of this volume is to provide policy and guidance for optimum logistics support for the missions assigned to Air Force medical activities. Effectiveness requires attainment of the following secondary objectives:

1.1.2.1. Provide outstanding materiel and services support to using activities.

1.1.2.2. Provide that support with an economical investment in inventory.

1.1.2.3. Maintain all assigned war reserve materiel (WRM) programs.

1.1.2.4. Establish an effective equipment management program.

1.1.2.5. Advise customers, commanders, and administrators on all major logistics matters and other logistics considerations that affect medical treatment facility (MTF) operations.

1.1.2.6. Act as the single focal point for contracting support for medical and nonmedical goods and services to include professional services.

1.1.3. Immediately report any conflict between these policies and other Air Force publications to AFMSA/SGSLP.

1.2. Responsibilities.

1.2.1. General.

1.2.1.1. All personnel are responsible for safeguarding Air Force property. They may be held pecuniarily liable for negligent loss or destruction of property (see AFI 23-111, *Management of Government Property in Possession of the Air Force*).

1.2.1.2. Assignment of responsibilities outlined in this instruction carry the authority to discharge those responsibilities. Unless specifically prohibited, that authority may be delegated to one or more representatives. However, the individual assigned retains the ultimate accountability for the satisfactory completion of the task or duty.

1.2.2. The Medical Logistics Division, Air Force Medical Support Agency (AFMSA/SGSL):

1.2.2.1. Establishes policies and procedures for managing medical materiel for peacetime and wartime support of the Air Force.

1.2.2.2. Manages the Air Force Working Capital Fund Medical-Dental Division (AFWCF/MDD).

1.2.2.3. Establishes procedures for all services contracting to include professional services.

1.2.2.4. Provides liaison between AF medical logistics activities and the Defense Logistics Agency (DLA), General Services Administration (GSA), and other sources of supply.

1.2.2.5. Furnishes AF requirements for peacetime and wartime medical materiel support to Defense Supply Center Philadelphia (DSCP).

1.2.2.6. Directs disposition of reported excess medical materiel.

1.2.2.7. Distributes medical materiel information to medical activities as directed by the AF Surgeon General (HQ USAF/SG).

1.2.2.8. Develops AF-wide statistics and analysis of performance of AFWCF/MDD accounts.

1.2.2.9. Performs AFWCF/MDD management and administrative functions as directed by HQ USAF/SG.

1.2.2.10. Develops, procures, builds, distributes, retrofits, and reconstitutes War Reserve Materiel (WRM) assemblages.

1.2.2.11. Formulates policy on the AF medical equipment maintenance program.

1.2.2.12. Provides data systems analysis, design, and support for assigned projects and functions.

1.2.2.13. Maintains and updates AF medical allowance standards. Determines supply and equipment allowances for medical units and provides guidance for determining allowances for medical materiel for nonmedical activities.

1.2.2.14. Develops, publishes, and distributes the Air Force Medical Logistics Letter.

1.2.2.15. Serves as medical focal point for military standard systems (MILS) changes. Coordinates proposed and approved changes with the Joint Medical Functional Development Center (JMLFDC) or Standard Systems Group (SSG) (whichever is applicable) and HQ USAF/SG, and provides the AF medical logistics position to the AF MILS focal point.

1.2.2.16. Requests DOD Activity Address Code (DODAAC) for new stock record accounts.

1.2.2.17. Develops, publishes, and maintains the Air Force Medical Logistics (AFML) website and list server.

1.2.3. JMLFDC and SSG:

1.2.3.1. Analyze, design, develop, and maintain the medical logistics operating system for which they are responsible, according to priorities determined by AFMSA/SGSL.

1.2.3.2. Resolve medical logistics systems computer processing difficulties for the systems for which they are responsible.

1.2.4. Major Command (MAJCOM) surgeons:

1.2.4.1. Conduct command visits to assist base level medical logistics activities in maintaining an optimum standard of medical logistics support.

1.2.4.2. Determine the effectiveness of medical logistics management within the command. Reviews medical materiel reports from AFMSA/SGSLS and monitors corrective actions.

1.2.4.3. Provide guidance and supervision on all aspects of medical logistics operations in support of command missions and programs.

1.2.4.4. Develop, implement, and supervise the command medical equipment maintenance program.

1.2.4.5. Manage the AFWCF/MDD within the command.

1.2.4.6. Manage the command medical WRM program.

1.2.4.7. Establish and maintain the command medical equipment management office (CMEMO).

1.2.4.8. Ensure effective use of medical materiel.

1.2.5. The MTF commander:

1.2.5.1. Ensures the base medical logistics operation is conducted as outlined in this volume.

1.2.5.2. Requests, as outlined in paragraph **1.5.2.**, the establishment or reinstatement of a medical Stock Record Account Number (SRAN). MAJCOMs may initiate requests for newly activated bases.

1.2.5.3. Defines the Local Purchase (LP) policy to staff members. Prime vendors will be utilized to the maximum extent possible.

1.2.6. The medical logistics flight commander (MLFC):

1.2.6.1. Maintains and accounts for all property on the medical stock record account or otherwise entrusted to the care of medical logistics.

1.2.6.2. Manages and operates the medical logistics activity, to include acquisitions, inventory management, storage and distribution, equipment management and repair, facility management, and vehicle management.

1.2.6.3. Manages and operates the base level:

1.2.6.3.1. AFWCF/MDD.

1.2.6.3.2. Medical WRM program.

1.2.6.3.3. Medical linen supply.

1.2.6.3.4. Nonmedical materiel in the MTF.

1.2.6.4. Ensures deficiencies noted during MAJCOM Staff Assistance Visits, Management Assistance Visits, Health Services Inspections, Joint Commission on Accreditation of Healthcare Organization (JCAHO) surveys, and inspections and assessments have been corrected or a plan has been implemented to address them.

1.2.6.5. Establishes a quality control program.

1.2.6.6. Keeps the commander and other managers informed on issues related to medical logistics and WRM.

1.2.6.7. Visits each major using activity and department chief at least annually to solicit feedback from customers to improve logistics support.

1.2.6.8. Reviews support agreements annually for off base supported activities. Visits off base activities at least annually (see **Chapter 13**, paragraph **13.2.6.11.**).

1.2.6.9. Provides information on logistics operations to all newly assigned medical personnel. As a minimum, the orientation should cover:

1.2.6.9.1. Key logistics personnel and brief descriptions of their activities.

1.2.6.9.2. The identity and responsibilities of the property custodian supporting that particular person.

1.2.6.9.3. A brief description of the item acquisition process.

1.2.6.9.4. A brief description of the process for approval and acquisition of equipment.

1.2.6.10. Provides job qualification training for medical logistics personnel not assigned to a stock record account.

1.2.6.11. Appoints subscribers to each of the mandatory AFML List Server products as outlined in AFI 41-214, *Air Force Medical Logistics List Server*, Chapter 3, paragraphs **3.2.** and **3.3.**

1.2.6.12. Appoints in writing, an individual as the system administrator for the medical logistics operating system.

1.2.6.13. Maintain the original copy of property custodian appointment letters in property custodian folders.

1.2.7. The property custodian:

1.2.7.1. Is appointed in writing by the MTF commander or designee. Depending on the organization's size and scope, the same person may be appointed property custodian for more than one activity.

1.2.7.2. Is responsible for all Medical Equipment Management Office (MEMO) controlled organizational equipment charged to that using activity's account.

1.2.7.3. Assists medical logistics in determining the supply items and quantities to be stocked in the using activity and the resupply frequency.

1.2.7.4. Prepares requests for equipment, supplies, and services needed by the using activity.

1.2.7.5. If needed, designates personnel as authorized representatives to request and receive materiel.

1.3. Organization. The base medical logistics organization will be consistent with AFPD 41-2, *Medical Support*. The responsible official described in AFI 23-111 will appoint in writing, a medical service corps officer (AFSC 41AX) as accountable medical supply officer. If an officer is not assigned to the medical logistics flight, the MAJCOM, in coordination with the Associate Corps Chief for Medical Logistics, may approve a waiver making a civilian equivalent in the grade of GS-11 or higher, or a fully qualified senior NCO (AFSC 4A1XX) the accountable officer. The accountable officer will manage the medical stock record account and will be responsible and accountable to the MTF commander in all matters affecting the account. Appointment of the accountable medical supply officer should be based on the MTF commander's recommendation. The stock record account must be transferred prior to permanent change of station or an absence of 45 days or longer (MAJCOM may extend to 90 days when justified).

1.4. Supply Assistance:

1.4.1. AFMSA/SGSL is the contact point for general information and resolving general medical logistics problems.

1.4.2. JMLFDC and/or SSG Medical Systems are responsible for resolving programming or processing difficulties in standard medical logistics data systems.

1.5. Medical Stock Record Accounts:

1.5.1. The identity, address, and other data about AF SRAN and station numbers are in DOD 4000.25-6-M, *DOD Activity Address Directory (DODAAD)*. Activities that need SRAN information which cannot be found in DOD 4000.25-6-M should contact AFMC LSO/LOTC, 4375 Chidlaw Road, Ste 6, Wright-Patterson AFB OH 45433-5006. The AF SRAN is the DOD Activity Address Code (DODAAC). See AFMAN 23-110, Volume 1, Part 2, Chapter 1 and AFI 24-230, *Maintaining the DOD Activity Address Directory (DODAAD).*

1.5.2. To establish a new account, coordinate with and obtain the concurrence of other activities, such as contracting, accounting and finance, communications, etc., that may be affected so they can plan their workload change. Send requests (including changes) through command channels to AFMSA/SGSL for approval and submittal to HQ AFMC LSO/LOTC. AFMSA/SGSL will also forward a routing identifier code request to HQ AFMC LSO/LOTC. Provide the following data:

1.5.2.1. Type of account (FM).

1.5.2.2. Requester's parent and host base command and organizational designation.

1.5.2.3. Requesting activity's mission and its security classification.

1.5.2.4. Complete transportation account code (TAC) addresses for mail, freight, and billing (see AFI 24-230).

1.5.2.5. Expected transaction volume.

1.5.2.6. Communications (DDN, DSN, DMS) capabilities.

1.5.2.7. Personnel authorized and assigned for operation of the account.

1.5.2.8. Present method of property accounting and support.

1.5.2.9. Justification including which existing stock record accounts were considered and why they cannot be used.

1.5.3. Immediately on receipt of the official notice from the MAJCOM that an account is to be deactivated, the MLFC will submit a letter to the resident auditor or district audit office requesting a written determination of the need for a terminal audit.

1.5.3.1. The letter will include:

1.5.3.1.1. Total inventory value.

1.5.3.1.2. Value by inventory code.

1.5.3.1.3. Number and amount of controlled medical items on the stock record account.

1.5.3.1.4. Any anticipated problems.

1.5.3.2. Submit requests to terminate accounts through the same channels as requests to establish accounts. Requests will include the following information:

1.5.3.2.1. Type and account number.

1.5.3.2.2. Effective date of termination.

1.5.3.2.3. Reason for termination.

1.5.3.2.4. Copy of the letter from the auditor that a terminal audit is or is not required.

1.5.3.3. The purpose of a terminal audit is to ensure closure policy and procedures are followed to terminate the medical stock record account; medical facility assets are properly distributed, disposed of, and accounted for throughout the closure process; and documents recording these transactions are properly maintained for audit trail purposes.

1.5.3.4. When an account is to be deactivated, the MLFC will schedule an inventory of medical property items, including condition, within six months of approval of closure. This is a requirement of 32 CFR 91.

1.5.4. Both the accountable officer being relieved, and the successor, will sign the following certificate of transfer when there is a transfer of responsibility for a medical stock record account:

Figure 1.1. Medical Stock Record Account Certificate of Transfer.

_____ 20__

I certify that the balance shown on the records of activity/DODAAC _____ as of the above date and the last document number _____ dated _____ 20___ is true and correct to the best of my knowledge and belief and that the property has been turned over this date to _____ pursuant to _____.

I certify that I have received this date from _____ predecessor, all property pertaining to the above designated activity/DODAAC for which my said predecessor was accountable, plus all proper charges against and less all authorized credits to my predecessor's activity/ DODAAC to the last document number _____ dated _____ 20___ and that I have assumed this date accountability for the property pertaining to this activity/ DODAAC.

APPROVED: _____(Signature of Medical Treatment Facility Commander)

1.5.5. Retain the original of this certificate until the incoming accountable officer, in turn, transfers accountability to a successor and is relieved of accountability. Provide a copy to the officer being relieved of accountability.

1.6. Clinical Engineering Programs.

1.6.1. Clinical engineering includes the functions of facility management and medical equipment repair. In small facilities, the facility manager will be either the MLFC or an enlisted/civilian. Larger facilities will have a Medical Service Corps officer or civilian (GS-1640) as the facility manager. The responsibilities for clinical engineering programs are listed in AFI 41-201.

1.6.2. Medical equipment repair provides the necessary support for maintaining, repairing, and replacing medical equipment. Biomedical equipment repair technician work closely with MEMO in evaluating new equipment requirements and certifying serviceability of existing equipment. Facilities that are designated as Medical Equipment Repair Centers (MERC) have responsibility for equipment maintenance and management oversight within their assigned geographic region. MERCs earn manpower authorizations to support the active duty, Air Force Reserve, and Air National Guard units within their region. Support agreements should be in place with all supported units.

1.6.3. JCAHO. Clinical engineering manages Environment of Care programs as specified in JCAHO guidelines. EOC programs include management of safety, security, hazardous materiel/waste, emergency preparedness, life safety, medical equipment, and utility systems.

1.7. Support of Detached Medical Facilities.

1.7.1. This paragraph describes pertinent policy and procedures for support of a detached MTF by a host stock record account. See the applicable chapters of this manual and AFCSM 41-230, Volume 2, or AFMAN 41-216, for specific procedures for accounting for property located at the detached MTF and for issues, turn-ins, equipment maintenance, and stock rotation.

1.7.2. Normally, MTFs identified to be supported as detached MTFs will enter into a support agreement with the host base according to AFI 25-201, *Support Agreements Procedures*. Specific procedures will vary according to such factors as the respective missions of the host and supported unit, distances involved, and the scope of support provided.

1.7.3. An FY address may be established at the supported unit according to AFMAN 23-110, Volume 1, Part 2, Chapter 1 when distance is a factor and the DLA depot or commercial vendor will send shipments directly to the detached MTF. The detached MTF will process receiving reports to the host stock record account within one work day after receipt of the shipment. Controlled substances will not be shipped directly to an FY address but must be issued from the host stock record account.

1.7.4. Detached MTFs are authorized to stock up to 30 days of recurring demand, consumable supplies. If a detached MTF is the sole user of an item, stock at the supported unit may exceed a 30-day supply if stocking the larger quantity is cost effective. Authorizations and exceptions described in **Chapter 3** also apply. The detached MTF is not required to maintain formal inventory records.

1.7.5. LP materiel support to the detached unit normally will be provided as described in **Chapter 4**. MAJCOMs may authorize the detached unit to locally procure routine nonstandard medical items when the distance between the host and the detached unit is significant and commercial sources are readily available. This should be limited to situations where the detachment is a sole user or the quantity required justifies a procurement separate from the host. Do not use O&M funds for routine requirements. The host stock record account will provide AFWCF/MDD obligation authority to the detachment for this purpose. Establish procedures in accordance with AFCSM 41-230, Volume 2, and AFMAN 41-216, to ensure proper fund control and accountability of requisitions, receipts, and issues of materiel procured under this authority.

1.7.6. Nonmedical materiel, services, and rentals for a detached MTF normally will be obtained from base supply or by local purchase at the base where the detached unit is located, rather than the host SRAN. The supported unit should follow the procedures in **Chapter 4**. The host MEMO will account for nonmedical equipment and rental equipment according to AFCSM 41-230, Volume 2, and AFMAN 41-216. Exceptions require the specific approval of the host MAJCOM.

1.7.7. The host medical logistics activity, in conjunction with the detached MTF, will establish procedures necessary for proper fund control according to this AFI, AFCSM 41-230, Volume 2, and AFMAN 41-216. Medical logistics will provide financial management listings to the supported accounting and finance officer and Resource Management Office to ensure an effective interface with the Resource Management System (RMS).

1.7.8. The host medical logistics support activity will give detached MTF requirements priority equivalent to the priority of comparable using activities at the host installation.

1.7.9. Support to AFRES and ANG includes medical equipment maintenance, medical materiel, and MEMO services. MEMO supports ANG only when ANG permits equipment transfer to the supporting MEMO. Support to AFRES and ANG medical units may only require establishing a using activity account and project fund management record (MEDLOG) or project center (DMLSS), depending on the support agreement. Other procedures are in AFMAN 23-110, Volume 1, Part 1, Chapter 17, Sections B and C.

1.8. Medical Logistics Officer Training.

1.8.1. Several training opportunities are available for newly appointed medical logistics officers. Refresher training is available at the Health Services Administration Course at Sheppard AFB, TX. Temporary duty to attend Comprehensive Functional Area Training for newly appointed MLFCs is encouraged. A limited number of officers are selected for intensive training through the medical logistics intern training program. This 10-month training program prepares the officer to assume responsibilities as a MLFC.

1.8.2. Attendance at annual medical logistics symposia, workshops, and Air Force Institute of Technology sponsored training is encouraged.

1.9. Medical Logistics Officer Assignments. Medical logistics is a complex, technical function. Officers appointed to medical logistics positions should remain in place for a minimum of 24 months. To maximize return on investment for medical logistics intern training, graduates should remain in a medical logistics position for three years or two assignments.

1.10. Disposition of Records. Dispose of records created as a result of prescribed processes per AFMAN 37-139, *Records Disposition Schedule*, and AFI 37-138, *Records Disposition--Procedures and Responsibilities*, except at base closure locations. For base closure sites, work closely with the base records manager to ensure proper protection of accountable records (transaction registers, inventory records, DD Forms 1149, **Requisition and Invoice/Shipping Document**, etc.) which are required to be maintained after base closure as "subject to audit" (IAW AFI 37-138 and AFMAN 37-139).

1.11. Funds. For the purposes of this AFI, Operations and Maintenance (O&M) and Other Procurement (OP) funds refer to Defense Health Program (DHP) appropriations unless specifically noted otherwise.

1.12. Policies and Procedures. Relief from policies and procedures outlined in this AFI, AFI 41-201, AFI 41-214, AFMAN 41-216, AFCSM 41-230, Volume 2, requires written waivers through the appropriate MAJCOM medical logistics officer to the Associate Corps Chief for Medical Logistics.

Chapter 2

DOCUMENTATION, CODES, RECORDS

2.1. Purpose. The purpose of this chapter is to:

2.1.1. Establish mandatory requirements for use of standardized data elements and codes used in military standard systems such as accounting, reporting, and requisitioning that have applications to medical logistics. Data element listings are available from the Defense Logistics Agency Customer Assistance Handbook or at their website: **www.dla.mil**.

2.1.2. Identify reports and documents required for the management of a base level medical logistics activity.

2.2. Responsibilities. The medical logistics flight commander (MLFC) will:

2.2.1. Revise management data entries recorded for medical stock listed items when changes are announced in Air Force Medical Logistics Letters or other official communications.

2.2.2. Change management data entries for local purchase (LP) and nonmedical materiel as required for efficient materiel management.

2.2.3. Revise locally determined entries such as stock control levels and local substitution data to accurately show the current status of the information.

2.2.4. Ensure changes to all of the preceding entries on medical materiel property records and transactions are consistent with the effective date of the change.

2.3. Data Elements and Codes. These codes are intended to standardize procedures and will be used unless otherwise specified. These codes apply to all Air Force medical logistics activities within the limitations provided in each medical logistics operating systems operating manual.

2.4. Data Records.

2.4.1. General. The effective operation of a medical stock record account is dependent upon complete, current, and accurate records.

2.4.2. Accountable Property Records.

2.4.2.1. The MLFC is accountable for materiel recorded on the property records of the stock record account including in-transit materiel. This accountability continues until the materiel is issued or otherwise properly disposed of.

2.4.2.2. Inventory and related data records provide basic instruments for stock control, maintain a record of accountability, facilitate reporting, and aid in the control of issues and procurements. This is achieved by manual posting or mechanical processing of information from property documents to prescribed data records. The use of document numbers to identify property accounting documents and the maintenance of supporting document files to verify property transactions is necessary for internal control and to establish a clear audit trail.

2.4.3. Record Administration.

2.4.3.1. A separate property accounting record will be maintained for each item that has a different item ID.

2.4.3.2. Medical materiel records will be disposed of according to AFMAN 37-139, *Records Disposition Schedule*, and AFI 37-138, *Records Disposition--Procedures and Responsibilities*.

2.5. Documents.

2.5.1. General.

2.5.1.1. A medical supply document is an authorized property accounting document that details a property action such as an requisition, receipt, shipment, issue, transfer, or adjustment. It is filed to support formal or informal property accounting records and is subject to inspection or audit. The nature of the supply document and its use, as prescribed by various government directives, determine the requirement for assigning a document number. Each document must contain sufficient information to enable inspectors and auditors to trace the listed property and verify the validity of the transaction.

2.5.1.2. Backup or explanatory material should be retained and filed with the document to which it pertains. This material will be retained as long as needed but not longer than the related document.

2.5.2. Document Numbers.

2.5.2.1. Supply documents are assigned document numbers according to specific transactions being processed such as issue, requisition, and destruction. A document number is not authority to perform a property transaction. Its purpose is to identify the document, establish an audit trail, and aid in filing and subsequent retrieval as required.

2.5.2.2. Document numbers for the local purchase of services and rentals (**Chapter 4**) are manually assigned using a single AF Form 36, **Supply Document Register (Manual),** or equivalent form. The document number will consist of a locally assigned six-position code unique to the requester and mutually agreed upon by contracting, finance, and medical logistics, followed by the four-digit Julian date on which the document number is assigned, and followed by a four-digit serial number ending in 00 (e.g., 3000, 3100, 3200, 3300). Keep supporting documents in a separate folder until quality control is performed on the transaction record.

2.5.2.3. Base medical stock record account numbers (SRAN) consist of the prefix FM followed by a serial number (for example, FM2050). SRANs are assigned to prevent unauthorized accounts and permit ready identification of authorized accounts. Place the SRAN, in addition to document numbers, on all accountable documents. See **Chapter 4** for specific guidance on non-AFWCF/MDD purchases.

2.5.3. Document Control.

2.5.3.1. The MLFC is responsible for ensuring the validity and completeness of all documents before filing. Document control registers must be compared to supporting documents for accuracy, prior to filing in the permanent document file. If invalid documents are discovered during the quality control process, hold them in suspense pending completion. The MLFC will ensure

prompt action is taken to complete invalid documents. A document may be invalid for reasons such as:

2.5.3.1.1. Absence of required signature or initials.

2.5.3.1.2. Lack of required approval, comments, or signatures.

2.5.3.1.3. Lack of fund citation or fund code.

2.5.3.1.4. Incomplete or missing additional supporting documents.

2.5.3.2. Numbered documents will be centrally filed in numerical sequence by serial number block.

2.5.3.2.1. Correspondence that completes, substantiates, or validates a document will be filed in chronological order immediately behind the document to which it pertains.

2.5.3.2.2. Annotate canceled documents or local forms to indicate the reason for cancellation. Include the cancellation source, status code, and processing date. Provide justification if the cancellation was locally directed.

2.5.3.2.3. Documents which contain multiple document numbers and are not in proper filing sequence may be cross referenced by placing a manually prepared document in the file in the proper sequence showing "Document # _____. See Document # _____.

2.5.3.3. Filing standards for all documents will be according to AFMAN 37-123, Management of Records, and AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ, Users Manual* or AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*.

2.5.3.4. Compare the document control register to the supporting document files daily. If a document cannot be found, conduct a search for the missing document. If the missing document cannot be found, request a duplicate copy from the initiating activity or prepare a facsimile. Data needed to prepare a facsimile may be available in suspense files, or from transportation, contracting, or accounting and finance. If the information cannot be obtained from these sources, obtain sufficient data to identify the document from the document register and contact the preparing activity for a duplicate copy of the requisition or shipping document, as applicable. Use the facsimile or duplicate copy to determine if the document has been processed through the stock record account. Take action to process the document, if required. The document number assigned to the original lost document will be reassigned to the facsimile or duplicate copy.

2.6. Reports.

2.6.1. General.

2.6.1.1. This section contains policy and procedures on medical materiel reports that are applicable to all medical stock record accounts.

2.6.1.2. Submit all reports to AFMSA/SGSLS upon the termination of any stock record account, and annotate as the final report from that account.

2.6.2. Report Submissions and Consolidations.

2.6.2.1. Process reports as prescribed in medical logistics operating systems users manuals or other policy directives.

2.6.2.2. Report images must be sent to the AFMSA/SGSL by the third duty day after the "as of" date of the report.

2.6.2.2.1. AFMSA/SGSL will consolidate reports no later than 21 days after the established due date. AFMSA/SGSL will not delay the consolidation pending receipt of delinquent base reports.

2.6.2.2.2. AFMSA/SGSLS will prepare and forward required edit listings and consolidated reports to the MAJCOMs and medical logistics accounts. They will also identify any base reports not received.

2.6.2.2.3. AFMSA/SGSLS will analyze all reports and may request additional information from an account as required. The account will respond to inquiries within 10 working days.

2.6.3. AFWCF/MDD Budget/Revisions.

2.6.3.1. AFMSA/SGSLS is the Division Management Office (DMO) for the AFWCF/MDD and is responsible for budget preparation and revisions. AFMSA/SGSLS prepares the budget using historical information.

2.6.3.2. AFWCF/MDD operating budgets are considered privileged information and will be marked "FOR OFFICIAL USE ONLY." The final budget submission will be reviewed by AFMSA/SGSL prior to formal submission.

2.6.4. Management Reports.

2.6.4.1. The Medical Materiel Management Report is used to evaluate the financial posture of the AFWCF/MDD inventory, and also is used in the preparation of financial plans and budget calls. The report is generated monthly by accounting and finance for the base and AFMSA/SGSLS.

2.6.4.2. The report stratifies inventory actions to allow segregation of peacetime and WRM actions to allow accurate reporting and surcharge calculations.

2.6.4.3. This report should be reconciled monthly to the BMSO/BAFO Financial Reconciliation Report at MEDLOG sites or the ARC report at DMLSS sites to ensure the financial state of the AFWCF/MDD is being reported by DFAS. Discrepancies should be brought to the attention of the DFAS field site responsible for the report. Logistics should work closely with DFAS representatives to correct discrepancies.

2.6.5. Other reports. Various other reports are generated at the base to allow higher echelons to better determine the state of the AFWCF/MDD and current business practices and should be submitted as directed in the appropriate systems manual or other directives.

Chapter 3

INVENTORY MANAGEMENT

Section 3A—Inventory Stratification

3.1. Purpose. The purpose of this chapter is to provide policy guidance on managing medical treatment facility (MTF) medical and nonmedical supply inventories. It includes information on the use of the Medical Dental Division of the AF Working Capital Fund and provides guidance on supporting MTF and non-MTF customers.

3.2. Responsibilities.

3.2.1. The MTF commander will appoint a unit Report of Survey (ROS) monitor. IAW AFMAN 23-220, paragraph 11.3., the base ROS program manager advises the approving and appointing officials on the appearance or possibility of a conflict of interest. While there is no prohibition from appointing medical logistics personnel, it is not recommended.

3.2.2. The Medical Logistics Flight Commander (MLFC) will:

3.2.2.1. Establish an inventory control policy.

3.2.2.2. Ensure the supply of the MTF's materiel requirements.

3.3. General.

3.3.1. This section provides guidance and information on the inventory/capital control concept under Air Force Working Capital Fund Medical-Dental Division (AFWCF/MDD) operations and on economic retention, repairable, special projects, and suspended inventory categories. It also provides policies and general guidance on medical stock record account operating inventory control. All inventory categories used for assets on hand are listed in AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ* and AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users' Manual.*

3.3.2. The MLFC is responsible for the proper stratification of the property on the medical stock record account. Standards for inventory levels for medical and nonmedical materiel operating inventory are in paragraph **3.6.** War Reserve Materiel (WRM) is in **Chapter 13**, and excess is in **Section 3G**. Stratification processing procedures are in AFCSM 41-230, Volume 2, or AFMAN 41-216.

3.4. Inventory/Capital Control of Air Force Working Capital Medical-Dental Division Accounts.

3.4.1. The inventory/capital control concept used by AFWCF/MDD accounts makes the fund financially dependent on reimbursements received for goods and services furnished in fulfilling orders from customers. It requires critically evaluating purchase prices as well as quality and delivery-speed of goods ordered. Because there is no injection of cash, losses to the fund are recovered though application of a local purchase surcharge. A funding ceiling is present that cannot be exceeded. If the ceiling is exceeded on 30 Sept (the end of the fiscal year) an anti-deficiency violation occurs.

3.4.2. Under the inventory/capital control concept, the AFWCF/MDD is basically a revolving fund. If materiel can be sold to a customer, replacement materiel can be purchased. Fund control for ordering

materiel is achieved by inventory control. Capital control is closely associated with inventory control. When inventory control is achieved, capital control is also achieved.

3.5. Types of Inventory.

3.5.1. Operating Inventory. This inventory category is maintained to provide selected materiel for use when and where it is needed. An inventory policy is necessary to minimize the high cost of too much or too little stock on hand. The costs of carrying expenses for storage space, use of capital, and deterioration of stock must be balanced against the availability of stock from sources of supply, cost of being out of stock when the item is required, losing quantity discounts for local purchase items, and processing additional orders.

3.5.2. Economic Retention.

3.5.2.1. DOD policy requires optimum use of materiel. The policy allows retention of materiel that is not required for current operating needs if such retention is more economical than procurement at a later date. Materiel held under this criteria is identified as economic retention stock.

3.5.2.2. The medical logistics operating system computes the economic retention stock for operating inventory and identifies the amount on the Medical Stock Status Report (MEDLOG). DMLSS does not specifically identify economic retention stock on the Inventory Management Stock Status Report, but does show on-hand balances which exceed the operating level. Review this amount and retain if there is a reasonable probability that the materiel will be used within the next 24 months.

3.5.2.3. Materiel on hand that exceeds the sum of the stock control level and the amount authorized for economic retention will be applied first to WRM requirements and second to special project requirements before declaring as excess.

3.5.3. Special Projects. This inventory category is used to separately identify and control medical materiel required for specific or unique purposes. This inventory will not be used for materiel required to support war plans. Major commands will direct items to be maintained as special projects.

3.5.4. Reparable and Suspended Inventories. Promptly separate items being repaired or in unserviceable condition from serviceable items and account for them according to AFCSM 41-230, Volume 2 or AFMAN 41-216. Inventory and verify these items at least quarterly.

3.5.5. Excess. Refer to **Section 3G** for more information on excess materiel. Materiel is excess when it meets all of the following conditions:

3.5.5.1. Is not required to meet stock control level.

3.5.5.2. Does not meet the criteria for economic retention.

3.5.5.3. Is not required for war reserve materiel (WRM).

3.5.5.4. Is not required for special projects.

3.5.5.5. Cannot substitute for a requirement in any of the preceding categories.

3.5.5.6. Is not required as a component of a medical kit or assembly.

3.6. Inventory Control Policies.

3.6.1. MLFC will establish an inventory control policy. Inventory control policies and decisions must be made based on local needs, economic investment in inventory, customer requirements, and the medical mission. Two main inventory control methods are Stockless/Just-In-Time (JIT), and Economic Order Quantity (EOQ).

3.6.2. The Stockless/JIT inventory method eliminates warehouse inventory and the associated overhead costs of operating a warehouse. Items managed as "stockless" can be delivered directly to the requesting activities. Electing to use the Stockless/JIT inventory method requires extremely reliable suppliers and short delivery timeframes (24 hours to five days maximum). The Stockless/ JIT inventory method allows the MLFC to focus manpower on providing logistics services directly in patient care areas (forward logistics), by eliminating much of the need to manage warehouse stocks. There are risks since no safety stocks are available for demand fluctuations, bad weather, etc. Prior to implementing any form of a Stockless/JIT inventory policy, the MLFC should consider the following:

3.6.2.1. Reliability of suppliers for different commodity lines.

3.6.2.2. Ability of logistics staff to support ordering and receiving more frequently.

3.6.2.3. Customer comfort level (no safety stock available).

3.6.2.4. Availability of adequate distribution systems and materiel handling equipment.

3.6.2.5. Availability of backup supply sources.

3.6.3. The EOQ inventory control method uses a minimum-maximum system to control operating inventory. It maintains warehouse inventories for regularly used items. The planned minimum stock position under EOQ is the safety level, and the planned maximum is the stock control level. The EOQ method is more suitable for items whose supplier has a long (greater than one week) delivery timeframe. Several factors are used when determining the stock control level for items managed under the EOQ method. See AFCSM 41-230, Volume 2, for detailed MEDLOG formulas used in determining reorder points and stock control levels. See **3.6.7.** for DMLSS specific guidance.

3.6.3.1. Pipeline Time - the number of calendar days between the date an item is requisitioned and when it is received.

3.6.3.2. Safety Level - the number of days of stock (user determined or default) to be kept in operating inventory, allowing for fluctuations in demand and pipeline time.

3.6.3.3. Economic Order Quantity - the number of days of stock (user determined or default) deemed economically prudent to requisition, based on consumption history and item cost.

3.6.4. The medical logistics operating system automates EOQ computation and ordering. However, the MLFC can modify the default values assigned to the safety level and economic order quantity factors for a supply source. Directions on how to modify the default factors can be found in AFCSM 41-230, Volume 2 or AFMAN 41-216. Prior to modifying the values for a supply source, the MLFC should consider the following:

3.6.4.1. The planned minimum stock position (in days) for the entire logistics operation.

3.6.4.2. The planned maximum stock position (in days) for the entire logistics operation.

3.6.4.3. How often the logistics staff can support ordering and receiving items from the supply source (this will be the EOQ factor).

3.6.4.4. How reliable the supply source and consumption history are.

3.6.5. Reliable supply sources and an adequately trained and staffed logistics activity should allow the safety level and EOQ factors to be lowered from the initial defaults. Modifying and reviewing the inventory control method used is an ongoing process. The MLFC will review the safety level and EOQs for all supply sources periodically, and modify them as required to better support local and AF inventory objectives. Regardless of inventory objectives and published goals, the MLFC will ensure the medical mission is not compromised by an overly aggressive inventory control policy.

3.6.6. Variations in stock control levels may be necessary for certain items and under certain conditions, such as:

3.6.6.1. Expiration dated items which cannot be rotated.

3.6.6.2. Changes in the population for whom medical service is provided.

3.6.6.3. Foreseeable changes in the popularity of an item.

3.6.6.4. Materiel demand that cannot be accurately projected, such as seasonal items.

3.6.7. Special inventory control actions for DMLSS activities.

3.6.7.1. AF medical logistics activities calculate levels by using the Days of Stock computation. The MLFC or system administrator will ensure Days of Stock remains the Level Computation Method within the Computations Tab of the MM Service Detail. This selection will also lock out the stocking level algorithm defaults.

3.6.7.2. Maximum Reorder Quantities (MRQ) within DMLSS identifies maximum quantities of stock customers may purchase. If the MRQ box is checked, subsequent blocks must be populated to control the MRQ level percentages. If users change the MRQ boxes, DMLSS automatically checks the MRQ change box.

3.6.7.3. The MLFC or system administrator will ensure the Detail Billing Required Box within the Customer Detail Funding Tab of System Services remains unchecked to ensure summary transactions are passed to finance. Medical materiel activities will provide detail transaction data to customers, as requested.

3.6.7.4. Medical logistics must print and properly post all critical bar code changes to ensure supply ordering may continue. Failure to print critical bar code changes will result in user orders rejecting prior to being passed to medical logistics.

3.6.7.5. The MLFC or system administrator will ensure Medical Equipment Repair Center (MERC)/Biomedical Equipment Repair (BMER) operations remain non-reimbursable within MA service/customer detail. DMLSS sites will not establish fee for service/cost reallocation for any customer.

3.6.8. Special financial transactions for DMLSS activities.

3.6.8.1. Resource management or medical logistics may accomplish the money loads for medical activities. Although this is a local decision, resource management is the recommended fund loading authority. Funds quality control should be accomplished by the funds loading authority.

3.6.8.2. DMLSS provides latitude to accomplish money loads to project centers or expense centers. If resource management is the fund loading authority, sites may track to either project or expense center level. If Medical logistics is the fund loading authority, sites should load targets to

the project level. Actual expenses by project center or expense center may be monitored through Business Objects and/or System Services.

3.6.8.3. Within System Services, Other Procurement (OP) Funds screen, the budget line item code (BLIC) and Project Code must remain blank for AF sites. These fields are for Army sites only.

3.6.8.4. Systems Administrators must annually obtain biomedical equipment repair labor rates from resource management and enter the total in Systems Services. MERC/BMER operations will not reallocate costs to customer IAW paragraph **3.6.7.5.**

3.6.8.5. To ensure proper passing of financial records systems administrators will set end-of-period processing to automatic for daily/monthly processing; Saturday/Sunday processing will remain optional. It is recommended for sites to use manual EOP processing for 30 September. Regardless of processing option used for EOFY, processing automatically begins at midnight on 30 September.

3.7. New Item Inventory Control.

3.7.1. The MLFC will consider stocking, in operating inventory, new items the customer indicates will have recurring demand. Prior to making a stockage decision on new items, the MLFC will examine:

3.7.1.1. Customer usage estimations.

3.7.1.2. Supplier pipeline time and reliability.

3.7.1.3. Previous issue consumption (if item is a replacement).

3.7.1.4. Whether the items meet the criteria outlined in paragraph **3.6.2.** for being managed as stockless/JIT inventory.

3.7.2. Once the decision to stock a new item has been made, the initial unique stock control level (MEDLOG) or static level (DMLSS) should not be greater than necessary to cover pipeline time and one month's projected usage. The quantity initially backordered to the requesting activity should be no more than the projected shopping guide level of the item. Closely controlling the initial issue of a new item will aid in ensuring accurate consumption history is recorded.

3.7.3. Once a new item has consumption recorded in two separate months, and three months have elapsed since the initial issue, the medical logistics operating system will suggest the unique level code or static level in the stock control level be removed. Prior to removing the unique level code from the item, the MLFC should view the recorded consumption history to determine if realistic issue history is being recorded. If it appears that unrealistic issue history has been recorded, the MLFC may choose to adjust the level and leave the unique level code intact. Leaving the unique level code in the stock control level will allow additional consumption to be recorded prior to making the final stockage decision.

Section 3B—Issues and Due-outs

3.8. General. This section provides policy and guidance for issuing medical materiel. It discusses the level of customer support provided to MTF customers and other activities. It stresses the importance of proper supply discipline and the procedures necessary for accurate reimbursement of the AF Working Capital fund.

3.9. Forward Logistics (FL).

3.9.1. FL seeks to provide complete medical logistics support to all MTF customers. The overall goal of FL is to develop a proactive logistics function that is responsive to customer needs. FL is not a top down, structured program. Base level logistics activities have considerable latitude to work with their customers to develop a program that best suits local needs.

3.9.2. The main objectives of FL are:

3.9.2.1. Improve customer service

3.9.2.2. Reduce Operations and Maintenance (O&M) inventories

3.9.2.3. Reduce clinical personnel involvement in logistics functions

3.9.2.4. Reduce AFWCF/MDD inventory required to support customers

3.9.2.5. Improve relations and trust in the logistics system

3.10. Medical Materiel Support.

3.10.1. The MLFC is responsible for supplying the MTF's materiel requirements. The MLFC also provides medical materiel, when requested, to other authorized base and tenant activities, other DOD activities, and other government activities under support agreements. Nonmedical materiel support is provided only to the host MTF.

3.10.2. Each medical using activity is authorized the minimum stocks of recurring demand consumable and durable supplies needed for continuity of operations until replacement items can be obtained from the medical stock record account. The actual stock level is based upon average usage and resupply frequency.

3.10.3. The MLFC will establish a program to help using activities adjust their levels and inventories. The primary activities for this program are those whose average monthly purchases represent at least 10 percent of the total monthly supply sales through the medical logistics operating system. Other activities may be included based upon local situations. Implement this program using the following guidelines:

3.10.3.1. The Using Activity Stock Status Report for the selected activities will be requested through the medical logistics operating system semiannually. Use a cyclical rotation method or other schedule developed by the MLFC.

3.10.3.2. The first distribution provides information and education. Use the report to explain the following key points to the custodian:

3.10.3.2.1. Monthly issue history.

3.10.3.2.2. Daily Demand Rate. Use the first report to ensure the custodian understands how using activity levels are determined based on the daily demand rate.

3.10.3.2.3. Medical logistics operating system suggested levels.

3.10.3.2.4. Erratic ordering patterns.

3.10.3.3. Use the report to determine necessary medical logistics operating system actions required to assist the activity reduce O&M inventory and levels. Retain each report to compare to subsequent reports.

3.10.3.4. The second and subsequent reviews are to ensure the actions previously taken are working to minimize activity levels. This provides a process to improve the management of O&M inventories and stabilize inventory flow. Annotate the report to show the reasons for variation. *NOTE:* Monthly transaction registers or Special Stock Status Reports are useful in the education process. Information on these products is useful in determining required actions and improves the process of reducing activity levels.

3.11. Control of Issues from the Air Force Working Capital Fund Medical-Dental Division.

3.11.1. Issues of AFWCF/MDD materiel require reimbursement except for some materiel obtained through excess redistribution or credit memos. Issue nonrecurring excess materiel ordered specifically for customers on a nonreimbursable basis. Issue excess materiel ordered to support an operating level on a reimbursable basis. Issue materiel received as a result of a credit memo IAW para **3.55.**, on a reimbursable basis. Make other exceptions only if specifically authorized in writing by the Medical Logistics Division (AFMSA/SGSL). Do not issue medical materiel unless sufficient customer funds are available to cover the cost of the materiel. Reimburse the AFWCF/MDD for expense items at the time of issue. Obligate customer funds at the time of order.

3.11.2. Use cost center records and project fund management records (MEDLOG) or expense centers and project centers (DMLSS) to control funds for expense materiel issues.

3.11.3. Issue investment equipment on a nonrefundable/nonreimbursable basis since it is directly funded by the Accounting and Finance (A&F) Office. Do not use AFWCF/MDD funds to procure investment items.

3.11.4. Expendable medical supplies may be issued to DOD dependents schools (DODDS). Issue these supplies from the AFWCF/MDD as reimbursable. DODDS are not required to reimburse the supporting medical facility (IAW DOD 1342.6-M, *Administrative and Logistic Responsibilities for DOD Dependents* Schools, AP3.15.3.) and are issued supplies under XX5932, special activity cost center of the supporting medical facility O&M fund.

3.12. General Issue Instructions.

3.12.1. Medical stock record accounts should issue to their customers frequently to reduce the amount of consumable supplies stocked in the using activities. Other factors that should be considered are: inventory reduction goals, time and effort of medical materiel personnel in performing frequent issues, the customer's available storage space, the amount of customer involvement in receiving the supplies, and the demand rate of the items.

3.12.2. The MLFC may establish a schedule for issuing supplies. The primary purpose of an issue schedule is to improve customer support by promoting a more efficient workflow pattern in medical logistics. The establishment of an issue schedule must not reduce the responsiveness of the stock record account.

3.12.3. Customers may submit urgent, unscheduled, and emergency requests at any time.

3.12.4. Recurring issues will be considered for stockage. Initial requirements for recurring consumables and durables must be carefully coordinated between medical logistics and the user to ensure that both the using activity and stock record account levels are based on actual or expected usage.

3.12.5. Nonrecurring issues will not be considered for stockage. This category includes items with no foreseeable demand within six months, special use items for initial outfitting, trial use items, vaccine for an annual immunization program, and items fabricated or prepared for an individual.

3.12.6. Equipment items will not be issued unless properly authorized. The Report of Medical and Nonmedical In-Use Equipment (MEDLOG) or Equipment Balance Report (DMLSS) shows both authorizations and in-use assets.

3.12.7. Normally medical logistics will provide local purchase (LP) support. Activities which are sufficiently removed from a host base, may be authorized to purchase nonstock listed items and emergency requirements for stock listed items from commercial sources. This process will be closely managed and quantities purchased will be limited to that required for the emergency.

3.12.8. Medical materiel may be issued to other supported activities upon approval by the MTF commander or authorized representative.

3.12.8.1. Control funds for issues to other supported activities through project fund management records (MEDLOG) or project center records (DMLSS).

3.12.8.2. Guidance for providing logistics support to active duty ARC tenant units is in AFI 25-201, *Support Agreements Procedures*. See paragraph **3.10.** and DFAS-DER 7010-2, *Commercial Transactions at Base Level,* for reimbursement or refunds for medical materiel issued to AF tenants.

3.12.9. Submit requests to provide logistics support to Army or Navy activities from AF medical supply accounts to the major command (MAJCOM) of the base for approval. If the MAJCOM does not concur, the request will be endorsed to AFMSA/SGSL. DOD components which are a logistics support responsibility of an AF base will be supplied from base medical stocks the same as AF activities, except that:

3.12.9.1. AF accountability for supplies and equipment will terminate when the materiel is issued.

3.12.9.2. Issue of equipment to DOD components will not be controlled by AF authorization documents.

3.12.9.3. DOD components will cite, on issue requests submitted to medical logistics, appropriate reimbursement funds, including applicable surcharge, and identify the activity to be billed.

3.12.9.4. When DOD components are supported by AFWCF/MDD accounts, the AFWCF/MDD will be reimbursed for the materiel issued, regardless of its cost. Obtain reimbursement according to the host/ tenant support agreement.

3.12.10. When it is determined economically feasible for AF bases to obtain logistics support from a nearby DOD component, the base desiring such support will submit a request through the MAJCOM to the selected activity for approval. If the DOD component does not approve, send the request to AFMSA/SGSL. AF activities which receive logistics support from DOD components will include on all issue requests an appropriate fund cite and the activity to be billed.

3.12.11. Issue medical kits to activities only to satisfy allowance standard (AS), technical order (TO), regulation, or special allowance source code (ASC) 041 requirements. The MTF commander may grant ASC 041 authorizations after considering the availability of other medical services and supplies. For example, if medical assistance is only minutes away, a first aid kit may not be required. The MTF commander should make this determination. At the time of receipt or issue, the MLFC will examine

all kits and sets to ensure compliance with TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits,* and applicable requirements of this volume. Initial issue of kits is unit funded.

3.13. Back Order Procedures.

3.13.1. When requested items are not available for immediate issue, establish a backorder.

3.13.2. Do not put backordered items on subsequent issue requests from the same customer unless an additional requirement develops.

3.13.3. Regular follow-up must be performed on all backorders. Negligence in following-up on backorders can result in customers not receiving needed supplies, which could affect the quality of patient care. It is imperative that accounts be proactive in following-up on outstanding backorders to determine cause of backorder and possible delivery date. Logisticians must work with custodians to notify them of the status of backorders and cancel items no longer needed or provide assistance in finding substitute items. Not following-up on backorders decreases the trust MTF staff have in the medical logistics system. This lack of trust can then erode the effectiveness of inventory management practices.

3.14. Warehouse Refusals. When items have been processed for issue but cannot be located within the warehouse, take the following action:

3.14.1. Search the receiving area and other storage locations to determine if the item was misplaced.

3.14.2. If, after a thorough search, the item cannot be located, review transaction registers, document registers, and previous inventory records to determine if a transaction was processed in error.

3.14.3. Contact the using activity to determine if they received the item.

3.14.4. If the item cannot be located, reverse the issue transaction to return credit to the customer and process the necessary transaction(s) to correct the out-of-balance condition.

3.14.5. Take action to order the item for the customer.

3.15. Authorization to Request and Receipt for Materiel.

3.15.1. Signature receipt is required for the types of issues listed below. MAJCOMs and MTF commanders also may require signature receipt for other items.

3.15.1.1. Code Q and R items.

3.15.1.2. Equipment.

3.15.1.3. Issues to non-MTF cost centers.

3.15.2. Property custodians may designate military and civilian personnel as authorized representatives to request and receipt for materiel. The property custodian assumes full responsibility for all materiel requested and received by authorized representatives.

3.15.3. The property custodian will make the delegation of authority in writing and forward it with signatures of the authorized representatives to medical logistics. File the original in medical supply and place a copy in the Medical Equipment Management Office (MEMO) property custodian folder.

3.16. Support for Peace Corps Personnel Overseas.

3.16.1. AF logistics activities in overseas areas will furnish medical supplies to the Peace Corps upon request, provided such support does not impair performance of the military mission. If the requested support cannot be furnished without impairing the mission, forward information about the circumstances through command channels to AFMSA/SGSL. AF medical activities are authorized to make local arrangements with Peace Corps personnel.

3.16.2. Peace Corps personnel will submit requisitions for medical supplies to the nearest US military activity. The requisitions will be reviewed and approved by a physician serving with the Peace Corps or assigned to the US Embassy.

3.16.3. Issue medical supplies on a reimbursable basis. The Accounting and Finance Office supporting the medical supply account will submit billings to the Peace Corps overseas post or Foreign Service post.

3.17. Nonmedical Units.

3.17.1. Independent duty medical technicians and personnel who support mobile medical units / remote sites will obtain required medical materiel from a support base in the same manner as MTF using elements. These activities use the same storage, issue, accounting, and inventory procedures and precautions required for controlled drugs as a hospital ward. (See AFI 44-103, *The Air Force Independent Duty Medical Technician and Medical Support for Mobile Medical Units/Remote Sites).*

3.17.2. Requests for medical materiel by other activities not covered by published directives will be forwarded through command channels to AFMSA/SGSL for approval prior to issue.

3.18. Management of Materiel Required for Patient Transfer.

3.18.1. Materiel necessary for the comfort or safety of patients being transferred from one MTF to another will be provided and controlled according to AFJI 41-205, *Property Management During Patient Evacuation*.

3.18.2. The following guidance applies to AF originating facilities:

3.18.2.1. When available, furnish the materiel required for the move from in-use assets. No materiel will be shipped directly from the stock record account.

3.18.2.2. Medical logistics will establish and maintain adequate stock levels of litters, litter straps, restraint sets, and other special items required for patient transfer.

3.18.2.3. Use responsibility center/cost center code (MEDLOG) or expense center code (DMLSS) XX5892 when items that can be specifically identified with patient transfers are issued to a requesting activity.

3.18.2.4. Coordinate the transfer of in-use linens with the linen supply officer to ensure the linen supply records are properly adjusted.

3.18.2.5. Coordinate the transfer of in-use equipment with the appropriate property custodian and the MEMO. Use an AF Form 601, **Equipment Action Request**, (see **Chapter 7**) to support the transfer of accountability and adjust the in-use equipment records. When the high cost or special nature of the equipment justifies the cost of return, the originating activity will coordinate with the receiving activity for return of the property.

3.18.3. AF MTF receiving activities:

3.18.3.1. May retain needed supply type items other than linens. Linens will be turned in to the linen supply function.

3.18.3.2. May retain authorized equipment. Equipment must be accounted for on MEMO records (**Chapter 7**).

3.18.3.3. Turn in unneeded materiel to medical supply.

3.19. Central Processing and Distribution (CPD).

3.19.1. The objective of CPD is to provide maximum service to patient care activities and minimize Operations and Maintenance (O&M) investment in inventories. The following information on CPD is for design of materiel distribution programs at medical centers and regional medical centers.

3.19.2. CPD is a single manager concept that oversees materiel storage and distribution through an automatic resupply system. CPD is a viable concept at those MTFs where the size and layout of the facility support such an operation. The CPD concept requires close coordination between the central processing function and medical logistics to assure a unified and integrated materiel management system. Medical logistics requisitions, receives, and stores the raw materials required in the processing element. The MLFC ensures a quality controlled and efficient flow of materiel through a planned system of receiving, storing, and distributing. CPD is effective in reducing using activity inventories, providing supply responsiveness, and relieving health care staff personnel of routine supply matters.

3.19.3. Items to be stocked in the distribution activity will be issued and expensed from the AFWCF/MDD directly to an inpatient processed stores account (XX5652).

3.20. Periodic Automatic Resupply (PAR) System.

3.20.1. In the PAR system, medical materiel personnel automatically restock using activity storage shelves with routinely used items to predetermined levels. The time for restocking inpatient care activities depends upon local conditions, however, it should be at least weekly.

3.20.2. Most activities perform this process using computer scanners to inventory the storage shelves in each section. Information is downloaded into the medical logistics operating system and issue lists are generated that will restock the shelves to the predetermined levels.

3.20.3. The PAR system is an important part of forward logistics because it minimizes the time clinical personnel are involved in logistics functions.

3.20.4. Supply custodians will submit orders to medical logistics only for items not routinely used.

3.21. Automated Dispensing Systems.

3.21.1. Automated dispensing systems use “point of use” technology to enhance medical supply inventory management. They consist of supply cabinets in the clinical areas that are linked directly to the MTF computer systems. They monitor supply consumption and automatically send inventory data to the medical logistics operating system, thus eliminating the need for manual inventorying.

3.21.2. Automated dispensing systems can also interface with financial systems allowing for improved cost management.

3.21.3. Advantages can include:

3.21.3.1. Quick and easy access to supplies.

3.21.3.2. Improved data capture.

3.21.3.3. Reduced inventory.

3.21.3.4. Increased efficiency and productivity for medical materiel.

3.21.3.5. Improved inventory management.

3.22. Outpatient Support. The preferred method for outpatient supply support is that it be provided in the clinic where the patient receives care. Medical materiel may also provide outpatient supply support on a prescription basis. Commonly stocked medical/surgical items are issued to an authorized care beneficiary upon presentation of a valid prescription. The director of outpatient support must evaluate all nonstocked item requests to determine procurement responsibility, e.g., TRICARE, Medicare, or Medicaid and refer the patient to the appropriate agency. Nonstocked outpatient supply procurement by CPD is prioritized based on urgency of need, however, supplies should routinely be provided within seven days of prescription receipt. Clinics will follow the same procedures to ensure the individual is an authorized beneficiary with valid prescription.

3.23. Management of Customer Service Office. All medical materiel accounts should have a central point of contact for non-routine supply requests. All unique or emergency requests will be directed to the customer service office to determine if another activity may have the item, if a substitute would be appropriate, or if the item must be obtained from stock. Customer service initiates the appropriate action to obtain the item and provide for immediate delivery to the requester.

Section 3C—Requirements, Requisitions and Due-Ins

3.24. General.

3.24.1. This section prescribes policies and procedures for preparing and submitting requisitions and related documents.

3.24.2. The policies include the application of Military Standard Requisitioning and Issue Procedures (MILSTRIP) and the Uniform Materiel Movement and Issue Priority System (UMMIPS). They are applicable to requisitions for medical materiel submitted to:

3.24.2.1. Any Defense Logistics Agency (DLA) activity.

3.24.2.2. AF Medical Logistics Office.

3.24.2.3. General Services Administration (GSA) stocked and centrally procured items (see paragraph **3.29.**).

3.25. Uniform Materiel Movement and Issue Priority System (UMMIPS).

3.25.1. Purpose.

3.25.1.1. To ensure the proper ranking of materiel requirements considering the importance of the requiring activity's mission and the urgency of need for the materiel.

3.25.1.2. To prescribe incremental time standards for requisition processing and materiel movement.

3.25.2. Major commands advise all subordinate elements of their assigned precedence ratings and force activity designators (FAD) annually and whenever FADs are changed. Forward inquiries about AF precedence ratings or FAD assignments to HQ USAF/XPPE through MAJCOM channels.

3.25.3. The assigned FAD together with the urgency of need designator (UND) is used in determining priority designators. The table in **Attachment 2** reflects how the FAD and UND dictate the appropriate priority. Medical activities cannot use priority designators 01 or 02.

3.25.4. A requisition modifier may be used to change priority designator code or required delivery date. Quantities may also be entered if the modifier is for a partial cancellation or cancellation follow-up. See AFCSM 41-230, Volume 2, or AFMAN 41-216 for proper procedures. Normally, it is not wise to modify requisitions previously submitted unless the initiating activity desires to cancel or reduce quantities requisitioned. Handle emergencies that require materiel already requisitioned by requisitioning additional quantities required to satisfy the immediate need based upon appropriate UND and FAD.

3.25.5. The date placed on the requisition (part of the document number) must be the date of transmittal by the requisitioner to accurately evaluate total performance under UMMIPS. This is essential for computing meaningful order and ship time data.

3.25.6. A required delivery date (RDD) is the Julian date when the materiel is actually required by the requisitioner and should be used only if normal UMMIPS time frames are not acceptable. If the RDD field of the requisition is left blank, the depot will ship the materiel as routine regardless of the priority code assigned.

3.25.7. Methods of communication.

3.25.7.1. Send all MILSTRIP requisitions and related documents over the Internet via an AFIN (AF Information Network) connection when available.

3.25.7.2. When requisitioning activities are not able to use AFIN or when the inclusion of additional data on documents is essential, send requisitions and related products in the following manner:

3.25.7.2.1. Documents with designators 03-08--Forward by electronic message, telephone, facsimile or courier in this order of preference. Use mail only when electrical facilities are inoperative or when, considering proximity and known delivery schedules, delivery will be made within the time frames normally required for electronic message. When selecting the communications media, document originators and supply management at all echelons will ensure the time frames and urgency of need related to priority designators 01-08 are recognized.

3.25.7.2.2. Documents containing priority designators 09-15 may be sent by mail or courier, as appropriate.

3.26. Manual Preparation of Requisitions. Prepare manual requisitions as outlined in **Attachment 3**.

3.27. Submission of Requisitions.

3.27.1. Submit MILSTRIP requisitions to the source indicated by the routing identifier code and acquisition advice code listed in the applicable cataloging document. On requisitions submitted to DSCP, subsequent follow-ups and cancellation requests are normally submitted to and replies are received from DSCP. When applicable, submit DSCP requisition or follow-up correspondence to DSCP/MRCE for priority 01-03 MILSTRIP requisitions or DSCP/MAMC for priority 04-15 MILSTRIP requisitions.

3.27.2. When a requisition is transmitted by telephone, furnish all information required for the particular transaction as outlined in **Attachment 4**, and any additional information required to support the request.

3.27.3. When requisitions are relayed by telephone, radio, or message, do not send confirmation required. Prepare follow-ups as described in **Attachment 6**.

3.28. Funding.

3.28.1. Signal and fund codes are mandatory entries. The fund code indicates to the supply source that funds are available to pay for the requisitioned materiel. The signal code identifies the activity to receive and pay the bill.

3.28.2. Precertification of funds for requisitions for expense type materiel for the AFWCF/MDD (Fund code 6B) is not required.

3.28.3. Process requisitions for investment items through the local accounting and finance office for certification of funds. The low volume of transactions of this type does not warrant maintaining an obligation authority. Those items are procured with “other” appropriations. The due-in is refundable and the due-out is nonreimbursable. AFWCF/MDD funds cannot be used to purchase investment or centrally managed items.

3.29. Special Requisitioning Instructions.

3.29.1. Restricted Items. Send requisitions for medical items centrally or service-controlled (acquisition advice code A, J, X, W, etc.) to the source of supply listed in the applicable cataloging publication. If necessary, that source of supply will refer the requisition to the appropriate control point for review and approval.

3.29.2. Stationary Medical X-ray Systems. Prior to budgeting for or procuring stationary medical X-ray systems (except dental systems) the MLFC must submit a preprocurement survey. Upon request, AFMSA/SGSLE will furnish preprocurement survey preparation guidance to activities not serviced by a MERC. The project number assigned by AFMSA/SGSLE in response to completed surveys must be referenced in authorization/allowance change requests.

3.29.3. Requisitions for WRM. When ordering WRM, use the correct allowance standard code. When requisitioning dated items from DLA sources use requisition transaction advice code 2G, 23, 24, 29, or 31, or if using the prime vendor work closely with them to ensure receipt of materiel with the longest shelf life. If a WRM requisition is canceled or rejected because the national stock number (NSN) is invalid, obsolete, or items are no longer available, requisitioners should check the current allowance standard (AS). If the NSN is still listed as valid in the AS, contact AFMSA/SGSLX electronically or by phone. Do not use priority designator 01-08 to order in-garrison WRM.

3.29.4. Newly stock listed items may be procured locally pending availability from the source of supply.

3.29.5. When requisitioning expiration dated items with short shelf-life (six months or less) for immediate needs or stockage objectives, overseas activities should use priority designator 03 regardless of FAD assignment. Activities in the continental United States (CONUS) should consider local purchase (LP) for immediate need items.

3.29.6. Do not requisition Centrally Managed Equipment (CME). AFMSA/SGSLX provides funding and requisitions for these assets from the appropriate source based on planned replacements and identified shortages. AFMSA/SGSLX will provide status information and notify affected accounts to establish due-ins as needed.

3.29.7. Influenza vaccine is normally centrally ordered by the AFMSA/SGSLC. Each year the AFMSA/SGSLC will announce when website ordering will commence for the next influenza vaccine season. Users will obtain a password for the website and enter the requirements for their MTF and supported units. AFMSA/SGSLC will consolidate all requirements, and place the orders to DSCP on behalf of the bases. Bases will establish reimbursable due-ins and due-outs locally using the stock numbers and document numbers provided by AFMSA/SGSL for the quantities provided.

3.29.8. DMLSS Sites only—when requesting items from another AF site use the Routing Indicator Code (RIC) of the source site as the SOS Code and assign SOS Type “EXT” to the Source of Supply record. These items will not be billed in the accounting system and will process as non-reimbursable.

3.30. Processing Requirements on an Exception Basis.

3.30.1. Medical requisitions may be processed on an exception basis when transportation data is required to ensure timely support of:

3.30.1.1. Priority designator 01-03 requisitions submitted to DSCP for medical materiel associated with medical emergencies of a life saving nature.

3.30.1.2. Joint Chiefs of Staff/military service approved projects associated with emergency conditions.

3.30.2. When commercial airlift is cited as a requirement and shipment is destined outside CONUS, Alaska, or Hawaii, the requisition must include the appropriate O&M transportation TAC code/fund cite and be cleared with the appropriate Air Clearance Authority at least 24 hours prior to shipment. "LIFE OR DEATH" requirements will be shipped by the mode indicated on the requisition or the fastest available means regardless of whether or not transportation funds are cited. DLA will be reimbursed for transportation expense after the fact.

3.30.3. Transmit requisitions discussed in this paragraph, according to paragraph **3.25.7.** To indicate inclusion of exception data, the third position of the document identifier must be 5 or E (see **Attachment 3**).

3.30.4. To prevent unnecessary delays in shipping and receiving materiel, use the instructions in **Attachment 4** to prepare a life-saving medical emergency requisition. The remarks section of the message should include any exception data such as physician's name, key telephone numbers, clear nomenclature, and appropriate strength to facilitate procurement of the required materiel.

3.30.5. If the item is available locally, consider local purchase (**Chapter 4**). This will ensure receipt of the materiel when required and reduce DSCP premium transportation costs required to meet the RDD.

3.30.6. GSA managed items are divided generally into four categories: centrally stocked, centrally procured but not stocked, federal supply schedule, and LP. Activities should make maximum use of GSA. The GSA distribution system issues stocked items to users in response to requisitions. Requisitions for non-stocked items are passed to the vendor for direct delivery to the user.

3.30.7. Federal supply schedules. GSA contracts for articles and services that are not normally available from the centrally stocked or centrally procured program. Federal supply schedules provide for direct vendor delivery of the items and services listed in the schedules. Schedules contain ordering instructions, price lists, expiration dates, and often have minimum and maximum order limits. Individual schedules may be obtained from appropriate GSA regional offices or **http://www.gsaelibrary.gsa.gov/elib/eLibrary.jsp**. GSA publication, *Guide to Sources of Supply and Service,* contains a list of all federal supply schedules, geographical coverage for each schedule, the primary users, and instructions for ordering from the schedules. GSA regional offices have term contracts for maintenance, repair, and rehabilitation of many items, such as hospital, office, and household furniture.

3.30.8. Some items, because of ready availability, infrequent requirement, or similar management considerations, have been coded for LP. CONUS activities are expected to obtain these as well as non-stock listed items through LP.

3.30.9. AF medical activities are authorized to use the Veteran's Affairs Special Services (VASS) Contracting Office at Fort Detrick Maryland as an additional source to purchase medical equipment, medical systems, and medical services after considering differences in levels of service, cost recovery (surcharge) rates, costs for manual processing, follow-up, and payment.

3.30.9.1. All requisitions must be mailed or faxed to: AFMSA/SGSL/VASS, 1423 Sultan Drive, Suite 200, Fort Detrick Maryland 21702-5006 (fax number DSN 343-3613 or commercial (301) 619-3613).

3.30.9.2. All requisitions will be submitted on a DD Form 448, **Military Interdepartmental Purchase Request (MIPR)** and accompanying DD Form 448-2, **MIPR Acceptance**. Specific detailed instructions can be obtained from AFMSA/SGSLC or AFMSA/SGSL/VASS Offices.

3.30.9.2.1. Use a 6B fund cite for medical materiel or expense equipment that has a unit price less than $250,000. The MIPR number will correspond with the requisition number created in the due-in transaction. MIPRs citing AFWCF/MDD funding do not need to be forwarded to accounting and finance or the RMO. The 6B order will be established as a reimbursable due-in with supporting reimbursable issues if required.

3.30.9.2.2. Requisitions using Operations and Maintenance O&M (2X) fund cites shall be certified and signed by the base level finance office (A&F) or the medical resources advisor. The base level finance office or the medical resource advisor will assign the MIPR number. O&M 2X orders are not processed through the medical logistics operating system.

3.30.9.3. When establishing a due-in use the procurement source and management code of "G0" if required and the appropriate routing identifier code or source of supply. Enter the appropriate

code to ensure an electronic order is not generated to eliminate the possibility of a duplicate order being placed.

3.30.9.4. The VA does not accept MILSTRIP follow-up requests. Do not send requisitions and follow-ups to Defense Automatic Addressing System (DAAS), as they might be forwarded to DSCP. Requisition follow-up requires the requesting activity to obtain status off-line through AFMSA/SGSL/VASS Contracting Office.

3.30.9.5. Additional information, including the VASS Customer Handbook, can be obtained from the AFML website or by contacting AFMSA/SGSLC.

3.31. Requisitions for Medical Materiel Submitted by Other than Supply Accounts.

3.31.1. Air National Guard (ANG) activities will use these procedures when submitting requisitions for medical items. Forward requisitions to DSCP or the appropriate base providing logistics support to the ANG base.

3.31.2. Requisitions for medical materiel to support security assistance programs are initially sent to WR-ALC, Robins AFB GA for funding actions, conversion to MILSTRIP format, and transmittal to DSCP.

3.31.3. AFRES units will submit requisitions in the manner prescribed for AF bases unless arrangements have been made for logistics support by an AF base.

3.32. Substitutions. The Surgeon General, USAF, may authorize the substitution of medical items for maximum use of existing stocks provided the substitute item is medically suitable and acceptable. DSCP may issue authorized substitute items without consulting the requisitioning activity and regardless of the stock position of the requested items unless advice code 2B is entered on the requisition.

3.33. Defense Logistics Agency War and Emergency Support Plan.

3.33.1. Emergency requisition processing and issue procedures have been developed to provide for materiel support direct from DLA distribution points if central data systems become inoperative.

3.33.2. Upon advice from HQ USAF that DLA has implemented/terminated direct requisitioning, Air Force Materiel Command (AFMC) will provide the necessary guidance.

3.34. Mass or Universal Cancellation of Requisitions.

3.34.1. Events such as base closure, special project termination, unit inactivation, or termination of agreement can require mass or universal cancellation of requisitions.

3.34.2. The MAJCOM/SG or other authorized command element will initiate the request for mass or universal cancellation of requisitions and forward it to AFMSA/SGSLC.

3.34.3. AFMSA/SGSLC will disseminate these requests as outlined in AFMAN 23-110, Volume 1, Part 1, Chapter 25, paragraph 29.

3.35. Materiel Obligation Validations.

3.35.1. The purpose of the MOV is twofold:

3.35.1.1. Validation of need.

3.35.1.2. Reconciliation of records.

3.35.2. A MOV request is generated from a supply source to a requisitioner/control office for a comparison and validation of the continued requirement of outstanding requisitions held as materiel obligations by the supply source with those carried as due-in by the requisitioner.

3.35.3. A MOV response is a reply by a requisitioner to an MOV request advising the supplier to:

3.35.3.1. Hold a materiel obligation until supplied, or

3.35.3.2. Cancel all or a portion of materiel obligation.

3.35.4. DSCP schedules cyclic customer validations for over-aged requisitions based on the criteria in the DLA *Customer Assistance Handbook*, Part III. DSCP transmits MOV request images (document identifier AN1) using AFIN or message format. MOV data are passed to the stock record account through Defense Automatic Addressing System Center.

3.35.5. Response to Validation Requests.

3.35.5.1. MEDLOG users. AFCSM 41-230, Volume 2, Sections 8.23 and 8.33., has procedural guidance for responding to validation requests. Respond by message within ten days of the request message date or process an AIT transaction using the following format at **Attachment 7**.

3.35.5.2. DMLSS users should follow the instructions for responding to MOV requests included in AFMAN 41-216, paragraph 5.23.

3.35.6. Preparation of Special Validation Requests.

3.35.6.1. Requests for special MOV will always be by message. The response to the special request will be by AFIN or message. The requirement for use of messages recognizes the fact that these special validations normally consist of a limited number of transactions for single requisitioning activities.

3.35.6.2. The request will consist of the document number of the demand which is held as a materiel obligation, the applicable stock or part number, the unfilled quantity, the "ship to" address, the current priority designation, and a reply due date. The reply due date is always 15 days from the message dispatch date.

3.35.6.3. Due to the urgency of demands for crucial items, item managers may determine that supply of current demands should be from stocks due in against which there are materiel obligations of lesser or equal priorities. In these instances, the managers would initiate the special MOV procedures.

3.35.7. Materiel Obligation Reinstatement.

3.35.7.1. Requisitioning activities that receive confirmed cancellations as a result of the MOV program, may request reinstatement of their canceled requisitions within 60 days of the date of the BS cancellation transaction. Canceled requisitions will be reinstated on-line. Off-line reinstatement requests will not be honored. When reinstatement is required, the requisitioner will furnish the supply source a document identifier code APR transaction, MOV Reinstatement Request, using the format shown in DOD 4000.25-1-M, *Military Standard Requisitioning and Issue Procedures (MILSTRIP)*, Appendix C48. MEDLOG users must use the AIT screen to produce this transaction.

3.35.7.2. Prepare the APR transaction using the information from the cancellation to ensure that the correct Suffix Code is included. The Advice Code from the original requisition must be perpetuated or the Advice Code will be treated as blank. Prepare the APR request for the quantity required up to the quantity on the canceled requisition. If the quantity requested exceeds the quantity canceled, only the canceled quantity will be reinstated. The excess quantity will be rejected.

3.35.7.3. When the source of supply receives the APR transaction, the latest supply status will be furnished to status eligible recipients. Incorrect APR transactions will be rejected.

Section 3D—Receipts Resulting from Requisitions

3.36. General.

3.36.1. This section provides guidance on processing requisition receipts including identifying, inspecting, checking, and accepting materiel. These actions are normally performed at the medical logistics activity.

3.36.2. Inspect all materiel to verify identity, condition, and status. The inspector will sign or stamp the stock record copy of the release/receipt document.

3.36.3. Ensure controlled medical item receipts are supervised. Secure the controlled items immediately upon receipt.

3.36.4. Open and inspect medical equipment receipts under the supervision of a biomedical equipment repair technician (BMET). Identify equipment with guarantees or warranties. Establish proper records.

3.36.5. List all discrepancies, shortages, overages, or condition on the receipt document.

3.36.6. Forward a shipment intended for another activity, but received in error, to the consignee or Transportation Management Office (TMO) expeditiously.

3.37. Processing Receipts From Government Activities/Prime Vendors.

3.37.1. Normally, Department of Defense (DOD), General Services Administration (GSA), and AF shipments are received using DD Form 1348, **DOD Single Line Item Requisition System Document (Manual)** and/or DD Form 1348-1A, **Issue Release/Receipt Document**. Entries on these forms are explained in **Attachment 8**. Prime vendor receipts are normally done on a medical logistics operating system receiving document. Use the forms to tally receipts of individual items, to note discrepancies, and as a source document. The MLFC will determine the action to be taken on discrepancies (see paragraph **3.40.**).

3.37.2. If required copies are not received, the receiving activity will prepare or reproduce sufficient copies. Use DD Form 1348 and/or DD Form 1348-1A.

3.37.3. Receive shipments and verify the count of all packages and items.

3.37.3.1. If the quantity shipped and received are identical, circle the quantity on the receiving document.

3.37.3.2. Recount if quantities differ.

3.37.3.3. If the recount does not resolve the discrepancy, place an asterisk by the quantity shown as shipped. Complete all required condition tags and labels to show the quantity actually received. Do not alter the consignor's entries.

3.38. Receipts From Local Purchase.

3.38.1. Prompt payment is very important in establishing and maintaining satisfactory relationships with vendors. The MLFC and local A&F Office will agree on a reasonable time to accept or reject a shipment. Give special attention to prompt payment discounts. Financial data must be available to take full advantage of discounts and ensure prompt payment.

3.38.2. Enter in the quantity received column only the quantity of serviceable property received. Process property found to be discrepant when received as follows:

3.38.2.1. Place all damaged receipts in segregated storage until the vendor's corrective action or disposition instructions are received.

3.38.2.2. See paragraph **3.44.** for special instructions for code R items.

3.38.2.3. Medical logistics personnel will sign certificates of inspection or acceptance.

3.38.3. Maintain a suspense file of the contracts and purchase orders.

3.38.3.1. Remove the contract from the suspense file when the final shipment is received and file it in the completed file. Carefully screen these files against shipments received. Verify the count of all packages and items. If medical logistics systems and Standard Procurement System (SPS) terminals with printing capability are available in the receiving section, hard copy contracts need not be kept if the base Judge Advocate certifies signatures are not required.

3.38.3.2. Dispose of documents in the completed file according to AFMAN 37-139, *Records Disposition Schedule.*

3.38.4. If materiel is received before the contract or purchase order and the contract is not available on SPS, immediately notify the contracting office responsible for the order. If the contracting office is on another base, request the contract be sent by the fastest means available.

3.38.5. Follow up on materiel or services not received or completed on the tenth day following the scheduled delivery date.

3.39. Processing Local Purchase Receipts.

3.39.1. When DD Form 1155, **Order for Supplies or Service**, SPS receipt document, "Notification of Award," or other similar form is used, it will be used as the receiving report. Otherwise, use DD Form 250, **Material Inspection and Receiving Report**, or a certificate of receipt. The certificate may be prepared on the back of the packing slip or on bond paper attached to the packing slip. The certificate will show the contract or purchase order number and all identifying data necessary to complete the receiving action. Use the original signed copy as the source document, then file it in the document file (see note). When the system is down or normal automated processing is otherwise interrupted, a hard copy of the receiving document must be sent to A&F to support payment to the vendor.

3.39.2. Public law requires that these documents be retained for a total of six years and three months to support disbursement of funds. At the end of one year after the FY to which they pertain, transfer these receiving reports to the base records manager for local staging. If A&F has accepted responsibil-

ity to conduct any required record searches involving these records, the office transferring the records must document this authorization with the base records manager and will provide a copy of the Standard Form 135, **Records Transmittal and Receipt**, to A&F.

3.39.3. Prepare receiving reports covering partial shipments immediately upon receipt of the materiel. Partial shipment receiving reports will be uniquely identified by a single, sequentially assigned number entered in the appropriate block of each report relating to a single purchase order or other purchase instrument.

3.39.4. Final shipments will be identified by entry in the appropriate block.

3.40. Discrepancies In Shipment.

3.40.1. This paragraph provides policies for reporting and processing shipping and packaging related discrepancies. The provisions of this paragraph do not preclude reports of survey, investigations, or inspections, when appropriate.

3.40.2. Establish controls to ensure that discrepancies are reported accurately and promptly. Annotate "Discrepancies Noted Hereon" on the receiving document and enter an explanation of the discrepancy. Do not report minor discrepancies such as typographical errors which do not constitute a misrepresentation of the property being shipped if the overall benefits cannot reasonably be expected to at least equal the administrative cost of processing the report. Do not report discrepancies that are due to stock list changes. For example, if the unit of issue changes from PG to BX and items are subsequently received marked PG, a Supply Discrepancy Report (SDR) would not be appropriate.

3.40.3. The MLFC is responsible for reporting discrepancies attributable to the shipper, including manufacturer, vendor, or contractor.

3.40.4. The transportation officer is responsible for reporting discrepancies attributable to the carrier.

3.40.5. The contracting office where the contract was written is responsible for resolving the reported discrepancy. Medical logistics will not attempt to resolve discrepancies directly with the contractor unless a Memorandum of Understanding (MOU) has been established with the contracting officer. The MOU must state:

3.40.5.1. The contracting officer will provide training in proper procedures for medical logistics personnel to ensure that the government is not unnecessarily obligated.

3.40.5.2. Medical logistics will keep the contracting officer informed of resolution actions taken and the results.

3.40.5.3. The contracting officer will take necessary action to complete the discrepancy resolution when medical logistics actions are unsuccessful.

3.41. Reporting Discrepancies.

3.41.1. The receiving activity will electronically file, whenever possible, a Standard Form 364, **Supply Discrepancy Report (SDR)**, to document and report item or packaging discrepancies described below that are attributable to the shipper. When item discrepancies and packaging discrepancies are noted on the same shipment, check both blocks on top of the SF 364 and report both types of discrepancies. Submit a discrepancy report as soon as the discrepancy is noted (see **Attachment 9**). AFJMAN 23-215, *Reporting Supply Discrepancies*, contains procedures for preparing the SF 364. When

submitting an SF 364 electronically, refer to the AFML website for on-line instructions. Hard copies will only be submitted when the agency reporting to does not have the ability to receive electronic copies or when hard copies have been requested. Process discrepancies involving receipts of requested excess as inconsequential. A SF 364 is used for the following discrepancies.

3.41.1.1. GSA or Department of Veterans Affairs (VA) shipments with shortages or overages regardless of dollar value. GSA will respond to discrepancy reports within 75 days.

3.41.1.2. Defense Logistics Agency (DLA) shipments with shortages or overages regardless of dollar value.

3.41.1.3. Shipments from local purchase vendors with shortages or overages regardless of dollar value. If the contract has an excess quantity clause, overages of $250 or less may be received according to the contract terms. This clause does not include duplicate shipments (see **3.41.1.5.** below).

3.41.1.4. Shipments containing classified or controlled items. Report these regardless of dollar value. Process controlled item discrepancies according to paragraph **3.44.**

3.41.1.5. Duplicate shipments or shipments of erroneous materiel or unacceptable substitutes, regardless of dollar value.

3.41.1.6. Materiel received regardless of dollar value:

3.41.1.6.1. That is against a confirmed canceled requisition. Confirmation of cancellation is required.

3.41.1.6.2. That were shipped by parcel post and were not received or were received in a damaged condition.

3.41.1.7. When supply documentation is missing or improperly prepared regardless of dollar value of the materiel.

3.41.1.8. When materiel, regardless of value, is invoiced or shipped to the wrong activity.

3.41.1.9. When item technical data markings are missing or incomplete, regardless of dollar value.

3.41.1.10. When the shipping documents and package labels show the same identity but the materiel itself is different. In this case it is reasonable to assume that the remaining stock at the shipping point may be erroneously identified and it is especially important to submit these SDRs quickly.

3.41.1.11. When repetitive discrepancies are observed, regardless of dollar value, or when conditions not listed herein which materially affect the item's serviceability, usability, or identification are found at time of receipt.

3.41.1.12. Report shortages and wrong item discrepancies discovered while opening a sealed vendor pack regardless of the dollar value or the shipper. These reports must contain the contract number from the pack and, if available, the original document number. Report these discrepancies when discovered regardless of the date shipped or the date received.

3.41.2. Discrepancies involving prime vendor shipments

3.41.2.1. Contact the prime vendor to notify them of the discrepancy .

3.41.2.2. If the discrepancy can't be resolved by working directly with the prime vendor, the MTF Contracting Officer's Representative for the prime vendor contract should contact the prime vendor case manager at DSCP. The case manager will work with both parties to resolve the discrepancy.

3.41.2.3. For further information refer to your prime vendor contract and the DSCP prime vendor desk reference at **http://dmmonline.dscp.dla.mil/primevendor/primehome.asp**

3.41.3. When a shipment or any part of it is rejected state the reason for rejection in the remarks section of the applicable form.

3.41.4. When discrepancies other than those listed in paragraphs **3.41.1.** and **3.41.2.** are found and corrective action by the shipper is required, describe the deficiency and include recommendations for corrective action in the remarks portion of the form.

3.41.5. Lost shipments. Submit a report when a shipment is lost, that is, it has not been received in a reasonable length of time as determined by comparison with the ship times of similar shipments.

3.41.5.1. CONUS activities must report parcel post lost shipments within 45 days of the date of shipment. Overseas activities report these lost shipments within 90 days of the date of shipment.

3.41.5.2. CONUS activities will submit reports on other lost shipments within 75 calendar days and overseas activities within 150 days of the shipping date.

3.41.6. The TMO will prepare SF 361, **Transportation Discrepancy Report**, to report transportation type discrepancies as prescribed by DOD 4500.9-R Part II, *Defense Transportation Regulation*. Medical logistics will provide TMO the information required to complete the forms on medical shipments. The MLFC will send copies of the SF 361 provided by the TMO to A&F to support claims and retain a copy, if required to support adjustment transactions.

3.41.7. Medical logistics will follow up if reply has not been received within 75 days. Follow up will consist of writing "Follow Up" and the date of the follow-up in the top margin of a copy of the SF 364 and mailing it to Defense Supply Center Philadelphia (DSCP), GSA, base contracting, etc. If a reply is not received within 15 days of follow up to any DLA source of supply, notify AFMSA/SGSL. AFMSA/SGSLC is the POC for unresolved (two follow-ups with no response) SDRs.

3.41.8. For DMLSS activities, the MM Service Detail Values must be set to identify consequential discrepancy values. The DLA dollar value should be set IAW the DLA handbook and the GSA dollar value should be set at $25.

3.41.9. For DMLSS activities, each individual Source of Supply (SOS) within the IM module must reflect the over shipment amount indicated on the contract.

3.42. Distribution of Discrepancy Reports.

3.42.1. DSCP originated shipments. Submit SDR online via the DSCP web site (**http://dmmonline.dscp.dla.mil/forms/rod.asp**). Print and retain one copy.

3.42.2. Intra-AF shipments.

3.42.2.1. Original and one copy to the shipper's inventory control point (ICP), inventory manager (IM), or appropriate accountable activity.

3.42.2.2. Two copies to the shipping activity. Attach a copy of DD Form 1348 and/or DD Form 1348-1A.

3.42.2.3. One copy retained by the preparing activity.

3.42.3. Manufacturer or vendor originated shipments.

3.42.3.1. Original and one copy to the purchasing contracting officer or an authorized representative. Attach one copy of the contractor/vendor shipping document to the action copy of the SF 364.

3.42.3.2. Two copies to the officer administering the contract or purchase order, if different from the purchasing officer. Attach one copy of the contractor/vendor shipping document to the action copy of the SF 364.

3.42.3.3. One copy retained by the preparing activity.

3.42.3.4. When discrepant materiel is directed for return to a contractor, enclose one copy of the SF 364 with disposition instructions completed on reverse side.

3.42.3.5. Send one copy to the supporting A&F office.

3.42.4. All discrepancy reports for CME must be forwarded to AFMSA/SGSLX.

3.42.5. GSA offers five methods of reporting shipment discrepancies. More detailed information is contained in *GSA Requisitioning and Solving Order Problems* which can be found at **http://www.fss.gsa.gov/_pdf/fedstripMilstrip.pdf**.

3.42.5.1. Internet: **http://apps.fss.gsa.gov/ncsc/**

3.42.5.2. E-mail: **mailto:rodsm.ncsc@gsa.gov**

3.42.5.3. Fax: (816) 926-1572

3.42.5.4. Telephone: 24 hour help line at 1-800-488-3111

3.42.5.5. Mail:

General Services Administration
National Customer Service Center
1500 East Bannister Road – Bldg 4
Kansas City, Missouri 64131-3008

3.42.6. When billing adjustments for discrepant shipments from DLA or GSA activities are requested send the original SF 364 and one copy directly to DSCP or GSA as appropriate. Send a copy of the reply to the A&F.

3.43. Discrepancy Adjustment.

3.43.1. Shipping Discrepancies. Action activities will reply to action copies of SF 364 by completing the reverse side of the SF 364 indicating any billing adjustment allowed. When the billing adjustment information is received, send a copy to A&F.

3.43.2. Adjust packaging discrepancies according to AFJMAN 23-215.

3.44. Adjustment of Discrepancies for Code R Items Received From Any Source.

3.44.1. If the SOS is prime vendor notify the prime vendor as outlined in paragraph **3.41.2.** If the discrepancy can not be resolved and it is determined to not be attributable to the carrier, the MLFC will immediately prepare Drug Enforcement Agency (DEA) Form 106, **Report of Loss or Theft of Controlled Drugs**, and submit it to the nearest DEA regional office. DEA Form 106 is available on the DEA website: **http://www.deadiversion.usdoj.gov/21cfr_reports/index.html**.

3.44.2. Shortages or damages attributable to a carrier, regardless of the dollar value, will be adjusted as follows:

3.44.2.1. When a shipment of Code R items is received and there is a shortage, the MLFC will:

3.44.2.1.1. Suspend the shipment and place the materiel in appropriate segregated secure storage. Mark the shipment to indicate suspension.

3.44.2.1.2. Indicate the shortage on the receiving report. Include the notation "See attached discrepancy report" and attach a copy of the discrepancy report.

3.44.2.1.3. Notify the TMO when the shortage occurs in a shipment transported by a common carrier on a government bill of lading (GBL) or commercial bill of lading (CBL) and AF funds are charged for transportation. The TMO will prepare the applicable discrepancy report in sufficient copies for the carrier, shipper, medical logistics, A&F, and DSCP/MRCM. The TMO will notify the carrier. Medical logistics will make the remaining notifications.

3.44.2.1.4. Notify the base contracting officer for items procured through the contracting activity and furnish documentation verifying the shortage.

3.44.2.1.5. Notify DSCP/MRCM of the shortage. When the DLA shipment was direct from a commercial vendor also notify the shipper and request verification of the actual quantity shipped. When the discrepancy involves Schedule II controlled substances, the shipper is responsible for providing notification of the shortage to the nearest DEA regional office.

3.44.2.1.6. When all notifications, certifications, and documentation have been completed, release the materiel from suspension and process it. If investigation of the shortage indicates that the items were not lost during transit but may have been removed in an unauthorized manner at the receiving point, medical logistics will initiate DD Form 200, **Financial Liability Investigation of Property Loss**. Include all pertinent details and facts in the report of survey. When the cause of the shortage is resolved and further investigative action is not required, make the proper record adjustment.

3.44.2.2. Medical logistics will:

3.44.2.2.1. Place an asterisk by the shipped quantity of the damaged line item on all copies of the shipping document. The asterisk indicates that a statement including all of the facts regarding the damage has been entered on the shipping document.

3.44.2.2.2. Process the serviceable quantity as a regular receipt.

3.44.2.2.3. Process an adjustment transaction for the damaged quantity. Use the SF 361 as justification for the adjustment transaction.

3.44.2.2.4. Prepare sufficient copies for the carrier, shipper, medical logistics, A&F, and DSCP/MRCM.

3.44.3. Adjust overages, shortages, or damages attributable to the shipper, regardless of dollar value, as follows:

3.44.3.1. Overages or shortages.

3.44.3.1.1. If the shipment originated at a DLA depot, notify DSCP/MRCM of all facts concerning the discrepancy by the most expeditious means of communication. Follow this notification with a SF 364 initiated by medical logistics. Request credit or billing adjustment regardless of dollar value. For activities outside the United States, DLA responsibility for losses or damages ceases with delivery to the point of embarkation.

3.44.3.1.2. For all other shipments, notify the shipper by the most expeditious means of communication of all facts concerning the discrepancy and follow up with a discrepancy adjustment document. If the shipper accepts responsibility, the shipper will provide the consignee a corrected release/receipt document. Upon receipt, annotate the original release/receipt document "See adjustment document, Document No. _____" and show the quantity actually received. Use a SF 364 as supporting documentation for all data record adjustments. Give a copy of the adjustment document to the shipper. When the discrepancy involves Schedule II controlled substances, send a copy of the adjustment document to the nearest DEA field office.

3.44.3.2. Use the procedures in paragraphs **3.44.1.** and **3.44.2.** for damaged materiel and complete a SF 364 to support the adjustment of the discrepancy.

Section 3E—Gains and Losses of Inventory

3.45. General.

3.45.1. This section provides policies and procedures pertaining to gains and losses. The term *gains and losses* in this chapter does not include receipts from requisitions or issues, or excess returns to Defense Logistics Agency (DLA) depots.

3.45.2. Losses or damages caused by fire, theft, natural disasters, or other causes that are not normal supply activities will be documented by reports of survey, statements of charges, etc.

3.45.3. Only serviceable materiel will be stocked in the using activities. Unneeded, unserviceable, and suspended items will be turned in to medical logistics. The using activity property custodian will take prompt action to repair items identified as repairable. This may or may not involve actual turn-in of the materiel to medical logistics.

3.45.4. The price shown on all documentation will be the standard price for the item as of the turn-in date.

3.45.5. Materiel turned in to medical logistics becomes the property of the AFWCF/MDD and will be returned to the using activity only by established issue procedures.

3.45.6. DRMO are authorized to accept accountability of non-controlled, condemned, hazardous Federal Supply Class (FSC) 6505 items for final disposal. DRMO will not accept physical custody of these items.

3.45.7. Items, which qualify for disposition, may be disposed of from any inventory code. Stratification to suspended or excess inventory is not required to process disposition actions.

3.46. Credit Determination for Customer Turn-ins.

3.46.1. Credit may be granted for:

3.46.1.1. Serviceable supplies turned in to the AFWCF/MDD that will be resold within 30 days to other activities. Since turn-ins often indicate the potential for reduced customer demand, prospects for future use by other activities should be reviewed with major users prior to granting credit.

3.46.1.2. War reserve materiel (WRM) assets returned from a deployment that are in condition code "A" and for which a WRM requirement exists. Turn in value cannot exceed the value of goods sold at time of deployment.

3.46.1.3. Specified unserviceable and repairable items for which a known credit is to be received, such as X-ray tube assemblies being replaced by local procurement action, may be accepted for the amount of credit the AFWCF/MDD receives. Identify the item with a locally assigned stock number so nonstandard management data can be processed.

3.46.1.4. Serviceable expense equipment if there is a known issue requirement.

3.46.1.5. Items being returned to the prime vendor/credit returns company where a known credit memo will be applied. Caution must be exercised to ensure credit granted does not exceed the amount of the credit memo.

3.46.2. Credit will not be allowed for:

3.46.2.1. Serviceable turn-ins that will not be resold within 30 days.

3.46.2.2. Materiel to be destroyed or to be turned in to a Defense Reutilization and Marketing Office (DRMO).

3.46.2.3. Materiel suspended from issue and use with the exception of items suspended by DODMMQC message where the return credit is specifically cited in the message.

3.46.2.4. Investment type items.

3.46.2.5. Expired drugs turned in to medical logistics for return to manufacturers for credit.

3.46.2.6. Centrally managed items

3.47. Destructions.

3.47.1. Destructions may be performed in-house or as part of a contract service. Accountability requirements for contract destructions require the same level of visibility (e.g., signed documents transferring materiel to the vendor and destruction certification after destruction occurs).

3.47.2. The MTF commander will appoint one or more disinterested individuals to be responsible for the destruction of code R and code Q items. The destruction officer must be a master sergeant or higher or a civilian, GS-7 or above. The destruction officer may also destroy other items. The MLFC may appoint a commissioned officer, NCO, or civilian (GS-5 or higher) to destroy materiel other than code R and Q items. If the materiel is being destroyed by a contractor, the MLFC will appoint the individual responsible for hazardous waste as the destruction officer for other than code R and Q items. These appointments will be by name.

3.47.3. Consult the BEE to ensure that environmentally safe destruction methods are used. All destruction procedures must comply with national, state, and local environmental protection laws and the MTF and base waste disposal plans.

3.47.4. Destroy medical materiel in the following categories according to paragraphs **3.47.5.** and **3.47.6.**, or by destruction contract.

3.47.4.1. Unserviceable schedule II-V controlled medical items.

3.47.4.2. Other drugs, biologicals, and reagents when mutilated or missing labels prevent identification.

3.47.4.3. Items received in less than normal units of issue; open bottles, partial units, or units with broken seals. Use judgment in considering materiel in less than units of issue as unserviceable. For example, when the unit of issue is a box of 12 vials and a few are missing, the remaining vials should not be destroyed if they can be used. Develop local procedures to provide for proper utilization of such materiel.

3.47.4.4. Expiration dated items when the expiration date has passed, the expiration date cannot be extended, and no potential exists for credit under a commercial credit return program.

3.47.4.5. Do not destroy WRM items undergoing Food and Drug Administration (FDA) testing or awaiting replacement (**Chapter 13**). Do not destroy Type II expiration dated items held in suspension awaiting extension of the expiration date or materiel suspended because of a complaint if the value is over $50.

3.47.4.6. For both CONUS and overseas bases, suspended stock, including that turned in by using activities, with a total line item value less than $50. The dollar value limits are for total line item value and cannot be separated by lot or manufacturer. Exception: If you are the activity reporting a materiel complaint, retain samples regardless of dollar value (**Chapter 9**).

3.47.4.7. Excess serviceable biologicals, drugs, and reagents with a line item value of less than $250, provided the same item has not been destroyed within the previous 90 days under this authority.

3.47.4.8. Excess serviceable biologicals, drugs, and reagents with notes codes G or W that cannot be reported as excess or projected for use before expiration.

3.47.4.9. Items required to be frozen or materiel that has thawed and cannot be used within the manufacturer's recommended time limit. Or when the indicator in a shipping package shows the materiel thawed and was refrozen during shipment.

3.47.4.10. Drugs requiring refrigeration that have been out of refrigeration longer than allowed. The DD Form 1502-2, **Limited Unrefrigerated Medical Material Shipment**, or similar form attached to the shipping container by the shipper and the DLAR 4155.37, *Materiel Quality Control Storage Standards,* give the allowable time.

3.47.4.11. Excess or unserviceable property that is dangerous to public health and safety.

3.47.4.12. Materiel directed by higher headquarters, the source of supply, or DODMMQC message, to be destroyed.

3.47.5. Destroy the materiel in a manner which precludes the use of any portion of the item for any purpose. Items such as needles and syringes must be unrecognizable as well as unusable.

3.47.5.1. When the waste disposal plan allows, the materiel may be dissolved and dissipated through the sewer or, if insoluble, the materiel may be burned. When these options are not acceptable, obtain the advice of the resident or command Bioenvironmental Engineer (BEE) for a determination of the appropriate method of destruction to prevent water or air pollution. The destruction officer must also annotate the coordination with the BEE on the document.

3.47.5.2. Two disinterested individuals will witness the destruction. These witnesses will not be of lesser grade than the destruction officer.

3.47.5.3. Destruction by contractor is authorized. Coordinate disposal contracts with the Base Environmental Manager and BEE. Destructions by contract must be documented as follows:

3.47.5.3.1. All destruction documents must include the authorization and method of destruction and the authorized disposal code.

3.47.5.3.2. Attach the contractor's signed record of receipt for the materiel to the destruction document as proof of destruction. Witness signatures and BEE coordination are not required for contract destructions.

3.47.5.3.3. When the contractor receipt covers more than one destruction document, a cross-reference system may be used to document the destruction.

3.47.6. Process a destruction document or prepare a DD Form 1348-6, **DOD Single Line Item Requisition System Document (Manual - Long Form)**, or similar form and use it as the certificate of destruction.

3.47.6.1. The destruction officer must show and certify the identity and quantity of items destroyed and the authority, reason, manner, and date of destruction.

3.47.6.2. Place the following statement on the document:

I have witnessed the destruction of the materiel as indicated.

_____ _____

Witness *Date*

_____ _____

Witness *Date*

3.47.6.3. Prepare a document for the document file and give a copy to the destruction officer, if required. Post all related transactions to the vault records for materiel requiring vault storage.

3.47.7. Vendors may agree to accept destruction certificates in lieu of the return of the defective materiel. When notified of this procedure, the MLFC will advise the using activities to turn in the items for destruction as directed by DODMMQC messages. Account for and report such destructions according to the instructions provided in the DODMMQC message. DSCP will replace the destroyed materiel in kind or allow credit to the base if the value is $250 or more.

3.48. Physical Inventories.

3.48.1. Special considerations for DMLSS activities.

3.48.1.1. Customer Area Inventory Management (CAIM) Source of Supply (SOS) activities (e.g. MERC, CPD) may be granted full physical inventory privileges. Other CAIM customers will not be granted physical inventory privileges.

3.48.1.2. CAIM inventories will be unofficial. Accordingly, within CAIM, select the Physical Inventory icon, then select "Unofficial" when prompted. Shortages to the customer's unofficial inventory will be processed as issues; overages are processed as inventory adjustment gains. Note: Signatures are not required since this is an unofficial inventory; "Issue Used" transactions (ISU) result from shortages during an unofficial inventory. ISUs decriment the CAIM balance, issues the shortages to the customer, and captures demand for level computations. Only the Annual Maintenance CAIM inventory will be set as official inventory and processed IAW AFI 41-201.

3.48.1.3. DMLSS sites must set value descriptions for physical inventory adjustments in the system. Within System Services, Table Maintenance Utility, Select Application IM and set physical inventory adjust value descriptions as follows: $0.00 for 2nd and 3rd Count Criteria and $99.99 for Allowable Adjustment Dollar Value. The allowable adjustment dollar value field will require inventory discrepancy Reason to be entered while transcribing final physical inventory counts. This annotation will appear on the Inventory Adjustment Voucher.

3.48.2. Perform a complete or cyclical inventory so all items are inventoried within 12 months of their previous inventory. The MAJCOM may waive this requirement up to 180 days when unforeseen or unavoidable conditions prevent taking an inventory. MAJCOMs will forward a copy of the waiver to AFMSA/SGSL. Waivers longer than 180 days require approval from AFMSA/SGSL.

3.48.3. The objective of a physical inventory is to verify stock record balances against actual stocks on hand. When the accuracy of an FSC is below 95 percent, that class will be reinventoried within six months; however, this will not exempt the requirement for the regularly scheduled annual inventory.

3.48.4. Plan the scheduled inventory program to ensure optimum efficiency and minimum interruption in normal supply operations. The following actions are required:

3.48.4.1. Notify all using activities prior to the inventory date that issue requests will be limited to emergency items.

3.48.4.2. Develop an inventory schedule and assign personnel specific responsibilities. Personnel assigned to perform inventory counts will not process inventory adjustments in the accountable logistics system.

3.48.4.3. Ensure all incomplete actions that will affect the inventory are completed. For example: receipts, issues, destructions, and in/out shipments.

3.48.4.4. Designate an inventory supervisor to control inventory actions and count lists.

3.48.4.5. Ensure count lists, including those for WRM assets, do not contain inventory balance data. A suggested WRM inventory process is outlined at **Attachment 10**.

3.48.4.6. Brief all personnel on the following inventory procedures:

3.48.4.6.1. All inventory products and their use as outlined in the applicable logistics system documents.

3.48.4.6.2. Arrangement and location of inventory assets.

3.48.5. Taking the physical inventory.

3.48.5.1. Consider multiple storage locations.

3.48.5.2. Any items found that are not on the count list should be added to the list or put on a separate count document. Include information such as stock number, expiration date, unit of issue, and location.

3.48.5.3. Unopened packages need not be opened unless the information on the outside of the package is not legible or sufficient to indicate the quantity or there is reason to suspect the contents are damaged or misidentified.

3.48.5.4. Enter the quantity counted and initial the inventory count list.

3.48.6. Upon completion of the physical count, post the results to the balance register.

3.48.6.1. If the physical inventory count does not agree with the record balance, refer the line item to the inventory supervisor for a recount. The inventory supervisor will verify the recount and initial next to the recount quantity posted on the count list. If the count still disagrees, review supporting documents and transactions back to the last inventory for accuracy. If a paperwork or posting error is found, process the appropriate correction transaction and explain the action on the inventory count list.

3.48.6.2. If the initial investigation does not identify the cause of the discrepancy and the discrepancy does not meet the requirements for a mandatory Report of Survey (see **Attachment 11**), use an inventory adjustment voucher (IAV) to adjust the stock record account. Discrepancies of less than $100 total dollar value may be adjusted after the initial investigation without research or detailed justification.

3.48.6.3. Record overages and shortages against the correct inventory strata if identifiable. Otherwise apply overages to operating stock and shortages in the following order: operating, excess, special projects, and WRM.

3.48.6.4. Make changes in condition, inventory strata, identity, or stock list changes according to **Chapter 2** and **Section 3A**.

3.48.7. If a Report of Survey is required as outlined in **Attachment 11**, follow procedures in AFMAN 23-220, *Reports of Survey for Air Force Property*. The completed Report of Survey is a valid document for adjusting the medical stock record account. Use the suspense copy of the DD Form 200 to adjust the inventory accountable records pending receipt of the approved DD Form 200.

3.48.8. The installation Commander is responsible for approving IAVs. The MTF commander and/or hospital administrator may be designated to approve medical IAVs. IAV approval authority may not be delegated to the MLFC. Normally, the MLFC will certify the IAV documents by signing them before submission to the approval authority. The same officer may not act as both certifying official and approving authority on the same document. If items on the IAV are not approved, a Report of Survey will be required. Take action on the IAV within ten days after the adjustment date. Prepare IAVs in sufficient copies to provide for all necessary supply and accounting actions. The IAV is a valid document when signed.

3.49. Inventory Requirements for WRM Stored Assemblages.

3.49.1. The inventory requirement for contingency hospitals is 36 months. The 36-month inventory cycle does not alter the requirements for inventory accuracy computations, preventive maintenance, or quality assurance. The MAJCOM will determine the inventory method to be used.

3.49.2. Stored assemblages must be reinventoried following an exercise. If any section is not used during the exercise, it will not require inventory.

3.49.3. All other WRM projects will be inventoried as outlined in paragraph **3.48.2.**

3.50. Materiel Found on Base (FOB).

3.50.1. Medical materiel that has been lost or abandoned or is not in the custody of an individual or organization will be reported to medical logistics. In addition, medical consumable supplies obtained from individual patients, Office of Special Investigation seizures, or other sources where management controls are unknown or suspect will be treated as FOB materiel.

3.50.2. FOB materiel will be considered unserviceable until proven otherwise by evaluation or formal testing. Consumable items must be tested for serviceability and positive identification. If the dollar value per lot number of the item is less than $500 or if the item is obviously unserviceable, it will be destroyed. If the materiel appears serviceable and has a dollar value per lot number of $500 or more, report it to AFMSA/SGSLC for possible testing.

3.50.3. Prepare a DD Form 1348 and/or DD Form 1348-1A, as a source document for materiel to be accepted into the stock record account. Mark "Found on Base" in block W. Use **Attachment 12** as a guide for the preparation of the form. Process a gain transaction.

3.51. Gifts/Donations.

3.51.1. AFI 51-601, *Gifts to the Department of the Air Force,* contains AF policy and procedures for accepting gifts. Soliciting gifts is prohibited. AFI 51-601 prohibits the acceptance of gifts from defense contractors or subcontractors where the cost of the gift will be charged, directly or indirectly, as an element of cost or price in any government contract or where acceptance would raise a serious question of impropriety in light of donor's present or prospective business relationship with DOD. Coordinate an offer of gift that requires Secretary of the AF acceptance or rejection with the local staff judge advocate, then submit it through channels to AFMSA/SGSL with a copy of the staff judge advocate's review attached.

NOTE: Do not confuse this prohibition with contracts for consumables negotiated to include use of equipment as part of the consumable item price (see **Chapter 7** for details). Local medical and legal review of offers of medical equipment should thoroughly consider and address the risk management and quality assurance consequences of accepting the gift.

3.51.2. When gifts of tangible personal property for use in MTFs are approved for acceptance, medical logistics will prepare a receipt document per paragraph **3.50.3.**, except block W will be marked *gift materiel*.

3.51.2.1. Process "Donated-Property-Gain" action to account for the gain of materiel donated to the medical facility.

3.51.2.2. When issuing the donated materiel, process a "nonreimbursable" issue.

3.51.3. Gifts intended for distribution to individuals, such as items given to new mothers at the time of discharge from the hospital, may be accepted and distributed according to the provisions of AFI 51-601. Gift packs must remain intact and unopened while in the custody of the AF.

3.52. Materiel Withdrawn from DRMO.

3.52.1. Any AF member or employee may screen property at the DRMO, however, the property may be withdrawn (direct issue) only when authorized by the MLFC or a designated representative.

3.52.2. The MLFC will send a letter to the DRMO identifying the personnel authorized to sign a document (DD 1348-1A) for withdrawal of property from the DRMO (see AFMAN 23-110, Volume 6, *Excess and Surplus Personal Property*). The person making the withdrawal must have a withdrawal document signed by one of the individuals identified in the letter before the DRMO will release the property.

3.52.3. Materiel withdrawn from the DRMO is U.S. Government property. Item authorization must be established and accountability must be maintained.

3.53. Transfers to DRMO.

3.53.1. Medical materiel that cannot be redistributed and does not meet the criteria for destruction will be turned in to the DRMO. Use DD Form 1348 and/or DD Form 1348-1A as the turn-in document (see **Attachment 12**).

3.53.2. Condemned medical equipment will be disassembled or cannibalized to remove needed usable parts before turn in to the DRMO. The Biomedical Equipment Technician (BMET) will pick these parts up on bench stock records.

3.53.3. Unserviceable medical x-ray film (radiographic and photofluorographic) will be processed as follows:

3.53.3.1. Annotate the DD Form 1348 and/or DD Form 1348-1A to state: *The film listed hereon is unserviceable and will not be resold for its original purpose.*

3.53.3.2. Mutilate to preclude its sale or use except for salvage or scrap including reclamation of silver content. Suggested methods, which do not interfere with reclamation of the silver content, include:

3.53.3.2.1. Cutting packages in half.

3.53.3.2.2. Driving a sharp instrument through the package.

3.53.3.2.3. Remove film from interior package and expose to light.

3.53.4. Excess drugs, biologicals, and reagents, except controlled medical items, which are not turned-in, transferred, or redistributed and have a lot/batch value exceeding $500 and at least 18 months remaining prior to the expiration date, should be reported to the DRMO for donation or sale. Items referred to DRMO will be picked up on the DRMO accountable records but will remain in place in the medical storage facility. MLFCs will assist the donation actions by furnishing lists of surplus drugs, biologicals, and reagents to the Department of Health and Human Services and state agency representatives. Remove requested quantities from availability pending administrative actions between FDA and General Services Administration (GSA).

3.53.5. Unused hypodermic needles and syringes and other sharps (still in the original packaging) which are still serviceable will be processed to DRMO for resale. These items will be picked up on the DRMO accountable records but will remain in place in the medical storage facility.

3.53.6. Materiel for which an inspection or technical/engineering analysis reveals a product quality deficiency that prohibits further DOD use will be transferred to DRMO in Supply Condition "Q." Disposal release orders must cite either management code "O" to identify deficient materiel that does not require mutilation or management code "S" if it does require mutilation. Management code "S" can be used only when prior official arrangements have been made with the DRMO.

3.53.7. The MLFC has the responsibility to maintain quality surveillance and monitor item suspensions and destructions of drugs and biologicals that have been offered for sale or donation even though record accountability has been transferred to the DRMO. This responsibility ends when physical transfer of the items has been completed. If donation and sale procedures are unsuccessful after 12 months, it is the responsibility of the MLFC to destroy these items. Provide a copy of the destruction document to the DRMO for adjustment of accountable records. The MLFC may request a witness from the DRMO, if desired. DRMOs are authorized to accept accountability of noncontrolled, condemned, or hazardous pharmaceuticals items for final disposal. DRMOs may not accept physical custody of these items.

3.54. Intransit Control of Shipments to Disposal Activities.

3.54.1. Medical logistics will report all deliveries, shipments or transfers of property to DRMO by preparing and transmitting AS3 shipment status through Defense Automatic Addressing System (DAAS) to the DRMO. **Attachment 13** contains applicable entries for shipment status notice.

3.54.2. DRMS will send a Disposal Shipment Confirmation Follow-up (see **Attachment 15**) through DAAS to the shipping activity whenever specific reporting criteria are not completed. Activities receiving follow-ups for property previously transferred to DRMO and not reported should validate the follow-ups using the signed DD Form 1348 and/or DD Form 1348-1A from the local DRMO within 10 working days. After validation is completed, prepare and transmit a Disposal Shipment Confirmation (see **Attachment 14**) through DAAS to DRMO.

3.54.3. Supply organizations receiving Disposal Shipment Confirmation Follow-ups will review the advice code in columns 65-66 to determine the reason for follow up, conduct appropriate research, and make timely responses.

3.55. Commercial Credit Return Programs.

3.55.1. Medical materiel may be returned to the manufacturer directly or through a third party for credit or disposal to streamline disposition of potentially hazardous items, reduce losses to the AFWCF/MDD, and minimize the local purchase surcharge. Such programs are designed primarily for expired materiel.

3.55.2. Until procedures can be fully automated in the medical logistics operating system, process commercial credit returns as outlined below:

3.55.2.1. When selecting a vendor, consider cost and impact on logistics operations. Choose a vendor that can supply medical logistics with routine follow-up status on credited or destroyed items. Select a vendor that provides a full inventory of items at the time of pick up. Vendors who base fees on actual received credits are highly recommended over vendors that charge up front

fees for services. This arrangement minimizes the impact on O&M funds spent for destruction and credit returns. In these cases, the fees for service are normally deducted from the credits received by the credit return company.

3.55.2.2. For a processing fee, the vendor will:

3.55.2.2.1. Sort materiel by manufacturer.

3.55.2.2.2. Separate returnables from non-returnables.

3.55.2.2.3. Determine estimated return value.

3.55.2.2.4. Complete necessary documents.

3.55.2.2.5. Ship materiel to manufacturers or arrange for and certify destruction.

3.55.2.3. The Purchase Request package must be reviewed by the base Environmental Manager before it is submitted to Contracting, since it may be used as a disposal contract for hazardous and non-hazardous materiel.

3.55.2.4. The AFWCF/MDD citation (97X 4930 FC0B 6B *OAC* FM# *ADSN*) will be used on the contract or decentralized blanket purchase agreement (DBPA) to fund commercial credit return programs. To pay for the service, process a receipt transaction for each call using stock number/item ID 9999LCREDITRET. Drop the resulting quantity on hand using a Return-to-Source, No Credit transaction to clear the quantity on hand in the AFWCF/MDD. Prepare a source document for file explaining the loss is to record the cost of the credit returns service fee.

3.55.2.5. Process Turn-In Gain, No Credit transactions to document turn-in when items are not on stock fund records.

3.55.2.6. Process Return-To-Source, No-Credit transactions for returns to manufacturer or third party return programs. Record the stock number/item ID number. Place copies in a jacket file for each call or invoice.

3.55.2.7. Maintain pertinent documents and record actions in a separate jacket file for each call or invoice. Within the file jacket, annotate the date when materiel was picked up by the vendor or shipped to the vendor.

3.55.2.8. As a condition of the BPA or contract, the vendor will provide reports detailing status of credit and/or disposal action. File reports for each call and follow-up open items until all actions are completed.

3.55.2.9. Manufacturers have four options to provide credit:

3.55.2.9.1. Sending a check.

3.55.2.9.2. Providing a credit memo either through their company or back to the prime vendor.

3.55.2.9.3. Sending replacement stock.

3.55.2.9.4. Sending stock of equal value.

NOTE: Under no circumstances will checks be deposited in the MTFs O&M account. Public law, based in 31 U.S.C. 301(a), forbids augmentation of O&M appropriations. 31 U.S.C. 3302(b) allows these checks to be deposited in the AFWCF/MDD.

3.55.2.10. Coordinate with the manufacturer to arrange selection and shipment of replacement stock when offered. Notify the warehouse of items selected, manufacturer, and estimated delivery date. When delivered, process a non-reimbursable Receipt Not Due-In transaction to properly record materiel as stock fund assets.

3.55.3. When manufacturer checks and/or credit memos are received at the Medical Logistics office, annotate the appropriate jacket file. For checks, forward the check to Finance for processing credit into the AFWCF/MDD. If the check is specifically for WRM, also FAX a copy of the check to AFMSA/SGSLS. Regardless of the type of credit received, be sure to balance the jacket file against the vendor's periodic reports. Bring any discrepancies to the attention of the vendor.

3.55.4. Medical logistics can manage an in-house credit returns program by shipping expired/excess materiel directly to manufacturers who have credit return policies. Information on manufacturers credit return policies are available in the Return Goods Policy Manual published by Kansas Pharmacists Association and Section Three of the Red Book. Use appropriate portions of the above instructions to maintain asset accountability.

3.55.5. Many credit return companies process credits back to the account through the Prime Vendor. The MLFC and superintendent are responsible for the credit accounts and how and when funds are used. To account for PV credit returns and use of the dollars received:

3.55.5.1. Establish a credit account with each Prime Vendor. There should be a separate credit account for O&M items and for WRM assets. Set up credit accounts with both the pharmaceutical and med/surg PV. Assign a local purchase routing identifier or source of supply to that account. Utilize off line ordering to use up the credits from the prime vendor. Override the prime vendor's assigned routing identifier/source of supply in the item master with the assigned routing identifier/source of supply assigned for the credit account. Do not process through the PV box. For DMLSS sites using Prime Vendor accounts, establish the new SOS within the Inventory Management module, Source of Supply and select New.

3.55.5.2. Use credits as they are gained. For instance, credits as a result of rebates or from customer turn-in should go to the user of the items for which the rebate was used and WRM credits should only be used for WRM. Ensure this is annotated in the jacket file to support any audit or AFMSA/SGSL queries.

3.55.5.3. Monitor credit balances and use credits as they are received. By contract, PV credits expire in 90 days and therefore should be used within 60 days to prevent loss. Maintain close coordination with customers to ensure credited funds are used promptly.

3.55.5.4. WRM managers should have a list of required items ready to procure upon receipt of credits. For credits applied to operating inventory accounts, process items from the current Requirements List for replenishing inventory. O&M customers will require a more interactive approach. Keep track of credits by the originating RC/CC or ORG ID and to the extent possible, use the credits for the originating RC/CC/ORG ID requirements minus fees charged by commercial credit returns companies.

3.55.5.5. Place separate off-line calls for each credit, beginning with call number 0001, and continue in a running sequence. Process a non-reimbursable due-in or receipt in operating, special projects, or the specific "WRM project". To preclude erroneous billing by DSCP, DO NOT USE a prime vendor RID or source of supply.

3.55.5.6. If receiving orders into special projects, process either a reimbursable or non-reimbursable issue as appropriate or transfer the assets to an applicable inventory code. Unless authorized by MAJCOM/SG, under normal operations, there should not be any on-hand assets in special projects.

3.55.5.7. The MLFC will document monthly review of all credit accounts and balances, to ensure appropriate use and preclude expiration of credits. Credit balance reports will be sent from the PVs each month.

3.56. Processing Receipts of Redistributed Inventory.

3.56.1. Process receipts or gains of redistributed WRM assemblies within 30 days of receipt. Follow receipt or gain instructions outlined in other sections of this manual.

3.56.2. Receipts or gains that cannot be processed within 30 days must be identified to the MAJCOM. An extension must be granted by the MAJCOM to delay processing beyond the 30-day window.

Section 3F—Expiration Dated Items

3.57. General.

3.57.1. MLFCs are responsible for the active management of expiration-dated materiel under their control.

3.57.2. Each medical supply account will rotate stock to ensure that expiration dated items with the earliest date are issued first. Commingle operating and war reserve materiel (WRM) where possible.

3.57.3. Type I expiration dated items may be extended through the Food and Drug Administration (FDA) Drug Extension Program. This program is primarily intended to reduce nonrotatable losses in WRM programs, however, extension data applies to peacetime stocks as well.

3.57.4. Type II expiration dated items may be locally tested and extended using procedures in DLAR 4155.37, *Materiel Quality Control Storage Standards - Appendix M - Medical Supplies*.

3.57.5. Do not use other outdated medical items unless an extension of the expiration date has been announced by the AFMSA/SGSLC or another official source and item has been appropriately labeled with the extension information.

3.58. Shelf Life Items.

3.58.1. Medical commodities rely upon a system of condition codes to determine their effectiveness and suitability for use. Each medical item standardized by the Joint Readiness Clinical Advisory Board (JRCAB) is coded with a predetermined shelf life, type item code, first and re-inspection periods, and definitive inspection criteria. The exceptions to this policy are items coded with an Estimated Storage Life, items having 61 months shelf life, and nondeteriorative items coded as zero (0) shelf life. These items are discussed in **Chapter 9**.

3.58.1.1. Type I expiration dated item: A medical item having a definite storage time based upon material deteriorative characteristics which terminates on an expiration date. Unless notified via a DODMMQC message that Type I items are being tested for shelf life extension, dispose of these items according to **Section 3E** for peacetime assets and **Chapter 13** for WRM. Condition code criteria are in the DLA Handbook and inspection criteria are in DLAR 4155.37, Appendix M.

3.58.1.2. Type II expiration dated item: An item of supply with an assigned storage period, which may be extended upon completion of prescribed inspection or restorative action. See DLAR 4155.37, Appendix M, for inspection criteria and number of times a JRCAB managed item may be extended.

3.58.1.3. Follow the guidelines in DLAR 4155.37 for Type I or II nonstandard National Stock Numbers or locally assigned P or L numbers. Identify a similar item in DLAR 4155.37. The manufacturer's literature may contain useful information.

3.58.2. The minimum shelf life is assigned by DSCP with the concurrence of the JRCAB. The actual expiration date of on hand assets should always be obtained from the product label. An item which is marked with an expiration date shown as only a month and year -- for example, January 2003 -- is considered to expire on the last day of the month, that is 31 January 2003. An item with an exact expiration date -- for example, 19 Feb 03 -- will be coded into the automated logistics system as 0101, thus moving the expiration date recognized by the system to 31 Jan 03. This is necessary to preclude the issue of an expired item.

3.59. Management Procedures.

3.59.1. Process expiring WRM as described in **Chapter 13**. MEDLOG users will use the Quarterly Nonrotatable Dated Item List to review the dated items that will expire within the next 15 months based on projected consumption. Process non-WRM that cannot be used prior to the expiration date as follows:

3.59.1.1. Report items meeting the excess criteria in **Section 3G**.

3.59.1.2. Consider testing Type II expiration dated items, not reportable to or not accepted by DSCP, that can be used if the expiration date is extended. If the dollar value per lot or lots exceeds the minimum required for testing (see paragraph **3.60.**), report the item to AFMSA/SGSLC by letter. Include stock number, nomenclature, unit price, quantity, and extended value of each lot number.

3.59.1.3. Report other excess Type I and Type II expiration dated items that meet the criteria in **Section 3G** to AFMSA/SGSLC. WRM antibiotics with as little as 120 days shelf life remaining may be reported.

3.59.1.4. Type II expiration dated items that cannot be redistributed may be tested for extension of dates. The reporting base will be provided information on testing as outlined in paragraph **3.60.**, or disposition according to **Section 3G**. Process any dated materiel that meets all of the following criteria for potential credit returns:

3.59.1.4.1. Cannot be reported as excess.

3.59.1.4.2. Cannot have its expiration date extended.

3.59.1.4.3. Is not used prior to the expiration date.

3.59.1.5. DMLSS sites are required to produce the Detailed Dated Items Report semi-annually during End-of-Month processing in June and December. Within the Assemblage Management (AM) module, select the Reports icon and the Detailed Dated Items Report. Select report parameters to identify those items projected to expire within the next nine months.

3.59.2. When directed, ship expiration-dated materiel within five working days.

3.59.3. Within DMLSS, expiration dates are not tracked for operating stock, including controlled items. Accordingly, paragraph **3.60.1.** does not apply to operating stock at DMLSS sites. Sites must increase expiration date monitoring and vigilance to ensure only non-expired items are issued.

3.60. Testing Shelf Life Items.

3.60.1. Type I and II expiration dated items are eligible for testing. AFMSA/SGSLC will select Type I items for FDA testing from WRM inventories. The FDA Extension Program is further discussed in **Chapter 13**. AFMSA/SGSLC will provide specific instructions to ship samples to the FDA.

3.60.2. Type II items may be reported for testing as a result of the management actions prescribed in paragraph **3.59.**, or lack of AFMSA/SGSLC excess redistribution. AFMSA/SGSLC will determine if testing is indicated and coordinate with DSCP to establish a testing project (this is separate from the FDA extension program). DSCP will provide test sample shipping instructions. Prepare a separate DD Form 1348 and/or DD Form 1348-1A for each lot to be shipped. Conditions for testing are as follows:

3.60.2.1. The item is identified as military unique on the Shelf Life Extension Program (SLEP) page on the AFML website (**http://afml.ft-detrick.af.mil/fom-p/SLEPMenu.cfm**) or from the AFML List Server.

3.60.2.2. The item is not military-unique and the dollar value is $1,000 or more per lot.

3.60.2.3. Not more than six months of shelf life will remain when the samples are shipped.

3.60.3. Do not destroy expiration-dated items in the process of being tested for extension of the expiration date. When the original date is exceeded, suspend them from issue and order only sufficient stock to maintain operations until AFMSA/SGSLC provides the results of the test. Do not destroy or replace suspended WRM stock until final disposition instructions are received.

3.60.4. Based upon the results of testing, AFMSA/SGSLC will advise the activities that the expiration date has or has not been extended. Extensions will be applied on a worldwide basis to all stocks provided that materiel has been stored or maintained in environmental conditions as prescribed by the manufacturer. Extensions are announced in DODMMQC messages and are posted on the AFML website.

3.60.5. If the date is extended, review requirements for the materiel and restratify the asset based on the new expiration date. If the date is not extended, use or destroy the assets, and if required, order replacement stocks.

3.60.6. Testing and extension of expiration dates will not preclude retesting at a future time.

3.61. Relabeling Shelf Life Extension Program Items.

3.61.1. The FDA policy pertaining to relabeling extended items under the FDA/DOD SLEP offers two alternatives; relabel all items within 30 days of receipt of the AFMSA/SGSLC procured commercially printed labels or defer relabeling materiel while maintained under centralized control in the medical logistics activity (MLA). Additional information is available at the SLEP page of the AFML website.

3.61.2. If the deferred relabeling option is selected, a written plan approved by the MTF commander is required. The plan will include sufficient detail regarding how the local MLA will meet its wing's most stringent Designated Operational Capability (DOC) statement marshaling time requirements.

3.61.3. The plan should stand alone and is intended as a checklist for use during predeployment activities. On an annual basis, MLA must demonstrate the ability to relabel items to meet the shortest deployment marshaling times according to the wing's DOC statement. Recommend this demonstration be part of the wing Operational Readiness Inspection or other base-wide exercise.

3.61.4. The plan coordination must include the accountable officer/NCO in medical logistics, the Chief of Pharmacy, and the readiness officer. The plan should be presented to the Medical Readiness Staff Function (MRSF) and if approved, signed by the MTF commander. The MAJCOM readiness office should be notified that a deferred labeling plan is in effect.

3.61.5. The SLEP Relabeling Deferment Plan must address the following scenarios at a minimum:

3.61.5.1. Storing SLEP items at the host MLA. If SLEP items are in the factory sealed outer box or intermediate box, the appropriate SLEP labels may be kept on the outside of the outer most box until notification of a pending deployment. If an intermediate box containing individual units of issue has been opened then all individual items in that box must be relabeled. All packing must be removed and the new labels affixed to the items. Other items in sealed unopened intermediate boxes need not be relabeled at that time, but ensure labels are available for future use.

3.61.5.2. Storing SLEP items for guard and reserve units. This section of the plan must address how the MLFC will ensure all SLEP items maintained for air reserve component units at the host FM account will be relabeled and transported to those units. Units that maintain their own BW/CW assets are responsible for establishing their own SLEP relabeling procedures in accordance with this policy. It is recommended that these procedures be specifically addressed in the memorandum of agreement that exists between the host installation and the supported guard or reserve unit.

3.61.5.3. Issuing SLEP items to deploying personnel. All items issued to individuals or troop commanders must be relabeled prior to releasing them from the centrally stored location. Labels must be affixed directly to the actual autoinjector.

Section 3G—Excess

3.62. General.

3.62.1. This section provides policy and criteria for the MLFC to determine and dispose of local excess materiel.

3.62.2. This section applies to the following categories of materiel:

3.62.2.1. Defense Supply Center Philadelphia (DSCP) managed medical materiel and similar non stock listed medical items.

3.62.2.2. Professional medical books and periodicals.

3.62.2.3. Nonmedical materiel.

3.62.3. Report and process local excess materiel according to AFCSM 41-230, Volume 2, or AFMAN 41-216.

3.62.4. At least monthly, review all excess on hand but not reported and for DMLSS users, all potential excess as shown through the excess module.

3.62.5. Returns and requested excess materiel must be shipped promptly as instructed. Reference paragraph **11.14.** for transportation funding instructions.

3.62.6. Special reporting procedures are in paragraph **3.64.**

3.63. Determination of Local Medical Excess. Medical materiel is excess when it meets all of the following conditions:

3.63.1. Is not required to meet stock control level.

3.63.2. Does not meet the criteria for economic retention.

3.63.3. Is not required for WRM.

3.63.4. Is not required for special projects.

3.63.5. Cannot substitute for a requirement in any of the preceding categories.

3.63.6. Is not required as a component of a medical kit or assembly.

3.64. Special Reporting Procedures.

3.64.1. The Defense Program for Redistribution of Assets (DEPRA) has overall responsibility for overseas redistribution. European and Pacific supply activities will submit reports of excess (document identifier code FTE) that meet requirements to DSCP through the Defense Automatic Addressing System for DEPRA screening. DEPRA will record the report and forward the FTE to the appropriate item manager (IM) for disposition. The IM will provide disposition instructions to DEPRA for all submissions. For further guidance, refer to DOD Manual 4000.25-1-S2, *Defense Program for Redistribution of Assets (DEPRA) Procedures*.

3.64.2. Upon announcement or receipt of instruction to deactivate a medical unit, follow the methods and procedures in this chapter for reporting and transferring excess materiel. For WRM excess resulting from a medical unit deactivation or a base closure, MAJCOMs will request additional guidance from AFMSA/SGPX with an information copy to AFMSA/SGSLX and AFMSA/SGSLC.

3.64.3. Turn in excess medical equipment spare parts (management code A) to the medical stock record account. Medical logistics will report the materiel.

3.64.4. Turn in all excess nonmedical materiel, serviceable or unserviceable, except centrally managed WRM equipment, to base supply.

3.64.5. Report excess current and serviceable professional medical books, including bound volumes of periodicals, through TRIMEDS. Include the edition number and publication date. The Medical Activity Library Board will advise on the obsolescence of medical books and periodicals.

3.64.5.1. When unbound issues of professional medical periodicals become excess, prepare a list giving the names of the periodicals and the dates of publication. Send the list to the Strughold Aeromedical Library, AL/DOKLT, Technical Processing Section, Brooks City Base, TX. The librarian will furnish shipping instructions for the periodicals required.

3.64.5.2. Excess medical books that are not redistributed through excess channels and excess unbound periodicals not desired by the Aeromedical Library will be considered obsolete and turned in to DRMO. Determine if there is a base waste paper recycling program or dispose of as municipal trash if the DRMO will not accept them.

3.64.6. Report medical materiel that is not required by Air National Guard (ANG) units as follows:

3.64.6.1. Report medical equipment items by letter or message to the Air National Guard Bureau (NGB) at ANG/SGXL, 3500 Fetchet Ave, Andrews AFB, MD 20331-5157, for redistribution among ANG units.

3.64.6.2. Turn in medical materiel, other than equipment, and equipment determined by the NGB to be excess, to the host medical stock record account.

3.64.6.3. The receiving medical logistics activity will perform turn-in transactions. If there are no local requirements for the materiel, process the materiel as prescribed in this chapter.

3.64.7. Air Force Reserve (AFRES) medical units will turn in excess materiel to the medical logistics activity of the base providing logistics support to the unit. AFRES medical units that are not satellited on an AF base will turn in excess materiel to the nearest medical logistics activity. The receiving medical logistics activity will process the materiel as described in paragraph **3.64.6.**

3.65. Reporting and Requesting Materiel through the Tri-Service Medical Excess Distribution System (TRIMEDS).

3.65.1. AFMSA/SGSLC will offer all reported excess to other USAF medical facilities. All reported excess is available for viewing on the AFML website. If a National Stock Number (NSN) is a component of an allowance standard, it will be shown on the TRIMEDS Query Page of that NSN (List Allowance Standards). Medical logistics should screen the excess list to fill WRM shortages. The reporting criteria for excess medical supplies and equipment is as follows:

3.65.1.1. Excess will be advertised for 45 days through the AFML website. Excess will be available to Air Force only for the first 20 days and all other eligible requesters for the remaining 25 days.

3.65.1.2. Total minimum line item value is $250.

3.65.1.3. Condition Codes A, B and C are the only acceptable codes.

3.65.1.4. Shelf life dated items must have 120 days until expiration.

3.65.2. Medical logistics and using activities should screen the AFML website excess list closely for items that can be used in their activities. Pay particular attention to condition codes and dates. When requesting equipment items, the BMET at the requesting activity should contact the BMET at the reporting facility to determine if the equipment can meet the requesting activity's needs.

3.65.3. Medical logistics may consider usable excess to fill operating stock levels. All issues of stock with established stock control levels are reimbursable.

3.65.4. Do not request excess for using activities or stock control levels that will risk the issue and rotation of on-hand assets.

3.65.5. Requesting activities that receive discrepant shipments or do not receive a shipment within normal pipeline time for the mode of transportation used, will:

3.65.5.1. Provide written notice to the shipping organization explaining the discrepancy and if applicable, will include instructions on what quantity is to be used for stock fund loss reversal and inventory loss transactions.

3.65.5.2. File a copy of the written notice with the receipt document.

3.66. Base Realignment and Closure (BRAC) Excess.

3.66.1. AFWCF/MDD assets at bases closing as a result of BRAC actions are not subject to BRAC actions. AFWCF/MDD assets should be attrited. MAJCOMs will direct relocation shipments of WRM assets and taskings.

3.66.2. Non-AFWCF/MDD assets at bases closing as a result of BRAC actions must be distributed properly. Included are MEMO assets and all other durable assets in the MTF, i.e., desks, chairs, pictures, etc.

3.66.3. All Operations and Maintenance personal property assets must be "frozen" as of a specified date and tracked through final disposition. Frozen assets are normally documented during the personal property inventory outlined in **Chapter 1,** paragraph **1.5.3.**.

3.66.4. For the redistribution of assets, an asset listing will be provided to:

3.66.4.1. The local community through the base closure and realignment office.

3.66.4.2. The MAJCOM of the host base.

3.66.4.3. The Lead Agent serving the region.

3.66.5. The local community will have the opportunity to request items based on their potential reuse plan for the base and facilities.

3.66.6. MAJCOMs will perform a review of existing and forecasted requirements at other bases within the MAJCOM and offer the assets MAJCOM wide.

3.66.7. The Lead Agent will review requirements at other service MTFs within their region and request redistribution of unclaimed assets. This will be accomplished after the local community and MAJCOMs have completed their redistribution efforts.

3.66.8. Unrequested medical assets will then be reported to AFMSA/SGSLC who will advertise the assets Air Force wide.

3.66.9. Remaining assets will be offered to other military services and other federal government agencies.

3.66.10. Unclaimed assets will then be sent to the DRMO.

Section 3H—Manual Supply Operations

3.67. Manual Supply Operations.

3.67.1. General.

3.67.1.1. Efficient operation of a medical stock record account depends on computer support. Computers exist for both wartime and peacetime operations, but there will be times when computer operation is temporarily disrupted.

3.67.1.2. The MLFC will develop a local checklist to use when the primary computer system or other critical peripherals (point of use systems, scanning devices and materiel handling or distribution systems) are down.

3.67.1.3. Identify means of retrieving back-up reports from electronic storage media.

3.67.1.4. Identify sources for manual forms and maintain back-up stock if not locally available.

3.67.1.5. Any use of alternate interim computer systems or software should consider the capability to produce hardcopy documentation as necessary.

3.67.2. Manual Procedures During Peacetime Operations. Even a short delay in the receipt of computer products will create problems with DFAS. If normal processing is delayed more than 24 hours, initiate short-term manual procedures following the appropriate steps documented in local checklists.

3.67.3. Manual procedures during contingencies/wartime.

3.67.3.1. Periods of computer outage during contingencies or wartime will require the use of manual records. However, alternate computer terminals or system reconfiguration with "dumb" (MEDLOG) or client (DMLSS) terminal options should be exhausted before establishing manual stock records.

3.67.3.2. Electronic databases or spreadsheets may be utilized if available, otherwise hard copy documents will be necessary when a transaction will affect inventory balance. Stock record cards such as AF Form 105F-2, Stock Record Card (Cost Category II) and AF Form 105F-4, Due-In and Due-Out Record (see **Attachment 16 and Attachment 17**), or other locally standardized documents will be utilized for this purpose. Use the information from the most current transaction or inventory balance register to initiate the stock records.

3.67.3.3. If no hardcopy inventory or materiel balance documents exist, a manual count should be initiated prior to initiating manual operations.

3.67.3.4. Posting entries on stock records may be typed or printed in ink and will be kept current. Make corrections by entering a non-obliterating line through the incorrect entry.

3.67.4. Processing Issue Requests.

3.67.4.1. Issue requests may be forwarded electronically via E-mail or in hardcopy utilizing DD Form 1348-6, or DD Form 1150, **Request for Issue or Turn-In**. If utilizing electronic means, five hard copies may still be necessary for receiving, quality control, DFAS, permanent file, and requestor receipt.

3.67.4.2. Medical logistics will:

3.67.4.2.1. Post issues to manual stock records. Indicate on the issue request what supply action will be taken.

3.67.4.2.2. MEDLOG accounts will assign a manual document number from the 6000 block of the document register, AF Form 36, **Supply Document Register (Manual)**, to the issue request. DMLSS automatically assigns a document number between 3000-6999 when the issue process is initiated.

3.67.4.2.3. File the original and send two copies to the warehouse for issue. If there are back-orders, file a copy for the requesting activity. If not, discard this copy.

3.67.4.2.4. The warehouse will deliver the issues, provide a copy of the issue request to the using activity, and return a copy to stock records.

3.67.4.2.5. AF Form 616, **Fund Cite Authorization**, is the MLFC's record of obligations. See DFAS-DER 7010-1, *General Accounting and Finance Systems at Base Level*, Chapter 20, Section B. Post AF Form 616 as follows:

Table 3.1. Instructions for AF Form 616.

Date	Enter the date the funds were obligated on the issue request.
Reference Number	Assign a number for each issue request for which funds are obligated. Begin with one and number consecutively.
Obligation Incurred	Enter the total value of all items on the issue request including backordered items.
Unobligated Balance	Maintain a current unobligated balance.
Remarks	Enter the document number from the issue request.

3.67.4.2.6. Insert the allotment citation, obligation authority number, and reference number on the issue request. For example: Issue of materiel from AFWCF/MDD is authorized. Charge to _____ OA No._____ dated _____ reference number _____ Signature of MLFC or authorized representative.

3.67.5. Back Order Processing.

3.67.5.1. When the requested items are not in stock:

3.67.5.1.1. Annotate the issue request with backorder in the supply action portion of the DD Form 1150, **Request for Issue or Turn-In** (or other document).

3.67.5.1.2. Post the due-out to the stock records.

3.67.5.1.3. Requisition the item.

3.67.5.2. When the item is received:

3.67.5.2.1. Pull a copy of the original issue request from the backorder file.

3.67.5.2.2. Prepare a DD Form 1150 (or other document) in three copies. Annotate backorder release as the supply action.

3.67.5.2.3. Assign a document number to the DD Form 1150 and record the number on the document register. Record the document number and the item nomenclature of the backorder release. When the document register is forwarded to DFAS, it will serve as the acknowledgment of receipt of an item.

3.67.5.2.4. Clear the backorder on the due-in and due-out records and post the backorder release to the stock record.

3.67.5.2.5. Send two copies to the warehouse to use as an issue document. File the original.

3.67.6. Requirements And Requisitions.

3.67.6.1. Requirements computation and requisitioning procedures are in **Chapter 3**, AFCSM 41-230, Volume 2 and AFMAN 41-216. Ensure due-ins are posted on the stock record cards.

3.67.6.2. Review the stock records at least weekly. Flag all items that have on hand balances below their reorder points. Compare these cards to the corresponding due-in and due-out records to determine if requisitioning action is required.

3.67.6.3. Prepare a requisition on each item where the on-hand balance plus due-ins and minus due-outs is below the reorder point. Transmit requisitions by AUTODIN when available. The requisition quantity should be sufficient to cover due-outs and bring the on-hand balance up to the stock control level. Assign priorities based on Uniform Materiel Movement and Issue Priority System (UMMIPS).

3.67.6.4. Assign a document number from the manually assigned document blocks to the requisition from the AF Form 36. Post the requisition to the due-in and due-out record. File a duplicate of the requisition with the due-in and due-out record.

3.67.6.5. Follow procedures for requisition follow up.

3.67.7. Receipts Resulting From Requisitions. The MLFC should ensure that appropriate receipt actions are completed.

3.67.7.1. Post the due-in and due-out record and the stock record. Flag the due-in and due-out records with active due-outs for backorder release processing.

3.67.7.2. File the original receipt in the document file. For LP receipts, forward a copy of the receiving document to DFAS.

3.67.8. Equipment Management Procedures. Do not establish manual equipment data records. Annotate necessary changes on the most current computer management products.

3.67.9. Returning To Computer Operations. When computer operation is restored, it is important to ensure computer records are accurate. Medical logistics and DFAS records must reflect the current balances.

Chapter 4

ACQUISITIONS

4.1. Purpose.

4.1.1. This chapter outlines the policy for local purchase (LP) of medical materiel, nonmedical materiel, and services.

4.1.2. These procedures are intended to assist the Medical Treatment Facility (MTF) commander in the successful operation of the LP program. They are not intended to restrict LP deemed essential for patient care; but rather to help obtain the required item or service legally, and in the most economical and efficient manner.

4.2. Responsibilities.

4.2.1. The installation commander has LP approval authority and may delegate approval authority to an authorized representative.

4.2.2. The Major Command (MAJCOM) may grant LP approval authority directly to the MTF commander.

4.2.3. MTF commander:

4.2.3.1. Should be delegated authority from the installation commander to approve requests for medical materiel and services.

4.2.3.2. May be granted LP approval authority directly from the MAJCOM commander.

4.2.3.3. May appoint one or more individuals or committees to review and approve LP requests with each having approval authority for certain items. When only one individual is appointed, it should be the MLFC.

4.2.3.4. Will support clinical and logistical participation in Office of Secretary of Defense/Health Affairs directed regional standardization efforts.

4.2.4. Pharmacy and Therapeutics Function (PTF) reviews all requests for drugs and biologicals. The MTF commander may delegate LP approval authority to the PTF for drugs and biologicals. In this case, the Medical Logistics Flight Commander (MLFC) will accept the pharmacist's signature (or the signed minutes of the PTF) as verification of PTF approval.

4.2.5. MLFC:

4.2.5.1. Will be the LP approval authority when only one individual is appointed by the MTF commander, or may be delegated approval authority for a select group of items (e.g., all items other than drugs and biologicals).

4.2.5.2. Is a member of the PTF.

4.3. General.

4.3.1. MEDLOG and DMLSS automatically add a surcharge to reimbursable backorders and issues of LP medical supplies and expense equipment when the Master Record Routing Identifier (RID) (MEDLOG) or Source of Supply (SOS) (DMLSS) begins with "L". The Air Force Working Capital

Fund Medical-Dental Division (AFWCF/MDD) manager establishes the surcharge percentage each fiscal year. The cumulative surcharge is automatically updated and identified separately in the project funds management record (MEDLOG) or EOR (DMLSS).

4.3.2. MTF and direct users and buyers of medical products should consider the environmental and life cycle of costs associated with manufacturing, packaging, use and disposal of products and environmentally preferable alternatives (if applicable) in purchasing decisions.

4.4. Authorization.

4.4.1. LP is authorized for supplies and nonpersonal services when approved by the authority described in paragraph **4.2.**, with the exceptions described in paragraph **4.4.3.**

4.4.1.1. When equipment is offered on loan as a component of the consumable item price, make a comparison of total cost to the Air Force. For example, determine if the total cost per procedure is lower under the loan arrangement than an outright purchase of similar equipment and consumable items. Present this information to the Base Contracting Officer (BCO).

4.4.1.2. A contract that includes use of equipment as part of the consumable item cost must state that the equipment remains the contractor's property and must clearly define the government's responsibility, if any, to repair or replace damaged equipment. Account for such equipment the same as rental equipment.

4.4.1.3. This policy does not prohibit consumable contracts in which the government not only receives the use of the equipment but builds equity in or eventual ownership of the equipment. Such an arrangement must be expected to provide needed capability at the lowest total cost to the government. The contract must clearly define the equity provisions.

4.4.1.4. Use of consumable contracts to avoid justifying and funding capital investment equipment is prohibited.

4.4.2. Personal Services contracts.

4.4.2.1. Personal Services contracts for experts and consultants are authorized by P.L.101-165, Sec 9002 subject to terms and restrictions as stipulated in DFARS 237.104 (b) (I), *Personal Services Contracts*.

4.4.2.2. Personal Services contracts for healthcare providers are authorized by 10 USC 1091 subject to terms and restrictions as stipulated in DFARS 237.104 (b) (ii) and DODI 6025.5, *Personal Services Contracts for Health Care Providers.*

4.4.3. LP is not authorized for:

4.4.3.1. Drugs that do not meet the definition of approved drugs in AFI 44-102, *Community Health Management*. For exceptions, see paragraph **4.17.**, and AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*.

4.4.3.2. Centrally managed items, except as described in paragraph **4.9.**

4.5. Purchase Request Review.

4.5.1. The requesting activity will submit a request, approved by the appropriate department chief, to the LP approval authority for all new items.

4.5.2. Medical logistics will take the following actions prior to submitting the request to the approval authority.

4.5.2.1. Use MEDLOG or DMLSS and available catalog research tools, i.e. Universal Data Repository (UDR) or FEDLOG to ensure requested items represent the lowest delivered cost available. Document research results on the new item request. More information on the UDR can be found at **http://www.dlis.dla.mil/UDR** and on FEDLOG at **http://www.fedlog.com**.

4.5.2.1.1. When the requested item is identified as a required-use contract item, or equivalent, the required-use contract item must be purchased even if it is not the lowest delivered cost option.

4.5.2.1.2. The MLFC is authorized to approve item requests for other-than the required-use item in instances where the contract item is not clinically acceptable. In these instances, the pharmacist (for pharmaceuticals) or clinician (for other items) must document the justification on the LP request form. This will only be done on a patient-by-patient basis. The MLFC is not authorized to issue blanket waivers for required-use contract items.

4.5.2.2. When the item is suspected to be hazardous route the request through Bioenvironmental Engineering Services (BES) to determine if a material safety data sheet (MSDS) is required. If the BES determines the item hazardous, obtain an MSDS and code the master record with notes code "H" in MEDLOG or set the Hazmat Code to "Y" in DMLSS. Follow procedures required by the local HAZMAT pharmacy for applicable items.

4.5.3. The approval authority will review the submitted request. At a minimum, the following will be considered when reviewing the request:

4.5.3.1. Will a standard stock listed item perform the same function at a lower delivered cost?

4.5.3.2. Is a less expensive item available that will perform the same function available?

4.5.3.3. Is the requested quantity excessive?

4.5.3.4. Is this item part of a required-use contract?

4.5.3.5. Does this comply with regional standardization efforts?

4.5.4. The approval authority will forward approved requests to medical logistics for procurement action. Disapproved requests will be returned to the requester with an explanation (see **Attachment 18**). DMLSS has a New Item Request capability within the system that allows customers to electronically submit requests for local purchase.

4.6. Approved Purchase Request Processing.

4.6.1. When an NSN is found during initial research, it should be used. This includes standard stock numbers that have been assigned against regional or national committed volume-type contracts. For example, 6550HLID0000266 for a committed volume item under the DOD Health Service Region VI Laboratory Integrated Delivery System (LIDS) contract. If an NSN or standard stock number is not available, medical logistics will assign a local stock number following these procedures:

4.6.1.1. National drug code (NDC) related stock numbers in MEDLOG consist of the letter F followed by the NDC. Obtain the NDC from the product package or literature, the Red Book or Blue Book. A properly formatted "F" number contains 11 characters. When the NDC data is less than

10 characters in length, prefix the NDC data with zeros (after the "F") so that the completed "F" number is an "F" followed by 10 characters.

4.6.1.2. Federal supply classification (FSC) related stock numbers in MEDLOG consist of the FSC, and the letter "L" followed by six to ten numerals (e.g. 6515L123456). Maintain a record of assigned "L" stock numbers.

4.6.1.3. The medical equipment repair activity assigns "P" stock numbers in MEDLOG to non-standard spare parts. A "P" stock number is a "P" and a ten-position number consisting of a four-digit manufacturer's code followed by the manufacturer's part number.

4.6.1.4. See AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ, Users Manual*, for use of other special use stock numbers in MEDLOG.

4.6.1.5. For DMLSS, use NDC, UPN, manufacturer part number, or vendor catalog number (in that order). Do not use local numbers such us “F”, “L”, “P”, “WP”, etc. in DMLSS. See AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) System Users Manual*, for more details on DMLSS procedures.

4.6.2. Use **Attachment 19** as a guide for the remaining procurement actions.

4.7. Funds.

4.7.1. AFWCF/MDD accounts use AFWCF/MDD funds (97X 4930.FC0B 6B) for medical expense type materiel. Use Other Procurement (OP) funds for investment type equipment.

4.7.2. Use MTF O&M funds for rentals.

4.7.3. Use research, development, tests, and evaluation funds as described for medical O&M funds when authorized for use by medical activities.

4.7.4. Purchase services with O&M funds rather than AFWCF/MDD except as authorized for credit return programs. Manually assign the document number and do not process the transaction through the medical logistics operating system.

4.8. Purchase Requests.

4.8.1. Information about various LP methods is in paragraphs **4.12.** through **4.16.** Use the forms prescribed depending upon the LP method (see **Attachment 20**).

4.8.2. Use DD Form 1348-6, **DOD Single Line Item Requisition System Document (Manual-Long Form)** for requisitions submitted by mail to Defense Supply Center Philadelphia (DSCP), other DOD activities, or General Services Administration (GSA). An equipment requisition from an overseas activity requires a completed equipment data list (EDL) in addition to a DD Form 1348-6. Instructions for preparing the EDL are published periodically via the Air Force Medical Logistics (AFML) List Server and can be found on the AFML website.

4.8.3. When you send a purchase request (PR) (DD Form 1348-6, or DD Form 1348-1A, **Issue Release/Receipt Document**, AF Form 9, **Request for Purchase**, etc.) citing AFWCF/MDD (6B) funds, process the due-in through the medical logistics operating system, and record the complete document number on any manually prepared document. The complete document number consists of the medical SRAN, Julian date, and four digit serial number.

4.8.4. Federal contracting activities outside the USAF may require DD Form 448, **Military Interdepartmental Purchase Request.**

4.8.4.1. When you send a purchase request citing O&M funds which is not processed through the medical logistics operating system, e.g. for services, do not use the medical SRAN. Use the six-position code mutually agreed upon by contracting, finance, and medical logistics that identifies the MTF resource manager.

4.8.4.2. The document number consists of this six-position code, the Julian date, and a four-digit serial number ending in 00, e.g., 3000, 3100, 3200, 3300.

4.8.4.3. When an AF Form 9 is used, put the six-position code and the Julian date in the Number block. Put each serial number in the item column adjacent to the appropriate entry in the description column to facilitate tracking in the finance system.

4.8.5. Ozone Depleting Substances (ODS).

4.8.5.1. Contracting regulations require the requesting activity to furnish the contracting officer an approved HQ USAF waiver for purchase requests that require the contractor to deliver or use Class I ODSs in the performance of the contract. Reference DFARS 207.1-3, *Acquisition Plans,* DFARS 210.0-1, *Specifications, Standards, and Other Purchase Descriptions* and AFFARS 5310.002-71 (90), *Market Research*. It is the responsibility of the requesting activity to determine if a particular item does or does not contain Class I ODS.

4.8.5.1.1. A waiver may not be required for some commercial off the shelf consumable materials even if Class I ODS is included in their formulation. A waiver is not required for federal supply group (FSG) 65 items because they are commercial off the shelf, even though some contain Class I ODS.

4.8.5.1.2. Except for FSG 65 items, it is the responsibility of the requesting activity to determine if the requested product is commercial off the shelf. The base Environmental Manager, BES, or Base Supply can assist in making this determination.

4.8.5.2. Contracting regulations require the requesting activity to furnish to the contracting officer a written statement that the Air Force does not require the contractor to deliver or use Class I ODS in the performance of the contract. This policy applies to all purchase orders, contracts, local decentralized purchasing authority including Government Purchase Card (GPC), and any other procurement instruments that obligate O&M funds. This statement is required even for commercial off the shelf items and for items that are obtained through non Air Force contracting activities such as DSCP Decentralized Blanket Purchase Agreements (DBPA).

4.8.5.2.1. The statement may be printed on the purchase request, included in the item description, included as part of the electronic database, furnished as a separate document, or furnished in any other mutually acceptable format.

4.8.5.2.2. Contracting policy allows blanket statements for specific stock classes. Separate statements are not required for purchase requests in stock classes that have blanket statements on file in the contracting office. There must be some type of cross-reference between the individual contract file and the blanket statement. A reference to the blanket statement on the purchase request will satisfy this requirement.

4.8.5.2.3. For DBPA purchases of FSG 65 items, develop a blanket statement to meet the requirements of paragraph **4.8.5.2.** Keep the blanket statement in a central file and refer to it on each call document. For DBPA purchases of nonmedical items that do not require the contractor to deliver or use Class I ODS in the performance of the contract, check with Base Supply, the Base Environmental Manager, or BCO to see if a blanket statement is on file for the applicable FSG, FSC, or NSN. Develop an appropriate blanket statement and obtain approval as required by base procedures when there is no blanket statement on file. Keep the approved blanket statement on file and refer to it on each call document.

4.8.5.2.4. For items purchased through the local contracting office, the statement will be required by or negotiated with the contracting officer.

4.8.5.2.5. ODS purchases are reportable to the installation Hazardous Material Pharmacy (HMP). Contact the local HMP for guidance on reporting requirements.

4.8.5.2.6. Substitute products that do not contain Class I ODS to accomplish the tasking whenever possible.

4.9. Optional Local Purchase of Centrally Managed Materiel.

4.9.1. DFARS 208.7003, *Coordinated Acquisition* gives commanders the ability to LP centrally managed (AAC D) items with a line item value of $25,000 or less if the BCO judges the combination of quality, delivery, and cost is in the best interest of the government. This provision is not applicable to the following items:

4.9.1.1. Required for war reserve.

4.9.1.2. Required for war mission.

4.9.1.3. Required for unit deployment.

4.9.1.4. Required to support the industrial base.

4.9.2. This option gives commanders more flexibility to purchase items based on cost and other factors. When choosing this option the following must be considered:

4.9.2.1. Administrative overhead costs of medical logistics, accounting and finance, and contracting may exceed perceived savings.

4.9.2.2. LP order and ship time may be greater than if ordered from the depot.

4.9.2.3. All LP sales incur a surcharge.

4.9.2.4. Applicable transportation costs must be figured into the purchase price of the LP item.

4.9.2.5. Additional documentation or justification is required.

4.9.2.6. Include a statement of the specific advantage of LP in the purchase file for line items of $100 or greater cost. The statement must be approved by the MLFC and placed in the DBPA file for DSCP DBPA orders.

4.9.2.7. A waiver request must be sent to and approved by the applicable central manager prior to taking purchase action for line items exceeding $5,000. The justification must address a combination of quality, timeliness, and cost. For example, the item may be low in cost and of high quality but cannot be delivered on time. Send waiver requests to:

For GSA: Commissioner (F)
Federal Supply Service
Washington DC 20406

For DLA: Director (DLA-OS)
Defense Logistics Agency
Alexandria VA 22304-6100

4.9.2.8. Place the documentation in the contract folder and send a copy to the BCO.

4.9.3. Submit a price challenge when the decision to use LP for DLA or GSA centrally managed items was based on price alone. Follow the price challenge procedures outlined in paragraph **4.38.3.**

4.10. Follow-Up Procedures.

4.10.1. Follow-up is the responsibility of the activity that writes the contract. The BCO is responsible for follow-ups when the BCO writes the contract. Medical logistics is responsible for follow-ups when the MLFC signs the contract.

4.10.2. To provide improved customer service, medical logistics may initiate direct follow-up to the manufacturer or vendor when authorized by the applicable contracting officer. If approved, medical logistics follow-up is for information gathering only, and conveys no authority to alter the contract. A Memorandum of Understanding must be established with the contracting officer.

4.10.3. The BCO will provide training for medical logistics personnel to ensure proper procedures are followed and the government is not unnecessarily obligated.

4.11. Emergency Medical Purchases.

4.11.1. When necessary to save life or prevent suffering, the MTF commander or other competent medical authority may direct purchase of emergency medical supplies without the prior involvement of base contracting. Use this means of procurement only when Prime Vendor (PV), DBPA, or GPC sources are unable to support emergency requirements.

4.11.2. Do not use this authority when there is time to process emergency requisitions or to route urgent requirements through normal channels. Purchase only the minimum required for the particular emergency.

4.11.3. The property custodian will submit an after-the-fact purchase request to medical logistics within one duty day after the emergency purchase. The following certificate will be completed:

Figure 4.1. Emergency Purchase Certification.

"I certify that the items listed hereon were purchased in accordance with AFI 41-209, **Chapter 4**, paragraph **4.11.**, and the undersigned has received the items from [Name and address of vendor] at the price listed opposite the items and that an emergency situation precluded the use of normal procedures." _____ (Signature of Recipient) _____ (Signature of the Approving Authority)

4.11.4. Medical logistics will prepare a PR as follows:

4.11.4.1. Place "Confirming Request for Purchase" at the top of the form.

4.11.4.2. List the vendor's name and address immediately following the last item in the Description column of AF Form 9 or Remarks block of DD Form 1348-6.

4.11.4.3. Enter the following certificate:

Figure 4.2. Commander Certification of Emergency Purchase.

"I certify that LP is authorized by AFI 41-209, **Chapter 4**, paragraph **4.11.**, and that the items listed were necessary to save life or prevent suffering." _____ (Signature of MTF Commander)

4.11.4.4. Medical logistics will ensure proper item accountability.

4.12. Prime Vendor.

4.12.1. Prime Vendor (PV) is a DOD program that provides the medical Routine Ordering Facility (ROF) with a prime supplier for a distinct commodity line, such as pharmaceuticals or medical/surgical (med/surg). PV is a mandatory source of supply for all ROFs LP requirements when the PV contract is a requirements type contract, i.e. pharmaceutical PV contracts. PV is not a mandatory source if the PV contract is an Indefinite Quantity Contract (IQC), i.e. Medical/Surgical, Generation II. Also, ROFs have the option to change the PV at the end of each performance period (contact your Regional Logistics Chief for approval process). For the purpose of medical supply processing, PV is considered an LP acquisition but is not subject to the same surcharge. Operating instructions are available within the PV Contract Statement of Work (SOW) as well as the DSCP PV Desk References.

4.12.2. PV Contracting Officials.

4.12.2.1. The contracting agency for the PV Program is DSCP. A Contracting Officer Representative (COR) is appointed for each ordering MTF by the contracting officer to perform technical or administrative functions.

4.12.2.2. Ordering officers are the individuals authorized to place orders with the PV. The COR appoints the ordering officers for their MTFs in writing.

4.12.3. Usage Data.

4.12.3.1. Each ROF is responsible for submitting accurate initial usage data and monthly updates to the PV. The ROF must order a minimum of once per month for a minimum quantity of one. Fill rates are calculated for all usage data items.

4.12.3.2. For pharmaceutical items, the PV is required to have usage data items available in 45 days; medical/surgical items must be available in 30 days.

4.12.3.3. It is important to accomplish a frequent review of usage data to help the PV maximize fill rates.

4.12.4. Delivery Order Numbers or Call Numbers are assigned by DSCP. A block of delivery order numbers are assigned to each ROF for each PV contract. The ROF is required to develop internal procedures to ensure each number is used only once. A separate delivery order number must be used for each new delivery order. Duplication of delivery order numbers cause problems with duplicate payments and invoices. When ROFs are within fifty numbers of their assigned delivery order numbers, notify DSCP and they will assign additional blocks of numbers as needed.

4.12.5. Process routine PV requirements through the medical logistics operating system. Emergency PV orders will be placed manually (off line) to the PV representative. Log in manually assigned call numbers and documents to prevent duplication. Refrigerated, schedule II controlled items, and hazardous PV orders should also have their own separate call number. Within the DMLSS system, separate Source of Supply (SOS) codes can be established to accommodate the ordering for these items.

4.12.6. The PV Receipts Process.

4.12.6.1. The complete receipt process for PV due-ins involves unique procedures depending on the type of medical logistics operating system being used. In MEDLOG, first use the PVD transaction to process complete receipts, partial receipts, quantity adjustments, and cancellations for PV due-ins. The PVD transaction is also used to process receipt reversals. After all items on the call are received, use the PND transaction to process a summary receipt. Within DMLSS, use the Receipts module to process complete receipts, partial receipts, quantity adjustments, and cancellations for PV due-ins. Use the transaction history module to reverse receipts and make price adjustments. Process the summary receipt using the IM Summary Receipt Pending option. The summary receipt is a single transaction, which contains the total dollar value of the items received on the purchase order/call. It is used by the Defense Finance and Accounting Service (DFAS) to update financial data and by DSCP to process payment to the PV.

4.12.6.2. Prior to processing the PV Summary Billing action (PND within MEDLOG and IM Summary Receipt Pending action within DMLSS), review documents for discrepancies between the invoice and receiving report. If the total on the receiving report matches the invoiced total and all items were received, process the PND (MEDLOG) or summary receipt pending action (DMLSS) for that PO/Call. To minimize interest penalties, transmit summary receipt transactions

upon receipt of items. Interest is normally accrued on PV invoices not paid by DSCP within the required 15-day time period (30 days for OCONUS).

4.12.7. Pricing Discrepancies.

4.12.7.1. Should there be a disparity between the confirmed price and the price within the UDR, notify DSCP and AFMSA/SGSLC with the item detail information.

4.12.7.2. If the invoice and receiving report do not match, review documents and due-ins to find the discrepancy. ROFs must contact your PV customer service no later than 24 hours after a short delivery occurs. If discrepancies are not resolved, it may be necessary to short pay the vendor. A short pay occurs when the total price of the PV invoice is greater than the sum of receipts processed under a single call number. Short pays result when the PV is not notified within 24 hours that the following has occurred: a shipping discrepancy, damaged goods, erroneous pricing or any other situation that results in a difference between the receipt and invoice. Periodically review your Rebate/Return Credit Account from the PV to prevent unauthorized activity due to short pays. When you choose to short pay a vendor, you must notify DSCP and document your contract file.

4.12.8. MEDLOG BMSO/BAFO Financial Reconciliation Lists which reflect negative operating inventory balances are caused by PV receipts that have PND actions pending.

4.12.8.1. MEDLOG provides a PV Trouble List, Parts I and II. The PV Trouble List, Part I identifies items that are overdue but still have due-ins over three days old from a PV source. The PV Trouble List Part II identifies PV receipts for which the summary receipt has not processed. Using PV receiving documents, reconcile the items on the receiving report against the Part II to verify that all items on the receiving report match the items listed. Remember to review the PV Trouble List daily, as no entries should be more than three days old. Take aggressive action to resolve discrepancies appearing on this list so the summary receipt can be transmitted to DSCP.

4.12.8.2. DMLSS Balance and DFAS Reports which reflect negative operating inventory balances on Line 15 are caused by PV orders that have receipts pending. DMLSS provides a Pending Action, Overdue Prime Vendor Shipment, when orders are overdue. Review the Overdue Prime Vendor Shipment pending actions and take appropriate actions. Pending action “Did Not Receive Status for All Items in the Call” is generated when the PV fails to acknowledge an order. These pending actions should be worked daily.

4.12.9. Credit memos are issued through the PV. These credits are valid for 90 days from the day they appear in the credit account. The PV will provide the ROF a monthly update of the amount of open credits for their facility. Use PV credits by placing an off-line order. Before placing an order against a credit account, it is imperative that you contact your PV customer service representative.

4.12.9.1. Credits issued for items that are recalled, returned, and unserviceable can be used by the pharmacy.

4.12.9.2. Should a facility surpass a specified purchase volume for an item, a rebate is given by the manufacturer. The PV may transfer these rebates to the customer in the form of credits. These rebate credits can be used by pharmacy as well.

4.12.9.3. If requested by the customer, credits obtained through the credit return programs can be deposited into the PV credit account for subsequent use through the PV Program. This applies whether the items were processed through a 3rd party pharmaceutical returns company or through

the manufacturer. Expired item credits from war reserve materiel (WRM) assets should not be given to the pharmacy. In order to eliminate confusion, it is recommended that all sites request a separate account be set up for operating and WRM dated item return credits.

4.12.10. Establish a contract file for each PV contract. At a minimum, the file should include:

4.12.10.1. A copy of the initial solicitation, including all amendments.

4.12.10.2. A copy of the contract including all modifications.

4.12.10.3. A copy of the monthly fill rate reports provided by the PV and the activity's analysis of the reports (if applicable).

4.12.10.4. Any memorandums documenting problems with the PV performance.

4.12.10.5. A copy of the COR appointment letter and Certificate of Training.

4.12.10.6. A list of the PV points of contact, including emergency and after hours contact information.

4.12.10.7. A list of the DSCP points of contacts.

4.12.11. Retain PV receipt documents for six years and three months to support disbursement of funds as required by public law. Continue to hold for one year after the cutoff, and then forward the receiving reports to staging.

4.12.12. Contact the Military Health Systems (MHS) Help Desk if you experience problems with DMLSS, PV on DMLSS, or PV stand-alone systems. The help desk provides support for U.S Military medical information systems, worldwide, 24 hours per day, 7 days per week. DMLSS trouble tickets can be submitted online through the MHS website: **http://www.mhs-helpdesk.com**, via E-mail at **mailto:help@mhs-helpdesk.com**, or by calling the help desk toll free at (800) 600-9332 (CONUS) and 866-637-8725 (OCONUS), or commercial 210-767-5250. Notify your DMLSS System Administrator of the problem before contacting the MHS Help Desk. Have the following information available when you call:

4.12.12.1. Location/Site.

4.12.12.2. Clinic/Organization.

4.12.12.3. Name, phone number, and back-up person.

4.12.12.4. Shipping address.

4.12.12.5. System-DMLSS.

4.12.12.6. Version.

4.12.12.7. Problem/Request (be specific).

4.12.12.8. If the trouble call is related to hardware, also provide the make, model, and serial number of the system being used.

4.12.13. Pharmaceutical PV Contracts.

4.12.13.1. DSCP has aligned the Pharmaceutical PV regions to coincide with TRICARE regions.

4.12.13.2. DSCP has transitioned Pharmaceutical PV Distribution and Pricing Agreements (DAPAs) to Federal Supply Schedules (FSSs) for all pharmaceuticals covered by a FSS.

4.12.14. Med/Surg PV Contracts.

4.12.14.1. Med/Surg PV Generation II Contracts cover three global TRICARE Regions with two PVs for each Global Region. Med/Surg Generation I was a requirements type contract whereby Generation II is an IQC.

4.12.14.2. DSCP has expanded their existing Med/Surg PV contract to include “non -contract” items. The term “non-contract” has been replaced with “Alternate Commercial Product Ordering Program” (ACPOP). As a suggestion, use the following RIDs: PVM for “on contract” usage items, PVO for ACPOP Usage Items, PVE for “on contract” non-usage items, and PVF for ACPOP non-usage items.

4.12.14.3. PVs are required to supply usage data to the ROF on a weekly basis. Each ROF is responsible for the submission to the PV of both accurate initial usage data and monthly updates. The ROF must order a minimum of once per month for a minimum quantity of one. Fill rates will be calculated for all usage data items.

4.12.14.3.1. The Med/Surg Generation II PV Contracts require a 90 percent PV fill rate. Orders for non-usage items will not be included in PV fill rate computations.

4.12.14.3.2. It is important to frequently review usage data to help the PV maximize fill rates. On-line visibility of usage data is available through vendor systems. Contact your vendor representative for details.

4.12.14.4. The Service Level Election Form is due through the Regional Logistics Chiefs to DSCP at the 10-month point of the contract. It validates ordering point/delivery point address information and allows each facility to choose service options available in the contract.

4.13. DSCP Electronic Catalog.

4.13.1. Electronic Catalog (ECAT) is a web-based ordering system developed by DSCP. ECAT enables DOD and other Federal agency customers access to multiple manufacturer and distributor commercial catalogs. The ECAT application features multiple catalog ordering, automated ordering, and bill paying processing, GPC processing, a robust search engine, and the ability to produce customer unique reorder lists. Currently there are four commodities accessible in ECAT: laboratory, optical, dental, and medical equipment.

4.13.2. Prices reflected in ECAT represent the total delivered price. Use the posted ECAT price to establish the master ECAT record (ECR) in MEDLOG and the unit of purchase price within DMLSS. The delivered price includes shipping, handling, and the DSCP surcharge. Use of ECAT is preferred over the other non-PV methods of procurement since ECAT prices are more competitive than other local purchase prices after the AF LP surcharge is factored in. In addition, use of ECAT reduces dependence on GPC purchases and the administrative workload associated with them.

4.13.3. ECAT can be utilized through the DMLSS/MEDLOG or Internet interfaces. Follow guidance published in the ECAT MEDLOG Users Guide posted on the AFML website. The preferred interface for medical logistics activities is the DMLSS/MEDLOG interface. See AFCSM 41-230, Volume 2 for specifics on processing ECAT unique transactions in MEDLOG, and AFMAN 41-216 for DMLSS.

4.13.3.1. Purchases made through ECAT via the Internet interface must be processed through the medical logistics operating system as described in paragraph **4.13.3.** The ECAT Users Guide contains the proper procedures for the Internet interface.

4.13.3.2. Purchases made through ECAT via the Internet interface will be made using the GPC.

4.13.4. RID and SOS codes are assigned locally by medical logistics using EC_. Position three of the RID/SOS can be alpha or numeric. As a suggestion, use ECL for laboratory, ECO for optical, ECD for dental, and ECE for equipment. Since DSCP bills finance for ECAT items and finance subsequently reimburses DSCP, the ESD on the finance transaction file contains a RID of S9M, even though the MEDLOG master record or DMLSS SOS contains an ECAT RID.

4.13.5. Processing ECAT Requisitions.

4.13.5.1. The due-in will process and the requisition image will be generated once an ECAT record is established in the medical logistics operating system

4.13.5.2. DSPC will forward the order to the vendor indicated in the requisition when an ECAT order is received. All ECAT requisitions are processed on a "fill or kill" basis. Status is forwarded through DSCP to the requisitioning activity, where it is processed through the medical logistics operating system.

4.13.5.3. Requisition status codes (AE1) BD and BV update the due-in detail to reflect "being processed" status.

4.13.5.4. Status codes CB, CG, and CX result in cancellation of the due in.

4.13.5.5. Rejects in ECAT normally occur because the item is on backorder or was removed from the catalog. Medical logistics should contact the DSCP ECAT Help Desk since DSCP is the supplier's customer. If the problem cannot be resolved, contact AFMSA/SGSLC.

4.13.6. ECAT Pricing. Notify DSCP and AFMSA/SGSLC with the item detail information if there is a significant price increase found when ordering or receiving items through ECAT.

4.14. Blanket Purchase Agreements.

4.14.1. A Blanket Purchase Agreement (BPA) is a simplified method of filling repetitive needs for supplies and services. A BPA may be centralized (contracting places the orders) or decentralized, referred to as a DBPA (medical logistics places the orders). Any contracting officer may establish a BPA. AFMSA/SGSLC manages DBPAs negotiated by the Department of Veterans Affairs Special Services (VASS) and DSCP. The call limit is $100,000 per call.

4.14.2. AFMSA/SGSLC distributes information about DSCP and VASS DBPAs on the AFML website (**http://afml.ft-detrick.af.mil/index.htm**) and via the AFML List Server. Authorized users are listed within the DBPAs. The MLFC, materiel manager, superintendent of medical materiel, and NCOIC of medical materiel are the approving authority for orders placed against the DSCP and VASS DBPAs. Exceptions or additional positions require written approval from AFMSA/SGSLC.

4.14.3. Approving officials have the authority to modify DBPA calls but may not modify the terms of the DBPA. Guidance on modifying contracts can be found in DFARS 213.3., *Simplified Acquisitions Methods.*

4.14.4. BPAs with commercial sources, e.g. open market items, have additional requirements including competition and reasonable pricing. All orders over $2,500 must be competed and documented in the contract file. Solicit quotes from a reasonable number of sources to promote maximum competition. Three is the preferred number of quotes but two is sufficient if documented as the only sources available. Calls expected to exceed $25,000 require advertisement in the Federal Business Opportuni-

ties (**http://www.fedbizopps.gov**) in accordance with FAR 5.101 and FAR 5.203. Comply with reporting requirements of FAR Part 4 (Administrative Matters) and DFARS Part 204 for purchases over $25,000. Display of the solicitation in a public place is required for all calls greater than $10,000 but less than $25,000 in accordance with FAR 5.207.

4.14.5. FAR 13.303-6(a), *Blanket Purchase Agreements,* requires the BCO or a designated representative to review a sufficient number of BPA files at least annually to ensure compliance with authorized procedures. This includes DSCP, VASS and local BPAs. The individual conducting the review should ensure that:

4.14.5.1. Competition requirements have been met.

4.14.5.2. Any orders placed with other than small businesses were because of noncompetitive market price, quality or delivery. These orders were documented and approved by the BCO when required.

4.14.5.3. A valid order signed by an approved ordering official is on file for each call. Any modifications to the call are filed with the order. Modification should be prepared on Standard Form 30, **Amendment of Solicitation/Modification of Contract**.

4.14.5.4. A copy of the DBPA and all modifications are on file. If the DBPA is published in the UDR, there is no requirement to keep a hard copy in the contract file.

4.14.5.5. A current price list approved by the BCO is on file for each local BPA. For DSCP and VASS DBPAs, the price list is referenced in the UDR.

4.14.5.6. A copy of the FSS or other price list upon which the BPA is based is filed with the BPA.

4.14.6. The MLFC will report usage of DSCP and VASS DBPAs to AFMSA/SGSLC annually on RCS:HAF-SGH (A) 9111, Decentralized Blanket Purchase Agreement (DBPA) Usage Survey or the approved DMLSS equivalent using guidance posted on the AFML website. The report is as of 30 September and must arrive at AFMSA/SGSLC as prescribed in the notification. Report all activity on local, DSCP, and VASS DBPAs to the BCO on a BPA Monthly Call Register. Do not report DBPA orders that were paid using the GPC. Highlight calls exceeding $25,000 on the register to notify the BCO to complete a DD Form 350, **Individual Contracting Action Report**. The call register may be used as the reporting document if it provides the following:

4.14.6.1. BPA number.

4.14.6.2. Vendor.

4.14.6.3. Call number.

4.14.6.4. Date of the call.

4.14.6.5. Identity of the buyer.

4.14.6.6. Number of line items ordered.

4.14.6.7. Dollar amount of the call.

4.14.6.8. Cumulative dollar amount.

4.14.6.9. Delivery date.

4.14.7. The MLFC should review the list of DSCP and VASS DBPAs published on the AFML website. A local BPA, if needed, can be requested by submitting an AF Form 9 to the BCO with the information listed below. Local BPAs are limited to $2,500 per call.

4.14.7.1. A list of the supplies and service to be furnished. This may be a list of frequently used items in the supplier's current catalog.

4.14.7.2. A list of the positions by title that are authorized to place orders under the agreement. Show the dollar limit per call for each individual.

4.14.7.3. Specify whether calls must be confirmed by written orders.

4.14.7.4. Information required on shipping documents or delivery tickets. The following are recommended as a minimum:

4.14.7.4.1. Name of supplier.

4.14.7.4.2. BPA number.

4.14.7.4.3. Call number and date.

4.14.7.4.4. Date of shipment.

4.14.7.4.5. Itemized list of supplies or services furnished.

4.14.7.4.6. Quantity, unit price and extended price of each item less discounts.

4.14.8. Invoices will be submitted as follows:

4.14.8.1. The DBPA vendor will submit invoices to the servicing DFAS Operating Location (OPLOC) unless the GPC is used for payment. DFAS is required to make payment by Electronic Funds Transfer. All vendors must have current registration in the Central Contractor Registration.

4.14.8.2. Vendors submitting invoices to DFAS Dayton (DFAS-DY), DFAS Limestone (DFAS-LI), DFAS Orlando (DFAS-OR), DFAS Europe (DFAS-EU), DFAS San Antonio (DFAS-SA) or DFAS Omaha (DFAS-OM) may fax their invoices via Electronic Data Management, capturing the electronic image to automate processing of their invoices. Fax numbers can be found on the AFML website.

4.14.9. Transportation charges.

4.14.9.1. Transportation charges should be included in the price of the items if the BPA provides for Free on Board (FOB) Destination. Transportation charges should be pre-paid and billed as a separate item if FOB Origin is specified. An estimate or not to exceed transportation cost statement must be included on the purchase document for FOB Origin orders. The company must include proof of payment for transportation charges over $100, or when requested by the DFAS. Transportation charges for FOB Origin are paid out of the AFWCF/MDD and are not processed in the medical logistics operating system.

4.14.9.2. Many BPAs have provisions for premium transportation. Premium transportation must be paid using O&M funding and should be arranged through the resource management office. Do not use AFWCF/MDD funds for premium transportation.

4.14.10. A separate contract file must be established for each BPA. The file will contain the following items at a minimum:

4.14.10.1. A copy of the BPA including any amendments and modifications.

4.14.10.2. A copy of the price list that has been approved by the contracting officer or the price list referenced in the UDR for DSPC and VASS DBPAs. Refer to the UDR if the price list is too large for the folder.

4.14.10.3. The current call register and copies of all completed call registers since the last BCO review. A local or a general-purpose form may be used.

4.14.10.4. A copy of the AF Form 3062, **Abstracts of Proposals/Quotations** if appropriate. AF Form 3062 is completed for all calls over $2,500 and serves as proof of competition.

4.14.10.5. Hard copies of all calls placed against the BPA. This may consist of:

4.14.10.5.1. DD Forms 1155, **Order for Supplies or Services**

4.14.10.5.2. Local BPAs may use the call register as a hard copy of the order if provided for in the basic agreement. When this method is used, give a copy of the call register to the servicing OPLOC at the end of each month. If the call register is used as the hardcopy, utilize DD Form 250, **Material Inspection and Receiving Report**, as the receiving document.

4.14.10.5.3. A copy of each purchase order must be forwarded to the servicing OPLOC.

4.14.10.5.4. Hard copies of receiving reports must be maintained in accordance with AFMAN 37-139, *Records Disposition Schedule*. The requirement for receiving reports is determined by the funds used on the call. Finance does not require a hardcopy of the receiving report if AFWCF/MDD (6B) funds are used.

4.14.11. Specific instructions for overseas medical logistics accounts including shipping instructions, follow-up procedures, form completion, and other detailed guidance.

4.14.11.1. OCONUS shipments sent by military air. All shipments intended for military air transportation (Air Mobility Command (AMC) transportation) must be cleared for movement by the appropriate Air Clearance Authority (ACA) at least 24 hours prior to shipment. Air Force activities should call Wright-Patterson, (937) 257-4946 to request shipment by military air. Another option is to request ACA online by going to website: **https://www.afmc-mil.wpafb.af.mil/HQ-AFMC/LG/LSO/lot/**. Click on Air Clearance/SAAM, followed by ATCMD Online Form. Select format and complete the form. The customer must also have a Transportation Account Code (TAC). Air Force medical customers use F7MD for the TAC. Medical activities must have clearance before they ship to the aerial port of embarkation and complete a DD Form 1384, **Transportation Control and Movement Document (TCMD)** for every shipment going by military air. Vendors must send this form along with the shipment, complete a DD Form 1387, **Military Shipment Label,** and place it on the outside of each package. Vendors must pack shipment for military air.

4.14.11.2. OCONUS shipments sent to a Container Consolidation Point (CCP). The use of parcel post and other classes of mail shall be confined to deliveries of mailable matter which meets the size, weight, and distance limitations prescribed by the US Postal Service. If shipment is mail eligible (usually less than 70 lbs), medical ordering facilities will generally consider mail as their first option. Shipments not sent by parcel post may be sent to a stateside transshipment point (e.g.,

New Cumberland, PA or Tracy, CA), or aerial port when authorized by the medical ordering facility. However, DBPA shipments first sent to a stateside transportation office and destined for an OCONUS facility will require:

4.14.11.2.1. Transportation Control Number (TCN).

4.14.11.2.2. Transportation Priority (TP).

4.14.11.2.3. Required Delivery Date (RDD).

4.14.11.2.4. Transportation Account Code (TAC).

4.14.11.2.5. “Ship To” address.

4.14.11.2.6. ”Mark For” address.

4.14.11.3. TCNs are used to identify, control, and trace an overseas shipment from origin to ultimate consignee. The TCN should appear on the outside of the package, the packing slip and the inner package. To identify the components of the TCN, the following example will be used: TCN=FM4425-9096-0008XXX

4.14.11.3.1. The first part of a TCN is the Department of Defense Activity Address Code (DODAAC). For example, “FM” shows it is an Air Force medical shipment and “4425” identifies the base.

4.14.11.3.2. The second portion ("3096") is the Julian date the order was placed (e.g., 3096 = 2003, 096 day or 6 April 2003). The third portion ("0008") is the document serial number assigned by the ordering facility.

4.14.11.3.3. Suffixes. A complete order being sent in one shipment should have a TCN number suffixed by "XXX" (e.g., FM4425-9096-0008 XXX). TCNs for orders with two or more partial shipments would be suffixed as follows: FM4425-9096-0008XAX - lst partial shipment FM4425-9096-0008XBX - 2nd partial shipment FM4425-9096-0008XCX - 3rd partial shipment FM4425-9096-0008XZX - 4th and final shipment (the last shipment of any multiple shipment should always be "XZX" to identify it as the final shipment).

4.14.11.4. TP. TP1 indicates to the stateside military shipping facility that the shipment is needed by the RDD and should be sent to the ultimate consignee address via military airlift. TP2 and TP3 indicate shipment can be made via military sea vessel. Separate from the TP is a Priority of Order. This will be included on each order. Orders will contain an "order priority" which is not the same as a "transportation priority". The following will help you determine the conversion from "order priority" to "transportation priority".

4.14.11.4.1. Order priorities 1-3 should have labels marked as TP1. If TP1 shipments are too heavy or too large to fit in an aircraft, they may be diverted to sealift. This determination is made by AMC. AMC is authorized to approve TP changes or upgrade if the priority becomes a life/death requirement.

4.14.11.4.2. Order priorities 4-8 reflect TP2 labeling, and order priorities 9-15 reflect TP3.

4.14.11.5. RDD. This is the date the materiel is needed by the medical ordering facility. This date will determine the mode of transportation used. If the RDD is missing, the transshipment point may give the shipment a low priority.

4.14.11.6. TAC. This code determines what government agency will be charged for the cost of the transportation. It is provided by the medical ordering facility so that the vendor can include it on the DD Form 1384, **DOD Single Line Item Requisition System Document (Manual)** or military shipping label. If this code is missing, stateside shipping facilities may return the shipment to the vendor. For DBPA shipments, use the TAC S1FM for Air Force shipments going to a CCP and F7MD for shipments going by military air.

4.14.11.7. "Ship To" address. This address is the address of the transshipment point where shipments are re-palletized before being shipped overseas. The TCN provided by the medical ordering activity will be used in the last line of the address. If shipments are going by parcel post, this address is the overseas medical ordering activity.

4.14.11.8. "Mark For" address. This is the address of the medical ordering activity.

4.14.12. A Supply Discrepancy Report (formerly Report of Discrepancy) on BPA receipts processed within medical logistics may be prepared on locally developed forms in lieu of Standard Form 364, **Supply Discrepancy Report (SDR).**

4.14.13. Assistance may be requested from AFMSA/SGSLC if problems are encountered with orders under DSPC or VASS DBPAs. Provide AFMSA/SGSLC a copy of the document in question when requesting assistance.

4.15. Limited Warrant Contracting Program.

4.15.1. The BCO may appoint medical logistics personnel as limited warrant contracting officers and prescribe appropriate training.

4.15.2. The decision to use the limited warrant contracting authority in lieu of any other acquisition method, including base contracting, will be made solely by the limited warrant contracting officer.

4.15.3. The MLFC will ensure the warrant holder and buyers comply with all instructions and requirements of the BCO.

4.15.4. This program does not preclude use of DBPAs or other appropriate acquisition methods and must not adversely affect routine logistics operations.

4.15.5. The BCO will set aside a block of purchase orders for the exclusive use of medical logistics. The BCO will prescribe policy and procedures for alterations and modifications. BCO approval is required for modifications that would cause an order to exceed the warrant authority limit.

4.16. Credit Card Purchases.

4.16.1. Credit card purchases may be made with the GPC. Reference AFI 64-117, *Air Force Government-Wide Purchase Card Program* for detailed information.

4.16.1.1. Provide contracting and finance with information identifying which funds are to be used for GPC purchases. Accounts will be established in accordance with AFI 64-117, Chapter 3.

4.16.1.1.1. Medical supplies shall be purchased through the AFWCF/MDD and issued to the using activity. Complete a GPC Funding Document, AF Form 4009, **GPC Fund Cite Authorization**, to establish the GPC account. Prior to the beginning of each subsequent fiscal year forward a letter through base finance to base contracting stating the card is still active.

4.16.1.1.1.1. Separate cards are required for AFWCF/MDD-funded purchases and O&M-funded purchases.

4.16.1.1.1.2. Cardholders for GPC funded with AFWCF/MDD funds must be within the chain of command of the AFWCF/MDD accountable officer (normally the MLFC).

4.16.1.1.1.3. Expense equipment will be purchased through the AFWCF/MDD and issued to the using activity.

4.16.1.1.1.4. GPC purchases for services will be funded with a GPC Funding Document, citing Program Element Code 87700/87900 and element of expense/investment code 592. When the MTF commander decides to centralize the purchase of services, it is recommended that cost center XX5741 be cited.

4.16.1.1.1.5. Non-medical supplies may be purchased either with a AFWCF/MDD funded card or an O&M funded card. Purchases with AFWCF/MDD funds must be processed through the medical logistics operating system as medical items. GPC funded with O&M dollars may be issued to personnel in areas other than medical logistics at the MTF commander's discretion. Purchases using an O&M funded GPC should not be processed through the medical logistics operating system. Under no circumstances will O&M funded cards be utilized to purchase medical supplies or equipment.

4.16.1.1.2. Regardless of the fund code used, billing officials should be within the chain of command of the cardholder.

4.16.1.2. Individual GPC purchases are not to exceed $2,500, except as noted in paragraph **4.16.4.** Transportation and handling charges must be included in the purchase and orders cannot be split.

4.16.1.3. Activities can buy direct from Army and Air Force Exchange Service (AAFES) and the Defense Commissary Agency (DeCA). GPC used to purchase subsistence items must be funded with a separate GPC with the subsistence fund cite referenced in the Nutritional Medicine Flight Guide available from the Associate Biomedical Sciences Corps Chief for Dietetics (per AFI 44-144, *Nutritional Medicine Management).* Treat AAFES and DeCA as any other local procurement source.

4.16.1.4. Purchases under $2,500 will be distributed equitably among qualified suppliers.

4.16.2. Process purchases through the medical logistics operating system when AFWCF/MDD funds (fund code 6B) are used. MEDLOG users should assign a unique RID beginning with “L” and build a vendor record identifying the GPC card holder as outlined in AFCSM 41-230, Volume 2, Section 16. DMLSS automatically assigns a unique RID identifying the source of supply of the GPC purchase. For both MEDLOG and DMLSS, the purchase order number assigned must begin with the letter “I” followed by four characters unique to the cardholder, and end with a locally assigned call number for each transaction. DMLSS users must ensure the “Use Purchase Card” box is checked, enter the four characters unique to the cardholder, and end with a locally assigned call number for each transaction.

4.16.3. Use PV in lieu of GPC whenever possible.

4.16.4. Payments for items purchased from DBPAs or via ECAT may be funded with GPC. These purchases may be to the contract limit authorized by DSCP or VA. Coordination must be accomplished with the support contracting office prior to initiating purchases over $2,500.

4.16.5. When processing a BPA order for purchase by GPC and processing through the medical logistics operating systems, override the RID and PO number fields to follow the procedures specified in paragraph **4.16.2.**

4.16.6. Do not process GPC orders through the medical logistics operating system when O&M funds are cited. Follow procedures outlined in the AFI 64-117.

4.16.7. Special considerations for DMLSS activities:

4.16.7.1. Enter only the last four digits of the GPC in the account number field within the Inventory Management Purchase Card screen. This will help safeguard against credit card compromise.

4.16.7.2. When using the GPC, the Accept Purchase Card box must be checked by Source of Supply within the Inventory Management module.

4.16.7.3. The Biomedical Equipment Repair (BMER) function may determine whether to directly purchase spare parts with the GPC or pass the requisition through Medical Materiel. If the BMER has a GPC and procures the spare parts directly, Verify Orders within the Customer Area Inventory Management (CAIM) module should be turned off. The BMER clerk can then place orders directly without having to further view the requirement before placing the order. If the BMER passes orders for spare parts through medical materiel, Verify Orders within CAIM should be turned on. This will permit the BMER technician to view the requirement prior to forwarding to the medical materiel procurement clerk.

4.17. Support to Overseas Medical Activities.

4.17.1. Overseas medical activities will obtain medical LP support as described in other parts of this chapter, subject to the following additional information or limitations:

4.17.1.1. Bases located in Alaska, Guam, and Hawaii may process PRs to the BCO for procurement if there is a local source of supply. DSCP will provide LP support if a local source is not available.

4.17.1.2. Other overseas bases may process PRs to the BCO for purchase of medical items in the local area if a drug and source of supply are available (see AFI 44-102) and the balance of payments program does not prohibit the purchase. Drugs must be approved by the Food and Drug Administration (FDA) and carry the FDA-approved label on its packaging. DSCP provides all other LP support.

4.17.1.3. Non-US origin drugs or biologicals, such as a foreign-made botulism antitoxin, may be purchased locally in quantities necessary to meet compelling emergency requirements when approved by the MTF commander. Forward an after-the-fact report for these emergency purchases through medical channels to the Consultant to the Surgeon General for Pharmacy. This provision does not include investigational products, such as experimental drugs, which are processed according to AFI 40-402.

4.17.1.4. LP X-ray systems according to **Chapter 7**.

4.17.2. DSCP Support.

4.17.2.1. Emergency requirements may be submitted to the DSCP Medical Emergency Supply Operations Center by telephone, message, or other expeditious means. Emergency requirements are defined as not having materiel available locally required to save life, prevent undue suffering,

or prevent suspension of medical service. The initiating office will make the circumstances supporting emergency requests a matter of record and available for audit or inspection. When the requisition priority designator dictates air shipment, or if air shipment is requested, overseas activities should include the Air Force Distribution Control Office (AFMC LSO/LOTA) as an information addressee on message requisitions. Telephone or message requests need not be confirmed.

4.17.2.2. Send requisitions to DSCP for non-AFWCF/MDD purchases such as services and OP funded equipment items through the Defense Accounting Office (DAO) to commit funds. When the requisition includes a limit on the amount of funds available for purchase, DSCP will not exceed that limitation. DSCP may exceed the estimated price on the requisition by 10 percent without prior approval of the requisitioner when no fund limit is given. DSCP will contact the requisitioner to resolve quantity, price, and other issues that appear disproportionate. Medical logistics must use the best-estimated cost to prevent wide variances between funding commitments and subsequent obligations.

4.17.2.3. DSCP uses its stock funds to buy requested items then sends monthly bills to the supporting DAO for costs incurred on contracts and purchase orders completed during the billing period.

4.17.2.4. DSCP sends the requisitioner a copy of the purchase order or contract unless it was awarded electronically under a centralized BPA. Centralized BPA awards can be identified by contract numbers using series A98xx or A99xx plus a four-position call number. MILSTRIP format status documents (AE_/AS_) will be sent to requisitioners for each line item as described in **Chapter 3** and **Attachment 3**. Submit follow-ups according to **Chapter 3** and **Attachment 6**. Include AFMSA/SGSLC and your MAJCOM as info addressees on on-line follow-up messages. When on-line follow-up is unsuccessful, send a message with the subject "Supply Assistance Request" to DSCP-MRIC. Include contract number, requisition number, stock number, most recent status, required delivery date (RDD), and a brief history of unsuccessful on-line follow-up attempts.

4.17.2.5. Cancel PRs according to **Chapter 3**. DSCP will provide confirmation if the purchase order or contract has not been awarded. DSCP will furnish shipping status if the purchase order or contract has been awarded. Medical logistics will not request PR cancellation after receiving copies of contracts or delivery orders.

4.18. Service Contract Management.

4.18.1. Services, as addressed here, include all local purchases of equipment maintenance, professional services, and all other medical support services (laundry, waste, aseptic management, etc.) acquired by means other than GPC (see **4.16.**) and BPA (see **4.14.**). Paragraph **4.8.**, "Purchase Requests", and all other sections of this chapter apply only as they pertain to services.

4.18.2. Services include continuous requirement (recurring purchases) as well as one time purchases.

4.18.3. The MLFC is normally the functional director (FD) or functional commander (FC) for contract services. The FD/FC will coordinate with the activity requiring the service (requiring activity), all other pertinent functional areas, and the BCO or authorized contracting activity to ensure the needs of the requiring activity will be met and the BCO receives a "procurable package" in time to establish an effective and timely contract.

4.18.4. A procurable package will always consist of:

4.18.4.1. Funded AF Form 9 or DD Form 448, as appropriate (see paragraph **4.8.**).

4.18.4.2. Performance Work Statement (PWS), SOW, or equivalent.

4.18.4.3. Quality Assurance Surveillance Plan (QASP) (or equivalent).

4.18.5. Medical logistics is responsible for coordination with the using activity to ensure the service as described in the PWS meets the user's needs. They act as a liaison between the user and the contracting activity in all aspects of requirements definition, contract award and contract administration.

4.18.6. AFI 63-124, *Performance-Base Service Contracting*, stipulates PWS and QASP content and format for all types of service contracts except those which are specifically exempt. For an inclusive list of exemptions, see the section titled "Exemptions to the Use of This Manual," in AFI 63-124. Even when exemptions apply, a PWS and QASP utilizing an alternative format will be required as an integral part of a procurable package.

4.18.7. Other documentation may be required by the BCO (or other contracting agency if not procured at the base level), depending on the nature and dollar value of the procurement.

4.18.7.1. Quality Assurance (QA) personnel appointment letters are required when the nature of the service is recurring. The FD/FC normally appoints QA personnel subject to delegation of that authority by the installation commander. Personnel from the contract services management branch or individuals within the MTF with functional area expertise are assigned as QA personnel for services contracts as outlined in AFI 63-124. The FD/FC will determine the appropriate mix of QA personnel (full or part-time, skill level, etc.). QA personnel will normally be appointed at least 90 days prior to contract start date (see paragraph **4.18.10.2.** for QA personnel and FD/FC surveillance training requirements).

4.18.7.2. QA personnel appointment letters are not required for nonrecurring services. A functional area representative will validate the service received.

4.18.7.3. A Technical Evaluation Plan (TEP) may be requested by the BCO as part of the procurement package when the contract dollar value is expected to exceed $100,000 and the proposal includes a technical evaluation. Medical logistics will accomplish the TEP based on input from the functional area. The TEP should include:

4.18.7.3.1. Identification of minimum experience, education, and skill requirements of technical evaluation team members and a brief explanation regarding the need for these requirements.

4.18.7.3.2. Identification of technical evaluation team members preliminary schedule for the actual evaluation.

4.18.7.4. Independent Government Cost Estimate (IGCE): The IGCE represents the government's estimate of contract cost. The BCO uses the IGCE as a benchmark in negotiating a fair and reasonable price. The IGCE should be truly independent. Never solicit or utilize data from potential awardees since the objectivity of that data may be questionable. IGCE development may incorporate, but is not limited to, some or all of the following techniques:

4.18.7.4.1. Consultation with appropriate functional experts within the government or private sector (but never with representatives of a potential awardees).

4.18.7.4.2. Metrics or available cost models.

4.18.7.4.3. Cost data history of the current contract.

4.18.7.4.4. Cost data history of similar contracts.

4.18.7.4.5. Industry-wide pricing indexes, such as American Medical Association Cost per Specialty Index.

4.18.7.4.6. Industry-specific inflation indexes such as Bureau of Labor Statistics Healthcare Cost Index.

4.18.7.4.7. Wage determination from the Federal Wage Determination website: **http://servicecontract.fedworld.gov/searchsca.htm**.

4.18.7.5. Market Survey. Occasionally, the BCO will ask for a market survey of the relevant service when the requirement is for a relatively unknown service. Market surveys are utilized with somewhat greater frequency in conjunction with supplies but may also be requested with a service. Normally the anticipated contract dollar value will exceed $100,000. The purpose of the market survey is to assess the ability of a given market to sustain the service to be procured, or to assess the vendor infrastructure for the service. Market surveys involve obtaining information specific to the service being acquired and should address questions pertaining to the service's commercial availability, number of viable sources, customary industry practices, distribution and support capabilities, etc.

4.18.7.6. Sole Source Documentation. See paragraph **4.19.**, "Justification for Other Than Full and Open Competition"

4.18.7.7. Urgency Documentation. See paragraph **4.19.**

4.18.8. Professional Services utilized in the provision of healthcare are identified in AFI 63-124, Attachment 2. Complete guidelines regarding what is or is not a professional service are contained in 29 CFR 541, *Department of Labor, Wage and Hour Division*. As a working definition in this context, any individual directly involved with clinical or hands-on patient care which normally requires a license to practice, is performing a professional service. AFMSA/SGSLC will assist the MTF in developing a PWS by providing a template that can be adapted for local use or by assisting the MTF in creating a unique document. Upon approval of a final PWS (IAW AFI 63-124) by AFMSA/SGSLC, the PWS and accompanying QASP must be sent to the BCO as part of the procurement package.

4.18.9. AFMSA/SGSF will act in the capacity of the BCO as the MTF's procurement agent when the MTF is in the Hospital Aseptic Management Systems Program.

4.18.10. Medical logistics is responsible for a variety of post award functions as the BCO or other contracting agency's focal point.

4.18.10.1. Medical logistics will create and maintain a six-part folder for contract administration upon receipt of contract from the BCO (or other contracting agency as appropriate). Contact your local BCO to determine if a local format is required at your location. Additionally, medical logistics will create and maintain a six-part folder for contract administration for any recurring service contract in the MTF. Suggested format consists of:

4.18.10.1.1. Part 1 - Administrative (points of contact, phone numbers, all formal and informal correspondence, etc.).

4.18.10.1.2. Part 2 - Initial contract.

4.18.10.1.3. Part 3 - QASP (also include appointment letters, deficiency reports and validated complaints).

4.18.10.1.4. Part 4 - Contract modifications (change orders, supplemental agreements, options, etc.).

4.18.10.1.5. Part 5 - Receipts (work order receipts, time sheets, service tickets, etc.).

4.18.10.1.6. Part 6 - Payment log/invoices/receiving reports.

4.18.10.2. The FD/FC is responsible for coordinating with the Quality Assurance Program Coordinator (QAPC) to ensure that all QA personnel complete Phase I of QA Training before assuming the surveillance duties. Phase II of QA training is provided by the contract administrator (BCO) assigned to the contract and should be completed prior to the contract start date. The FD/FC is also required to attend separate Contracting Officer's Representative (COR) management training that provides a broader perspective of surveillance, as well as QA management techniques. FD/FCs who have yet to receive the training, or need refresher training, should schedule the training with the QAPC (refer to AFI 63-124).

4.18.10.3. The FD/FC will immediately initiate the appointment process to secure a replacement upon definitive notice that a QA personnel will vacate the position. The FD/FC must notify the QAPC within 30 days after a QA personnel vacates the position to arrange for training of the new appointee.

4.18.10.4. Designated QA personnel are responsible for contract compliance. The QASP will dictate the method of surveillance used per performance element of the contract. The FD/FC (or member of the MLFC staff), in conjunction with all cognizant QA personnel, should develop a systematic approach to ensure that all pertinent surveillance documentation is passed to medical logistics in a routine and timely fashion. Medical logistics will notify the BCO or appropriate contacting agency as soon as is practical after receipt of a deficiency notice or a validated customer complaint.

4.18.10.5. Periodic interface with the using activity is also required to ensure the contract continues to serve the purpose intended. A variety of causes may necessitate a contract modification. Only the BCO or appropriate contracting agency has the authority to modify the terms of the contract in any way. Medical logistics should continually operate in a proactive mode, and as the critical link between the QA personnel, the using activity, and the contracting activity to ensure the contractor is adhering to the terms of the contract and the contract continues to meet the needs of the user.

4.18.10.6. An additional funded AF Form 9 (or DD Form 448, as appropriate) will be accomplished following the same process for new procurements when a contract modification involves an increase in contract price. Conversely, if a contract modification requires a de-obligation of funds, medical logistics will coordinate with the BCO after the exact amount has been established and accomplish the necessary documentation.

4.18.10.7. The BCO or contracting agency may also require an IGCE be performed when a contract modification involves a significant increase or decrease in the level of effort The IGCE represents the government's estimate of the cost of the change so that the BCO will have a benchmark to use when negotiating an equitable price adjustment. The IGCE must be fully independent (see paragraph **4.18.7.4.**).

4.18.10.8. Contract Modification. Certain occurrences necessitate contract modifications. These occurrences must be anticipated well in advance of the requirement to modify the contract. Examples of these are; exercise an option to extend the contract; decrease the number of service contract personnel due to MTF downsizing and impending facility renovation. In these instances, medical logistics personnel should notify the BCO at least three months, but preferably six months in advance to allow for procurement actions to be completed in time for the beginning of the performance period. Always notify the BCO of any situation that will potentially affect the contract in any way as soon as possible. Taking a proactive role will help avoid breaks in service or degradation in quality of service.

4.18.10.9. All contracts specify payment procedures and due dates. The QA personnel will calculate and certify acceptance of services actually received under the contract at the end of each payment period (usually monthly). The QA personnel determines the amount of payment authorized as part of this certification. Payment records will be kept by medical logistics in the appropriate section of the contract file. If payment is submitted and certified via electronic means, follow local BCO guidance.

4.18.10.10. The contract schedule (Section B) sets forth prices for services rendered and monthly payment amounts. Full payment is made as set forth in the schedule when the contractor's performance is satisfactory. The QA personnel calculates the payment according to the procedures outlined in the contract and advises the BCO (normally through medical logistics) of the calculated amount when performance is not satisfactory.

4.18.10.11. The contract should direct the contractor to send invoices to the designated billing office and the QA personnel. The QA personnel validates and ensures the invoice is correct and sends a copy to medical logistics. A copy should be retained in medical logistics for inclusion in the appropriate section of the contract file. The QA personnel calculates and certifies payment received and processes a receiving report (DD Form 250). The QA personnel forwards the original to the designated paying office, maintains one copy in file, and forwards one copy to medical logistics.

4.19. Justification for Other Than Full and Open Competition.

4.19.1. The Federal Acquisition System is designed to fulfill requirements with acceptable quality, cost, and timeliness through the maximum use of commercial items/services and reputable contractors, while promoting competition. By “Promoting Competition”, the intent is that purchases will be made through bids, proposals (or both) received in response to solicitations, except in certain exceptional circumstances. For medical logistics, the two most common exceptional circumstances are “Sole Source” and “Urgent and Compelling” requirements.

4.19.2. Sole Source: Procurement statutes and regulations in FAR 6.3, *Other than Full and Open Competition*, authorize the contracting officer to negotiate for supplies and services without providing for full and open competition. Purchase of supplies and services from only one person or firm (sole

source of supply) is permitted when such action is justified. Acceptable reasons for such justification include (but are not limited to) support of supplies, equipment, or services that are standardized (regionally or through proprietary requirements), highly technical (e.g., repair work by factory-authorized technician), or offer unique capabilities (e.g., only JCAHO provides JCAHO accreditation).

4.19.2.1. Bases with Standard Procurement System (SPS) may enter sole source qualifications on SPS item records based on the BCO determination made on the initial purchase. Medical logistics must retain a copy of the initial justification signed by the MTF commander or a designated representative when included in SPS.

4.19.2.2. Annually, the BCO will give medical logistics a list of all items which have been approved for brand name or sole source purchase. The MTF commander or designee will verify, in writing to the BCO that the initial brand name or sole source item qualification is still valid. Items no longer valid will be deleted from the list.

4.19.3. Medical logistics will furnish sufficient justification to the BCO in the form of a Justification and Approval (J&A), Part 1 when the MTF requires a particular item from a single source. A formal or "13 point" J&A will be accomplished when requested by the contracting activity (see your contracting activity for specific format). The J&A will normally be signed by the MLFC as the "Certifying Official", and an authorized representative of the functional area as the "Purchase Request Initiator". The J&A should:

4.19.3.1. Define exclusive features of the desired item or service and why these features are necessary and unattainable from other sources.

4.19.3.2. Explain why it would not be practical to consider other sources.

4.19.3.3. Indicate the extent of your research in selecting the sole source.

4.19.3.4. State what the impact would be without the use of this particular item or service, such as, mission impediment, potential loss of life, decreased critical care response time, etc.

4.19.4. Urgent and Compelling Requirements: Preparation of a J&A for Urgency is similar to a Sole Source J&A with the following exceptions. A J&A for Urgent and Compelling need must:

4.19.4.1. Identify what serious injury the government will experience if the need is not fulfilled immediately (e.g., physical, financial, or other).

4.19.4.2. Contain a required delivery date.

4.19.5. A J&A for an Urgent and Compelling need may be done after-the-fact for procurements that do not permit time for J&A preparation. See your contracting activity for details.

4.19.6. Before preparing a J&A for an Urgent and Compelling need, determine what could be done to mitigate damage to the government if the requirement is not fulfilled by your delivery date. Could the work be done in-house? Could loaner equipment be used? Is there an alternative process to the preferred method that would not compromise patient care/mission accomplishment?

4.19.7. Generally, the following reasons are not valid for justification for urgency: poor acquisition planning, the need to spend expiring funds, aesthetics, and impending inspection by regulatory agency.

4.20. Transactions Involving Exchange for Replacement Purposes.

4.20.1. Exchange (trade-in) processing of eligible items shall be used to the maximum extent possible when such transactions provide an economic and efficient advantage to the government.

4.20.2. The property being acquired must be designed and constructed for the same specific purpose as the property being replaced. DOD 4140.1-R, *DOD Supply Chain Materiel Management Regulation*, Chapter 9.5., lists items by federal supply groups that are not eligible without prior approval of GSA.

4.20.3. DFARS 217.7003, *Purchase Request*, requires the PR to be accompanied by a certification that the property is eligible for exchange and complies with all conditions and limitations in DOD 4140.1-R, Chapter 6.2, including:

4.20.3.1. A written determination of economic advantage to the government resulting from the use of exchange authority.

4.20.3.2. Exchange allowances shall be applied towards or in partial payment for the items to be acquired.

4.20.3.3. The exchange property has been rendered safe or innocuous or has been demilitarized if required.

4.21. Procurement of Controlled Drugs.

4.21.1. Purchase of schedule II controlled substances from commercial sources requires registration with the Drug Enforcement Administration (DEA) and use of official order forms (DEA Form 222, **Official Order Form for Schedule I and II Controlled Substances**).

4.21.2. CONUS AF medical activities must have DEA registration for direct local procurement of schedule II drugs. No fee is charged government entities on initial or renewal registration. Enter the name of the facility or unit applying for registration in the "Registrant Name" block of the application form. The MLFC, the facility's authorized procurement official, can delegate power of attorney to the pharmacist to approve the procurement and receipt of the schedule II controlled substances. The registration must be renewed every three years or when there is a change of name or address. Initiate a new power of attorney whenever there is a name or address change or when the person delegated power of attorney changes.

4.21.2.1. DEA Form 224, **New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner**, is used for initial applications. It may be obtained at the DEA website at **www.deadiversion.usdoj.gov**, or from any DEA field office by calling (202) 307-7255, or writing to:

Department of Justice
Drug Enforcement Administration
Registration Section
PO Box 28083, Central Station
Washington, DC 20005

4.21.2.2. DEA Form 224A, **Renewal Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner,** is used for renewal. Normally, the form will be mailed to each registrant 60 days prior to the registration expiration date. Notify the

DEA registration section in writing or by calling (202) 307-7255 to request a renewal application if the form is not received by 45 days before expiration.

4.21.2.3. Modification to the registration is required to reflect a change in the name or address on the registration certificate.

4.21.2.4. Overseas accounts cannot obtain a DEA registration and must order controlled medical items through DSCP or their PV contract.

4.21.3. DEA Form 222 is required to purchase schedule II controlled substances.

4.21.3.1. Registrants may use DEA Form 222A, **Order Book Requisition**, to reorder additional books. Requests for order form books may be mailed to the DEA registration section, or by calling (202) 307-7255, or on-line at **www.deadiversion.usdoj.gov**.

4.21.3.2. Prepare order forms according to the instructions provided with the forms. When the materiel is received, enter the date and the number of packages received on the retained copy (Copy 3) of the order form. Registrants will keep the completed order forms, including unaccepted or defective forms, for two years.

4.21.3.3. The individual who signed the most recent application for registration or renewal may authorize one or more persons to obtain and execute order forms by filing a power of attorney (see **Attachment 21**). The power of attorney will be retained for the same period as any order form bearing the signature of the attorney. The power of attorney may be revoked at any time by executing a notice of revocation.

4.21.3.4. Report lost or stolen order forms to the DEA registration section. Include the serial numbers or date of issuance if an entire book is lost or stolen. Report any subsequent recovery of forms.

4.21.3.5. Prepare and submit a written notification when the registration has terminated and return unused DEA order forms to the nearest DEA office. Mark each unused form with the word "VOID," and enclose the original, most current DEA certificate of registration with the notification.

4.22. Books and Periodicals.

4.22.1. Activities will obtain medical books and periodicals through LP channels that include DSCP DBPAs when available.

4.22.2. Send a separate DD Form 1348-6 or AF Form 9 for each publisher or source of supply (CONUS only). Activities may consolidate multiple requests on one DD Form 1155 when using a BPA. Requests for books must include complete title, author, and publisher's name and address. The latest edition will be furnished unless a specific edition is required. Requests for periodicals must contain the subscription period desired, e.g., 01 January 04 through 31 December 05. Publishers normally require six to eight weeks to begin subscriptions.

4.22.3. Subscriptions for medical periodicals and journals may be for more than one year when it is more economical.

4.22.4. Federal supply schedules for FSG 76 are a source of supply for some medical books.

4.23. Spectacles/Glasses.

4.23.1. HQ USAF/SG manages all prescription glasses within the Air Force. Base Supply or agencies under the National Institute for the Blind (NIB) manage all non-prescription glasses. A number of associated agencies under NIB operate the Individual Equipment Items and stock non-prescription sunglasses as requested by various installations. These agencies can procure non-prescription sunglasses via ECAT by contacting the ECAT Help Desk.

4.23.2. Medical officers, optometry officers, or other authorized personnel assigned to AF MTF eye clinics will prepare spectacle prescriptions. The prescribing officer will sign the DD Form 771, **Eyewear Prescription**. The originator will forward routine spectacle requirements direct to the designated military optical activity; medical logistics will not receive or account for the spectacles.

4.23.3. Fabricated spectacles are furnished as free issue to the individual. Military optical activities mail spectacles direct to eye clinics.

4.23.4. The supporting FM account will requisition prescription safety glasses. The standard base supply system will requisition non-prescription safety glasses. Requesting organizations will fund prescription safety glasses for personnel assigned to their unit. The MTF will only fund prescription safety glasses for personnel assigned to the MTF.

4.23.4.1. Individuals requiring industrial safety glasses in performance of their assigned duties may obtain an eye examination from the base MTF. When the base MTF cannot provide the necessary eye examination, an examination may be obtained from a local civilian optometry service.

4.23.4.2. Prepare a DD Form 771 or a form furnished by the servicing optical supplier to support LP of prescription safety glasses. A contract may be established with a local optometrist to supply and repair safety glasses and also provide eye examinations if a military MTF is not available. Also, consider using the worldwide DBPAs.

4.23.4.3. Prescription safety glasses may be repaired if the total cost of repair and administrative processing does not exceed 50 percent of the replacement cost. When the individual's latest spectacle prescription is two or more years old, consider requesting a new eye examination, and if indicated, procuring new safety glasses instead of repairing the old ones. Non-prescription safety glasses may not be repaired under this authority.

4.23.4.4. When the glasses are issued, provide a copy of DD Form 771 to be filed in the individual's field personnel file or record on AF Form 971, **Supervisor's Employee Brief**, whichever is applicable. Safety glasses become the property of the individual and no further accounting is required.

4.23.5. Two pairs of spectacles with nonstandard frames may be purchased for selected Office of Special Investigations (OSI) special agents and intelligence personnel, if required in the performance of official duty. The unit commander or authorized representative must certify the requirement for the special spectacles in writing on a case-by-case basis and will submit the request to the MTF eye clinic.

4.23.5.1. The ophthalmologist or optometrist will prepare DD Form 771. When the MTF commander or representative approves the DD Form 771, medical logistics will prepare the PR and attach the DD Form 771. The spectacles may be obtained from a local exchange or commercial source.

4.23.5.2. The person for whom the spectacles are being purchased will choose the quality and type of frame. The cost must not exceed a maximum amount to be borne by the government, which the MLFC and the BCO determine by comparing prices in the area. The maximum amount will be sufficient to allow a reasonable choice of styles on the local market. Spectacles bought for intelligence and OSI personnel will be charged to their organization, not the MTF.

4.23.5.3. An individual who already has spectacles with commercial frames may continue to use them, if desired. These spectacles are counted toward fulfilling the two-pair authorization.

4.23.5.4. Nonstandard spectacles procured under this authority must not duplicate any style of spectacles fabricated by military optical laboratories.

4.23.5.5. One pair of contact lenses may be authorized at government expense when wearing spectacles detracts from the official duty performance of certain OSI special agents. This is not a blanket authority for special agents to request contact lenses. The unit commander must initiate the request and submit it to an AF MTF only. Furnish contact lenses only if the individual agrees to accept and wear them and the ophthalmologist or optometrist finds that contact lenses are not contraindicated for pathological or physiological reasons. Only one pair of nonstandard spectacles is authorized when contact lenses are furnished.

4.23.6. Priority requests for aviation spectacles should be ordered by the optometry clinic through the area optical fabrication laboratory. Two pairs of lenses for pilots and student pilots may be LP when the MTF commander determines that it is required to satisfy an urgent operational or training need.

4.23.7. Explosive ordnance disposal (EOD), combat arms training and maintenance (CATM), and gunsmith personnel are authorized one pair of prescription shooting glasses. The unit commander initiates the request and certifies that the individual is authorized shooting glasses. Charge the cost of the glasses to the requesting organization.

4.23.8. Contact lenses may be provided at government expense when:

4.23.8.1. In the opinion of the prescribing officer, ocular disorders or other optical phenomena prevent the effective use of ordinary spectacles.

4.23.8.2. An individual is required to work in a physical environment that prevents satisfactory performance of military duties with ordinary spectacles.

4.23.8.3. The individual is a member of the presidential honor guard, a drill team participating in national competition, etc.

4.23.8.4. The MTF commander determines that contact lenses should be provided to an individual who is authorized eye care but does not meet the criteria described above.

4.24. Blood and Blood Products.

4.24.1. MTFs located in the US, its territories, and possessions, will only obtain whole blood and blood products from sources currently certified by the Division of Biologics Standards, National Institutes of Health (NIH), and Department of Health and Human Services. PRs may require contractors to meet current standards established by the American Association of Blood Banks or the American Red Cross.

4.24.2. Overseas activities will not require blood bank certification by the Division of Biologics Standards but may incorporate NIH Publication No 71-161 (or current edition) standards in PR specifications.

4.24.3. PRs for blood and blood products submitted to base contracting will include:

4.24.3.1. Sources that are available to the requiring activity, e.g., American Red Cross Blood Banks, American Association of Blood Banks affiliate members, and independent licensed blood banks that meet acceptable standards.

4.24.3.2. Applicable specifications and standards or restrictions.

4.24.3.3. Exchange credit for blood drawn through the base donor program and for the return of unused serviceable blood.

4.25. Compressed Gases.

4.25.1. The following medicinal gases are stock listed for use in AF MTFs:

4.25.1.1. Carbon dioxide, USP.

4.25.1.2. Compressed Air, Breathing.

4.25.1.3. Cyclopropane, USP.

4.25.1.4. Helium-Oxygen.

4.25.1.5. Helium, USP.

4.25.1.6. Nitrogen, USP.

4.25.1.7. Nitrous oxide, USP.

4.25.1.8. Oxygen, USP.

4.25.2. Medicinal oxygen, USP, is subject to FDA requirements and is the preferred item for medical needs. In emergency and unusual circumstances, aviators breathing oxygen, type I, grade A, specification MIL-O-27210 (ASG), *Oxygen, Aviator's Breathing, Liquid and Gas*, may be used when available. TO 42B5-1-2, *Gas Cylinders (Storage Type)--Use, Handling, and Maintenance* contains general information and instructions on using and refilling breathing oxygen cylinders. Quality control procedures are in TO 42B6-1-1, *Quality Control of Aviators Breathing Oxygen*.

4.25.3. Emergency conditions may require the use of contractor-owned cylinders for short periods. However, MTFs are expected to have on hand, or obtain, a sufficient supply of stock listed cylinders to meet operating requirements. Medical logistics normally will requisition filled cylinders from DSCP when new cylinders are needed. When the cylinders are empty, they are used to obtain replacement gas from commercial vendors. Medical logistics will obtain a receipt for each cylinder delivered to a commercial vendor for refilling. Report excess empty cylinders to DSCP.

4.25.4. Medical logistics normally will obtain replacement gases by LP using AFWCF/MDD funds. Overseas activities may requisition from DSCP if not available from local sources.

4.25.5. Use AFWCF/MDD funds for both gases and services when required services, such as pickup and delivery, are included in the price of the gas. Use O&M funds when services, such as rental of cylinders, are listed as separate line items and are separately billed.

4.25.6. Medical logistics will prepare a receiving document when gases are received from the vendor. Immediately issue the total quantity received to central nursing supply service or other requiring activity. Process the receiving document as a simultaneous increase and decrease to the operating supplies inventory.

4.25.7. Receive and test bulk liquid oxygen according to paragraph **4.26.**

4.25.8. DD Form 1191, **Warning Tag for Medical Oxygen Equipment**, must be attached to oxygen cylinders. This requirement can be included in the contract for refilling oxygen cylinders or may be assigned to MTF personnel who receive the oxygen cylinders.

4.25.9. TO 42B5-1-2 contains the requirements for maintaining cylinders in a safe and serviceable condition including painting to the proper color, hydrostatic testing when necessary, valve replacement or repair, and interior cleaning when required. It also includes general guidance on inspection, storage and handling, maintenance, safety precautions, and preparation for turn in or disposal action.

4.25.10. Filled cylinders are considered to be serviceable if they meet the inspection and storage requirements of TO 42B5-1-2. Hydrostatic testing is required only when the cylinder is empty and the specified service date has passed.

4.26. Purchase, Receipt and Storage of Bulk Liquid Oxygen for Medical Purposes.

4.26.1. Bulk Liquid Oxygen (LOX) is ordinarily delivered in one of the following ways:

4.26.1.1. Tanker trunks, which pump LOX into large fixed tanks installed at the MTF.

4.26.1.2. Portable cryogenic containers, which are intended to be disconnected from the central oxygen piping system manifold when empty and replaced by similar, full containers.

4.26.2. The MTF commander will provide guidance for required actions that occur outside of medical logistics. These include monitoring the concentration of oxygen at the point of administration, testing anesthesia equipment for proper functioning prior to its use on patients, and planning for and responding to oxygen system emergencies to ensure minimal risk to patients, staff and visitors.

4.26.3. When purchasing bulk LOX, medical logistics personnel will ensure that contracts:

4.26.3.1. Specify "USP Oxygen". "USP" indicates that the oxygen conforms to the requirements of the United States Pharmacopoeia. The USP standard provides the basic measures required for medical gas concentration, quality and purity.

4.26.3.2. Include a requirement for the supplier to provide a Certificate of Purity documenting the LOX concentration. A Certificate of Purity is required for each container when multiple containers are delivered at one time.

4.26.4. Written procedures will be maintained specifying the steps for receipt and storage of bulk LOX at each MTF that has a LOX storage capability. The MTF commander will:

4.26.4.1. Designate in writing, those individuals who are responsible for the receipt of LOX.

4.26.4.2. Ensure that prior to acceptance of any LOX delivery, the supplier has provided a Certificate of Purity to medical logistics personnel documenting the LOX concentration and amount.

4.26.4.3. Specify what actions are to be taken and who must be notified if at the time of delivery the oxygen concentration is less than 95 percent.

4.26.5. Maintain the supplier's Certificate of Purity on file for 2 years from date of receipt for delivery of bulk LOX.

4.26.6. When storing bulk LOX, designated medical personnel will ensure:

4.26.6.1. All bulk LOX storage sites are installed, repaired, and maintained in accordance with all applicable codes, standards, and regulations, including but not limited to current editions of NFPA 99, *Standard for Health Care Facilities*, and NFPA 50, *Standard for Bulk LOX storage sites*; and AFOSHSTD 91-67, *Liquid Nitrogen and Oxygen Safety*.

4.26.6.2. All contracts for supply of bulk LOX include a provision for strict compliance with NFPA 99 and NFPA 50.

4.26.7. When a change in suppliers necessitates the replacement of the MTF's bulk LOX storage container, medical logistics personnel will:

4.26.7.1. Notify the Director of Nursing Services, Facility Manager, and other appropriate offices, well in advance to ensure adequate back-up supplies are available and patient safety is maintained.

4.26.7.2. Consider hiring a medical gas consulting firm to monitor the changeover to ensure all provisions of the above codes and standards are met.

4.27. Purchase, Receipt and Storage of Medical Gases, Other than Oxygen, in Bulk Liquified Form.

4.27.1. When purchasing other medical gases in bulk liquified form, medical logistics personnel will ensure contracts:

4.27.1.1. Include a provision for strict compliance with NFPA 99 and NFPA 50.

4.27.1.2. Specify the appropriate type of gas desired, i.e., nitrous oxide USP; carbon dioxide USP; helium USP; nitrogen USP; helium-oxygen; nitrogen NF, etc. The abbreviation "NF" indicates the medical gas conforms to the requirements of the United States National Formulary for concentration, quality, and purity.

4.27.1.3. Include a requirement for the supplier to provide a Certificate of Purity documenting the concentration of the liquified gas. A Certificate of Purity is required for each container delivered when multiple containers are delivered at one time.

4.27.2. Medical logistics personnel will obtain a separate Certificate of Purity from the supplier for each container delivered prior to acceptance of any delivery of other medical gases in bulk liquefied form. These certificates must be maintained on file for two years from the date of receipt.

4.27.3. Designated medical personnel will ensure all bulk storage sites are installed, repaired, and maintained in accordance with all applicable codes, standards, and regulations, including but not limited to current editions of NFPA 99 and NFPA 50, and AFOSHSTD 91-67.

4.27.4. When a change in suppliers necessitates the replacement of a bulk storage container, medical logistics personnel will:

4.27.4.1. Notify the Director of Nursing Services, Facility Manager, and other appropriate offices, well in advance to ensure adequate back-up supplies are available and patient safety is maintained.

4.27.4.2. Consider hiring a medical gas consulting firm to monitor the changeover to ensure all provisions of the above codes and standards are met.

4.28. Medical Gases in Cylinder Form (Oxygen, Nitrous Oxide, Carbon Dioxide, Helium, Nitrogen, and Mixtures of These Gases).

4.28.1. Medical logistics personnel will ensure contracts specify the appropriate type of gas desired, i.e., oxygen USP; nitrous oxide USP; carbon dioxide USP; helium-oxygen; nitrogen USP; helium USP; nitrogen NF, etc., when purchasing medical gases in cylinder form.

4.28.2. Medical logistics personnel will obtain a Certificate of Purity from the supplier prior to acceptance of any delivery of medical gases in cylinder form. This certificate must be maintained on file for two years from the date of receipt.

4.28.3. Medical logistics personnel will ensure medical gas cylinders are labeled, transported, stored, and maintained in accordance with all applicable codes, standards, and regulations including but not limited to NFPA 99, NFPA 101, *Life Safety Code*, Air Force T.O. 42B5-1-2, *Gas Cylinders (Storage Type)--Use, Handling, and Maintenance*, and AFOSHSTD 91-8, *Medical Facilities*.

4.29. Oxygen for Home Use.

4.29.1. 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:

4.29.1.1. The MTF 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 necessary supplies. Maintain a six-part folder for this service as with any other service contract.

4.29.1.2. Government-owned cylinders and equipment may be provided for outpatient use when an MTF does not contract for home oxygen service. When this method is used, follow these guidelines:

4.29.1.2.1. Establish an Office of Primary Responsibility to provide safety, operating, and refill procedures as well as tubing, regulators, and other necessary supplies.

4.29.1.2.2. Establish procedures for medical maintenance 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 MTF.

4.29.1.2.3. When Medical Equipment Management Office-controlled equipment is loaned to an outpatient, follow the procedures for authorization and accountability in **Chapter 7**.

4.30. Prescription Labels. Prescription labels are considered printed matter and are obtained in accordance with the procedures in AFSUPDODD 5330-3, *Defense Automated Printing Service*.

4.31. Orthopedic Shoes, Adjustments, and Repairs.

4.31.1. When prescribed by a medical officer, the MLFC will obtain orthopedic shoes and orthopedic adjustments for authorized personnel (see AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services Systems [MHSS])*. Orthopedic shoes means corrective, compensating, or remedial footwear manufactured on an orthopedic cast for people with foot injuries or deformities. It does not include special measurement shoes that the requiring individual may obtain from the clothing sales store (see AFMAN 23-110, *USAF Supply Manual*, Volume 1, Part 3).

4.31.2. Upon receipt of a DD Form 150, **Special Measurements Blank for Special Measurements/ Orthopedic Boots and Shoes**, from the medical officer, the MLFC will prepare a DD Form 1348 and/ or DD Form 1348-1A.

4.31.2.1. Leave item 17 blank.

4.31.2.2. Enter in the Remarks Block "Initial requirement for a trial pair of orthopedic footwear."

4.31.2.3. Indicate the patient's full name, grade, and social security number.

4.31.2.4. Indicate the size and type of footwear for each foot as directed by the prescribing medical officer. Ordinarily, the trial pair will be a type that is consistent with the patient's normal duty uniform.

4.31.3. Orders should be submitted to DSPC Clothing and Textile using the warfighter.com website (**http://ct.dscp.dla.mil/ctinfo/ortho/**). Detailed instructions are available on the website. The DD Form 1348 or DD Form 1348-1A and the DD Form 150 must also be mailed to the Veterans Integrated Service Network 3 (VISN3), Attn: Ruben Morales, 423 East St, New York, NY 10010 The medical officer will prepare a cast of the patient's foot if the DD Form 150 does not adequately describe the patient's condition. Send the cast to VISN3 along with DD Form 1348 and DD Form 150.

4.31.4. When the requirement is urgent as determined by the prescribing medical officer, and priority handling is desired, send the requisition to VISN3 by express mail and indicate that return by the same means is desired. GPC can be used to order orthopedic footwear.

4.31.5. In unusual circumstances, the MTF commander may authorize LP of orthopedic footwear or devices.

4.31.6. Upon receipt of the completed footwear, deliver them to the prescribing medical officer for fitting on the patient. The medical officer will prepare a fitting report and send it to the MLFC.

4.31.7. Prepare a new DD Form 1348 for any additional shoes required and send it with the fitting report to VISN3. The trial shoes need not be returned to VISN3 if minor changes are required that can be made locally.

4.31.8. Deliver the completed shoes to the attending medical officer. When the patient has transferred, ship the shoes to either the servicing MTF at the new duty location, the nearest military MTF, or VA hospital if the patient has separated. Include the fitting report and any other pertinent information.

4.31.9. When the medical officer determines that the patient's condition can be corrected by orthopedic adjustments to standard shoes; the adjustments will be obtained at government expense and applied to shoes provided by the patient. Orthopedic adjustments may be obtained from:

4.31.9.1. Air Force shoe repair shops.

4.31.9.2. Army or Navy shoe repair shops on a cross service arrangement under AFI 25-301, *Acquisition and Cross-Servicing Agreements between the United States Air Force and Other Allied and Friendly Forces*.

4.31.9.3. Local purchase from shoe repair shops when authorized by the MTF commander.

4.31.10. Repairs of orthopedic shoes and adjustments, except for normal resoling and reheeling, are provided at no cost to the patient.

4.32. Safety Footwear (Steel Toe) and Orthopedic Safety Footwear (Steel Toe) for Civilian Employees.

4.32.1. Civilian personnel within the Department of the Air Force who require safety footwear (steel toe) in the performance of their duties, can acquire them through the base Individual Equipment Unit (IEU). The safety footwear (steel toe) will be charged to the employee's organizational funds.

4.32.2. An orthopedic evaluation can be requested when the civilian employee feels the footwear does not fit properly or is causing foot problems. This will be accomplished at the base MTF. The employee's supervisor will initiate the request for this evaluation and have it endorsed by the Base Safety Office.

4.32.3. An MTF podiatrist or orthopedic specialist will perform the evaluation. When not available, the examination will be performed by a referral facility using local purchase procedures (e.g., AF Form 9 to contracting or a DBPA with a local podiatrist or orthopedic specialist). A BPA is recommended when a podiatrist is not on staff at the MTF and the anticipated number of examinations per year is anticipated to exceed three. The examination will determine whether the standard issue safety boot fit:

4.32.3.1. Is adequate.

4.32.3.2. Is not adequate, but existing inventory of other safety footwear (steel toe) at the IEU or other DOD sources can meet the "fit" requirement.

4.32.3.3. Can be adjusted or modified to meet the fit requirement.

4.32.3.4. Is not adequate and custom orthopedic safety footwear (steel toe) is required.

4.32.4. The MTF podiatrist or orthopedic specialist will prepare the prescription on a DD Form 150 when an orthopedic adjustment or modification is needed. When the prescription cannot be satisfied at the MTF or referral facility, the following will be forwarded to the medical materiel manager:

4.32.4.1. DD Form 150.

4.32.4.2. Purchase request from the organization to which the civilian employee is assigned.

4.32.4.3. The safety footwear (steel toe) to be adjusted.

4.32.4.4. The medical materiel manager will requisition the adjustment or modification from a local purchase source. The orthopedic adjustment or modification will be charged to the civilian employee's organizational funds, not the MTF's.

4.32.5. The MTF podiatrist or orthopedic specialist will prepare the prescription on a DD Form 150 when custom orthopedic safety footwear (steel toe) is required. The DD Form 150 and a purchase request from the organization to which the employee is assigned will be forwarded to the medical materiel manager. The medical materiel manager will requisition safety footwear that meets Occupational Safety & Health Administration (OSHA) standards and the orthopedic requirement from a local purchase source. The safety footwear will be similar in design and characteristics to the standard "IEU-issue" safety footwear. The purchase will be charged to the employee's organizational funds, not the MTF's.

4.32.6. The requesting organization can purchase the prescribed orthopedic adjustment, modification, or safety footwear (steel toe) from the medical materiel manager's pre-negotiated source when a unit

funded GPC is available. The medical materiel manager will provide the following to the requesting organization prior to GPC purchase:

4.32.6.1. The DD Form 150.

4.32.6.2. Vendor name and phone number (ensuring that the vendor will accept the GPC purchase and that the safety footwear (steel toe) is OSHA approved).

4.32.6.3. Point of contact.

4.32.6.4. Negotiated price.

4.32.6.5. Any special instructions.

4.33. Obtaining and Accounting for Infant Formula.

4.33.1. It is common trade practice for manufacturers of infant formula to offer free formula to hospitals. The following guidance applies when manufacturers desire to provide free formula and the MTF chooses to accept it:

4.33.1.1. The BCO will notify interested manufacturers that they may supply free formula on a rotational basis of not less than six months or more than 12 months. Only one manufacturer's brand will be designated as the house formula during the specified rotation period. The house formula will be the primary formula medical logistics provides for patient use. Other brands of free formula may be available for substitution for the house formula on an exception basis based on medical necessity or patient preference.

4.33.1.2. The BCO will prepare a schedule of suppliers and rotation dates for the products to be designated as the house formula. BCO will keep the original and give copies of the schedule to the MLFC, the Chief of the Pediatrics Department, and the Base Commissary Officer. The MLFC will forecast requirements, be the point of contact for the manufacturer, and manage on-hand inventories to orderly transition from one house formula to another.

4.33.1.3. Medical logistics may use the MEDLOG or DMLSS system to account for consumption history and inventory. The MLFC will control the basic stock of infant formula.

4.33.1.4. Infant formula acquired in this manner is limited to inpatient use.

4.33.2. Infant formula will be bought, receipted for, and controlled as any other medical supply item when free formula is not available or the MTF elects not to participate in a rotational program.

4.33.3. MTFs are authorized to go direct to the regional distributor or representative for free formula without going through the BCO or DSCP in overseas areas without infant formula distributors or manufacturers' representatives.

4.34. User Tests.

4.34.1. Formal user tests of medical items are conducted only when they are being considered for stock listing. AFMSA/SGSLC is responsible for conducting formal user tests and monitoring the test information. MTFs will not attempt to negotiate formal user tests directly with manufacturers or their representatives.

4.34.1.1. Do not recommend medical devices that are prototypes of new technological developments for formal user testing. The AF Medical Service is not a resource for industry to conduct

tests on equipment that has not been previously used successfully in the medical community. A formal user test may be recommended once an item has demonstrated a potential for widespread use or stock list action.

4.34.1.2. MTFs desiring to participate in a formal user test of commercially available medical items may submit their request through command channels. MAJCOM approved requests will be forwarded to AFMSA/SGSLC. MAJCOM evaluation and comments will include scope of demand and estimated annual recurring requirements. Include:

4.34.1.2.1. Item name and description.

4.34.1.2.2. Manufacturer's name, address, and catalog number.

4.34.1.2.3. The federal supply schedule contract number (if applicable).

4.34.1.2.4. Unit price.

4.34.1.2.5. Brochure (if available).

4.34.1.2.6. The NSN of item to be replaced or supplemented.

4.34.1.2.7. Reason for considering a user test including differences and/or advantages over similar items.

4.34.1.2.8. Estimated annual usage.

4.34.1.2.9. Length of time the item has been on the market.

4.34.1.2.10. Recommended test length.

4.34.1.2.11. Suggested input to test protocol.

4.34.1.2.12. Suggested basis of issue.

4.34.1.2.13. Name, description, unit price, and catalog number of accessories desired.

4.34.1.2.14. Name, description, catalog number, and quantity of associated supplies desired.

4.34.2. Informal user tests may determine if an item meets the requirements of a specific activity. The appropriate authorization request document will be prepared and sent to the approving authority when a user test results in a requirement for the item.

4.34.3. The vendor providing the demonstration or use of the equipment or supplies must be informed that use of the item for a user test does not obligate the government. The vendor must agree that the test results will not be used as an endorsement of the product. All expenses including transportation, installation, and removal associated with the use of the item will be borne by the vendor. A statement of understanding similar to **Attachment 22** shall be executed when entering into an informal user test agreement.

4.34.4. The free use of an item does not affect the provisions of procurement directives for subsequent requests to buy a like item. Maintain close coordination with the BCO and base legal office to minimize procurement problems or claims against the government.

4.34.5. Biomedical Equipment Repair Technician (BMET) inspection and approval, including coordination with the Facility Manager, are required prior to beginning any tests of equipment items.

4.35. Rentals.

4.35.1. Rental or lease of materiel is limited to emergencies or where it is more economical than purchase (see AFI 38-203, *Commercial Activities Program*).

4.35.2. Manually assign rental receiving document numbers. Do not process these transactions through MEDLOG or DMLSS.

4.36. Pharmacy Formulary Reviews.

4.36.1. All Air Force MTFs will conduct pharmacy formulary reviews annually.

4.36.2. Medical logistics will support this review by providing current usage data and assist in researching alternative products and prices for comparison. Medical logistics will assist pharmacy personnel in interpretation of the Best Pharm Report from the DSCP website. Pharmacy personnel request this report at: **http://dmmonline.dscp.dla.mil/pharm/pharmhome.asp**.

4.36.3. As part of the annual formulary review, medical logistics and pharmacy should review compliance with requirements contracts for Basic Core Formulary items. A list of these requirements contracts can be found at the DSCP website: **http://dmmonline.dscp.dla.mil/pharm/contractlist.asp**. A requirements contract compliance report may be generated at the DSCP website as well: **http://dmmonline.dscp.dla.mil/natcontracts/index.asp**.

4.37. Nonmedical Materiel.

4.37.1. General. Normally, nonmedical supply support will be provided only to the host MTF and medical activities assigned the same resource management system responsibility center code as the host MTF. The stockage objective for nonmedical supplies is limited to 30 days consumption plus pipeline time.

4.37.2. Sources of nonmedical materiel.

4.37.2.1. Avoid duplicate management of line items. Obtain nonmedical items for which base supply has a stock level or serviceable balance from base supply. The MLFC will consult the base supply customer support office to determine if the needed supplies or equipment are available. Medical logistics will order direct from the source of supply (DSCP, GSA, or other LP) if not stocked by Base Supply.

4.37.2.2. Use the same funds for nonmedical items as for medical items. Process direct procured nonmedical materiel and medical materiel in the medical inventory so that it is issued on a reimbursable basis.

4.37.2.3. DLA and GSA are preferred sources for standard nonmedical items.

4.37.2.4. Process all centrally procured nonmedical equipment requisitions through Base Supply with the exception of WRM.

4.37.3. Processing Nonmedical Receipts and Issues.

4.37.3.1. Follow the procedures in AFCSM 41-230, Volume 2 and AFMAN 41-216 for items obtained through Base Supply to compile issue history and distribute expenses.

4.37.3.2. Automated procedures may be used for:

4.37.3.2.1. Recurring demand items not stocked in the Base Service Store.

4.37.3.2.2. Spare parts and maintenance bench stock.

4.38. Zero Overpricing.

4.38.1. The purpose of the zero overpricing program is to:

4.38.1.1. Eliminate overpricing in AF acquisitions.

4.38.1.2. Furnish a means for all AF personnel to become involved in promoting more efficient use of funds.

4.38.1.3. Provide for recognition and awards.

4.38.2. Each MAJCOM and wing/station commander normally establishes a Zero Overpricing Committee comprised of representatives from various organizations including the MTF. The committee provides guidance and also ensures that proper action is taken to obtain a price reduction and refund in cases where overpricing is verified. Actions that should be considered are reductions and refunds allowed by the contract clauses, investigation of improper activity, and voluntary refunds by the contractor. The MAJCOM committee may serve as arbiter for individual challenges to base/station decisions.

4.38.3. The MLFC will be the MTF price monitor and will:

4.38.3.1. Receive overpricing complaints from all sources.

4.38.3.2. Challenge items procured through DSCP or GSA that appear to be overpriced.

4.38.3.3. Include a comparison (see **Attachment 23**) with another item of similar characteristics or an explanation of technical factors which may indicate overpricing. Send DSCP challenges to: DSCP-PPI, 2800 South 20th St, Philadelphia PA 19101-8419.

4.38.3.4. Verify the validity of a particular price which appears unreasonable when no similar item is available for comparison. Submit price verifications to DSCP-RI.

4.38.3.5. Challenge items bought through area or base contracting offices under the *Zero Overpricing Program (ZOP)* in AFMAN 23-110, Volume 7, Part 4. Do not submit these to DSCP.

4.38.3.6. Send price challenges and price verifications for items from other DLA Centers and GSA to AFMSA/SGSLC.

4.38.4. The AF Form 1000, **IDEA Application**, can be used as the form for reporting potential overpricing problems in accordance with AFI 38-401, *The Air Force Innovative Development Through Awareness (IDEA) Program*. As the MTF price monitor, The MLFC may contact the source of supply or other means for evaluating the suggestion. Send the suggestion through normal suggestion channels to AFMSA/SGSLC when the price monitor cannot resolve the problem.

Chapter 5

CONTROLLED MEDICAL ITEMS

5.1. Purpose. This chapter prescribes policy and guidance for controlling and safeguarding controlled medical items, which, because of their susceptibility to misuse and theft, require special accounting, storage, shipment, and issue precautions.

5.2. Responsibilities.

5.2.1. Medical Treatment Facility (MTF) Commander will:

5.2.1.1. Appoint a disinterested officer, MSgt or above, or GS-7 or above civilian to perform a monthly inventory of controlled items.

5.2.1.2. Appoint an individual assigned to medical logistics as the MTF Precious Metals Recovery Program monitor.

5.2.2. Medical Logistics Flight Commander (MLFC) will:

5.2.2.1. Designate additional items to be accounted for and stored as prescribed for code Q items.

5.2.2.2. Maintain responsibility for managing controlled medical items. This responsibility will not be delegated.

5.2.2.3. Monitor reported inventory discrepancies.

5.2.2.4. Report loss or theft of controlled drugs to the Drug Enforcement Agency (DEA).

5.2.2.5. Ensure controlled medical items are properly stored.

5.2.2.6. Designate an NCO in the grade of E-5 or higher, a civilian employee in the grade of GS-5 or higher, or a qualified contractor as controlled medical item custodian to supervise receipt, storage, and issue of the items and to maintain the storage control records prescribed by this chapter.

5.2.3. The controlled medical item custodian will maintain all accountable transactions affecting record balances and a copy of all Using Activity Issue/Turn-In Listings or Delivery Lists with issue/turn-in and receipt signatures.

5.2.4. Appointed inventory officer will:

5.2.4.1. Perform a monthly inventory of all controlled items.

5.2.4.2. Compare inventory counts to the Monthly Controlled Item Transaction Register (MEDLOG) or Transaction Register, report type ‘controlled items’ (DMLSS).

5.2.4.3. Report the inventory results in writing to the MTF Commander.

5.3. General.

5.3.1. The DEA, Department of Justice, designates drugs as controlled substances, under the Comprehensive Drug Abuse, Prevention and Control Act of 1970, and assigns them to one of five schedules. The term "controlled medical items" includes the following categories:

5.3.1.1. Precious metals such as gold, silver, and platinum and drugs or other substances designated by the DEA as Schedule II controlled substances. The category includes stock listed items

identified by an R in the Notes column of federal supply catalogs and similar nonstock listed items.

5.3.1.2. Drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances. The category includes stock listed items with a Q in the Notes column of federal supply catalogs and similar nonstock listed items. The MLFC may designate additional items to be accounted for and stored as prescribed for code Q items.

5.3.2. These items are coded in the specific medical logistics operating system as follows:

5.3.2.1. In DMLSS, items are coded in the catalog record using the Controlled Item Inventory code (CIIC). A drop down box enables coding of "R" or "Q".

5.3.2.2. In MEDLOG, the notes code is used to identify the items an "R" or "Q".

5.4. Item Management.

5.4.1. The MLFC is responsible for managing controlled medical items. This responsibility will not be delegated. However, the MLFC may designate a controlled medical item custodian responsible for the actions outlined in **5.2.2.6.**

5.4.2. Maintain inventory and related data records for all controlled medical items through the medical logistics operating system.

5.4.2.1. Use the Using Activity Issue/Turn-In List (MEDLOG) or Delivery List (DMLSS) to account for all issue and turn-in transactions of code Q and R items. Ensure required custodian signatures are obtained for all issue and turn-in transactions on these listings.

5.4.2.2. Use of AF Form 105F-2, **Stock Record Card (Cost Category II),** to record all transactions affecting balances is optional and at the discretion of the MLFC.

5.4.2.3. The Monthly Controlled Item Transaction Register (MEDLOG), or Transaction Register, report type 'controlled items' (DMLSS) is used to perform monthly inventories. Use the Monthly Using Activity Issue/Turn-In Summary report (MEDLOG) or Issue/Turn In Summary (DMLSS) and Transaction Register for researching discrepancies.

5.4.3. Controlled medical items packaged 180 days after their transfer or addition to Schedules II through V are identified by symbols II, III, IV, V, C-II, C-III, C-IV, or C-V. The manufacturer places the appropriate symbol prominently on the label. Stock listed items are coded R or Q in the Notes column of the *Universal Data Repository (UDR) Medical Catalog*.

5.4.4. Controlled items are not included in kits or sets furnished by the supply source. These items must be requisitioned and accounted for separately. When kits or sets are issued, code R items will not be included unless specifically authorized by the MAJCOM surgeon. Code Q items will not be included unless specifically authorized by the MTF Commander.

5.4.5. Controlled items will be shipped according to **Chapter 11**, paragraph **11.15.**, and disposed of according to **Chapter 3**.

5.5. Inventory of Controlled Medical Items.

5.5.1. Monthly inventory.

5.5.1.1. MTF commander will appoint a disinterested officer, MSgt or above, or GS-7 or above civilian to perform a monthly inventory of controlled items. The MTF commander will provide the inventory officer written instructions and medical technical information necessary for performing inventories. A checklist on the monthly inventory process is at **Attachment 24**.

5.5.1.2. The inventory officer will compare the inventory count balances with the formal inventory accounting record balances as shown on the Monthly Controlled Item Transaction Register (MEDLOG) or Transaction Register, report type 'controlled items' (DMLSS). Discrepancies will be investigated immediately by the MLFC or designated representative and resolved. Any discrepancy which cannot be traced to posting errors will be adjusted using the guidance in **Chapter 3**. Final discrepancies will be noted on the list and the list will be signed and dated by the inventory officer.

5.5.1.3. The inventorying officer will report the inventory results in writing to the MTF commander. Discrepancies that were resolved will not be reported.

5.5.1.4. The use of informal controlled item storage control records (e.g., AF Form 105F-2) is optional. If informal controlled item storage control records are maintained:

5.5.1.4.1. The inventorying officer will compare the inventory counts to both the informal storage control record balances and the formal inventory accounting record balances in the medical logistics operating system (see parargraph **5.5.1.2.**).

5.5.1.4.2. The inventorying officer will sign the inventory balance line of the informal storage control record to certify the correctness of the inventory. If the informal storage control record shows no activity since the preceding inventory, insert the inventory balance on the next line. Nonrecurring issues and items no longer used which reflect a zero balance on the informal storage control record should be inventoried one time subsequent to the last issue and the zero balance certified by the inventorying official. This item need not be inventoried again as long as it remains inactive. Separate the inactive item record from active informal storage control records. Dispose of these records according to AFMAN 37-139, *Records Disposition Schedule*.

5.5.2. Medical stock record accounts that exist solely for the support of a contingency hospital may have the monthly inventory conducted by the accountable officer. Every six months the inventory must be conducted by a disinterested officer.

5.5.3. Forward one copy of all approved inventory adjustments and reports of survey pertaining to controlled substances to the major command (MAJCOM) surgeon. The MLFC will monitor reported discrepancies to ensure appropriate action is taken regarding the discrepancy and to evaluate the trend of inventory adjustments.

5.5.4. Biennial Inventory of Controlled Substances. The Comprehensive Drug Abuse Prevention and Control Act of 1970 required an inventory of all controlled substances on 1 May 1971 and biennially thereafter. Use the 30 April Monthly Controlled Item Transaction Register (MEDLOG) or Transaction Register, report type 'controlled items' (DMLSS) to record this inventory. Prepare a certificate to show DEA registration number (if applicable), date of inventory, signature of the person taking the inventory and the signature of the MLFC.

5.6. Reporting Loss or Theft of Controlled Substances to the Drug Enforcement Agency. When a loss or theft of controlled substances is determined, the MLFC will immediately prepare DEA Form 106, **Report of Loss or Theft of Controlled Drugs**, and submit it to the nearest DEA regional office. DEA Form 106 is available on the DEA website: **http://www.deadiversion.usdoj.gov/21cfr_reports/index.html**.

5.7. Precious Metals Recovery Program.

5.7.1. The Defense Reutilization and Marketing Service (DRMS) manages the DOD Precious Metals Recovery Program (PMRP). AFPD 23-5, *Reusing and Disposing of Materiel,* requires each Air Force installation to have a PMRP. See AFMAN 23-110, Volume 6, *Excess and Surplus Personal Property*, and DOD Manual 4160.21-M, *Defense Reutilization and Marketing Manual.*

5.7.2. The MTF commander will appoint by name and in writing a MTF PMRP monitor. The monitor can be any qualified active duty member, civilian employee or contractor assigned to medical logistics. The monitor will ensure:

5.7.2.1. MTF regulations assign responsibilities and provide guidance to safeguard, account for, and process precious metals and precious metals bearing scrap and waste.

5.7.2.2. Medical personnel comply with AFMAN 23-110, Volume 6, Chapter 4, and AFPD 23-5. A checklist on the management of the PMRP is at **Attachment 25**.

5.7.3. Medical logistics will store precious metal turn-ins as code R items pending turn in to base supply or Defense Reutilization and Marketing Office (DRMO). Detached units, geographically separated activities, etc., may turn in precious metal scrap and residue direct to the DRMO. Do not enter these direct turn-ins into the medical logistics operating system or medical logistics controlled item vault records.

5.7.4. The DRMS will provide handheld vacuum cleaners for recovery of precious metal bearing dust in dental labs if there is potential for precious metal recovery. Each dental facility should develop a plan for their use. Request replacement collection bags through the PMRP monitor.

5.7.5. When disposing of dental amalgam, medical logistics will act as the liaison between the DRMO and Dental Clinic.

5.7.5.1. Amalgam scrap intended for recovery or recycling must be sanitized or disinfected, dried, and stored in a sealed container. Dental technicians are responsible for these actions.

5.7.5.2. In some jurisdictions, amalgam scrap can be discarded in non-regulated medical waste. Consult with the base Hazardous Materials Pharmacy (HMP) prior to discarding amalgam in any waste stream.

5.7.5.3. Contact the local HMP and DRMS for guidance on turning in recovered scrap amalgam for recycling.

5.7.5.4. If the local DRMO is not accepting the amalgam as part of the precious metals recovery program and it is not subject to local hazardous waste regulations, then the amalgam can be disposed of in non-regulated medical waste. Consult with the base HMP for local guidance.

5.7.5.5. If the local DRMO is accepting the amalgam, then the dental technician will turn in the storage container to medical logistics for turn in to DRMO. Under no circumstances will amalgam

be put in “red bag” waste. “Red bag” waste is autoclaved or incinerated and both produce hazardous mercury/silver vapor or ash.

5.7.6. Environmental Protection Agency (EPA) hazardous waste regulations require manifesting spent hypo solution that contains as much as 5 mg of silver per liter if it is transported over public highways. Use EPA Forms 8700-22, **Uniform Hazardous Waste Manifest,** and 8700-22A, **Uniform Hazardous Waste Manifest (Continuation Sheet).**

5.7.7. Turn-in items in the PMRP to DRMO within five days after disposal transactions are processed.

5.8. Procurement of Controlled Medical Items. See **Chapter 4**, paragraph **4.21.** for policies and procedures for acquisition of controlled medical items.

5.9. Storage of Controlled Medical Items.

5.9.1. All controlled medical items require special protection. MLFC will ensure that controlled medical items are properly stored and that storage areas meet the criteria in MIL HDBK 1191 for caged or vault storage space and in AFI 31-101, *The Air Force Installation Security Program*, for resource protection.

5.9.1.1. MLFC will evaluate the adequacy of the vault and caged storage areas annually. At the request of the MLFC, the chief of security forces and the base civil engineer may assist in the evaluation. The MLFC will report deficiencies to the MTF commander for corrective action.

5.9.1.2. For secure storage areas equipped with intrusion detection systems or duress alarm systems, the MLFC must periodically check the system as required by AFI 31-101. Record the test results on AF Form 2530, **Alarm System Test Record**, or an automated system that meets the requirements of AF Form 2530. Make the results available for verification during any inspection.

5.9.2. The MLFC will take the following minimum precautions in safeguarding the storage and issue of code controlled items (except alcohol and alcoholic beverages).

5.9.2.1. A vault or safe protected by a combination type lock constructed as an integral part of the vault door or by a combination padlock (NSN 5340-00-285-6523), or equal. When a combination padlock is used, the hasp to which the padlock is fastened will be securely attached to the door and frame in such a manner as to preclude jimmying or prying.

5.9.2.2. Only the controlled medical item custodian, their alternate, and the MLFC will know the combination. Place a copy of the combination in a sealed envelope marked "For Use In Emergency Only" and keep it in a safe or safe-type filing cabinet which is not used for TOP SECRET storage and which provides at least the same degree of protection as the controlled medical item storage area. The MTF commander or administrator will designate the container for the combination; however, it will be a location other than the controlled medical item storage area. No other copies of the combination are permitted.

5.9.2.3. Other sensitive or highly pilferable items may be stored in the vault or safe when the MLFC considers it necessary.

5.9.2.4. Code Q items should be stored in safes or vaults. When available vault or safe storage capacity is inadequate, code Q items may be stored in locked cages or secure rooms with controlled access. Start action immediately to obtain the needed additional safe or vault space.

5.9.2.5. If controlled storage control records are maintained, they will not be removed from the vault storage area or other storage area, except under the personal supervision of the controlled medical item custodian.

5.9.3. Store ethyl alcohol and alcoholic beverages in a vault or safe when space is available. When vault or safe space is limited, alcohol and alcoholic beverages may be stored in locked cages or secure rooms.

5.9.4. Controlled items that are part of a deployed WRM project will be controlled in the same manner as in garrison assets where possible. As a minimum, items will be secured in locked rooms or containers.

Chapter 6

HAZARDOUS MATERIEL AND HAZARDOUS WASTE MANAGEMENT

6.1. Purpose.

6.1.1. The purpose of this chapter is to provide policy and procedural guidance for managing hazardous materiel (HM) and hazardous waste (HW) (agents that are corrosive, ignitable, reactive, toxic, or are antineoplastic (chemotherapy) drugs) in medical logistics.

6.1.2. This chapter applies to all Air Force medical activities, including US Air Force Reserve and Air National Guard. However, medical logistics must also comply with state or local laws and regulations when they are more stringent. Medical logistics activities in foreign countries will comply with the DOD Final Governing Standards, or in their absence, environmental standards in the DOD Overseas Environmental Baseline Guidance Document, or host country laws and regulations when they are more stringent.

6.1.3. See AFI 41-201*, Managing Clinical Engineering Programs,* for information on general refuse and regulated medical waste. See AFI 40-201, *Managing Radioactive Materials in the USAF,* for information on radioactive materiel and waste.

6.2. Responsibilities.

6.2.1. Headquarters, Air Force Medical Support Agency, Health Facilities Division (AFMSA/SGSF):

6.2.1.1. Formulates policy and guidance for MTF HM/HW management.

6.2.1.2. Assists MTFs in developing HM/HW management plans.

6.2.1.3. Develops and maintains points of contact for technical support to help answer MTF questions on HM/HW management.

6.2.2. The Base Environmental Manager (EM), normally aligned under the Base Civil Engineer, is tasked under AFPD 32-70, *Environmental Quality* and its implementing AFIs to provide the following services:

6.2.2.1. Manage the base Hazardous Waste Management Program.

6.2.2.2. Provide technical advice on all environmental compliance or pollution prevention issues.

6.2.2.3. Ensure the base has an updated Hazardous Waste Management Plan.

6.2.2.4. Act as base liaison on environmental compliance matters with regulatory agencies on all HW disposal issues.

6.2.2.5. Apply for and manage all base HW permits with necessary input from the MTF.

6.2.2.6. Provide technical information on completion of HW turn-in documents.

6.2.2.7. Certify HW is properly characterized, labeled, and packaged.

6.2.2.8. Program and manage funds for HW disposal.

6.2.2.9. Review and approve all contracts for HW disposal with assistance from the Bioenvironmental Engineer and obtain waivers from the MAJCOM to use other than Defense Reutilization and Marketing Office (DRMO) HW disposal services. (The MTF should contact the local EM to include the MTF in base wide HW disposal contracts.)

6.2.2.10. Provide HW management training to HW generating activities on base.

6.2.3. The Bioenvironmental Engineering Services (BES) is tasked under AFI 48-119, *Medical Service Environmental Quality Programs,* to provide the following services:

6.2.3.1. Provide technical support to the Environmental Compliance Assessment and Management Program.

6.2.3.2. Characterize HW and develop a HW analysis plan for the installation and determine HW sampling requirements.

6.2.3.3. Coordinate and be responsible for developing and maintaining the installation's HW stream inventory and complete health sections of HW profile sheets.

6.2.3.4. Perform surface, ground, and wastewater discharge characterizations, air emission surveys, potable water surveillance, and compliance monitoring to meet federal, state, and local water and air quality compliance regulations.

6.2.3.5. Review installation construction and facility modification plans for surface and ground water, air emission compliance, and for opportunities to reduce pollution emissions.

6.2.3.6. Member of the base HAZMAT Emergency Planning and Response Team.

6.2.3.7. Support asbestos, lead-based paint, and radon management programs.

6.2.3.8. Identify HM and their authorized users and a member of the base cross-functional HM "Pharmacy/Cell" for control of HM as implemented locally.

6.2.3.9. Inventory hazardous chemical usage and storage to support reporting requirements of the Pollution Prevention Act, Toxic Release Inventory, and state reporting requirements of the Emergency Planning and Community Right to Know Act (EPCRA).

6.2.3.10. Participate in pollution prevention opportunity assessments and review materiel substitution and process modifications.

6.2.3.11. Recommend proper disposal procedures.

6.2.3.12. Evaluate all spill clean up plans and assist in evaluating a spill clean-up.

6.2.3.13. Keep a master file of Material Safety Data Sheets (MSDS) in electronic or paper form and provide copies to workers upon request.

6.2.4. The Hazardous Materials Pharmacy (HMP) is tasked by the Hazardous Material Pharmacy Implementation Plan with minimizing HAZMAT on base and tracking it from the time it is requested through its final use or disposition. The HMP responsibilities include those identified for the Base EM and BES. Throughout this chapter the HMP can be substituted for references to the Base EM and BES depending on local base implementation of the HMP program. In addition to the responsibilities already identified in the plan, the HMP is tasked to:

6.2.4.1. Review, validate, and approve all HAZMAT and ozone depleting substance (ODS) requirements. (Medical items are exempt from this approval process.)

6.2.4.2. Review all waiver requests for ODS and search for the least hazardous or non ODS substitutes to accomplish the tasking. ODS requests require a waiver from HQ USAF routed through the applicable MAJCOM. (65XX items have already received a blanket waiver.)

6.2.4.3. Ensure all regulatory, training, health, safety, and environmental protection approvals are obtained.

6.2.4.4. Ensure requests are for the smallest unit of issue possible to meet the requirement.

6.2.4.5. Acquire, maintain, and provide new and updated copies of MSDS for all HAZMAT.

6.2.4.6. Track all HAZMAT and ODS from receipt to storage, issue, transfer, and final disposal.

6.2.4.7. Develop and operate an automated tracking system to support EPCRA reporting requirements.

6.2.4.8. Ensure all containers are labeled in accordance with 29 CFR 1910.1200 (HAZCOM) and provide required inventory data to on-base agencies with a need, i.e., fire department, Occupational Health.

6.2.4.9. Approve HAZMAT determination as "waste" as opposed to "excess." (When a returned goods program is used for pharmaceuticals, the drugs are considered as product and not waste. Hazardous waste rules do not apply then.)

6.2.4.10. Maintain visibility of all recycling, reclamation, and reuse of HAZMAT/ODS efforts on base.

6.2.4.11. Track all chemical releases and spills.

6.2.4.12. Maintain visibility of all HAZMAT used on base by contractors.

6.2.4.13. Provide disposition instructions to the end users of HAZMAT to include tracking the status of all HAZMAT placed into hazardous waste accumulation sites.

6.2.5. The Medical Logistics Flight Commander (MLFC) will:

6.2.5.1. Develop and monitor the HM/HW management program for medical logistics and the MTF.

6.2.5.2. Work closely with Base HM Pharmacy personnel in all phases of the hazardous material process, from acquisition to disposal.

6.2.5.3. Develop a plan for all medical logistics personnel to properly order, receive, handle, store, label, transport, deliver, and eventually dispose of all MTF owned HM; and identify, categorize, segregate, and safely handle, package, transport, store, and dispose of all MTF generated HW.

6.2.5.4. Assist the BES in the performance of an initial and annual MTF HM/HW stream analysis by providing the monthly MEDLOG/DMLSS Hazardous Materiel Report."

6.2.5.5. Develop the medical logistics Emergency Spill Control Plan with assistance from the base EM.

6.2.5.6. Ensure base and duty section hazard communication and hazardous waste training requirements identified by the base EM, BES, and Public Health (PH) are given to all medical

logistics HM/HW handlers and are documented. Maintain documentation for two years after personnel depart duty station.

6.2.5.7. Train receiving and delivery personnel on HM hazards, personal protection measures, symptoms of exposure, first aid responses, and the medical logistics Emergency Spill Response Plan.

6.2.5.8. Provide equipment and supplies to protect medical logistics personnel.

6.2.5.9. Ensure the BES reviews any new purchase requests for known or suspected HM.

6.2.5.10. Ensure MSDS are forwarded to the central repository at BES and to the requesting section the first time the item is delivered.

6.2.5.11. Ensure receiving and delivery personnel have access to MSDS information on items being received and delivered. Most, but not all, MSDS are contained in the Hazardous Materiel Information System (HMIS). To obtain a copy of the HMIS, forward requests to:

AL/OEM
Attn: HMIS 2402 E Drive
Brooks AFB TX 78235-5114

6.2.5.12. Forward a copy of the MSDS and packing insert for all hazardous materiel (for items that will be purchased more than once or were a one time purchase and will be turned in to DRMO) which has not been identified in the HMIS to AL/OEM.

6.2.5.13. Ensure HW turn-in to DRMO or HW disposal contractor is in accordance with the base HW management program procedures.

6.2.5.14. Ensure compliance with current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards applicable to MTF HM/HW management programs.

6.2.5.15. Acquire and maintain a current state HW generator permit (if required) through the base EM.

6.2.5.16. Keep copies of HW disposal manifests, and the generator copy returned by the Treatment, Storage, and Disposal (TSD) facility.

6.2.6. The MTF Facility Manager will:

6.2.6.1. Ensure the director of housekeeping provides any HM/HW inventory information as required or requested by the Facility Manager or the EM.

6.2.6.2. Ensure the incinerator, if applicable, is not used for disposal of HM/HW.

6.2.6.3. Approve the siting of any proposed HM storage facility additions or modifications.

6.3. Ordering Medical Hazardous Materiel.

6.3.1. Using activities will:

6.3.1.1. Identify HM by type (flammable, corrosive, reactive, toxic, radioactive, antineoplastic (chemotherapy) drug) on new requests.

6.3.1.2. Coordinate with the BES to certify that the new items are the least hazardous available to do the job.

6.3.1.3. Ensure that workplace users have been properly trained and equipped.

6.3.1.4. Ensure adequate HM storage and HW receptacles exist.

6.3.1.5. Obtain the necessary health and environmental authorization from the Base HM Pharmacy.

6.3.2. Medical logistics personnel will review available research tools prior to establishing a medical HM requirement.

6.3.2.1. Inquire the item against Universal Data Repository (UDR) to determine if an "H" notes code is assigned to it. Notes code “H” indicates the item has been previously identified as hazardous.

6.3.2.2. Inquire the item against the HMIS CD-ROM.

6.3.2.3. Screen the Federal Standard 313 for Federal Stock Classes (FSC) listed in Tables 1 and 2.

6.3.2.4. Add notes code “H” to master records when items are positively verified as hazardous. Pharmaceuticals in pill form are treated as hazardous only when they are declared waste. Exceptions are all antineoplastics (cytotoxic, chemo) drugs which are treated as hazardous in any form.

6.3.2.5. Take all new item requests that have been verified as HM or have an FSC contained in Federal Standard 313 to BES for their review and verification.

6.3.2.6. Clearly indicate the hazardous nature of the item on the purchase request sent to contracting. Contracting will add appropriate Federal Acquisition Regulation (FAR) clauses requiring the contractor to use and provide appropriate hazardous warning labels and provide MSDS to medical logistics prior to receipt of the HM. Ensure these requirements are met for all credit card purchases.

6.3.2.7. Notify receiving personnel when HM is ordered, so they are trained and prepared to receive it.

6.3.3. HM minimization is an integral part of the Air Force goal to reduce HW. Medical logistics is encouraged to pursue all reasonable actions to avoid and reduce the use of HM and, therefore, the generation of HW within the MTF. Users must adhere to all applicable laws, DOD regulations, and AF policies regarding HM management.

6.3.3.1. Encourage users to minimize the use of HM by limiting its use without compromising patient care.

6.3.3.2. Minimize HM quantities in storage areas.

6.3.3.3. Encourage requesters to review items already stocked for suitability before ordering new HM items.

6.3.3.4. Consider life cycle costs of HM usage.

6.3.3.5. Plan new systems, equipment, and maintenance procedures to minimize use of HM.

6.3.3.6. Comply with current Base HMP policy and any agreements made between the Base HM Pharmacy and medical logistics. At a minimum, provide the Base HM Pharmacy with the monthly “Hazardous Materiel Report.”

6.4. Ordering Nonmedical Hazardous Materiel. Order nonmedical items in accordance with base HM procedures.

6.5. Receiving Hazardous Materiel.

6.5.1. MSDS should arrive five (5) days prior to first receipt of HM. If HM arrives before the MSDS, take appropriate discrepancy actions with the source of supply (see **Chapter 3**, paragraphs **3.40.** through **3.44.**).

6.5.2. Identify HM by:

6.5.2.1. Department of Transportation (DOT) placards on the box or container if the item is determined by DOT to be hazardous for transportation purposes.

6.5.2.2. Manifest document identifying the HM.

6.5.2.3. The MSDS that may accompany the product.

6.5.3. Inspect the condition of the container to ensure it is sealed and in good condition.

6.5.3.1. Do not accept the materiel from the shipper if damage or leaks are apparent.

6.5.3.2. If the shipper has departed, exercise the Medical Logistics Emergency Spill Response Plan, don protective clothing, and proceed with spill clean up according to the spill clean up plan.

6.5.4. Verify that the labeling and markings on each container agree with the manifest of shipping document.

6.5.5. Ensure the MSDS is on hand or with the container and provide BES with a copy.

6.5.6. Handle according to MSDS information.

6.5.7. Segregate HM in a safe location and contact the source of supply and BES for assistance if a MSDS cannot be located.

6.5.8. Ensure the Master Record contains a notes code of "H."

6.6. Storing Hazardous Materiel.

6.6.1. HM has characteristics that may require items to be specially stored or handled to prevent risk to personnel or the facility in which they are stored.

6.6.2. HM will be stored according to compatibility and not necessarily to National Stock Number (NSN) sequence. Contact between incompatible materiel will produce a reaction such as fire, explosion, polymerization, boiling or spattering, severe heat, or the release of poisons or hazardous gases.

6.6.3. Review the HM inventory and MSDS, follow applicable regulations such as AFJMAN 23-209, *Storage and Handling of Hazardous Material,* Chapter 4, and base environmental compliance and pollution prevention guidance. Seek further guidance from the BES, EM, and base supply.

6.6.4. Storage areas designed to contain HM will conform with all federal, state, and local standards. Coordinate existing HM storage areas and planned designs with the BES and base EM. Ensure all fire regulations and building and safety codes are followed.

6.6.5. Periodically inspect HM storage sites for damaged or leaking containers according to base environmental compliance and pollution prevention guidance. If containers are damaged or leaking, exercise Medical Logistics Emergency Spill Response Plan and don protective clothing.

6.7. Issuing Hazardous Materiel.

6.7.1. When breaking down containers to smaller units of issue, ensure proper HM labeling on all units of issue (unit containers, intermediate containers, and exterior packs). Use the labels provided by the supplier, or locate the necessary info in HMIS. Include the following on each label:

6.7.1.1. Product trade name, National Drug Code (NDC) or part number, and batch or lot number.

6.7.1.2. Applicable hazard warnings.

6.7.1.3. Manufacturer's name, address, and emergency telephone number.

6.7.1.4. Date of manufacture and applicable shelf life information.

6.7.2. Do not deface the HM label information. It is against the law and carries severe penalties.

6.7.3. Segregate incompatible items to ensure safe delivery.

6.7.4. Follow base HM transportation requirements when transporting HM on base, and federal, state, and local transportation regulations and laws for transporting HM off base. Contact the Transportation Management Office (TMO) on base for training.

6.7.5. If it is a new requirement, ensure the customer receives a copy of the MSDS upon delivery.

6.8. Customer Turn In of Hazardous Materiel/Hazardous Waste.

6.8.1. Place HM in the appropriate storage area if the item is serviceable and other requirements exist at turn in.

6.8.2. Report HM as excess if it meets the criteria and is cost effective to ship if no other requirements exist at turn in.

6.8.2.1. Properly package, label, and transport.

6.8.2.2. Contact the manufacturer to return for credit, partial credit, replacement, or no credit if no requests generate for the HM. Properly package, label, and transport.

6.8.2.3. Report HM as HW through the EM to DRMO for disposal or, if available, use the MTF HW Disposal Contract if refused by the manufacturer.

6.8.3. Contact the manufacturer to return for credit, partial credit, replacement, or no credit if the HM is not serviceable at time of turn in. Properly package, label, and transport. Dispose as HW if refused by the manufacturer.

6.8.4. Arrange for disposition of customer’s hazardous waste.

6.8.4.1. Receive customer's marked HW storage containers and deposit at the MTF HW Accumulation Site if one has been designated by the Base EM in pre-designated, properly marked HW storage receptacles.

6.8.4.2. Leave hazardous waste at the Initial Accumulation Point and arrange for disposition in accordance with the Base HW management plan if the Base EM has not designated an MTF Accumulation Site.

6.9. Processing Hazardous Waste for Disposal.

6.9.1. Store and dispose of HW in an environmentally acceptable manner in accordance with base, federal, state, and local laws and regulations.

6.9.2. Coordinate HW storage sites with the BES and the base EM.

6.9.3. Identify HW storage receptacles and do not combine, commingle, or mix different types of HW.

6.9.4. Do not exceed HW storage limitations as imposed by the base EM.

6.9.5. Periodically inspect HW storage site for damaged or leaking containers in accordance with base EM instructions. Exercise the Medical Logistics Emergency Spill Control Plan if damage or leaking is apparent.

6.9.6. Report HW to BES and EM for disposition instructions. Preliminary disposal instructions can be found in the Military Item Disposal Instruction (MIDI) on CD-ROM.

6.9.7. Contact the base EM to find out if an HW disposal contract currently exists for all base HW generator use.

6.9.8. Coordinate with the base EM to obtain a HW disposal contract for the MTF. The base EM will coordinate the request with the MAJCOM EM. Only the MAJCOM EM can approve a waiver for HW disposal contracts separate from DRMO.

6.9.9. Follow disposal instructions as given by the BES and EM.

6.9.10. Use MTF or base HW disposal contract and obtain the transporter TSD EPA facility ID number.

6.9.11. Provide the EM with annual HW disposal costs to meet budget submission deadlines.

Chapter 7

MEDICAL EQUIPMENT MANAGEMENT

7.1. Purpose.

7.1.1. The medical service equipment management program provides a system of in-use equipment control and reporting based on a single organizational Medical Equipment Management Office (MEMO) at each medical stock record account. This chapter emphasizes the role of the MEMO and command MEMO (CMEMO) in equipment review and authorization and makes equipment planning a continuous program. Equipment requirements will be documented when the need is recognized and may be submitted for review and authorization any time in the budget cycle.

7.1.2. The objectives of the program are:

7.1.2.1. Standardize the management of equipment in use at Air Force MTFs.

7.1.2.2. Maintain equipment in-use and authorization records.

7.1.2.3. Keep the medical logistics flight commander (MLFC) informed through comprehensive and accurate reporting.

7.1.2.4. Promote economy, supply discipline, and effective equipment management in support of the overall medical mission.

7.1.2.5. Ensure medical equipment meets accepted safety and professional standards.

7.1.2.6. Ensure investment equipment reporting meets established accounting standards.

7.2. Responsibilities.

7.2.1. The Air Force Surgeon General has overall program responsibility. This includes, but is not limited to:

7.2.1.1. Approval of equipment allowance changes that affect medical organizations.

7.2.1.2. Approval of medical equipment allowances and allowance changes for nonmedical organizations.

7.2.1.3. Functional review of command medical investment equipment programs to ensure planning reflects the latest accepted technology, professional standards, safety, and mission requirements.

7.2.2. Major command (MAJCOM) surgeons will:

7.2.2.1. Establish a command medical Equipment Review and Authorization Activity (ERAA). MAJCOM surgeons may assume the command ERAA responsibilities or delegate them to the command administrator, command medical logistics officer, or CMEMO.

7.2.2.2. Establish a CMEMO.

7.2.3. Command medical ERAA will:

7.2.3.1. Validate equipment requests for need, manpower, and O&M cost concerns.

7.2.3.2. Recommend approval or disapproval on AF Form 601, **Equipment Action Request**, for medical organizations when approval exceeds the authority of the MTF commander. See **Attachment 26** for Sample AF Form 601.

7.2.3.3. Prioritize the MAJCOM's approved/ unfunded investment equipment requirements.

7.2.4. CMEMOs will:

7.2.4.1. Administer and monitor the command medical equipment management program.

7.2.4.2. Give medical service support vehicle redistribution recommendations to the Command Equipment Management Office (CEMO), since formal vehicle records are maintained by the CEMO.

7.2.4.3. Monitor funds allocation and procurement action to ensure command ERAA priorities and Medical Logistics Division (AFMSA/SGSL) guidance are followed.

7.2.4.4. Assign a CMEMO document number to each AF Form 601 sent to AFMSA/SGSLE. The CMEMO number will consist of a three or four letter abbreviation for the requesting base, one digit to indicate the fiscal year the request was submitted, and a four-digit serial number.

7.2.4.5. Forward an electronic copy via email of the command approved AF Form 601 on investment items to AFMSA/SGSLE. Include the equipment brochure and the command actions and comments.

7.2.4.6. Return the approved/disapproved AF Form 601, with AFMSA/SGSLE and command comments, to the originator.

7.2.4.7. Keep a suspense copy of all approved unfunded command investment equipment requirements. The command ERAA will use these copies to develop the command investment equipment acquisition priority list.

7.2.4.8. Send a list of all approved unfunded investment equipment requests, as of 1 October each year, to arrive at AFMSA/SGSLE by 20 October.

7.2.4.9. Send AFMSA/SGSLE a copy of each approved investment equipment AF Form 601 with all supporting information outlined in **Attachment 27** and **Attachment 30**.

7.2.5. The MTF commander is responsible for:

7.2.5.1. Approving or disapproving AF Forms 601 submitted by the MEMO, except those items requiring approval by other base agencies. MTFs that do not have an MTF commander assigned will send AF Form 601s to the servicing MEMO. The MTF commander at the supporting MEMO location will be the approving authority.

7.2.5.2. Establishing an equipment review process. If the MTF commander or ERAA does not perform the review, it will be assigned to the administrator, MLFC or MEMO.

7.2.5.3. Appointing an accountable property officer for the MEMO account by name. Minimum qualification is 7-level TSgt or GS-5 civilian.

7.2.5.4. Approving or disapproving medical equipment requests from nonmedical organizations.

7.2.6. A medical ERAA may be used to advise the MTF commander. The MTF commander may elect to perform the ERAA duties or delegate them to the hospital administrator, MLFC or MEMO rather than appoint an ERAA. If used, the medical ERAA will:

7.2.6.1. Recommend MTF commander approval or disapproval of AF Forms 601 submitted by MEMO for equipment within prescribed allowances.

7.2.6.2. Prioritize all approved unfunded investment and expense equipment requests provided by MEMO.

7.2.6.3. Review AF Forms 601 submitted by base medical activities for quantities of medical items that exceed allowances or for which no allowance exists.

7.2.6.4. Review and recommend approval or disapproval for low cost medical item allowance change requests received from nonmedical activities. Return requests to base supply who will send approved change requests to the appropriate AS monitor.

7.2.7. The MLFC is responsible for MEMO management, MEMOs will:

7.2.7.1. Implement and administer the MEMO program in accordance with guidance outlined in this chapter.

7.2.7.2. Maintain prescribed authorization and in-use equipment records. As the accountable office, the MEMO will be responsible for maintaining files for all detached facilities supported by the host MEMO.

7.2.7.3. Order equipment using the guidance in **Chapter 3** and any local and MAJCOM guidance. Ensure appropriate technical recommendations from biomedical equipment maintenance and the facility manager are incorporated into the equipment requirement. **Attachment 28** contains procedures for obtaining local purchase equipment.

7.2.7.4. Train account custodians on equipment management procedures and assist in the preparation of equipment requests.

7.2.7.5. Ensure MEMO inventories are performed.

7.2.8. AFMSA/SGSLE will:

7.2.8.1. Centrally manage funding, execution, and budget requirements for medical investment equipment.

7.2.8.2. Evaluate and manage the HQ USAF/SG level approval/disapproval process to include funding and approval status reporting to the MAJCOM CMEMO.

7.2.8.3. Maintain records of all investment equipment requests by MAJCOM.

7.2.8.4. Centrally manage reporting on investment equipment assets and depreciation.

7.3. General.

7.3.1. This chapter provides policy for managing medical and nonmedical equipment items at Air Force MTFs and assigned supported activities. This chapter also applies to medical equipment required by nonmedical Air Force units that allow patient treatment by medical personnel assigned to the nonmedical unit.

7.3.2. The following categories of organizational equipment for use in Air Force medical activities will be accounted for on MEMO records:

7.3.2.1. All medical equipment.

7.3.2.2. Nonmedical equipment authorized for use by medical activities, except centrally managed equipment and computers. Nonmedical centrally managed items will be accounted for through the base supply equipment management system. Computers will be accounted for on base communications computer system records.

7.3.2.3. Government owned communications equipment unless maintained on another accountable system such as automated data processing equipment or communications accounts.

7.3.2.4. Any item regardless of unit cost may be maintained on accountable records at the discretion of the MLFC. Use "notes" to further explain the rationale for maintaining the item on record.

7.3.3. The following categories of medical equipment are excluded from MEMO management and will not be accounted for on base MEMO records:

7.3.3.1. Medical equipment used by non-Air Force units.

7.3.3.2. Medical equipment required by nonmedical Air Force units except as described in paragraph **7.3.2.** Base supply has accountability for those items.

7.3.3.3. Equipment items accounted for on the records of a medical stock record account; for example, medical war reserve materiel (WRM).

7.3.4. AFI 32-9005, *Real Property Accountability and Reporting*, may be used as a guide in determining the types of equipment to be accounted for on base civil engineer (BCE) real property installed equipment (RPIE) records.

7.4. Relationship Between the Host Medical Equipment Management Office and Detached MTFs.

7.4.1. The host MEMO is accountable for all supported unit equipment shown on the MEMO account. As the accountable office, MEMO maintains the file and distributes reports and lists.

7.4.2. Normally, requests for equipment issue, turn-in and transfer are processed through the host MEMO. In some cases, such as supported ARC units, equipment may be obtained through other means. If so, the detached unit will furnish documentation to the host MEMO for file update. In some cases, ANG medical units may obtain medical equipment, purchased with ANG funds, through the Standard Base Supply System. This equipment will be accounted for on Equipment Management Office records. This action is necessary to assist the United States Property and Fiscal Officer (USPFO) in determining the status of ANG resources (facilities, funds, and equipment) within the applicable state.

7.4.3. ANG units are responsible for ensuring their equipment is properly maintained. Host-base support agreements should be in place to assist with this maintenance (see paragraph **1.6.**). In addition, to ensure receipt of equipment Quality Assurance (QA) and recall messages, all units must subscribe to the AF medical logistics list server as prescribed in AFI 41-214, *Air Force Medical Logistics List Server*.

7.4.4. When a detached unit retains ERAA authority, a copy of any approved AF Form 601 will be furnished to the host MEMO.

7.5. Budgeting for Equipment.

7.5.1. Equipment budgeting details are provided each year with the annual budget call through comptroller and resource management office (RMO) channels. The Three Year Equipment Budget Require-

ments List (MEDLOG) or Equipment Replacement Report (DMLSS) and MEMO-approved/ unfunded files are the basis for budget inputs. Equipment is budgeted for by line item.

7.5.2. Expense equipment budgets are the responsibility of the using activities. MEMO will provide equipment custodians copies of the Three Year Equipment Budget Requirements List or Equipment Replacement Report to use in preparing their expense equipment budgets.

7.6. Authorization/Funding.

7.6.1. All equipment requires an approved authorization prior to acquisition regardless of the method used, e.g., purchase, lease/rental, gift/donation, or excess transfer.

7.6.2. Use special authorizations (allowance source code (ASC) 041) for medical equipment that the MTF requires to meet patient care standards.

7.6.3. Equipment may be retained under ASC 048 when:

7.6.3.1. Equipment on-hand/in-use is deleted without replacement. Retention authority ASC 048 may be cited for the deleted item provided the reasons for deletion are not personnel safety or hazard.

7.6.3.2. Retention authority terminates when the item is no longer serviceable.

7.6.4. AFMSA/SGSLE is the approval authority for all medical investment equipment authorizations.

7.6.5. The MTF commander has final approval authority for all equipment submitted by the MEMO with a unit cost of less than the current investment expense threshold.

7.7. Preparation of AF Form 601, Equipment Action Requests.

7.7.1. Using activity property custodians will prepare an AF Form 601 when a change is required in equipment assets under their control. This request should be submitted when the need for a change is identified and should not be dependent on budget cycles. See **Attachment 29,** Equipment Change Request Action Table. Include a description of the change needed and the required justification. Attach a descriptive brochure to a request for equipment. Prepare initial and replacement requests for X-ray systems according to AFI 41-201, *Managing Clinical Engineering Programs*. Support documents required by AFI 41-201 will accompany all AF Forms 601 for X-ray systems. Provide the required justification information in the format prescribed by MEMO. Send the AF Form 601 and all support documents to MEMO for action.

7.7.2. For items under the micropurchase threshold designated by the MLFC for additional control, using activity property custodians may submit a new item request in lieu of an AF Form 601. The approval authority's signature on the request will provide the justification for MEMO to increase authorizations for the requested item. Treat these items as any other expendable equipment items. Use system “notes” to further explain the rationale for maintaining the item on record.

7.7.3. Upon receipt of the AF Form 601, MEMO will determine if requirements can be met by transfer of in-use assets and existing authorizations. Upon validating the required change, MEMO will annotate the form with the authorization status of the required item, fund availability, and availability of adequate substitutes or local excess of the item. After completing the applicable portions of the form, one copy of the request will be filed in the suspense file and the MEMO will initiate one of the following actions:

7.7.3.1. Base approved expense equipment. When final approval authority for the change is at base level, the request will be forwarded to the appointed medical equipment review authority. If the MTF commander disapproves the request, MEMO will annotate the form with disapproval reason and return the AF Form 601 to the initiating property custodian and retain the suspense copy in file. If the request is approved, MEMO will:

7.7.3.1.1. Transfer the item from the MEMO holding account, if applicable, or have the item turned in to MEMO if the change results in a decreased authorization.

7.7.3.1.2. If funds are available, MEMO will order the item. AF Form 601 will be filed in the on-order suspense file after verification of completed action through the medical logistics operating system.

7.7.3.1.3. Establish or update MEMO property records.

7.7.3.1.4. If funds are not available, hold requests in suspense pending fund availability. These suspense copies form the basis of budget requirements and justification. Provide this request to the RMO so they can update the Budget Execution Report.

7.7.3.1.5. Give a copy of AF Form 601 to the property custodian showing actions taken and document number assigned. The originator of the requirement will be kept informed of the status of the request and will advise MEMO of any change in the requirement.

7.7.3.2. Investment equipment. Prepare AF Form 601 on all investment equipment requirements according to **Attachment 30**. Forward the original and three copies of the document to the medical equipment review authority. This action should be completed in a timely manner and need not be related to budget cycles. Return disapproved requests to the originator with rationale for disapproval. If approved, forward an electronic (scanned) version of the approved request to the CMEMO and retain one copy in the MEMO suspense file. Upon return of change requests from higher headquarters MEMO will:

7.7.3.2.1. Return disapproved requests through the medical equipment review authority to the originator.

7.7.3.2.2. If the request is approved and authorized for immediate procurement MEMO will complete appropriate actions as required to upload authorization in the system. Additional information will be provided by AFMSA/SGSLE when procurement action has occurred.

7.7.3.2.3. If the request is approved for procurement pending funds availability, MEMO will include the AF Form 601 in the file used by the review authority to establish the equipment procurement priority list. The originator of the requirement will be kept informed of the status of the request and will advise MEMO of any change in the requirement.

7.7.3.2.4. After acquisition, installation, and acceptance of medical investment equipment, the medical logistics operating system records must be created and/or updated according to paragraph **7.3.2.**

7.8. Communications-Computer Systems Requirement Document. The Medical Systems Officer is responsible for identification of need, justification, authorization, acquisition and accountability for information systems support equipment including computers and software. The requesting activity will prepare a Communications-Computer Systems Requirement Document according to AFI 33-103, *Requirements Development and Processing*. Process all actions through systems channels.

7.8.1. This requirement does not apply to "embedded" computer systems that provide functionality to FDA regulated medical devices. An example of an “embedded” system would be a clinical chemistry analyzer with a “dedicated” computer workstation that is not used for any other common office automation function (word processing, data management), or a computed tomography (CT) scanner, central monitoring system. These computers are acquired and operated solely in support of and with the medical equipment system of which they are a part. MEMO maintains the records on these systems for the purpose of inventory and life-cycle sustainment and budgeting purposes. Equipment management records shall be maintained at the system and component level.

7.8.2. Air Force and local level certification and accreditation (C&A) requirements shall be initiated early during the system planning and development stage to ensure all requirements are met prior to the system being placed on the network. C&A requirements may vary depending on the MAJCOM or base so early, close coordination with the medical systems officer is recommended to ensure full compliance with all required actions.

7.9. Furniture and Furnishings.

7.9.1. The MTF commander has approval authority for all non-medical furniture and furnishing requests. This includes the authority to determine when furniture will be repaired or rehabilitated. The MTF commander may delegate this authority, however the MTF commander remains responsible for accountability and the appropriate use of government funds (see AFMAN 23-220, *Reports of Survey for Air Force Property*). The MTF commander, or the designated representative, will identify individuals to provide information and assistance to customers in making furniture acquisition decisions and to establish controls on expenditures for furniture.

7.9.2. Some factors to consider when making furniture acquisition decisions are:

7.9.2.1. Total O&M budget impact.

7.9.2.2. Integration with the overall MTF appearance program.

7.9.2.3. Quality of life initiatives.

7.9.2.4. Repair/refurbishment versus replacement cost.

7.9.2.5. Improved space management.

7.9.3. Submit all furniture requests to the MEMO. MEMO will validate the authorization approval, determine the requisition source, and maintain documentation.

7.9.4. AFMAN 23-110, *USAF Supply Manual*, Volume 2, Part 2, Chapter 22 contains additional information about furniture management.

7.10. Nonmedical Equipment.

7.10.1. Use equipment management codes (EMC) assigned nonmedical equipment in AS 001 and guidance in AFMAN 23-110, Volume 2, Part 2, to determine which items require accountable records. Maintain EMC 2 and 3 on MEMO records. The MAJCOM may assign EMC 2 to items where accountability is desired for visibility. In this case EMC 2 will replace EMC 1. Base supply will account for EMC 4, AF centrally managed equipment (except WRM) and EMC 5, registered vehicles.

7.10.2. Several nonmedical items require review by nonmedical agencies. Use AFMAN 23-110, Volume 2, Part 2, Chapter 22, as supplemental guidance when nonmedical equipment is involved. The

following categories of equipment require nonmedical review. In addition, equipment also qualifying as investment items require these reviews and base level and/or MAJCOM reviews prior to forwarding the requests to AFMSA/SGSLE for approval. The MTF commander will take review comments into account in the approval/disapproval decision.

7.10.2.1. Communications equipment such as call sequencers and auto answer machines require review by the base communication agency. Land mobile radio (LMR) equipment requires Communications-Computer Systems Requirements Board (CSRB) technical review in accordance with AFI 33-106, *Managing High Frequency Radios, Land Mobile Radios and the Military-Affiliate Radio System*. The CSRB will determine whether the medical LMR equipment will be on a dedicated medical system or on a central base system. LMR equipment includes base support radios, pagers and combat-deployable radios. The MTF commander has final approval authority for all communications expense equipment with a unit cost of less than the current investment expense threshold. For communications equipment with a unit cost greater than the current investment expense threshold, AFMSA/SGSLE is the final approval authority. Equipment action requests for investment LMR equipment must include an AF Form 3215, **C4 Systems Requirements Document,** showing MAJCOM CSRB approval of the technical solution, a list of components requested, and rationale for the number of portable radios requested.

7.10.2.2. The records custodian reviews requests for standard filing equipment (see AFMAN 37-123, *Management of Records*). Refer requests for unusual, nonstandard, or electronic filing equipment to the base records manager for review. The records manager at a USAF medical center may act as base level review authority.

7.10.2.3. Audiovisual equipment, also called visual information systems, must be reviewed by the base expense and investment equipment and MAJCOM investment equipment visual information managers (see AFI 33-117, *Multimedia (MM) Management,* and ASs 629 and 778).

7.10.2.4. The Defense Automated Printing Service (DAPS) administrator will administer, supervise, provide assistance, and control all assigned DAPS programs, services, and functions such as printing and high speed-high volume duplicating (see DODD 5330-3_AFSUP1, *Defense Automated Printing Service*).

7.10.2.5. Power conditioning and continuation interfacing equipment require review by the BCE and the automated data processing and communication managers prior to procurement. These equipment items will be centrally procured and will be managed under Air Force Equipment Management System (AFEMS) as Equipment Authorization Inventory Data (EAID) and not as RPIE.

7.11. Deregulation of Nondirect Patient Care Equipment.

7.11.1. Deregulation of all non-direct patient care equipment removes requirements to maintain accountability of certain non-direct patient care equipment items. Centrally procured and WRM program items are exempt.

7.11.2. Affected items include expense equipment items with maintenance code "N," no electrical characteristics, are non-pilferable, and not for use directly on patients. Some items that fall into this category are nurses desks, surgical cabinets and dock plates. When determining which items to maintain on record, consideration must be given on the impact upon equipment replacement forecasting.

7.11.3. To maintain an audit trail, assign an appropriate expendability code (MEDLOG) or commodity class (DMLSS). If determined to be expense equipment, determine if MEMO control (accountabil-

ity) is required based on the item characteristics mentioned in paragraph **7.3.** When MEMO control is not required, issue these items as nonaccountable. All equipment requires an approved authorization prior to acquisition, regardless of MEMO control or accountability assigned. No additional internal controls are required to maintain visibility of the deregulated property. Users should report missing items whether on record or not.

7.12. Equipment Rental or Lease.

7.12.1. Rental or lease of equipment for use in an MTF is authorized when determined more advantageous or cost effective to the government. Rental or lease of equipment must be approved by the MTF commander or equipment approval authority. Equipment leases are O&M funded but require authorization using the same process as expense equipment. Lease of investment equipment is processed through AFMSA/SGSLE.

7.12.2. The requiring activity property custodian submits requests for rental or lease of medical and nonmedical equipment for use in the MTF to the MEMO on AF Form 601. The request will include the same information that is required for equipment purchase. Specify the period of time the rental/ lease will be required and include a cost/benefit analysis of rental/lease vs. purchase.

7.12.3. Budgeting for equipment rental or lease is the responsibility of the using activity. MEMO will maintain a list of all rental/lease authorizations and provide a copy to the RMO to substantiate the O&M budget.

7.12.4. Medical logistics will send approved rental or lease purchase requests (PR) through the RMO for O&M fund cite to the selected contracting agency. The PR must clearly define ownership and maintenance responsibilities.

7.12.5. Medical logistics will keep the rental/ lease contract with the approved AF Form 601 and give a copy of the contract to the using activity property custodian or QA personnel for contract management. The QA personnel will certify the equipment is on hand and functioning as required by the contract and will forward the certification to medical logistics.

7.12.6. Equipment data records for all rental/ lease equipment will be established as maintenance significant supply items (MEDLOG) or durable equipment items (DMLSS). Maintain maintenance records as required by AFI 41-201 and AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ Users Manual or* AFMAN 41-216, *DMLSS Users Manual*.

7.12.7. Investment Equipment Leases. Investment equipment that is leased must be coordinated through the AFMSA/SGSLE using the same approval process as purchased investment equipment. Accounting information on all leased investment equipment will be reported by AFMSA/SGSLE semi-annually or as required. Procedures for determining acquisition cost are outlined in paragraph **7.30.3.**

7.13. Gifts and Donations. Gifts or donations of equipment items will be approved according to **Chapter 3**. Use ASC 044 in accounting for gift equipment. Donations of investment equipment must be approved through AFMSA/SGSLE using the same approval process as purchased equipment.

7.14. Military Construction Projects and the Supply of Newly Activated MAJCOM Controlled Units or Newly Constructed Facilities.

7.14.1. Equipment requirements for military construction (MILCON) projects will generally be acquired according to the logistics responsibilities defined in MIL-STD-1691F, *Construction and Materiel Schedule for Medical and Dental Facilities* (see **Attachment 31**):

7.14.2. The master equipment list developed by the Health Facilities Office (HFO) responsible for the project should be thoroughly reviewed for high dollar value fixed equipment items which will not have exceeded 50% of their life expectancy by the beneficial occupancy date (BOD). These items should be considered for use in the proposed construction project regardless of the logistics responsibility and the source of funds.

7.14.3. Initial outfitting costs are category "C" items that will be required by the project. To determine the initial outfitting requirements, compare the master equipment list with current authorizations. Requirements which exceed current authorizations for a particular item are considered initial outfitting requirements. Place "NF" in block 18B of the AF Form 601 when submitting an Equipment Action Request.

7.14.4. Submit AF Form 601 for category E and F equipment items for review and approval. Place an "NC" in block 20B of the AF Form 601. This action should be taken in sufficient time to allow receipt and installation by the BOD.

7.14.5. Relocatable buildings for use as an interim facility are reviewed and approved or disapproved through the normal investment equipment process. Include copies of approved DD Forms 1391, **FY ____ Military Construction Project Data,** DD Form 1391c, **FY ____ Military Construction Project Data (Continued),** and documentation of MAJCOM/CE coordination with the equipment action request. The request also must meet the requirements of DODI 4165.56, *Relocatable Buildings*. Site preparation, foundations, exterior utilities and other supporting construction costs are funded with local medical O&M funds. Design and construction must be coordinated with BCE. These costs are limited to 20 percent of the building acquisition cost. Additionally, an economic analysis per AFI 65-501, *Economic Analysis*, including comparative costs of relocatable versus rental, semi-permanent construction, and temporary construction is required. The comparison must address "lease versus buy." Additional review of interim facility projects is conducted by AFMSA/SGSF and regional HFOs through AFMSA/SGSLE. AFPD 32-10, *Installations and Facilities,* and AFI 65-601, Volume 1, *Budget Guidance and Procedures*, are the relocatable buildings funding authority.

7.14.6. See Military Handbook (MIL-HDBK) 1191, May 24, 1996, *DOD Medical Military and Dental Treatment Facilities Design and Construction Criteria*, Appendix A, for guidance on use of carpeting in MTFs.

7.14.7. When a completed MTF is accepted from the contractor, installed medical and nonmedical equipment identical or similar to items listed already accounted for on MEMO records will be inventoried and accounted for on MEMO in-use equipment records. Recessed or externally attached equipment within which a medical function is actually performed (such as sterilizers, X-ray control units, etc.) are properly classified as MEMO equipment. Other installed equipment is properly defined as RPIE and accountability for such items will be established on real property records. The following examples would be properly identified as RPIE:

7.14.7.1. Recessed or externally attached wall panels which serve only to bring electrical, water, oxygen, suction and communications lines to where other equipment, such as coronary care units, are connected for use.

7.14.7.2. Garbage disposal units, range canopies with exhaust systems, electrically cooled drinking fountains, etc., along with other items listed in AFI 32-9005.

7.14.8. The uninstalled equipment and supplies (medical and nonmedical) to be used in new MTFs or by newly activated units should be planned for and selected with care. The major command having jurisdiction will:

7.14.8.1. Budget for uninstalled equipment and supplies for new facilities. The regional HFO will provide assistance in determining budget accounts. AF Forms 601 for new facility requirements may be consolidated to include more than one line item of equipment. Separate change requests will be prepared for expense and investment equipment items. Also, separate requests will be prepared for equipment by each specialty identifier code reflected in **Attachment 31**.

7.14.8.2. Furnish the unit a copy of a medical and nonmedical in-use equipment list of items authorized for newly activated organizations.

7.14.9. Interior design packages used with MILCON projects are developed by professional architects and interior designers. The objective of these packages is to create an environment that enhances the delivery and acceptance of health care. The packages consist of design, selection of color and finish, and functional arrangement of all furniture and furnishings funded and procured as equipment and supplies. AFMSA/SGSF is the OPR for MILCON, including associated interior design packages. Activities are not authorized to alter these packages without prior approval. If the ordering activity can justify substitutions, the materiel manager must contact the regional HFO and request approval.

7.14.10. Installed investment medical equipment must be accounted for properly and depreciated. See paragraph **7.30.** for procedures.

7.15. In-Use Equipment Accountability.

7.15.1. Each using activity will be assigned a custodian account code for identification and control purposes. The MEMO may retain custodial responsibility for mobility equipment (items not in WRM, but required for mobility such as the Critical Care Aeromedical Transport Team Patient Movement Items) and equipment placed on loan. Equipment requiring an extended period before installation or acceptance will remain the custodial responsibility of the MEMO until installation and acceptance are completed.

7.15.2. Maintaining files. The MEMO will maintain:

7.15.2.1. Data records for MEMO controlled organizational equipment.

7.15.2.2. Document files for MEMO transactions.

7.15.2.3. A separate MEMO file for each custodian account containing supporting documents as specified in this chapter.

7.15.2.4. Registers, forms and files prescribed for personal retention items.

7.15.2.5. Suspense files for AF Forms 601. Maintain separate expense and investment suspense files for items awaiting approval/comment by higher headquarters and those items with completed

action, but unfunded. Once procurement action is initiated, transfer the AF Form 601 to the on-order suspense files upon verification of completed action through the medical logistics operating system. Upon receipt and issue to the requesting activity, transfer documentation to permanent files after verification of update of MEMO records through the medical logistics operating system .

7.15.2.6. Perform files maintenance in accordance with AFI 37-138, *Records Disposition--Procedures and Responsibilities*, and AFMAN 37-139, *Records Disposition Schedule*.

7.16. Custodial Responsibilities.

7.16.1. The basic guidance on the care and safeguarding of public property is contained in AFI 23-111, *Management of Government Property in the Possession of the Air Force*. All personnel are responsible at all times for the proper care and safekeeping of all property under AF control. This responsibility includes pecuniary liability for negligent loss, damage, or destruction. In addition, property custodians are required to control and effectively manage the property assigned to their accounts.

7.16.2. Acceptance of and relief from custodial responsibility for MEMO property will be accomplished as follows:

7.16.2.1. When custodial responsibility is to be assumed, the base MEMO will provide the property custodian with a listing showing all property charged and due in to the custodian account. Upon signing and dating the listing, the custodian assumes responsibility for all in-use items in the quantities indicated and verifies the requirement for all due-ins on the listing. The custodian will return the original signed listing to the MEMO 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 property custodian will keep a signed AF Form 601 or other appropriate document showing the action taken. The document may be destroyed once the item is correctly listed on the applicable custody receipt/locator list (MEDLOG) or custodian action listing (DMLSS).

7.16.2.2. The property custodian will ensure, by spot check and periodic inventory, that all property in the account is properly charged to the account and that all property charged to the account is physically on hand. If missing or damaged items are discovered, the property custodian will ensure appropriate action has been taken.

7.16.2.3. The property custodian can issue equipment on AF Form 1297, **Temporary Issue Receipt**, for equipment not directly under their operational control.

7.16.2.4. Before a property custodian is relieved from duty, transferred, separated from service or absent from the account for a period longer than 45 days, MEMO will transfer the property to an authorized successor. The custodian will not be relieved of custodial responsibility until officially out-processed by MEMO.

7.16.3. The property custodian normally prepares the AF Form 601. **Attachment 30** contains preparation instructions.

7.16.4. Property custodians should maintain a log of all AF Forms 601 prepared using AF Form 126, **Customer Request Log**. The log serves as the custodian's control register as required for completing AF Form 601, block 1 (see **Attachment 30**).

7.17. Physical Inventory.

7.17.1. Perform a physical inventory of MEMO controlled property at every 12 months. Perform an inventory more often if the MTF commander, MLFC or MEMO deem it necessary.

7.17.2. MEMO will establish an inventory schedule and may direct that property custodians or designated inventory teams perform the inventories.

7.17.3. Use the most current custody receipt/locator list (MEDLOG) or custodian action listing (DMLSS) list for the inventory. Post the physical count of each line item to the list. Reconcile overages and shortages and adjust MEMO records as appropriate.

7.17.4. Research shortages to validate required adjustments. Check for items on loan, missed storage or in-use locations, undocumented transfers and misidentified property. This research will be the basis for documenting shortages. Most shortages of equipment require a supporting Report of Survey.

7.17.5. See AFCSM 41-230, Volume 2 or AFMAN 41-216 for overage processing.

7.17.6. Place a narrative signed by the MTF commander on the inventory adjustment report to support misidentified equipment inventory and record adjustments. When the variance is attributed to an item reclassification, base MEMO will need to certify the inventory adjustment. Obtain base MEMO certification on the Inventory Adjustment Voucher or in an attached letter.

7.17.7. Upon completion of an inventory, establish a project file containing:

7.17.7.1. A copy of the annotated custody receipt/locator (MEDLOG) or custodian action listing (DMLSS) list used.

7.17.7.2. Originals of all adjustment documents.

7.17.7.3. A certificate of inventory signed by the MEMO and approved by the MTF commander. MEMO will prepare the certificate as follows:

Figure 7.1. MEMO Certificate of Inventory.

(Date)

"I certify that the MEMO controlled property in the possession of (FM account or detachment, if annual) (Custodian and account code, if special) was inventoried on (Date). Balances

shown on MEMO records as of the close of business on the above date are correct. Documents required to correct overages, shortages, or misidentified property are attached."

_____

(Signature of MEMO)

APPROVED/DISAPPROVED

_____

(Signature of MTF Commander)

7.18. Equipment Issues.

7.18.1. MEMO will process issue requests for MEMO controlled items.

7.18.2. When the requested items are received, MEMO will:

7.18.2.1. Update the MEMO property records.

7.18.2.2. Upon release of the equipment by medical equipment maintenance, arrange for delivery to the using activity and obtain the custodian's signature on the custodial actions list or AF Form 601, if equipment is issued before the custodial actions list is produced.

7.18.2.3. File the signed copy of the custodial actions list or AF Form 601 in the applicable MEMO property custodian file. Destroy this copy when the item appears correctly on the custody receipt/locator list (MEDLOG) or custodian action listing (DMLSS) and the custodian has signed it.

7.18.2.4. File the original AF Form 601 in the MEMO document file to support the increased authorization.

7.19. Warranty/Guarantee/Serial Number Control.

7.19.1. Upon receipt and prior to issue of the equipment, MEMO will ensure warranty and serial number control data are entered into equipment data records. Procedures for establishing serial number control and warranty records are in AFCSM 41-230, Volume 2. MEMO will identify the equipment with a Standard Form 1081, **Voucher and Schedule of Withdrawals and Credits**, and attach the form to copies of the operation and service manuals. Labels may be removed after expiration of the warranty.

7.19.2. Control of warranties is normally the responsibility of the agency charged with maintenance of the equipment. Upon receipt of warranty data, MEMO will ensure the information is furnished to the civil engineer contract repair service, medical equipment maintenance, or other agency responsible for maintaining the item. If no base maintenance activity has repair responsibility, the MEMO will maintain the warranty/guarantee records. Such records maintained by the MEMO may be included in the applicable MEMO property custodian file. A copy of warranty documentation should also be provided to the using activity.

7.19.3. Warranty/guarantee data for property not carried on accountable records will be filed in the MEMO property custodian file until expiration.

7.20. Marking Equipment and Durable Supplies.

7.20.1. A marking program will be initiated to prevent theft and unauthorized use of government property. All mobile and removable medical and nonmedical durable supplies and equipment items should be considered as candidates for marking to show organizational ownership. Use judgment in selecting items to be marked. For example, it is not necessary to mark installed equipment or large bulky items that cannot easily be removed from the facility.

7.20.2. It is recommended that an etcher-type marker be used to mark items. The marking must be permanent and identify the item as property of the MTF. This may be done by using the stock record account number, name of facility, or other marking system available or developed locally. See MIL-STD-130J, *Identification Marking of U.S. Military Property*, for additional information.

7.20.3. When marking items, consideration will be given to the following:

7.20.3.1. Mark items near the identification plate, but not on it.

7.20.3.2. Mark items in an area that is not difficult to locate.

7.20.3.3. When marking items, do not deface or destroy the appearance.

7.20.3.4. Mark items in a manner that will not interfere with the operation of the item.

7.20.3.5. When possible, mark items prior to placing them in use.

7.20.4. Responsibility for marking new items when received is as follows:

7.20.4.1. Nonmedical equipment is marked by BMET or MEMO personnel.

7.20.4.2. Medical equipment is marked by personnel in the biomedical equipment repair activity.

7.20.4.3. Durable supply items are marked by the property custodian.

7.21. Personal Retention Items.

7.21.1. Manage personal clothing and equipment accountability according to AFMAN 23-110, Volume 2, Part 2, Chapter 23.

7.21.2. MEMO will follow local base procedures for acquiring personal retention items from Individual Equipment Issue (IEU) or via Government Purchase Card.

7.21.3. Units shall maintain a record of personal retention items containing data previously recorded on the AF Form 538, **Personal Clothing and Equipment Record** and provide a copy to each individual.

7.21.4. For returnable items, MEMO will maintain a file, by individual, of all AF Form 1297. Outgoing personnel must out-process through MEMO to ensure the items are returned.

7.21.5. MEMO maintains an AF Form 538 on NSN 5180-00-117-3414, "Tool Kit, Biomedical Equipment Repairman," for each BMET assigned. If a BMET, for any reason, is not assigned a tool kit, place a Memo for Record explaining the circumstances in the MEMO AF Form 538 file. Receive AF Forms 538 from the school or other MEMO accounts as BMETs are assigned. As part of the out-processing clearance for each BMET leaving on a permanent change of station assignment, the MEMO will send the AF Form 538 to the gaining MEMO account by first class mail. BMET personnel will turn their tool kits in to the MEMO upon retirement, separation, or transfer to another AFSC. The senior BMET assigned will condition code the tool boxes. Those which are in "like-new" condition or that can be restored to "like-new" condition (according to AFI 41-201) will be sent to the 380th MTG/TSS. All other tool kits turned in will be picked up on the medical maintenance custodial account and become the responsibility of the maintenance activity. MEMO will maintain a log of all receipts and dispositions of AF Form 538. The log will indicate date and source of receipt, date of forwarding and destination, and/or transaction numbers for tool kits picked up on the medical maintenance activity custodial account or sent to salvage. The log shall show all actions for the previous three years.

7.22. Loan of Property.

7.22.1. The issue or loan of government property for unofficial use is prohibited.

7.22.2. The MLFC may approve temporary loan of durable supplies and equipment to other USAF or DOD MTFs. A Loan Receipt/Location List or an AF Form 1297, will be prepared in duplicate and used to issue property loaned in this manner.

7.22.3. The MTF commander may authorize the loan of equipment and durable supplies to outpatient or convalescent military personnel or to their family members who are authorized treatment in an AF MTF.

7.22.3.1. Durable supplies will be provided by the appropriate MTF using activity, such as central supply service or outpatient clinic.

7.22.3.2. Coordinate equipment item requirements with the MEMO.

7.22.3.3. The MTF commander may delegate limited loan approval authority to a clinical function. The clinical function will prepare and submit to the MTF commander a list of the supplies and equipment for which it is requesting loan approval authority. Locally develop the format for the loan request and tracking procedures.

7.22.3.4. Equipment being considered for loan should be inspected by the medical equipment maintenance activity to ensure required maintenance is up to date and completed prior to loan. They should also indicate a date the equipment should be returned for additional maintenance inspection if required.

7.22.4. Maintain a record of all materiel on loan. Prepare the Loan Receipt/Location List or AF Form 1297 in duplicate and use it to issue property on loan. Keep the signed original of the form with the using activity property records. Give the duplicate to the borrower with the loaned property. Include the following on the form:

7.22.4.1. Date of the loan.

7.22.4.2. Description of the loaned item(s).

7.22.4.3. Estimated date of return.

7.22.4.4. Complete name, address, telephone number, and category of the individual to whom the property is loaned.

7.22.5. If the loaned equipment is not already listed on the account of the outpatient service monitoring the patient, MEMO will transfer it to that account. The account custodian will keep the approved AF Form 1297 or Loan Receipt/Location List with the account property records.

7.22.6. During the annual MEMO equipment inventory, MEMO and the account custodian will reconcile the record of equipment on loan by verifying that the borrower still has and requires the loaned equipment. You may contact the borrower by telephone for this purpose. Annotate on the Loan Receipt/Location List or AF Form 1297 the date and the name of the person contacted. At the same time, obtain medical equipment repair (MER) verification that required maintenance and calibration was completed.

7.22.7. When the patient no longer requires the borrowed equipment, it will be returned to the organization maintaining accountability. The returned equipment must be inspected by a BMET before being returned to service.

7.22.8. When an individual with loaned equipment moves to an area that is the responsibility of another MTF, the MTF commander of the losing MTF may approve a MEMO-to-MEMO transfer of loaned unique or specialized equipment to the MTF assuming responsibility for patient care.

7.23. Transfers of In-Use Equipment. Equipment may be relocated between property custodians. After ensuring the new requirement is valid and within current authorizations, MEMO will perform the transfer in accordance with AFCSM 41-230, Volume 2 or AFMAN 41-216.

7.24. Transfer of MEMO Property Accountability.

7.24.1. When there is a complete transfer of MEMO property, the MEMO officer being relieved of accountability should conduct a joint inventory; the successor will sign a certificate of transfer as follows:

Figure 7.2. MEMO Certificate of Transfer.

(Date)

"I certify that the balance shown on the MEMO records maintained for this account as of the above date, the last document number _____ dated _____ are correct to the best of my knowledge and that custody of the property has this date been turned over to (Name of receiving officer) pursuant to (MTF Commander appointment letter) . "

_____

(Signature of officer relinquishing property)

"I certify that I have this date received from (Name of transferring officer) my

predecessor, all property pertaining to the above designated account for which my predecessor was accountable and assume responsibility for the property pertaining to the account. "

_____

(Signature of officer receiving property)

_____

(Signature of MTF Commander)

7.24.2. The transfer certificate will be maintained on file.

7.25. Equipment Turn-Ins.

7.25.1. Transfer property between MEMOs according to AFCSM 41-230, Volume 2 or AFMAN 41-216.

7.25.2. Upon transfer of a medical specialist, professional medical items unique to the specialty and procured for the sole use of the specialist may be transferred provided like items are not available at the new duty station. Process the items as a MEMO-to-MEMO transfer.

7.25.3. Activities or individuals away from the home base who wish to turn in issued property that cannot be economically returned to the issuing activity will turn it in to the nearest medical supply officer. The turn-in will be processed as a nonreimbursable turn-in. The receiving medical logistics activity will prepare three copies of the turn-in document.

7.25.3.1. Give one copy to the individual turning in the property.

7.25.3.2. Send one copy to the accountable MEMO officer with a letter describing the circumstances of the turn-in.

7.25.3.3. Retain one copy in file.

7.26. Disposition/Disposal. When the using activity no longer requires MEMO controlled equipment, it should be turned in to the medical equipment repair activity for condition coding.

7.26.1. Base MEMO may hold serviceable equipment in a holding account pending identification of a requirement. Review the items in this account monthly to ensure efficient asset management and expeditious follow-on action. If the item is required, MEMO will transfer it. If unneeded, turn it in to the medical stock record account.

7.26.2. Unserviceable equipment may be held in the MEMO holding account for 30 days pending complete BMET evaluation. After the evaluation, take required actions described in AFCSM 41-230, Volume 2 or AFMAN 41-216.

7.27. Disposition of Investment Equipment. Procedures for disposition of investment equipment are provided by AFMSA/SGSLE.

7.28. Lost, Damaged, or Destroyed Property.

7.28.1. All Air Force employees can be held pecuniarily liable for loss, damage, or destruction of property resulting from negligence, willful misconduct, or deliberate unauthorized use. If doubt exists, the individual is not held liable. Pecuniary liability will be assessed without requiring any proof of negligence or willful misconduct where an individual has deliberately made unauthorized use of Air Force property and the property is thereby lost, damaged, or destroyed.

7.28.2. Pecuniary assessment must not be used instead of, or as a form of, disciplinary action. Commanders should take appropriate disciplinary action whether or not pecuniary liability was assessed. See the Manual for Courts-Martial and the Uniform Code of Military Justice for disciplinary action against military personnel. Civilians may be disciplined under AFI 36-704, *Discipline and Adverse Actions*. 18 USC 1361 applies to anyone who willfully damages US property.

7.28.3. Relief from responsibility for property lost, damaged, or destroyed by causes other than fair wear and tear requires preparing and processing the adjustment document prescribed in **Attachment 32**.

7.29. Preparation of DD Form 200, Financial Liability Investigation of Property Loss. AFMAN 23-220 contains responsibilities, policy and instructions for preparing DD Form 200.

7.30. Accountability and Financial Reporting of Investment Equipment.

7.30.1. Equipment that is defined as investment is required to be accounted and reported for capitalization and depreciation in accordance with Statement of Federal Financial Accounting Standards (SFFAS) No. 6. AFMSA/SGSLE is responsible for reporting medical investment equipment accounting information to DFAS annually for all Air Force activities.

7.30.2. Depreciation of investment equipment is calculated by the AFMSA/SGSLE using approved depreciation methods. Fully depreciated equipment will no longer be reported once it reaches zero depreciation. The depreciation life does not change the life expectancy for the equipment listed in AFI 41-201.

7.30.3. Determination of Acquisition Cost. Original acquisition cost includes all costs incurred to bring investment 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, and direct

and indirect production costs, installation costs and training costs. When determining acquisition cost for investment equipment, contact the AFMSA/SGSLE.

7.30.3.1. Investment equipment acquisition date (in service date) is the date when the title for the equipment passes to the Air Force or when the item is delivered to the Air Force or to an agent of the Air Force. Investment equipment acquired under an investment 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.

7.30.3.2. Investment equipment transferred from other federal agencies will be entered as the acquisition cost based on AFMSA/SGSLE estimation of fair market value of the asset. Generally, cost will be recorded at the transferring entity's net book value or fair market value. AFMSA/SGSLE will maintain data for end of year financial reporting of gains.

7.30.4. Investment Equipment Leases. Leased capital equipment will be reported for financial purposes when the lease meets one of the following four criteria:

7.30.4.1. The lease transfers ownership of the property to the lessee by the end of the lease term.

7.30.4.2. The lease contains an option to purchase the leased property at a bargain price.

7.30.4.3. The lease term is equal to or greater than 75 percent of the estimated economic life of the leased property.

7.30.4.4. The present value of rental and other minimum lease payments, excluding that portion of the payments representing executory cost, equals or exceeds 90 percent of the fair value of the leased property.

7.30.5. The AFMSA/SGSLE will provide guidance to activities concerning leased equipment.

7.30.6. The AFMSA/SGSLE will report operating leases semi-annually to DFAS. The following information will be included in the report:

7.30.6.1. Major asset category.

7.30.6.2. Description of lease arrangements.

7.30.6.2.1. Date of Lease.

7.30.6.2.2. Lessee.

7.30.6.2.3. Length of Lease.

7.30.6.2.4. Payment Schedule.

7.30.6.2.5. Renewal Option.

7.30.6.2.6. Escalation Clauses.

7.30.6.2.7. Restrictions imposed by lease.

7.30.6.2.8. Contingent rentals.

7.30.6.2.9. Amortization period (if applicable).

7.30.7. Accounting for Losses Upon Disposal of Investment Equipment. AFMSA/SGSLE will coordinate on all disposition actions of investment equipment assets. Equipment taken out of service and processed for disposal will require reporting as a loss when there is useful life remaining for the asset

based on the depreciation. The disposal date will be based on when the equipment is removed from the asset accountable records in the medical logistics operating system . For disposal and transfer to other entity (not depot), the difference between the net book value and the amount realized (nothing) should be recorded as a loss in the period that equipment is disposed of, retired or removed from service. Loss information will be maintained by the AFMSA/SGSLE and provided for year-end reporting.

7.30.8. Documentation for all transactions affecting the investment value of the equipment will be kept throughout the life of the asset (e.g., invoices for purchased assets) to include documentation related to disposals, transfers in from other federal entities, exchanges and trade-ins. Disposition of files will be in accordance with AFMAN 37-139, and AFI 37-138.

Chapter 8

PATIENT MOVEMENT ITEMS (PMI)

8.1. Purpose. This chapter provides policies and procedures pertaining to Patient Movement Items (PMI). PMI consists of designated medical equipment, durable supplies, and consumable supplies necessary to support a patient during Aeromedical Evacuation (AE). The main purpose of the PMI program is to prevent degradation of the medical elements' capabilities due to an outflow of PMI transported with patients through the AE system and/or used in support of a Critical Care Air Transport Team (CCATT).

8.2. Responsibilities.

8.2.1. HQ AMC/SG will:

8.2.1.1. Maintain a concept of operations for Air Force PMI programs.

8.2.1.2. Maintain an information and data system capable of globally tracking PMI items and providing timely management information for total asset visibility.

8.2.1.3. Provide instructions to PMI centers and Aeromedical Evacuation Squadron (AES) units on the use of tracking equipment, providing management assistance as necessary.

8.2.1.4. Annually compute the quantity required for each item in the PMI program based on approved and current joint planning guidance and program requirements and submit updates to the PMI allowance standard (AS) to AFMSA/SGSLX.

8.2.1.5. In conjunction with AFMSA/SGSLE, develop and execute a central PMI expense equipment replacement plan in the PMI program and submit Program Objective Memorandum (POM) requirements accordingly.

8.2.1.6. Consolidate equipment replacement requirements for PMI centers and forward procurement and funding requests to AFMSA/SGSLE.

8.2.1.7. Conduct an In-Process Review (IPR) at least annually. The IPR will include published guidance review, item suitability, proposed changes and overall program status. Coordinating parties should include representatives from all Major Commands (MAJCOMs) with PMI centers, AFRC/SG, ANG/SG, active duty AES units, PMI centers, AFMSA/SGPX, and AFMSA/SGSLE. Coordination should also include representatives from the Army and Navy medical services, and Global Patient Movement Requirements Center.

8.2.1.8. Develop and maintain training plans for PMI Centers, personnel deployment operations and medical logistics workshops.

8.2.2. MAJCOM surgeons with PMI centers assigned to their commands will:

8.2.2.1. Act as executive manager of PMI within their areas of responsibility during peacetime operations.

8.2.2.2. Ensure PMI centers are properly staffed.

8.2.2.3. Ensure PMI is properly maintained in accordance with this manual and other AF directives.

8.2.2.4. Coordinate all PMI program change recommendations with HQ AMC/SG.

8.2.3. AFMSA/SGSLE will:

8.2.3.1. Coordinate development and implementation of the AF PMI program with HQ AMC/SG.

8.2.3.2. Coordinate with HQ AMC/SG on the procurement and distribution of PMI.

8.2.3.3. Coordinate with the Joint Readiness Clinical Advisory Board (JRCAB) on the standardization of PMI for DOD.

8.2.3.4. Coordinate with HQ AMC/SG on PMI AS maintenance in accordance with **Chapter 13**.

8.2.4. PMI centers will:

8.2.4.1. Store and maintain PMI in accordance with this chapter, **Chapter 11**, and AFI 41-201, *Managing Clinical Engineering Programs*. PMI equipment is accountable on host equipment management (EM) records.

8.2.4.2. Interface with AE operations to issue and receive PMI, perform equipment inventory and reconcile tracking information.

8.2.4.3. Stock supplementary items, such as batteries, shipping containers and disposable components for shipping.

8.2.4.4. Coordinate three-year equipment replacement items with HQ AMC/SG.

8.2.5. The Scott AFB PMI Center will track PMI assets sent for long-term (over 120 days) deployments.

8.3. General.

8.3.1. Joint Publication 4-02.2, *Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations*, identifies the AF as having responsibility for the overall management, in-transit visibility and tracking of PMI. The Air Force Surgeon General has delegated program responsibility to the AMC/SG.

8.3.2. The AE system uses PMI from a Medical Treatment Facility (MTF), Aeromedical Staging Facility (ASF), PMI center or AE squadron. While PMI assets are in use, the physical location of the assets will be tracked using bar code technology within an established tracking system. The JRCAB, in coordination with the Transportation Command Surgeon General, will designate medical items to be classified as PMI. PMI center inventory management will be based on an AS. Any additions/deletions to the PMI AS must be approved using the procedures in **Chapter 13**, **Section 13B**. Prime substitute relationships must be approved by the AMC/SG.

8.4. Tracking and Accountability for PMI Assets.

8.4.1. PMI will be tracked using an automated tracking system. Equipment assets will be uniquely identified using a bar code methodology. Bar codes will be issued only at PMI centers or by HQ AMC/SG. AES units will ensure bar codes are attached to PMI equipment. Non-PMI equipment will not be tracked in this system unless coordinated with the closest PMI center. See **Attachment 33** for specific instructions.

8.4.2. HQ AMC/SG will provide instructions on the use of tracking equipment. Specific instructions are located with the automated tracking system and on the HQ AMC/SG PMI website (**https://amc.scott.af.mil/sg/sgsl/pmi.htm**). This website is restricted to military users.

8.4.2.1. All AE units and PMI centers will track PMI assets leaving and entering their facilities. In addition, PMI will be tracked at en-route facilities, such as aeromedical staging facilities and aeromedical evacuation operations facilities, (formerly called AE detachments), which temporarily hold PMI assets, or where assets are under control of AE crew management or stage management teams. HQ AMC/SG provides instructions for use by air and ground units.

8.4.2.2. In the event PMI equipment is introduced into the AE system while deployed, it will be scanned again to indicate current location or aircraft tail number. When the deployed unit exchanges PMI equipment and returns to their home station, the AES will scan the equipment and coordinate with the closest PMI center.

8.4.2.3. AE personnel will update equipment data in the tracking system whenever PMI is exchanged or quantities are changed. Updates will be processed in a timely manner (at least daily), for peacetime operations and more frequently during contingency/wartime as directed by the theater commander or Aeromedical Evacuation Coordination Team (AECT). The processes used in the tracking system will be the same in peacetime or contingency/wartime.

8.4.2.4. Base-level tracking actions, once uploaded to the respective PMI center, will be visible on the PMI website. This website is restricted to military users.

8.4.3. Equipment assets will be returned to the accountable MEMO activity in accordance with paragraph **8.5.** or **8.6.**

8.4.4. PMI centers and host medical logistics activities with PMI equipment linked to WRM CCATT projects will account for equipment and maintenance significant supply items on EM records in using activity XX5881. Consumables, accessories and repair parts will be accounted for in the medical logistics operating system. These items are collectively termed consumables.

8.4.5. Equipment inventories will be accomplished in accordance with **Chapter 7**. Equipment that is not physically located at the host MEMO activity will be tracked using the automated tracking system. If equipment can't be located using the automated tracking system, the host MEMO will contact HQ AMC/SGSL for assistance. The MEMO activity where the equipment is physically located will certify PMI equipment is accounted for and forward a statement to the host MEMO for inclusion in the inventory documentation.

8.4.6. PMI equipment designated for use with WRM projects will be maintained in the using activity XX5881 associated with the unit having the WRM tasking. Upon activation of a Unit Type Code (UTC) mobility tasking, the team chief will be responsible for the PMI equipment. When the team is activated, the equipment will be scanned into the tracking system and the team chief will assume responsibility for safeguarding the PMI equipment assets.

8.5. Use of PMI Assets.

8.5.1. Other than War.

8.5.1.1. MAJCOM surgeons must authorize the temporary use of PMI from within their command to support urgent medical or AE operations.

8.5.1.2. Other peacetime use must be coordinated with and authorized by HQ AMC/SG. The use of CCATT assets to train in a clinical setting is authorized for familiarization purposes. However, these assets are not authorized to supplement equipment shortfalls for peacetime healthcare in an MTF.

8.5.1.3. In all cases, the PMI center will use the tracking system to record the out-status of the items and designate the receiving unit. Consumable supplies used during Other Than War operations must be restocked. Replacement costs will be charged to the using activity, or designated to a command unique cost center, Emergency Special Project code, or fund cite.

8.5.2. Wartime.

8.5.2.1. During contingencies, deployment of PMI may be directed for theater support by the host MAJCOM surgeon, as requested by the theater commander or AECT through establishment of a requirement for PMI unit type code (UTC) FFQP3. The Director of Mobility Forces, under the theater commander, directs the PMI activities for that theater through the AECT to include oversight of PMI cells, distribution of PMI and changes to operating processes. PMI centers will use the tracking system to perpetually record the out-status of items.

8.5.2.2. Management intensity and demand for biomedical maintenance of PMI will increase significantly during a contingency. Therefore, normal peacetime staffing levels may require augmentation by deployed personnel. To meet these needs, PMI cells have been developed. A cell consists of medical materiel and/or BMET personnel and deployed PMI assets. PMI cells will deploy to areas designated by the theater commander or AECT. Medical materiel personnel will ensure inventory availability at PMI centers and cells, asset visibility, and flow of PMI through available transportation methods. Biomedical equipment maintenance technicians will repair and certify item serviceability.

8.6. Interface with Medical Treatment Facilities and PMI Centers. In CONUS, destination MTFs will separate the stabilized patient from the PMI and use their own medical devices. Clinical staff will clean and turn in PMI to the local MEMO activity for return to the nearest CONUS PMI center for processing. The PMI centers will repair PMI as necessary, update asset visibility, and process for shipment to support theater requirements or return to the owning MEMO activity. When patients are transported to a non-DOD MTF, the AES will scan the PMI destination as non-MTF and the PMI tracking system will generate a document reflecting the PMI destination. This information will be sent to the nearest PMI center for follow-up actions to reclaim the item(s).

8.7. Asset Accountability for Long-Term (Over 120 days) Deployments.

8.7.1. PMI centers out-shipping patient movement equipment for long-term deployment (greater than 120 days) will transfer asset accountability from their base to the main PMI center at Scott AFB (FM4407). This will allow for better tracking of PMI equipment maintenance and improve accountability for AMC/SG. PMI equipment to be deployed does not have to be sent to the Scott AFB PMI center prior to outshipment.

8.7.2. PMI Centers will process equipment loss transactions in the medical logistics operating system for each piece of equipment deployed from the PMI RC/CC XX5881.

8.7.3. PMI centers out-shipping equipment will follow procedures for a MEMO-to-MEMO transfer in **Chapter 7**, paragraph **7.24.**. The Scott AFB PMI Center will process gains in DMLSS to the PMI RC/CC XX5881. The maintenance history transfer document(s) will be given to the medical maintenance activity to complete the maintenance record of the gained PMI asset(s). Assets returned after a deployment should be returned to the accountable PMI center.

8.8. Consumable PMI Items.

8.8.1. Consumable supplies are included on the PMI AS. Levels and on-hand balances are managed using the medical logistics operating system. Quality assurance (QA) messages must be circulated through the PMI activity using processes established for all using activities in the MTF. PMI centers without MEDLOG/DMLSS access and geographically separated from the MTF medical logistics activity should maintain quality assurance messages as prescribed in **Chapter 9**.

8.8.2. QA records will be maintained using the medical logistics operating system. For consumable items, including spare parts and accessories, national stock number, nomenclature, quantity, manufacturer, lot number, manufacture/expiration date and location will be tracked. For equipment items maintained on accountable MEMO records, only the stock number, quantity, serial number, and index number will be tracked using the medical logistics operating system.

8.9. Biomedical Maintenance Repair.

8.9.1. Host MEMO officers are responsible for insuring PMI equipment is properly maintained and serviced at required intervals. At PMI centers, medical equipment and biomedical test equipment will be on accountable MEMO records. Test equipment will be managed similar to other test equipment in the BMET activity. Repair parts kits are included on the AS and will be managed by PMI centers as bench stock in DMLSS.

8.9.2. Maintenance and repair of PMI equipment will be in accordance with current procedures outlined in AFI 41-201. During any maintenance, the servicing BMET will coordinate with the closest PMI center to verify the equipment owner, ensure the equipment location is current in the tracking system and provide the latest calibration date for updating the tracking system. BMETs with access to the tracking system are responsible for completing maintenance updates.

8.9.2.1. When local MTF biomedical maintenance support is available, the local BMET will provide scheduled and unscheduled maintenance support, using AF Form 1763, **Medical Maintenance Work Order**.

8.9.2.1.1. A copy of all completed work orders will be forwarded to the nearest regional PMI center.

8.9.2.1.2. The regional PMI center will update the tracking database with equipment location and forward work orders to the owning MEMO activity which will update the medical logistics operating system with current maintenance information.

8.9.2.2. When local MTF biomedical maintenance support is not available, scheduled and unscheduled maintenance will be accomplished by the regional medical equipment repair center or BMET activity responsible for providing support.

8.9.2.2.1. A shipping document will be prepared and the assets shipped by traceable means to the maintenance activity, using O&M funds. A copy of AF Form 1763, must be provided with the equipment.

8.9.2.2.2. The shipping activity will update equipment location status within the tracking system or notify HQ AMC/SG of the change, as appropriate.

8.9.2.2.3. The maintenance activity will update the tracking system upon receipt of the equipment or notify HQ AMC/SG of the change, as appropriate. The maintenance activity will com-

plete the work order shipped with the equipment, maintain a copy in their files, and return a copy to the requesting activity with the equipment. Equipment will be shipped by traceable means using O&M funds. The maintenance activity or HQ AMC/SG will update the tracking system to reflect completion of the repair or calibration and to document that the equipment was shipped back to the unit.

8.9.2.2.4. Upon receipt of the equipment, the unit or HQ AMC/SG, as appropriate, will update the tracking system and contact the owning MEMO activity to ensure historical maintenance records are updated using the work order from the maintenance activity.

8.9.2.3. Upon shipping or receiving PMI equipment, activities must update the tracking system. Activities not able to update the tracking system must notify HQ AMC/SG of the location change and request an update to the tracking system.

Chapter 9

QUALITY ASSURANCE

9.1. Purpose. To provide the necessary policy and procedures for the effective control of the quality of medical supplies and equipment.

9.2. Responsibilities.

9.2.1. Medical Logistics Flight Commander (MLFC) will:

9.2.1.1. Ensure the quality of medical supplies and equipment through inspection, classification, and surveillance as materiel is received, issued, stored or shipped.

9.2.1.2. Keep equipment, devices, or products in custody when death or injury occur as a result of their use.

9.2.1.3. Ensure that a central medical logistics QA/RM file is maintained.

9.2.2. Medical logistics will:

9.2.2.1. Submit medical materiel complaints after thoroughly evaluating the inadequacy or undesirability of the item.

9.2.2.2. Will establish a complaint file with the name, register number, and other appropriate data of any patient who has an adverse reaction due to the malfunction of a medical device.

9.2.2.3. Perform inspections on Estimated Storage Life items.

9.2.2.4. Manage all actions on suspended stocks.

9.2.2.5. Perform materiel inspection duties in AFMAN 23-110, Volume 1, Part 1, Chapter 4, for materiel under the control of the MLFC.

9.2.3. AFMSA/SGSLC will:

9.2.3.1. Issue instructions for disposition of suspended items.

9.2.3.2. Send QA suspension notice messages according to appropriate precedence.

9.3. General.

9.3.1. Effective control of quality is one of the basic responsibilities of medical materiel management. The MLFC fulfills this function through inspection, classification, and surveillance as materiel is received, issued, stored, or shipped. Defective or suspected defective materiel must be removed from serviceable inventories and using activities, suspended from issue and reported.

9.3.2. Do not destroy inventories that were suspended for quality assurance reasons prior to receiving disposition instructions.

9.4. Medical Materiel Complaints.

9.4.1. Medical staff and medical logistics personnel should thoroughly evaluate the inadequacy or undesirability of an item before a materiel complaint is submitted. See **Attachment 34** for detailed

instructions for preparing, processing, and submitting materiel complaints. Medical materiel complaints are classified as follows:

9.4.1.1. Type I - A supply or equipment item which has been determined by use or test to be harmful or defective to the extent that use has caused or may cause illness or death. Immediate action is required to report such items and to remove them from using activities and serviceable inventories.

9.4.1.2. Type II - A supply item that is suspected of being defective, deteriorated, or otherwise unsuitable for use. Expeditious action is required to report such items and to remove them from using activities and serviceable inventories.

9.4.1.3. Type III - An equipment item that is determined to be unsatisfactory because of malfunction, design deficiency, defects or performance. Complaints of this type may or may not require suspension of the item.

9.4.2. AFMSA/SGSLC will issue instructions for disposition of suspended items and will include accounting data and provisions for replacement or reimbursement, when required.

9.4.3. When a materiel complaint involves an adverse patient reaction, medical logistics will establish a complaint file with the name, register number, and other appropriate data of the patient who had the adverse reaction. Retain this information as reference data only. Do not include it in submitted reports.

9.4.4. Defense Supply Center Philadelphia (DSCP) may request samples of suspected defective materiel direct from the complaining activity. To ensure availability of samples, suspend all materiel, including partial units of issue, exhibiting the reported defects.

9.4.5. When death or injury occur as a result of the use of equipment, devices, or products that may be defective, take the following actions:

9.4.5.1. The MLFC will keep the equipment, device or product in custody. Do not use it again. If DSCP or the Food and Drug Administration (FDA) require it for investigation, they must be advised to maintain the item integrity to support any litigation resulting from the accident. Maintain a proper custody chain on the item.

9.4.5.2. Do not dispose of the item, release it to the manufacturer, or repair it without first notifying and receiving permission of HQ USAF/JACC. Notification will be forwarded through AFMSA/SGSLC.

9.4.6. AFI 41-201, *Managing Clinical Engineering Programs*, contains additional guidance for reporting medical equipment complaints.

9.5. Quality Assurance/Risk Management File.

9.5.1. The MLFC will ensure that a central medical logistics Quality Assurance/Risk Management (QA/RM) file is maintained.

9.5.2. If not maintained electronically, the file should contain the following items:

9.5.2.1. Medical materiel complaints.

9.5.2.2. Reports of adverse patient reactions.

9.5.2.3. Device recalls.

9.5.2.4. QA messages. Keep a log of these chronologically numbered messages to be sure that all were received.

9.5.2.5. QA/RM instructions and messages from higher headquarters.

9.5.2.6. Records of QA/RM training provided to property custodians and medical logistics personnel.

9.5.2.7. Other pertinent information such as minutes of QA/RM Committee meetings that contain items of interest to medical logistics.

9.5.2.8. DOD Medical Materiel Quality Control (DODMMQC) messages. Maintain a log of these consecutively numbered messages to ensure that all were received. DMLSS users will use the Missing MMQC Messages report list instead of the log. QA messages are available on the AFML List Server for automatic E-mail delivery.

9.6. Shelf Life (Expiration Dated) Items. Shelf life (expiration dated) and potency type items are defined in **Chapter 3**. Keep shelf life extension program eligible items in suspended inventory for 180 days after the expiration date pending possible DODMMQC date extension announcement. Keep outdated WRM as required by **Chapter 13**. DLAR 4155.37, *Materiel Quality Control Storage Standards - Appendix M - Medical Supplies*, has a complete list of shelf life items.

9.7. Estimated Storage Life.

9.7.1. Estimated storage life (ESL) items have an estimated shelf life greater than 60 months. ESL items are identified in the Medical Catalog (MEDCAT) with a shelf life of 61 months.

9.7.2. All medical ESL items will be coded with an initial inspection period of 36 months and a re-inspection period of 12 months. For example, if the initial inspection date is 9412, the re-inspection date will be 9512. ESL items may be extended any number of times and are inspected per the guidelines in DLAR 4155.37. The actual inspection is accomplished within the local medical logistics activity with the assistance of the medical staff when required.

9.7.3. If, after the inspection, there is any doubt about the product's serviceability, the MLFC should suspend the entire quantity and initiate a Type II medical materiel complaint.

9.8. Nondeteriorative Items.

9.8.1. Nondeteriorative items are identified as having zero (0) shelf life. These require minimal inspection. Suitability may be determined through routine use or visual inspection.

9.8.2. Code nondeteriorative medical items with an initial inspection period of 36 months and a reinspection period of 12 months. The inspection criteria will be Z9. The initial 36 month inspection period begins upon receipt of the materiel, not the manufacture or shipping date. The intent of the inspection period is to assure all medical items in use or storage are periodically checked for suitability.

9.8.3. Initiate a materiel complaint for nondeteriorative items which fail visual or in use inspections and valid Type II criteria exist.

9.9. Action on Suspended Stocks.

9.9.1. Suspension notices will be disseminated based on Type I complaints to major commands (MAJCOM), National Guard Bureau (NGB), and their designated medical activities by immediate precedence QA message with an information copy to AFMSA/SGSLC. The message will have a QA control number consisting of the Julian date followed by a four digit sequential serial number. This allows recipients to verify that all previous QA messages were received. Missing QA messages can be obtained from a link to the United States Army Medical Materiel Agency (USAMMA) website on the AFML website or via the AFML List Server.

9.9.2. Other QA suspension notice messages with appropriate precedence will also be forwarded. All suspension notices are published on the USAMMA website. Suspension notices normally include the name of the manufacturer, contract number, lot number, serial number or other information required to identify the suspended item.

9.9.3. Upon receipt of a suspension notice, including items which are components of kits, medical logistics will:

9.9.3.1. Notify using activities within the MTF, medical satellites and other applicable base activities.

9.9.3.2. Coordinate and monitor recall actions when suspended materiel is located in the using activities.

9.9.3.3. Inspect all medical storage locations for suspended materiel giving prime consideration to inspection, removal of materiel from serviceable storage and sets or kits, and necessary annotation to component lists for all assemblies of sets, kits, and outfits such as air transportable hospitals, air transportable clinics, and first aid kits.

9.9.3.4. Place all suspended materiel in segregated storage. Tag this materiel with a completed DD Form 1575, **Suspended Tag - Materiel**, or DD Form 1575-1, **Suspended Label - Materiel**, according to AFMAN 23-110, Volume 1, Part 1, Chapter 4. Enter pertinent information related to the suspension action on the form. For WRM items, refer to **Chapter 13**, paragraph **13.21.**.

9.9.3.5. Support reports or actions as directed by the suspension notice or AFMLL.

9.9.3.6. Adjust inventory stratum and update the suspended item file according to AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ Users Manual*, or AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) System Users Manual*.

9.9.4. Activities notified of a materiel recall directly by a manufacturer or the FDA should immediately determine if the recall has already been posted on the AFML website and, if not, inform AFMSA/SGSLC. If suspension/disposition actions have not already been taken, take the actions in paragraph **9.9.3.** AFI 41-201 has instructions for medical device recalls.

9.9.5. Hold suspended materiel until higher headquarters directs one of these actions:

9.9.5.1. Replace by DSCP or contractor.

9.9.5.2. Return to DSCP or the contractor for credit.

9.9.5.3. Destroy according to **Chapter 3**.

9.9.5.4. Transfer to the DRMO.

9.9.5.5. Reinstate for issue and use.

9.10. Destruction Notifications.

9.10.1. Upon receipt of an immediate or priority message from DSCP directing destruction of medical materiel, destruction notifications are forwarded via the AFML List Server to MAJCOM surgeons and their designated subordinate medical activities by equivalent precedence QA message. Notification to destroy materiel previously suspended is not sent by message but is posted on the AFML website.

9.10.2. The actions in paragraph **9.9.3.**for suspended stocks, except for the action to place suspended materiel in segregated storage, apply to materiel to be destroyed. Destroy according to **Chapter 3** or AFMSA/SGSLC instructions.

9.11. Materiel Inspectors.

9.11.1. Medical logistics personnel perform the duties in AFMAN 23-110, Volume 1, Part 1, **Chapter 4**, for materiel under the control of the MLFC.

9.11.2. The condition of materiel must be critically evaluated when it is being turned in, transferred between accounts, determined to be excess, or suspected of being unserviceable. Assign condition codes using the DLA Customer Handbook.

9.12. Serviceability Testing of Water Purification Tablets.

9.12.1. Iodine tablets, national stock number (NSN) 6850-00-985-7166, are subject to rapid deterioration when storage conditions are less than ideal. Two years after manufacture, stocks of iodine tablets should be inspected for these signs of physical deterioration:

9.12.1.1. Tablets adhered together.

9.12.1.2. Tablets discolored, pulverized, or broken.

9.12.1.3. Poor wax closures.

9.12.2. Destroy stocks clearly showing signs of physical deterioration.

9.12.3. Establish a new retest date of two years for lot numbers found to be suitable. Destroy lots which fail to meet assay requirements.

Chapter 10

LINEN SUPPLY

10.1. Purpose. This chapter outlines policy for managing the medical linen supply function. It includes the operation and management of a central linen service, laundry exchange service, and linen repair for Medical Treatment Facility (MTF) activities and specified personal retention clothing items issued to medical personnel. It covers laundry service provided by contract, Inter-Service Support Agreement (ISSA), Memorandum of Agreement (MOA) or a combination of these. Procedures for control and exchange of linen within the using activities and the use of contract services are in AFI 34-252, *Laundry, Dry Cleaning, and Linen Exchange*.

10.2. Responsibilities.

10.2.1. The MTF commander will appoint an NCO or a GS-4 civilian or above as the Linen Supply Officer.

10.2.2. The Linen Supply Officer is directly responsible for:

10.2.2.1. Supervising personnel assigned to linen supply.

10.2.2.2. Maintaining accurate linen records.

10.2.2.3. Providing linen services by actively identifying requirements, determining the best means of furnishing linen items and services, and maintaining close coordination with customers and sources of services.

10.2.2.4. Being an advisor to the Hospital Infection Control Committee.

10.2.3. The Medical Logistics Flight Commander (MLFC) will appoint an NCO or GS-04 or above civilian as the Laundry Quality Assurance Evaluator (QAE). The Linen Supply Officer can also be appointed as the Laundry QAE.

10.2.4. The Laundry QAE is directly responsible for the following:

10.2.4.1. With regard to laundry contracts:

10.2.4.1.1. Ensuring the Performance Work Statement for the laundry contract clearly states the criteria (cleanliness, shrinkage, turnaround time, etc.) upon which contractor performance will be based.

10.2.4.1.2. Establishing and maintaining a Quality Assurance Surveillance Plan (QASP) for the laundry contract in accordance with AFI 63-124, *Performance-Based Service Contracts*.

10.2.4.1.3. Monitoring performance of the contractor in accordance with the QASP.

10.2.4.2. With regard to laundry ISSAs and MOAs:

10.2.4.2.1. Ensuring the ISSA/MOA clearly state the criteria (cleanliness, shrinkage, turn-around time, etc.) upon which performance will be based.

10.2.4.2.2. Ensuring compliance with all elements of **Attachment 36**.

10.3. General.

10.3.1. Ensure all laundry service contracts are in compliance with AFI 63-124. When an ISSA or MOA is established and used in place of a contract, ISSA/MOA-provider performance will be monitored. Use "Check List for Laundry Inter-Service Support Agreements and Memorandums of Agreement" in **Attachment 36** to monitor performance. Linen supply will determine the linen items that will be handled on an exchange basis and other as required services. For example, laundering tablecloths or curtains where no exchange stock is maintained in linen supply.

10.3.2. Linen storage and distribution are essential parts of the MTF's infection control program. Effective procedures for collecting, transporting, processing, and storing linen are essential to eliminating microbial contamination. These services may be included in the hospital aseptic management systems (HAMS) or housekeeping contracts.

10.3.3. The Performance Work Statement (PWS) for HAMS Services, Section 5, provides guidance to include the hospital linen supply function as a part of the housekeeping activity. Medical activities may modify the hospital linen distribution portion of the housekeeping specification to conform to local conditions. Coordinate implementation of Section 5 with the base manpower function. The PWS may be obtained from AFMSA/SGSF.

10.3.4. Performance work statements for laundry and dry cleaning services and housekeeping services are available from AFMSA/SGSF. Use of the standardized performance work statements is mandatory. If the MTF is under the HAMS program, contact AFMSA/SGSF for instructions and assistance.

10.4. Linen Supply Records.

10.4.1. Use AF Form 581, **Medical Linen Supply Record,** to record all items under the control of linen supply.

10.4.2. Maintain a separate AF Form 581 for each using activity exchanging linens. Record using activity levels, issues, turn-ins, and other adjustments.

10.4.3. The using activity will maintain an AF Form 581 to record their linen levels.

10.4.4. The reverse side of the AF Form 581 may be overprinted to add items unique to regional hospitals and medical centers.

10.5. Linen Levels.

10.5.1. The linen supply officer will ensure using activities' levels accurately reflect requirements. When levels are changed, revise the AF Form 581 in the using activity and in linen supply. Posting of the AF Form 581 will be the responsibility of the contractor if service is contracted out.

10.5.2. Levels will include the total of linens in the using activity; that is, in use, clean linens in reserve, and soiled linens not yet changed.

10.6. Handling and Protecting Clean Linens.

10.6.1. Clean linens should be given maximum possible protection from contamination and soiling. The most effective method is to have laundries package small quantities of a single item for delivery to the using activity.

10.6.2. Establish controls to eliminate contact between clean and soiled linens. Designate separate areas in using activities and linen supply for clean and soiled linens. Use separate delivery carts for exchange of clean and soiled linens. Clearly identify these carts for this purpose and never interchange them. The local infection control committee will determine how often to disinfect the carts.

10.6.3. Linens being exchanged from using activities may be estimated. Linens sent to and received from laundries may be estimated on the basis of weight rather than item count.

10.6.4. Linen that is heavily stained or suspected of being contaminated will be sent to the laundry in separate closed containers properly identified to eliminate unnecessary handling. Metal cans or plastic or canvas bags are considered appropriate containers.

10.7. Marking of Linens.

10.7.1. The MLFC will determine the need for marking medical linens on the basis of improving laundry handling and return of linens for medical units.

10.7.2. The MLFC will prescribe the method of marking clothing items authorized to be laundered at government expense. Markings may include the name of the individual or a numeric code.

10.8. Laundering of Organizational Clothing.

10.8.1. Organizational clothing may be laundered by the following options:

10.8.1.1. Include in the hospital laundry and dry cleaning contract.

10.8.1.2. If an agreement exists between the MTF and another DOD activity or the Department of Veterans Affairs to provide laundry service, laundering of organizational clothing may be included.

10.8.1.3. On-base industrial funded laundry.

10.8.2. Processing clothing items on separate laundry tickets and their return on hangers is encouraged.

10.9. Repair and Salvage.

10.9.1. Repair or replace worn or damaged linen promptly.

10.9.2. Linens that cannot be repaired economically will either be:

10.9.2.1. Sprinkled with a distinctive color dye and used as cleaning or dusting cloths, or:

10.9.2.2. Turned in to the Defense Reutilization and Marketing Office. Items which have been soiled through use will be laundered prior to turn in.

10.10. Personal Retention Clothing Items.

10.10.1. Personnel are issued medical uniforms when wear is mandated by local MTF policy.

10.10.2. The linen supply function will issue uniforms during in-processing or on an exchange basis. These uniforms will be issued only to the individuals and not to the using activity.

10.10.3. Hospital whites are no longer issued during technical training. Whites should be issued to individuals based on local policy.

10.11. Linen Distribution Systems.

10.11.1. Exchange Cart System. Several methods of linen distribution are possible when using an exchange cart system. A feasibility study is necessary to determine the most appropriate linen distribution system for an individual MTF. This study should consider such variables as facility layout, using activity workload, and space availability.

10.11.2. Automatic Resupply System. This system requires daily delivery of clean linen to the using activities. Clean linen storage areas in the using activities are automatically restocked to daily levels.

10.11.3. If the linen distribution system included in the HAMS, housekeeping, or laundry contract is a cart exchange method, the contract must contain appropriate instructions.

Chapter 11

STORAGE AND DISTRIBUTION

Section 11A—Storage

11.1. Purpose. The purpose of this chapter is to provide policy and procedural guidance for managing storage areas and distributing stock.

11.2. Responsibilities.

11.2.1. MAJCOM medical logistics officers will provide special instruction for rotation and preservation of WRM assemblage stocks.

11.2.2. Medical Treatment Facility (MTF) Commanders will:

11.2.2.1. Review and direct corrective action to reported deficiencies in caged and vault storage areas.

11.2.2.2. Designate a location for the combination of caged and vault storage areas.

11.2.3. The Medical Logistics Flight Commander (MLFC) will:

11.2.3.1. Ensure that controlled medical items are properly stored and that storage areas meet the criteria in MIL-HDBK 1191, *Design and Construction of DOD Medical and Dental Treatment Facilities* for caged or vault storage space and in AFI 31-101, *The Air Force Installation Security Program*, for resource protection.

11.2.3.2. Evaluate the adequacy of the vault and caged storage areas annually. Report deficiencies to the MTF commander.

11.2.3.3. Determine the need for an alarm system based upon the value of the drugs in refrigerated storage, the impact their loss would have on the hospital, availability of emergency power for the refrigerator, and the cost of the alarm system.

11.2.3.4. Periodically check refrigerator and freezer alarm systems as required by AFI 31-101.

11.2.3.5. Make arrangements with the security police to periodically check exterior doors and windows of the medical supply facilities during non-duty hours.

11.2.4. The controlled medical item custodian will:

11.2.4.1. Witness the packaging of all code R items and verify the contents by signing the shipping document.

11.2.4.2. Ensure unauthorized personnel do not enter the vault, cage or secure storage rooms.

11.2.5. Warehouse personnel will:

11.2.5.1. Make daily temperature checks of each refrigerator if an alarm system is not installed. Commercially available temperature measurement recorders are an excellent tool for monitoring the consistency of stored assets.

11.2.5.2. Ensure unauthorized personnel are restricted from storage areas.

11.3. General.

11.3.1. Storage of medical materiel involves careful planning to ensure effective use of available space and to maintain proper storage conditions. Adjust standard warehouse arrangements and procedures to adapt to local situations.

11.3.2. Warehouse facilities must be made available and be adequate for medical materiel storage. These facilities must provide the required security and environmental controls.

11.3.3. Warehouses must be clean and orderly at all times. This is necessary for maximum efficiency and proper storage.

11.4. Fire Prevention and Safety Precautions. All personnel are responsible for implementing fire prevention procedures and safety precautions as outlined in National Fire Protection Association (NFPA) 101, *Life Safety Code,* MIL-HDBK 1191, and AFOSHSTD 91-8, *Medical Facilities*.

11.5. Arrangement of Stock.

11.5.1. Stock is normally stored in stock number sequence but, depending on local storage facilities and conditions, other arrangements may be used. In DMLSS stock may be stored in product number sequence or by location codes.

11.5.2. Arrange stock so that:

11.5.2.1. Materiel is protected against theft and the deteriorating effects of weather, light, moisture, extreme temperatures and vermin.

11.5.2.2. Adequate storage space is available for loose, bulk, controlled, refrigerated, flammable and other special storage items.

11.5.2.3. Stocks can be inspected and inventoried without difficulty.

11.5.2.4. Stocks may be pulled for issue or shipment with a minimum amount of handling.

11.5.2.5. Wasted space is reduced to the minimum that is consistent with efficient and economical storage operations.

11.5.2.6. There is no interference with the functioning of the fire extinguisher system, operation of fire doors, or entry of fire fighting personnel in the event of fire.

11.5.2.7. Maximum permissible floor load is not exceeded.

11.5.2.8. Frequent rewarehousing is not required.

11.6. Controlled Medical Items. Controlled medical items will be stored IAW the procedures outlined in **Chapter 5**, paragraph **5.9.**.

11.7. Deteriorating Items. Medical items, particularly drugs, deteriorate rapidly when exposed to direct sunlight or excessive heat, cold or moisture. Manufacturers identify items that require storage at specified temperatures. These storage temperatures must be strictly observed to prevent the issue and use of an item which may be ineffective or dangerous. Some items require storage in a specific manner to prevent deterioration. For example:

11.7.1. Store X-ray film on edge in a vertical position as the pressure exerted by stacking tends to fog the film.

11.7.2. Store refrigerated items at temperatures between 35° and 46°F. Comply with all special instructions appearing on the item, shipping label, or in the universal data repository (UDR). Ship the items by the refrigerated method.

11.7.3. Store and ship frozen items at temperatures below 32°F. Comply with all special instructions appearing on the item, shipping label or in the UDR.

11.8. Dangerous Materiel. Special storage and handling requirements for dangerous materiel are outlined in DOD 4145.19-R-1, *Storage and Materials Handling,* and AFMAN 24-204(I), *Preparing Hazardous Materials for Military Air Shipment*.

11.9. Rotation of Stock. All medical materiel stocks will be rotated to the maximum extent possible. Several general factors to consider are:

11.9.1. Operating, war reserve materiel (WRM), and excess will be commingled in storage to the greatest extent possible.

11.9.2. Store expiration dated items so the materiel that expires first is issued first.

11.10. Theft and Pilferage. All warehouse doors will have locks. Restrict unauthorized personnel from all storage areas.

Section 11B—Distribution

11.11. General. Comply with AFPD 24-2, *Preparation and Movement of Air Force Materiel*, AFMAN 24-204(I), and AFMAN 24-206(I), *Packaging of Materiel*, in addition to Interstate Commerce Commission and United States Postal Service (USPS) regulations for preparing and shipping materiel. Obtain required services from base transportation.

11.12. Packing.

11.12.1. Pack materiel to provide protection against damage in transit. Proper interior blocking, bracing, cushioning, wrapping, partitioning, padding, exterior cartoning, boxing and crating depend upon the physical characteristics of the materiel and the mode of shipment.

11.12.2. Consider anticipated storage time when repacking materiel.

11.12.3. Place a copy of the shipping document in each box for multipacks and copies of all documents in box 1 of 1.

11.12.4. The controlled medical item custodian must witness the packaging of all Code R items and precious metals and verify the contents by signing the shipping document. This is in addition to the packager's signature.

11.12.5. Pack hazardous materiel according to local, state, and federal guidance. The publications referenced in paragraph **11.11.** provide some guidance. Additional guidance may be obtained from the environmental manager who normally is located in Civil Engineering.

11.13. Marking.

11.13.1. Mark packages based on the type and method of shipment.

11.13.2. The following information may be required:

11.13.2.1. Caution Labels. Attach caution labels to containers of such commodities as combustible, hazardous and corrosive materiel and other commodities that require caution in handling.

11.13.2.2. This Side Up Labels. When the marking "This Side Up" is used, place arrows on the sides pointing to the top of the container.

11.13.2.3. Special Handling Labels. Use stencil labels or stickers to indicate Fragile, Glass, Handle with Care, Delicate Instrument, Prepared with Dehydrating Agents, and other appropriate caution measures.

11.13.2.4. Perishable Labels. Ensure that medical items which require freezing or refrigeration are packed, marked and labeled to avoid deterioration and loss. Use DD Form 1502, **Medical Materiel Shipment, Frozen,** DD Form 1502-1, **Medical Material Shipment, Chilled,** or DD Form 1502-2, **Unrefrigerated Medical Materiel Shipment, Limited,** as appropriate. Provide the transportation activity the necessary information for completing the forms and marking shipment. Quality control standards and serviceability guidance, as well as a list of medical items requiring refrigeration or freezing, are in DLAR 4155.37, *Materiel Quality Control Storage Standards* - Appendix M - *Medical Supplies*.

11.13.2.5. Air Shipment Labels. Plainly label or stencil "Packed for Air Shipment" on packages being transported by air. Stamp "Priority Mail" on all surfaces of packages to be shipped by USPS via air.

11.13.3. Use the fractional box numbering system when materiel is packed in two or more boxes. The number on the left is the number of the box and the number on the right is the total number of boxes in the shipment. Ensure copies of all documents are attached to box 1 of 1 and copies are in each box as needed.

11.14. Shipment Funding. The following information is used to determine funds used to pay for shipment of materiel.

11.14.1. Transportation Account Code (TAC) F7MD was established to ship Air Force Working Capital Fund Medical-Dental Division (AFWCF/MDD) excess being shipped to other Air Force stock record accounts, DRMO, DSCP or other sources of supply. This TAC may also be used for credit returns if the Credit Returns Contract is AFWCF/MDD funded. AFI 24-201, *Cargo Movement* stipulates the DD 1348-1A must be used when citing TAC F7MD.

11.14.2. TAC F7WR has been established to ship AFWCF/MDD WRM from one stock record account to another. Written approval from AFMSA/SGSLS is required by the transportation office to use this TAC. Provide estimated cost at the time of request. AFMSA/SGSLS will respond with written approval to use the TAC if appropriate. Centrally Managed Equipment (CME) and investment equipment that is an integral part of the WRM assemblage may be shipped with the assemblage. AFI 24-201 stipulates the DD Form 1348-1A, **Issue Release/Receipt Document** must be used when citing TAC F7WR.

11.14.3. AFWCF/MDD excess being shipped to other services or non-stock fund activities is the funding responsibility of the receiving activity. AFI 24-201 stipulates the DD Form 1149, **Requisition and Invoice/Shipping Document** must be used when citing O&M funds.

11.14.4. Shipments of WRM CME and investment equipment will normally be funded by AFMSA/SGSLX. AFMSA/SGSLX will provide accounts with the appropriate fund citation.

11.14.5. Fund all O&M property shipments (MEMO equipment, repair and returns and other hospital materiel) with local O&M funds. Use appropriate exercise funds (O&M) to transport AFWCF/MDD materiel that is being moved for exercises.

11.14.6. The assigned Emergency and Special Programs (ESP) code should be added to the TAC or O&M Fund Citation ID for materiel being shipped in support of an active contingency operation. That allows the specific function to request reimbursement.

11.15. Shipping Controlled Medical Items And Hazardous Materiel.

11.15.1. Schedule II items must be shipped by registered mail or other traceable means. Prepare and mark packages as follows:

11.15.1.1. Mark and seal the inner container as required by the Controlled Substances Act.

11.15.1.2. Each parcel must be placed in a plain outer container or securely over-wrapped in plain paper.

11.15.1.3. Do not place markings of any kind which would indicate the nature of the contents on the outside wrapper or container of any parcel containing controlled substances.

11.15.1.4. Narcotics not shipped by registered mail will be shipped by air or rail express under the system of money receipts and money delivery sheets or by armored service. Declare a value in excess of $150 and mark packages: ***MUST BE HANDLED ON MONEY DELIVERY SHEET.***

11.15.1.5. Ship Code Q and non-narcotic Code R (precious metals, etc.) items by a method that ensures their security while in transit.

11.15.1.6. Do not commingle controlled medical items in shipments with non-controlled items.

11.15.2. Before packing and shipping any materiel, perform research to determine if it has been classified as hazardous. Comply with all local, state, and federal laws and regulations when shipping hazardous materiel. Shipments must be properly manifested and all required paperwork completed and maintained.

11.16. Medical Items And Expiration Dated Components.

11.16.1. This paragraph applies to the management of expiration dated and Code Q and R controlled medical items when the end item kit or set is accounted for on medical logistics formal inventory records and when MAJCOMs direct the medical activity to retain such components when a kit or set is issued to a using activity.

11.16.2. Procedures for managing specified medical kits are in TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*. Also see **Chapter 3**.

11.16.3. Account for kits and sets in other than operating inventory by component line item. The additional procedures in **Chapter 3** for expiration dated items, **Chapter 5** for controlled medical items, and **Chapter 9** for quality assurance apply to component items.

11.16.4. When medical logistics retains specified components of kits or sets issued to a using activity, the following will apply:

11.16.4.1. Do not show balances for these components on medical logistics formal inventory records. Either issue the items as part of the end item kit or set or issue and charge them to the appropriate using activity on separate issue documents.

11.16.4.2. Component expiration dated items retained by medical logistics for rotation or refrigeration requirements must be identified in storage. Do not process subsequent release of the items to the using activity through the medical supply data processing system. The using activity property custodian will be responsible for providing necessary refrigerated storage when expiration dated items are released. The custodian must also establish a record of expiration dates and review it periodically to ensure rotation with base medical logistics stocks when possible. Establish local arrangements to ensure optimum management of expiration-dated items.

11.16.4.3. Component Code Q and R items retained by medical logistics for control or storage requirements will be stored according to **Chapter 5**, paragraph **5.9.** Establish a separate storage control record for these items. Add the following statement to the description block after the item nomenclature:

Figure 11.1. Storage Control Record Data for Code Q and R Items.

"This item is a component of 6545 _____ and has been issued to _____ (Using Activity) but retained for storage and control."

11.16.4.4. Document custody of the property and posting of storage records on AF Form 1297, **Temporary Issue Receipt**.

Chapter 12

AMBULANCES AND OTHER MEDICAL VEHICLES

12.1. Purpose.

12.1.1. This chapter assigns responsibilities for the management and use of ambulances and other vehicles procured to satisfy AF Medical Service (AFMS) needs. It applies to all levels of command within the medical services that are responsible for vehicle management.

12.1.2. This chapter describes the data elements used in the Allowance Standard Retrieval System (ASRS) of the Air Force Equipment Management System (AFEMS) to manage vehicle allowances for the AFMS.

12.2. Responsibilities.

12.2.1. The transportation activity at all levels of command is the final authority for the management of all vehicles, including those authorized for the AFMS.

12.2.2. The Air Force Surgeon General provides consultation as needed to other air staff agencies and major commands (MAJCOM).

12.2.3. The Director, Medical Programs and Resources (AFMSA/SGSR):

12.2.3.1. Acts as the HQ USAF/SG representative to the Air Force Vehicle Board.

12.2.3.2. Is the final medical authority for additions to 019JXXX allowance source codes.

12.2.3.3. Validates Program Objective Memorandum (POM) requirements that are submitted to AF/IL.

12.2.4. The Air Force Medical Support Agency, Medical Logistics Division (AFMSA/SGSL):

12.2.4.1. Manages the vehicle program for AFMSA/SGSR.

12.2.4.2. Coordinates changes to 019JXXX allowance source code with WR-ALC/LETA.

12.2.4.3. Acts as the point of contact for this chapter.

12.2.5. The Medical Modernization Directorate (AF/SGR):

12.2.5.1. Coordinates cross-MAJCOM vehicle POM requirements to support new WRM programs.

12.2.5.2. Acts as the final medical approval authority for pilot unit vehicle support requests.

12.2.5.3. Ensures vehicles to support WRM projects are added to the War and Mobilization Plan (WMP).

12.2.6. MAJCOM medical logistics activities:

12.2.6.1. Coordinate with MAJCOM transportation (LGT) to revise MAJCOM specific allowance source codes.

12.2.6.2. Coordinate with MAJCOM/LGT to move existing vehicles within the command to support vehicle requirements.

12.2.6.3. Request POM programming for new peacetime vehicle requirements through MAJCOM/LGT.

12.2.6.4. Coordinate with AFMSA/SGSLP on new vehicle requirements that may apply to bases outside of the MAJCOM.

12.2.6.5. Conduct annual review of MAJCOM specific allowance source codes.

12.2.6.6. Delete allowance source codes that are no longer required.

12.2.6.7. Coordinate with the MAJCOM/LGT to consolidate requirements to existing 019JXXX allowances when applicable.

12.2.6.8. Validate annual programming allocations to ensure allocations are executed as programmed.

12.2.7. Manpower and Equipment Force Packages (MEFPAKs):

12.2.7.1. Identify vehicle requirements to support WRM Projects.

12.2.7.2. Coordinate cross-MAJCOM requirements for WRM projects not assigned within the MEFPAK MAJCOM.

12.2.7.3. Provide information for cross-MAJCOM POM inputs for changes to existing WRM project vehicle requirements.

12.2.8. WRM Project Pilot Units:

12.2.8.1. Coordinate with their base LGX and LGT to ensure mobility vehicles are given a use code of A (mobility) or C (Joint-use) and are included in the load plans for the supported UTC.

12.2.8.2. Coordinate with LGT to ensure that the UTC code is identified against the vehicle in the AFEMS.

12.2.9. MTF commander:

12.2.9.1. Appoints an officer from the medical logistics activity to fill the position of Vehicle Control Officer (VCO) for the medical organization.

12.2.9.2. Appoints a Vehicle Control Noncommissioned Officer (VCNCO) to assist the VCO in carrying out VCO duties. The VCNCO is usually from the MTF primary care or emergency service function.

12.2.10. The VCO/VCNCO:

12.2.10.1. Assist medical commanders in developing local operating instructions for vehicle management.

12.2.10.2. Act as a liaison between the MTF and base transportation on all matters concerning government vehicles.

12.2.10.3. Ensure organizational vehicle maintenance is performed

12.2.10.4. Take action to preclude vehicle abuse, misuse or damage

12.2.10.5. Ensure only qualified and licensed drivers operate all vehicles.

12.2.10.6. Initiate AF Form 601, **Equipment Action Request** to request funded authorizations for required vehicles.

12.2.10.7. Coordinate action with MAJCOM medical logistics activity.

12.2.10.8. Forward AF Form 601 to the host base LGT.

12.2.10.9. Coordinate with base LGT and LGX to ensure that mobility assets are identified in the UTC load plan.

12.3. Procedures.

12.3.1. Obtaining new base level allowances:

12.3.1.1. New allowances are initiated by the using activity VCO using AF Form 601.

12.3.1.2. The VCO should review the MAJCOM specific and 019 allowance source codes for an existing allowance to cite in their justification.

12.3.1.3. Justifications should be concise and provide specific information on why an additional vehicle is required. Additional vehicles will not be authorized solely for the purpose of being a back up for an existing vehicle. Requests for four-wheel drive vehicles should provide specific information on why a two-wheel drive will not fulfill the requirement.

12.3.1.4. Forward the completed AF Form 601 to the base LGT office and provide an information copy to the MAJCOM medical logistics office.

12.3.1.5. Upon approval of the AF Form 601, request assistance from the MAJCOM medical logistics activity to locate an excess vehicle within the command to satisfy the requirement. If an excess vehicle can't be found, LGT will program funding requirements to fill the authorization.

12.3.1.6. Authorizations to lease peacetime-use-only vehicles may also be requested. If approved by MAJCOM LGT, availability of funds must be coordinated with the MAJCOM medical resource management office prior to execution of the lease.

12.3.2. New allowances for AF or command-wide activities, or WRM projects will be forwarded by the MEFPAK/MAJCOM medical logistics office to the MAJCOM LGT office using AF Form 601. The MAJCOM will have the responsibility for finding excess vehicles or initiating POM action for the initial purchase.

12.3.2.1. New allowances for AF-wide vehicle requirements will be routed through each applicable MAJCOM SG and LG office, then AFMSA/SGSLP to AFMSA/SGSR for final validation before submittal for budgetary programming.

12.3.2.2. Adjustments to WRM project vehicle requirements are the responsibility of the applicable MEFPAK, which will generate the AF Form 601.

12.3.2.3. The AF Form 601 must be approved by AFMSA/SGPX prior to coordination through AFMSA/SGSLP.

12.3.3. Organization level medical logistics activities will not initiate turn-in action on any ambulance, ambulance bus, or WRM vehicles without the prior approval of their MAJCOM medical logistics activity.

12.3.4. Specifications for replacement of ambulances or WRM vehicles will be approved by MAJCOM medical logistics activities prior to procurement by the appropriate LGT functional office.

Chapter 13

MEDICAL SERVICE WAR RESERVE MATERIEL (WRM) PROGRAM

Section 13A—WRM Management

13.1. Purpose.

13.1.1. This chapter provides policies and procedural guidance to manage medical War Reserve Materiel (WRM) and the Medical Allowance Standard (AS) process. WRM is materiel required in addition to primary operating stocks and deployment (mobility) equipment necessary to attain objectives in the scenarios approved for sustainability planning in the Defense Planning Guidance. Medical WRM supports the capability of a medical unit to function effectively in a contingency situation. AS are the approved listings of medical and non-medical supplies and equipment associated with various Air Force Medical Service (AFMS) WRM assemblages.

13.1.2. For guidance on interfaces between medical WRM programs and nonmedical support systems see AFI 25-101, *War Reserve Materiel (WRM) Program Guidance and Procedures*.

13.2. Responsibilities.

13.2.1. The Surgeon General, USAF, will:

13.2.1.1. Implement medical programs to support DOD and Air Force objectives.

13.2.1.2. Develop policy and procedures for managing medical WRM.

13.2.1.3. Develop medical WRM pre-positioning objectives and information.

13.2.1.4. Publish medical WRM requirements a minimum of annually through the Air Force Medical Service Medical Resources Letter (MRL).

13.2.1.5. Establish a system to develop, maintain, and review AS for medical service contingency programs.

13.2.1.6. Develop medical logistics guidance published in USAF program guidance.

13.2.1.7. Establish a system to consolidate WRM requirements and taskings submitted by major commands (MAJCOMs) and coordinate Program Objective Memorandum (POM) requirements.

13.2.1.8. Direct AFMSA/SGPX, AFMSA/SGSLP, and MAJCOM logistics and readiness representatives to meet annually to determine WRM funding priorities and allocations.

13.2.2. AFMSA/SGSLP is responsible for overall logistical management of all medical WRM programs.

13.2.3. MAJCOM surgeons will:

13.2.3.1. Develop and implement command unique policy and procedures for the management of medical WRM, as required.

13.2.3.2. Provide their bases the most recent planning factors, strength figures, and policy related to management of the medical WRM program. The manpower strength figures should depict the largest projected manpower requirement to support contingencies. Also, provide strength figures and special medical materiel requirements for all tenant units.

13.2.3.3. Determine the requirement to support deploying forces with bulk BW/CW Defense Materiel at their bases. Coordination between MAJCOMs is necessary to ensure bulk requirements for an Operational Plan are fully identified and supported.

13.2.3.4. Provide WRM mission requirements to their assigned units.

13.2.3.5. Ensure their bases determine requirements for WRM as outlined in prescribed directives.

13.2.3.6. Appoint a command medical service Medical WRM Project Officer by name. Notify AFMSA/SGPX and AFMSA/SGSLX of the assignment.

13.2.3.7. Manage the command medical WRM program.

13.2.3.8. Review medical AS and recommend changes as outlined in **Section 13B**.

13.2.3.9. Provide each Stock Record Account Number (SRAN) within their command a list of all WRM projects they are tasked to support. The list should be accomplished annually as of 1 Jan and should contain the SRAN, detachment code, location of assets, unit type codes (UTC), and applicable AS and column number from the AFMS MRL.

13.2.3.10. Submit requests for additions or corrections to AFMSA/SGPX as changes occur.

13.2.3.11. Establish a system to identify recurring and new WRM requirements. Ensure POM requirements for projected new assemblies are identified to AFMSA/SGSLS.

13.2.3.12. Identify critical items on the AS for which the command is the Manpower and Equipment Force Packaging (MEFPAK) and forward in accordance with guidance in **Section 13B**.

13.2.3.13. Forward WRM obligation authority to bases immediately upon receipt from AFMSA/SGSLS along with any required instructions. Monitor monthly WRM spending. Monitor progress of assembly modernizations at MTFs within their commands to ensure capability will be attained by assigned mission capability date. Report progress to AFMSA/SGSLS as required.

13.2.3.14. Notify bases to relocate projects and direct shipment timeframes in coordination with AFMSA/SGPX and AFMSA/SGSLX.

13.2.3.15. Forward Medical Readiness Decision Support System (MRDSS) WRM Validation to each base with programs supported by an AS at least quarterly. Will monitor base completion of tasks required to complete validation. This is a critical task that must be completed prior to annual Spend Plan Conference submissions.

13.2.4. The Medical Treatment Facility (MTF) Commander will:

13.2.4.1. Appoint a Medical WRM Project Officer by name. This will normally be the Medical Logistics Accountable Officer.

13.2.4.2. Ensure assigned WRM programs are established and maintained to support assigned missions.

13.2.4.3. Review and validate with signature the February WRM Medical Stock Status Report (MEDLOG) or the February Assembly Management Allowance Status Report (DMLSS).

13.2.4.4. Review WRM program status quarterly with the Medical WRM Project Officer using the Commanders WRM Enabling Guide as a guide. Current copies of this guide are available at the AFML website, Medical Readiness section.

13.2.5. Medical WRM Project Officers will:

13.2.5.1. Establish, maintain, and ensure the readiness of all assigned WRM programs.

13.2.5.2. Consolidate and approve all Air Force Working Capital Fund Medical Dental Division operating budget requirements and forward to MAJCOM.

13.2.5.3. Requisition materiel for approved objectives.

13.2.5.4. Ensure that all assigned WRM projects are stored in accordance with guidance in paragraph **13.11.**

13.2.5.5. Develop a WRM acquisition plan in advance of funding allocation to ensure funding is allocated in the proper priority sequence and produces the best increase in capability.

13.2.5.6. IAW AFI 41-106, *Medical Readiness Planning and Training*, brief the Medical Readiness Staff Function (MRSF) on a quarterly basis on deferred procurement plans, material availability percentages, status of equipment, status of funds, and spend plan.

13.2.5.7. Review and annotate the February WRM Medical Stock Status Report (MEDLOG) or the February Assembly Management Allowance Status Report (DMLSS). Brief the MRSF on the report and have the chairperson validate with signature.

13.2.5.8. Review WRM funding records regularly to ensure funds are being spent efficiently and effectively and excess funds are identified and returned.

13.2.5.9. Notify the Medical Readiness Officer when assemblies deploy so Unit Line Number (ULN) can be updated in MRDSS.

13.2.5.10. Ensure all assigned medical logisticians are current in their Readiness Skills Verification Program (RSVP), UTC specific, and other pertinent training requirements.

13.2.5.11. Ensure Memorandums of Understanding (MOU) are completed with supported units and visit all sites annually.

13.2.5.12. Develop and exercise base support MOU for all activities involved in marshalling of assets and personnel mobility.

13.2.5.13. Ensure Memorandums of Agreement (MOA) are established with base support activities for servicing of major non-medical WRM equipment in medical WRM programs.

13.2.5.14. In MTFs with full time Medical WRM In-Garrison Maintenance (IGM) Contract personnel assigned, act as the Contracting Officers Technical Representative (COTR). COTR responsibilities include:

13.2.5.14.1. Evaluating the performance of the contract personal on a monthly basis, using the IGM WRM checklists available on the AFML website, Procurement Services page.

13.2.5.14.2. Recommending changes to the language or terms of the contract to include suggested requirements changes, clarifications, or expansions of existing requirements. Report such recommendations to the COR via “Category B: Suggest Changes to Contract” link on the AFML WRM IGM website.

13.2.5.14.3. Monitoring the IGM traveling team schedule to ensure all MTFs in the COTR’s area of responsibility receive contract support IAW with the IGM contract statement of work.

13.2.5.14.4. Certifying the reports of time worked and maintain certified timesheets for work accomplished. Copies of the certified documentation will be provided to the COR.

13.2.5.14.5. Sharing all IGM contract lessons learned and best practices with other Medical WRM Project Officers using the AFML website, Procurement Services section.

13.2.5.14.6. Including IGM oversight activities on WRM self-inspection checklists.

13.2.5.15. Prior to the arrival of the IGM traveling team, work with the team to prioritize the WRM maintenance tasks to be completed.

13.2.5.16. Complete all MAJCOM MRDSS WRM Validation required actions.

13.2.5.16.1. Ensure WRM levels are set according to current AS.

13.2.5.16.2. Ensure WRM records reflect the appropriate function identified (FID) and expendability codes.

13.2.5.16.3. Ensure all critical and deferred items are coded appropriately.

13.2.5.16.4. Complete any additional action required and report completion to the MAJCOM.

13.2.5.17. May designate an active duty 4A1X1 WRM Crew Chief to manage each WRM assemblage.

13.2.6. If designated, the WRM Crew Chief will:

13.2.6.1. Oversee the activities of all government or contractor personnel involved in the maintenance of their WRM projects.

13.2.6.2. Draft WRM acquisition plans.

13.2.6.3. Draft AFWCF/MDD budget requirements.

13.2.6.4. Ensure annual inventories are completed in a timely manner and all actions are documented.

13.2.6.5. Develop and maintain project plans to manage limiting factors (LIMFACs), critical item shortages, and other deficiencies in assigned WRM projects.

13.2.6.6. Develop activation checklists.

13.2.6.7. Calculate and document basis of issue for Force Health Protection programs.

13.2.6.8. Calculate and document Peacetime Operating Stock (POS) decisions (when appropriate).

13.2.6.9. Manage and exercise Deferred Procurement (DP) programs.

13.2.6.10. Ensure assets are packed in a manner that will meet Designed Operational Capability (DOC) stated response times.

13.2.6.11. Provide familiarization training on WRM Packing Lists, CONOPS, section identification, special handling situations, and AS to personnel assigned to the UTC.

13.2.6.12. Track preventive maintenance/calibrations status for all equipment assigned to their projects.

13.2.6.13. Complete all forms necessary for the loan of materiel for exercises.

13.2.6.14. Assess condition of redeployed assets and develop project plan for reconstitution.

13.2.6.15. Conduct self-inspections in accordance with local self-inspection program guidelines.

13.2.6.16. Be familiar with UTC-specific CONOPS and overarching Tactics, Techniques, and Procedures.

13.2.6.17. Participate in all marshalling activities.

13.2.6.18. Validate accuracy of Logistics Module (LOGMOD) of the Contingency Operations/ Mobility Planning & Execution System (COMPES).

13.2.6.19. Maintain MOA for WRM assets loaned using the 120-day loan policy. Ensure return of assets within the agreed upon time frame. Ensure inventory of returned assets is accomplished, issues are processed for reimbursement of assets used/broken, and assets are immediately replaced using monies collected. Reimbursed funds received may not be used for any other purpose.

13.2.6.20. Maintain a WRM continuity file (see **13.25.**) for each assigned project.

13.3. WRM Project Codes. WRM project codes are assigned by AFMSA/SGSLX for use by sites using the MEDLOG system. AF medical project codes can be obtained at the AFML website (**https://afml.ft-detrick.af.mil/afmlo/index.cfm**), Medical Readiness section.

13.4. Selecting WRM Items.

13.4.1. Joint Readiness Clinical Advisory Board (JRCAB) Task, Time, Treater file items will form the basis for medical service WRM programs and assemblages. Items are authorized as WRM only if essential to providing health and protection of combat forces. Non-essential and luxury items are not authorized and will not be included in the medical service WRM program.

13.4.2. The majority of WRM programs have a specific materiel listing with required quantities outlined in an AS. Current AS can be found on the AFML website, Medical Readiness page.

13.4.3. Four WRM programs require local requirements calculations and validation annually. These are Shelter First Aid Kit, BW/CW Defense Materiel, Anti-Malaria Prophylaxis, and Facility Bed Expansion. The specific requirements to be considered in the calculation and validation are defined in paragraph **13.6.**

13.4.4. Recommendations for WRM item substitutions, replacements, or deletions should be submitted per procedures outlined in **Section 13B**.

13.4.5. Substitute materiel can be considered in meeting requirements when medically acceptable to facilitate rotation of stocks or make use of available excess materiel. Only aeromedical certified equipment should be used as a substitute for prime items that require aeromedical certification. Documentation to validate substitute item selection should be placed in the appropriate WRM project continuity file.

13.5. Applying Peacetime Operating Stocks.

13.5.1. Peacetime operating stocks (POS) may be used to reduce non-mobility WRM requirements, but only when there is a reasonable expectation that POS will consistently be available. POS should be determined annually in conjunction with computing gross WRM requirements. Do not apply POS

against mobility WRM programs or shelter kits. Ensure POS assets are not applied to multiple WRM projects.

13.5.2. Maintain a worksheet showing all POS applied against WRM programs. The worksheet will include at least the NSN, daily demand rate (DDR), and quantity applied to each project. Keep the worksheet with the other documentation in the appropriate WRM project continuity file.

13.5.3. Determine applicable POS as follows:

13.5.3.1. Consumable and durable supplies: DDR times days of safety level recorded for applicable sources of supply.

13.5.3.2. Equipment: Items in using activities that will be available for and support the increased WRM mission.

13.6. Computing Gross WRM Requirements and Levels.

13.6.1. Medical logistics will establish levels on specific items listed in AS, including spare parts, for WRM programs as identified in the AF MRL and by the MAJCOM.

13.6.2. Medical logistics will compute WRM program requirements for some programs that are population driven. These include the Shelter First Aid Kit, the BW/CW, the Anti-Malaria Prophylaxis, and the Facility Bed Expansion Programs.

13.6.3. Shelter First Aid Kit Program

13.6.3.1. These kits consist of buddy care/self aid supplies and will be prepositioned for overseas military personnel as prescribed by the MAJCOM/SG based on threat. One first aid shelter kit, National Stock Number (NSN) 6545-01-090-0645 and six litters, rigid pole, are authorized for each 100 programmed military personnel or portion thereof. The MAJCOM will define the requirements for affected bases.

13.6.3.2. Supporting SRANs will maintain the assets under this program. MAJCOMs will ensure materiel availability to satellite and collocated operating base personnel.

13.6.3.3. Issue this materiel to supported units only under defense conditions as predetermined by the MAJCOM. Local plans will include procedures for rapid issue of this materiel when directed by the MAJCOM. Prepositioning may be considered for secure shelters. Deviation from this policy requires MAJCOM/SG approval.

13.6.4. BW/CW Program.

13.6.4.1. Requirements for the defense against BW/CW Agents program will be calculated annually prior to the call for WRM requirements. In March of each year, the MAJCOM medical logistics activity will obtain requirements for each of their bases from the Air Force World-Wide UTC Summary (AFWUS), and inputs from HQ AFRC and HQ ANG. These requirements will be communicated to base level medical logistics for WRM levels to be adjusted. MAJCOMs may make slight adjustments to the levels based on additional information they possess. Levels will be set for 30 days stock. Materiel for days 31-60 will be maintained at the Medical WRM industrial site, KellyUSA, TX.

13.6.4.2. Self Administered Items. Use the tables and formulas at the AFML website, Medical Readiness page, to establish stock control levels. Self-administered items will be acquired and maintained on WRM records by the host medical logistics activity.

13.6.4.3. Bulk Items. Use the tables and formulas at the AFML website, Medical Readiness page to establish stock control levels. As a general rule, bulk agent antidotes and supplies will be prepositioned. When prepositioning is not practical, MAJCOMs will include the requirement for bulk agents to be maintained by deploying unit host medical logistics activities in the annual notification.

13.6.5. Anti-Malaria Prophylaxis Program.

13.6.5.1. MAJCOMs with mobility taskings to deploy to areas where malaria is suspected will store this program for deploying personnel. Requirements for anti-malaria program will be determined at each MAJCOM based on AFWUS. Planning factor is 25% of primary mobility positions. These requirements will then be communicated to base level medical logistics for WRM levels to be adjusted. Use the tables and formulas at the AFML website, Medical Readiness page to determine stock control levels.

13.6.5.2. Operations and Maintenance (O&M) funds will be used to procure items required for follow-on treatment of personnel returning from a malarious area. Do not classify these items as WRM.

13.6.6. Facility Bed Expansion Program. CONUS medical logistics activities assigned an expansion program will determine expansion requirements in accordance with the applicable allowance standard. Overseas medical logistics activities will compute requirements to support contingency operations using the following criteria unless otherwise directed by the MAJCOM/SG.

13.6.6.1. Establish levels based on consumption demand required to support intensified operations.

13.6.6.2. Apply POS qualifying as suitable substitutes against the requirement as outlined in paragraph **13.5.**

13.6.6.3. Do not establish levels to support functions terminating on D-day.

13.6.6.4. WRM for pediatrics or elective surgery is not authorized in expansion projects.

13.6.6.5. Coordinate Facility Bed Expansion program levels with appropriate MTF chiefs of services and obtain MTF Commander approval through the MRSF.

13.6.7. Review and update WRM levels annually for each program not supported by an AS so the most current requirements are shown in the report. For programs supported by an AS, review the levels quarterly and make appropriate record adjustments immediately to ensure correctness of records and current requirements in the AFWCF/MDD budget submission.

13.6.8. For programs not supported by an AS, document and file the rationale for item selection and evidence of periodic reviews. The file copy of the current WRM Medical Stock Status Report (MEDLOG) or the Assembly Management Allowance Status Report (DMLSS) will reflect the results of the review.

13.6.9. When WRM items are replaced by a new item retain the item being replaced to support the requirement as long as it is serviceable and is an appropriate substitute. Establish appropriate

prime-sub relationships to ensure the new item will be requisitioned when replacement is required. Information on replaced items is retained in the AS for one year after they have been replaced. It is the responsibility of the Medical WRM Project Officer to maintain the prime-sub relationship as long as the WRM items are appropriate substitutes.

13.7. Deferred Procurement Programs.

13.7.1. Deferred procurement (DP) programs give the Medical WRM Project Officer the ability to delay the purchase of selected items in WRM programs. These may be locally established or centrally managed programs.

13.7.2. The primary objective of the DP program is to maximize coverage against readiness requirements with minimal dollars invested. DP provides support for secondary deployers and resupply sustainment. Centrally managed/maintained WRM projects may be included in the DP program.

13.7.3. Items that can be obtained in sufficient time after activation/deployment notification, to receive in the logistics operating system and integrate in the assemblage, do not have to be kept in stock. While any item could be considered, short shelf-life items are prime candidates for deferred procurement or partial deferred procurement.

13.7.4. Routine peacetime Blanket Purchase Agreements and Prime Vendor contracts without item specific surge clauses should not be considered adequate sources of supply for use of deferred procurement codes with deployable assemblages.

13.7.5. Use of deferred procurement codes require a detailed plan to ensure that the items can be obtained by personnel activating or deploying the WRM project. Document selected items, sources of supply, and specific procedures for obtaining the items within required time frames. When special contingency contracts or contingency clauses in routine supply contracts are used, include contract expiration dates in the plan so renewal action is considered during plan review. Document review and coordination of the deferred procurement plan with the MRSF annually. Documentation should be placed in the appropriate WRM project continuity file.

13.7.6. Deferred procurement plans should be tested often to ensure they are responsive to the requirements. Plans will be tested no less than semi-annually, but recommend they be tested quarterly until results consistently display that the vendor can support 100% of the deferred requirement. Supporting documentation should be placed in the appropriate WRM project continuity file.

13.7.7. Use of this capability does not preclude the need to establish WRM levels.

13.7.8. AFMSA/SGSLX centrally manages some designated WRM projects at specifically selected bases in the DP program. During the annual WRM Funding Conference, projects to be designated as centralized DP programs will be recommended for approval.

13.7.9. AFMSA/SGSLX will provide detailed base level procedures to units with WRM projects designated for centralized DP programs. It is essential that materiel covered in the centralized DP programs have deferred procurement codes entered in the medical logistics computer records and the materiel is not procured.

13.8. Funding for Medical WRM.

13.8.1. Identify materiel shortages by project in the WRM Spend Plan requirements each year. Host SRANs must ensure WRM requirements for all supported units and satellite medical facilities are identified and included in requirement submissions.

13.8.2. Funding allocations will be based on providing maximum capability to Air Force medical platforms and personal protection programs (BW/CW, Anti-Malaria Prophylaxis).

13.8.2.1. Funding priorities will be determined annually based on current organizational planning and threat assessments. AFMSA/SGPX will provide the funding priorities to MAJCOMs and AFMSA/SGSLX before the annual funding conference.

13.8.2.2. Modernization requirements will be blended into the readiness funding process as required to ensure medical platforms are planned and fielded in a coordinated and expedient manner.

13.8.2.3. Funds are authorized and allocated for specific WRM programs. If local missions or WRM priorities are changed, the unused funds will not be applied to other programs without prior approval of the MAJCOM/SG and AFMSA/SGSLS.

13.8.3. Identify cancellations of prior year WRM requisitions to AFMSA/SGSLS. Provide a copy of the document registers showing the cancellations.

13.8.4. Do not include centrally managed equipment (CME) or investment equipment items in stock fund requirement submissions as these items are centrally managed and funded. AFMSA/SGSLX will fund and requisition nonmedical CME WRM and investment equipment items for direct shipment to each base.

13.8.5. Include replacement of items being tested for extension of the expiration date, but do not replace items in the extension program.

13.8.6. Do not include approved DP items.

13.9. Medical WRM In-Garrison Maintenance Contract.

13.9.1. The medical WRM IGM contract redirects the focus of the assigned active duty and government civilian employees from inventory management to project readiness. Although, the contract significantly shifts the daily WRM management workload from active duty personnel, it does not eliminate the need to apply appropriate active duty personnel to maintain: 1) an acceptable state of project readiness; and, 2) compliance with UTC specific training requirements. Additionally, the marshalling of assets for deployment and exercises remains a government responsibility. Manpower will be matrixed from contractor or government personnel for the activities involved in maintaining the assigned WRM, but active duty personnel will assume responsibility for ownership of their projects and will be accountable for their readiness to support contingencies.

13.9.2. Contract scope.

13.9.2.1. The IGM contract covers all aspects of WRM management for CONUS medical WRM assets. Contract personnel work under the direction of the Medical WRM Project Officer, who acts as the COTR (refer to paragraph **13.2.6.14.**.).

13.9.2.2. At sites where contract personnel are permanently assigned, they are responsible for all WRM management and equipment maintenance activities, to include assisting with marshalling assets for deployments and exercises, redeployment and reconstitution.

13.9.2.3. At smaller MTFs, traveling teams will visit at least every 12 months to provide WRM inventory management support. This support will include completion of cyclical inventories, data entry, quality control activities (to include appropriate documentation) and maintenance of inventory records.

13.10. Controlling and Accounting For Medical WRM.

13.10.1. MEDLOG WRM expendability code 1 (medical expendable supplies), 2 (medical expense equipment), and 3 (investment equipment) assets will be maintained on Medical stock fund records regardless of function identifier (medical, non-medical, or non-medical centrally procured). DMLSS commodity classes of pharmaceutical, durable medical and non-medical supply, expendable medical and non-medical supply, medical and non-medical expense equipment, centrally procured medical and non-medical equipment, supply centrally managed equipment and non-medical, repair part medical and non-medical, will also be maintained in the stock fund.

13.10.2. All stored expendability codes 1 and 2 WRM assets are AFWCF/MDD owned.

13.10.3. The host SRAN account is responsible for WRM accountability and replacement. Materiel physically located at a detached or satellite activity will be maintained on a separate detachment or organization code (ORG ID).

13.10.4. Host SRANs must forward WRM material availability percentages to supported units for inclusion in the unit's Status of Resources and Training System (SORTS) reports.

13.10.5. In addition to the normal AFWCF/MDD-accountable data, QA records are maintained for WRM assets unless they are commingled with peacetime stocks. Record as a minimum the following QA data on mobility assets: location, box number, quantity, manufacturer and expiration date for all expiration dated items. On non-mobility assets, record full QA data only on expiration dated, deteriorative items and medical equipment. The rest of the non-mobility assets require location code and quantity as a minimum. Record QA data as outlined in AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): I008/AJ Users Manual*, or AFMAN 41-216, *DMLSS Users Manual*.

13.10.6. To facilitate commingled stock rotation, AFWCF/MDD assets of supported programs may be entered under the host's detachment code or ORG ID so project visibility is not lost.

13.10.7. Account for WRM including sets, kits, and assemblages (except NSN 6545-01-090-0645, Shelter First Aid Kit) on an individual component line item basis.

13.10.8. Issues of BW/CW materiel will be simulated for exercises. Only issue self-administered items for actual deployments. Actual stocks or use of replicated items that reflect actual size and weight of materiel should be pulled from storage so actual workload of this tasking can be measured. They should also be moved to the mobility line so actual space requirements can be determined. These activities should occur on an annual basis at a minimum.

13.10.9. It is essential that all data elements within WRM records are maintained and kept up to date. Proper coding of records ensures appropriate types of funds are requested for replacement materiel.

13.11. Storing Medical WRM.

13.11.1. Storage of WRM assets should be accomplished in accordance with guidance provided in **Chapter 11**.

13.11.2. Controlled items must be stored in accordance with **Chapter 5**.

13.11.3. Materiel in support of WRM programs for detached medical facilities, including expiration dated items, can be stored at either the host facility or at the detached facility. The host facility and detached facility commanders must make the decision jointly. Consider the ability to meet mission deployment requirements and adequately rotate and store assets. Consider the DP program if a later deploying assembly.

13.11.4. Commingle WRM consumable items with operating inventories only when the following conditions are applicable:

13.11.4.1. There is an established operating stock control level for the item.

13.11.4.2. Operating stock consumption history indicates a high probability that the WRM item can be effectively rotated before its expiration date.

13.11.4.3. The item is not reported for consideration for the DOD/FDA Shelf Life Extension Program.

13.11.4.4. The item can be readily retrieved to support the WRM project mission response time.

13.11.5. Temperature and humidity recording devices should be installed centrally within all warehouses containing WRM drugs, biologicals, and other deteriorative items to support decisions regarding dated item extension and retention.

13.11.6. WRM storage facility costs should be programmed/charged as follows:

13.11.6.1. O&M costs for facilities sustainment, restoration & modernization dedicated solely to the storage of medical WRM assets, i.e., buildings with the real property category code of 442-515, MED STOR (WRM), are properly charged to AF medical program element codes 86276/86278/86376/86378. These are programmed along with all other MTF facility expenses IAW DOD Facilities Sustainment Module (FSM). Real Property Services (RPS) for the facilities are charged to AF medical program element codes 87779/87979 and programmed along with all other MTF RPS expenses.

13.11.6.2. Facility sustainment, restoration, and modernization costs for base facilities that house some medical WRM assets are funded from the host installation base operations program element and should be programmed through appropriate command channels.

13.11.6.3. Program and submit military construction (MILCON) projects for medical WRM storage facilities in the same format as other medical MILCON projects through the Health Facilities Office.

13.12. Exercising Logistics Deployment Automation Processes. A portable computer to provide logistics support to a deployed Expeditionary Medical Support (EMEDS) may be maintained at a central AF storage location or with the EMEDS. It is essential that this EMEDS logistics support computer be maintained in a functional state while in a stored mode and that medical logistics personnel understand the pro-

cedures used to transition records from a stored to an operational mode. Medical logistics personnel must perform the following when the logistics support computer is located at the local account:

13.12.1. Semi-annually run all transactions required to transition records from a stored to operational mode using the portable EMEDS computer. Financial records will not be passed/updated during the exercise of the portable computer system's WRM records.

13.12.2. Retain the Medical Materiel Document Registers and edit lists generated from the out shipment and transition to operational mode for a period of one year. Clearly annotate them as "EXERCISE" documents. Document lessons learned and corrective actions, if any, in each WRM continuity file.

13.13. Using Medical WRM.

13.13.1. Medical WRM may only be used under certain circumstances. Those circumstances require specific authorizations and actions to maintain accountability and ensure the AFWCF/MDD is properly reimbursed.

13.13.2. The war readiness mode, often called the "war switch", issues assets, transfers resupply sections to operating, puts equipment in-use, and allows negative PFMR or EOR balances. Ensure PFMRs are authorized to go negative in MEDLOG before issues are processed. Careful coordination with the base A&F is required to ensure line of the AF (LAF) O&M funds (line of accounting 3400) are requested to cover the cost of initial and resupply issues. This is applicable to active duty medical units as well as medical Air Force Reserve (AFRC) and Air National Guard (ANG) units. Time permitting; reimbursement of the Medical WRM Program should be accomplished at the time of issue. If a major deployment is occurring, the Air Force Medical Logistics Operations Center may opt to centralize Emergency and Special Program (ESP) coded sales. If that occurs, the AFMLOC will provide specific instructions on shipping versus selling assemblies.

13.13.3. IAW AFTTP 3-42.8, *Medical Logistics and Blood Support Operations*, para 1.12, the deploying unit's home base will request funding and activate deferred procurement plans once the deployment notification/warning order is received. All shortages that can be obtained before deployment will be included as part of the deployment shipment. A shortage list will be provided to the deploying staff and the sustaining base. The sustaining base and the AFMLOC will take responsibility to obtain the remaining shortages and expedite delivery to the deployed unit. Equipment must have proper preventive maintenance (PM) and calibrations (CAL) completed before the unit deploys. This will maximize mission capability while repair and return is being established for the theater. Items received within 30 days after an assembly has deployed will be forwarded to the deployed location after coordination with the AFMLOC. Items received after 30 days will be cross-leveled into other WRM programs as required, then reported excess.

13.13.4. Real-world situations directed by higher headquarters:

13.13.4.1. Medical Contingency Sites. Follow instructions provided depending on the logistics operating system being used. Use of the "war switch" issues assets from sections (other than logistics) to predetermined cost centers. These cost centers must be established before the war switch is used. Normal using activity cost centers (e.g., XX5610 and associated shred outs for pharmacy) are suggested. Although ESP codes are not recorded in the medical logistics operating system, ensure the appropriate ESP codes are associated with each Project Fund Management Record (PFMR) (MEDLOG) or Element or Resource (EOR) (DMLSS) by coordinating with the local

Finance Office or liaison. Use of the war switch transfers assets from the logistics section of the quality assurance records to the AFWCF/MDD "operating" inventory category.

13.13.4.2. Medical WRM Assemblages deployed with a portable logistics operating system will operate using a unique SRAN assigned by Air Force Material Command (AFMC) through the AFMLOC. Process out shipments from the host computer to the pre-assigned SRAN upon deployment notification. Process in shipments using the portable logistics operating system. The deployed unit will run as a stand-alone AFWCF/MDD-funded FM account or an O&M funded account. The AFMLOC will make a determination at the time of the activation of the FM account. The account will have an accountable officer appointed if the deployed unit is established as a AFWCF/MDD-funded account.

13.13.4.3. Other WRM assets and assemblages. Medical WRM assets deployed or put in use without a portable logistics operating system will be issued using the "war switch". Coordinate these actions with MAJCOM/SG prior to issue. Use unique line of the AF cost centers/ORG ID expense center and PFMR/EOR, coordinated with the Base Accounting and Finance Office (A&F), to ensure costs can be tied to the appropriate ESP code (AFI 65-601, Vol 1, *Budget Guidance and Procedures*). Provide users complete packing lists and QA record lists by processing appropriate transactions to produce QA and packing lists for each affected project code PRIOR to processing "war switch" issues.

13.13.4.4. Prior to out-shipping a WRM assemblage, DMLSS sites will ensure the assemblage loss transaction is archived for potential retrieval in the event of a flawed transfer media.

13.13.4.5. Do not withhold the WRM assets from use in emergencies because of insufficient local O&M funds. Set the PFMR/EOR to allow it to go negative and process the transactions. Approval from AFMSA/SGSL (in coordination with the MAJCOM) must be received before a PFMR/EOR can be authorized to go negative.

13.13.4.6. Should it become necessary to issue the WRM asset due to time constraints, reimburse the medical WRM program no later than five duty days after the issue action. Do not delay reimbursement action pending the return of the WRM asset. Reimbursement delays past five days must be reported to the MAJCOM/SG and AFMSA/SGSLS. A separate PFMR/EOR and cost center/ORG ID/expense center may be used for issue of medical WRM assets that belong to or are maintained for ARC units. Negative PFMR/EOR balances as a result of mass issue of WRM will be reported to AFMSA/SGSLS monthly until funds are obtained.

13.13.4.7. Issue of Force Health Protection Prescription Products. (NOTE: for the purposes of this section and **Attachment 37 and Attachment 38**, the term "issue" refers to the sale and distribution of the WRM assets).

13.13.4.7.1. Medical logistics activities will bulk issue Force Health Protection Prescription Products (FHPPP) to troop commanders or individually issue them to deploying members.

13.13.4.7.1.1. The troop commander/individual acts only as a courier to deliver the FHPPP to the medical logistics function at the deployed location. The medical activity must sign for the materiel and provide documentation of the turn-in to the troop commander.

13.13.4.7.1.2. Once directed by the Combatant Commander to actually dispense FHPPP to service members, the products will be dispensed by qualified clinical personnel IAW

criteria and guidance in Assistant Secretary of Defense/Health Affairs memo, Policy for Use of FHPPP, HA policy number 03-007, 24 Apr 03.

13.13.4.7.1.3. Upon redeployment, the troop commander must turn the documentation into their home station medical logistics activity to complete the audit trail.

13.13.4.7.2. Diazepam (convulsion antidote for nerve agent or CANA) auto injector (NSN 6505-01-274-0951) is a Schedule IV controlled item (Code Q) and must be safeguarded accordingly when issued to deploying forces. Mass issue and turn-in instructions are contained in **Attachment 37**.

13.13.4.7.3. Pyridostigmine bromide tablets (NSN 6505-01-178-7903) must remain in its sealed bag with desiccant in a refrigerator for maximum shelf life. Pyridostigmine bromide can be issued to individuals as a BW/CW prophylaxis and in bulk to the troop commander if:

13.13.4.7.3.1. Deployment orders authorize pyridostigmine bromide tablets.

13.13.4.7.3.2. Troop commander signs issue documentation, reference **Attachment 38**, and acknowledges requirement to turn-in bulk pyridostigmine bromide tablets to the medical element in theatre.

13.13.4.7.4. The MAJCOM/SG may direct that atropine and pralidoxime be issued to individuals prior to deployment depending upon MAJCOM plans and defense conditions.

13.13.4.7.5. Issue three atropine auto injectors (NSN 6505-00-926-9083) and three pralidoxime chloride injectors (NSN 6505-01-125-3248).

13.13.4.7.6. Record specific information as outlined in paragraph **13.10.** to facilitate QA actions.

13.13.4.7.7. Charge the individual's organization of assignment by processing issues in MEDLOG or DMLSS to the appropriate cost center/expense center. In some cases, this will be a wing account established to support deployments.

13.13.4.7.8. Order replacement stocks immediately using funds in the MEDLOG PFSR or DMLSS fund generated by the issues.

13.13.5. Joint Use Equipment.

13.13.5.1. Some WRM equipment may be designated by AFMSA/SGSLX as “Joint Use Equipment” due to maintenance, resourcing or training considerations. These designated WRM assets can be used in peacetime only after a MOA has been established with the using unit. These items should not be used to replace a peacetime requirement.

13.13.5.2. The MOA will outline the responsibility of the using unit to provide funding for maintenance/sustainment for the “Joint Use” asset while in-use, and detail procedures to be followed when the assets are recalled for deployment. The assets will be maintained on WRM records to maintain visibility for SORTS and Air Expeditionary Force UTC Reporting Tool (ART) reporting.

13.13.5.3. The location of the assets will be updated in the host accounts logistics operating system equipment data records. A copy of the signed hand-receipt and MOA will be maintained in the WRM Continuity Folder. In-use maintenance cycles will be used for generating preventive maintenance and calibration schedules.

13.13.6. Medical WRM assets may be loaned for training exercises military emergencies, or natural disasters for up to 120 days to the organization tasked with war missions. Ensure the borrowing organization commander understands that lost, consumed, or damaged assets will be charged to their unit's O&M funds. Coordinate with Medical Readiness and the MTF commander to preclude use that might affect asset availability for a pending deployment or tasking. Upon return, inspect all materiel for serviceability. Charge the requesting organization's O&M funds for items damaged or consumed and record the issue. Use the organization's responsibility center/cost center/ORG ID code to record expenses. Use RC/CC code XX52XX for medical activities (DFAS DER 7000-1, *Responsibility Center/Cost Center Codes*). Refer to AFI 41-106, *Medical Readiness Training and Planning* for WRM exercise requirements.

13.13.6.1. Prior to the loan of WRM assets, a MOA (**Attachment 39**) between the loaning SRAN and the user will be completed and signed by the accountable officer and borrowing unit commander and placed in the WRM continuity file. Borrowing units are highly encouraged to load funds into the PFMR/EOR prior to borrowing assets. The load amount is a portion of the total value of the assets loaned and is based on expected materiel consumption, damage or loss. The loaning unit will provide AFMSA/SGSLX and their MAJCOM Medical Logistics office a copy of the completed MOA(s) no later than 60 days before the loan for a training exercise or as soon as possible by data fax for a military emergency or natural disaster. AFMSA/SGSLS, in conjunction with the MAJCOM, will calculate the projected reimbursement (requested PFMR/EOR load amount) based on historic averages, deployment location, anticipated duration, and any unique circumstances. AFMSA/SGSLS will provide the loaning unit with the projected reimbursement calculation as soon as possible for military emergencies or natural disasters or no later than 14 days after receipt of the MOA for training exercises. The accountable officer will inventory and charge the borrowing unit for any consumption, damage or loss incurred during the loan within 30 days of return of the asset(s). Any deficiency in funds will be obtained from the borrowing unit to cover requirements. Any residual balance will be available to the borrowing unit if funds were loaded prior to the loan.

13.13.6.2. Exercises requiring the loan of WRM assets should be planned sufficiently in advance, to include their duration and to preclude the need for special end of fiscal year processes. When the borrowing unit loads the PFMR/EOR with the projected reimbursement amount and the loan extends past the end of the fiscal year, refund the current fiscal year load amount; secure a new MOA, and request replacement of the PFMR load amount when funds become available.

13.13.7. All costs of JCS directed and coordinated exercises (see AFI 33-110, *Data Administration Program*) are charged to that program element and issues are recorded in cost center XX82XX as defined in DFAS DER 7000-1.

13.13.8. Requisition replacements for items issued in response to emergencies or exercises within 30 days of emergency or exercise termination. Coordinate replacement requisitioning efforts with the MAJCOM Logistics Officer and AFMSA/SGSLS to determine if assets will be requisitioned immediately, deferred, or the balance moved to another location.

13.13.9. Medical WRM may be used to save life or prevent undue suffering when authorized by the MTF Commander. Process issues to the appropriate RC/CC or ORG ID.

13.13.10. Repair by non-personal services, and spare part and consumable supply use of WRM assets.

13.13.10.1. Repair of WRM using a non-personal services contract may be funded centrally from AFMSA/SGSLX. Requests for these repairs will be submitted to AFMSA/SGSLX.

13.13.10.2. Medical WRM spare parts and consumable supplies within the assembly may be used to maintain the equipment authorized in the assembly and will be removed from the accountable records using a non-reimbursable issue transaction to the maintenance activity. This process will only be used if the actions resulted from normal storage and maintenance.

13.13.10.3. Spare parts required for repairing assets as a result of normal storage or periodic maintenance programs will be ordered through WRM using AFWCF/MDD funds. Funds should be requested from AFMSA/SGSLS if not available. Once received, the part will be removed from accountable records using a disassembly transaction.

13.13.10.4. Parts or consumables used to test or repair assets used during a deployment or exercise will be charged to the appropriate deployment or exercise funding.

13.13.10.5. Historical maintenance records for the primary equipment will be updated whenever parts or funding are used for repair.

13.13.11. O&M funds management.

13.13.11.1. MAJCOM and line Financial Management officers will assist host base level SRANs in acquiring necessary O&M dollars to reimburse the Medical WRM program for all WRM projects assigned within their command (to include ARC assets).

13.13.11.2. During the annual Program Budget Decision cycle (Oct –Dec), SAF/FM will request an estimate of the cost of emergency or contingency (humanitarian, peacekeeping, peace enforcing, etc.) operations for the current fiscal year from MAJCOM line Financial Management Officers. MAJCOM/SGs will assist the MAJCOM/FM point of contact in estimating the O&M dollars required to reimburse the Medical WRM AFWCF/MDD for the initial issue of WRM assets. The estimate must also include the projected resupply cost based on the planned duration of the operation. SAF/FM will use these estimates to request emergency supplemental funding from Congress to fund the costs of contingency operations.

13.13.12. Transportation of assets between Air Force accounts will be funded in accordance with guidance in paragraph **13.15.**

13.14. Return of Medical WRM.

13.14.1. Conduct a physical inventory within 60 days of return date when assemblages are returned from a deployment. Extension requests must be submitted by the MTF Commander and approved by the MAJCOM/SG when additional time is needed. AFMSA/SGSL must approve extension requests beyond 120 days.

13.14.1.1. Provide credit for turn-ins to the appropriate RC/CC or ORG ID and PFMR or EOR used for issues only for assets in condition code “A” and for which a requirement exists in the WRM assemblage if the assets were issued in the current fiscal year. Credit balances will be identified to the accounting and finance office for their use for PFMRs/EOR originally funded with LAF O&M funds (line of accounting 3400).

13.14.1.2. Credit will not be provided for assets that are unserviceable or no longer required. If the condition can not be verified or the assets were issued in a prior fiscal year, credit will also not be given.

13.14.2. For BW/CW and anti-malarial items, ensure serviceability and validate that proper temperature controlled storage had been maintained before returning to stock. Grant credit only when there is a foreseeable WRM requirement and funds are available to return to the customer.

13.14.2.1. Medical logistics personnel will annotate turn-ins on the deployment orders or other document where the issue was recorded for personal protection materiel. For returns from personnel that were not issued materiel at the turn-in location, annotate the individual's name, social security number, and unit on the turn-in document.

13.14.2.2. Credit will not normally be given for turn-ins since storage conditions outside medical logistics cannot be verified, rendering the materiel unserviceable. The purpose for documenting turn-ins is primarily for QA rather than accountability. Like materiel dispensed from pharmacies to patients, BW/CW agent antidotes and anti-malarial items not returned require no further action by medical logistics, although unit commanders may request information from the issue/turn-in records.

13.15. Shipping Medical WRM.

13.15.1. Transportation of WRM assets between Air Force accounts are funded with WRM funds. Approval can be obtained by contacting AFMSA/SGSLS

13.15.2. When transferring WRM assemblies from one location to another, the shipping SRAN will ensure the following actions are taken:

13.15.2.1. As required, inventory the assembly, process required adjustment documents, and update asset records and QA records.

13.15.2.2. Ensure all components of the assembly are gathered together for shipment.

13.15.2.3. Print a copy of the prime/substitute list.

13.15.2.4. Coordinate with the gaining base:

13.15.2.4.1. Date when shipment will occur.

13.15.2.4.2. Detachment and project code to be used in the "ship-to" transaction.

13.15.2.5. Obtain shipping cost estimate from transportation. Contact AFMSA/SGSLS for funding authorization.

13.15.2.6. Process out shipment transaction for the assembly.

13.15.2.7. Prepare letter certifying accuracy of assembly and forward together with a copy of the out shipment disk and prime/substitute list to the gaining base.

13.15.2.8. Follow-up with the receiving base to ensure they receive shipment.

13.15.2.9. DMLSS sites will ensure the assemblage loss transaction is archived for potential retrieval in the event of a flawed transfer media prior to out shipment.

13.15.2.10. Advise gaining base of any outstanding due-in materiel and plans to ship upon receipt.

13.15.3. Gaining bases will receipts or gains of redistributed assemblies within 30 days of receipt IAW paragraph **3.56.**

13.16. WRM Self-Inspection Checklist.

13.16.1. A locally-developed WRM checklist may be established to be used for self-inspection. An example checklist is available on the AFML website, Medical Readiness Page. This example is not all-inclusive and should be modified to cover local requirements.

13.16.2. The medical WRM Program is not included in the base WRM Surveillance Program.

13.17. WRM Investment Equipment. WRM investment equipment will be procured centrally by AFMSA/SGSLX. Requirements will be identified through use of the Joint Medical Asset Repository (JMAR)/MRDSS reporting structure.

13.18. Nonmedical WRM. Do not order from sources of supply funded by other divisions of the AFWCF/MDD. The Medical WRM Project Officer will obtain non-medical WRM, except CME and investment equipment, directly from the source of supply (GSA, DLA, BCAS, etc.) using WRM funds. Other divisions may not ship items to the AFWCF/MDD, as there is no method for one AFWCF/MDD division to reimburse another. Order items identified with a routing identifier of "F**" (other than F04) through local purchase channels. Receive and account for this materiel as AFWCF/MDD WRM.

13.19. WRM Centrally Managed Equipment Program.

13.19.1. IAW AFI 23-101, *Centrally Managed Equipment,* CME refers to centrally acquired nonexpendable materials. The Air Force assigns these items expendability, reparability, recoverability, category (ERRC) codes ND2 and NF2. Appropriations 3010, 3020, and 3080 fund the purchase of centrally acquired items. These are “nonexpendable items” that are not consumed in use, or do not lose their original identity during periods of use by incorporation into, or attachment to, another assembly.

13.19.2. AFMSA/SGSLX will identify requirements based on the MRL, Annual Spend Plan Conference, WRM accountable records, and additional input. To support these requirements, AFMSA/SGSLX will:

13.19.2.1. Restratify CME assets between SRANs when appropriate.

13.19.2.2. Consolidate shortages, develop budget submissions, and provide procurement plan to annual Spend Plan Conference.

13.19.2.3. Submit funding and provide requisitions to the appropriate Air Logistics Center or alternate source of supply.

13.19.2.4. Provide SRAN with instructions to process due-in transaction. Status of procurement, production and shipment will be provided to activities as available.

13.19.2.5. Provide SRAN disposition instructions for CME surplus to AFMS requirements.

13.19.3. Base level medical logistics responsibilities in regards to the program include:

13.19.3.1. Establishment of due-ins when notified by AFMSA/SGSLX. Upon receipt of transfer or other disposition instructions, will communicate with sending or receiving account to establish appropriate transportation mode and required delivery date.

13.19.3.2. Establish and maintain continuity files on CME, to include due-in notification, transfer and disposition instructions, Technical Orders, Operation Manuals, Reports of Discrepancy, Reports of Survey, Inventory Adjustment Voucher documentation, product information and QA messages.

13.19.3.3. Request instructions from AFMSA/SGSLX for disposition and replacement of unserviceable CME and transfer of surplus CME. CME assets will not be reported as excess through the Tri-Service Medical Excess Distribution System (TRIMEDS), and will not be disposed of without prior approval. Report all surplus CME to AFMSA/SGSLX for disposition.

13.19.3.4. Validate CME requirements upon request.

13.19.3.5. Notify AFMSA/SGSLX when a requirement no longer exists.

13.19.3.6. Establish WRM levels for CME in accordance with applicable AS.

13.20. Maintenance of WRM Equipment.

13.20.1. Medical equipment.

13.20.1.1. While in garrison, repair parts are AFWCF/MDD assets and must be managed manually. Only upon activation of the assemblage can these parts be managed as repairs parts in the medical logistics operating system. In this case, parts are ordered and maintained the same as in a peacetime operating account.

13.20.1.2. Ordering of repair parts and repairs to WRM equipment not being used in exercises shall be charged using the procedures outlined in paragraph **13.13.10.** For more information of maintenance of WRM, see AFI 41-201, *Managing Clinical Engineering Programs*.

13.20.2. Nonmedical equipment.

13.20.2.1. Normally, WRM equipment and supplies are inspected and maintained by the organization responsible for that type of equipment whether they are the end user or not (see AFI 25-101, *War Reserve Materiel (WRM) Program Guidance and Procedures*). Base support activities, e.g., base civil engineering (BCE), precision measurement equipment laboratory (PMEL), aircraft maintenance, and communications, normally service major non-medical WRM equipment in medical WRM programs. For example, Base Civil Engineering for generators, and Base Communications for communication equipment.

13.20.2.2. Medical logistics must coordinate with the base support activities to establish maintenance support agreements as necessary. Formal MOA coordinated through the Medical Resource Management Flight are required. Up channel agreements of this nature should be fully coordinated on base through Wing Command channels to ensure responsible commanders have been appropriately briefed on the requirement and have determined resources exist and can be committed for the contingency mission. The Medical WRM Project Officer remains responsible for managing medical WRM programs regardless of the activity servicing the WRM equipment.

Agreements that cannot be established at base level will be reported to the MAJCOM Medical Logistics Officer for assistance. A sample MOA is available on the AFML website.

13.21. Loaner, Repair and Return Centers. Two Loaner, Repair and Return Centers (LRRCs) have been established at Ramstein AB and Yokota to provide deployed maintenance support for selected medical equipment. These LRRCs provide repair services and loaner support for deployed units. The medical equipment is purchased with O&M funds and is managed by the LRRCs on XX5886 MEMO account. Specific guidance for maintaining historical maintenance records and process equipment shipment is outlined in AFI 41-201, *Managing Clinical Engineering Programs*.

13.22. Expiration Dated WRM.

13.22.1. Commingle WRM dated items with operating inventory when applicable (see paragraph **13.11.4.**).

13.22.2. Manage WRM dated items as outlined in **Chapter 3** for DOD/FDA Shelf Life Extension Program (SLEP) reporting and testing.

13.22.3. Prior to shipping expired items to a 3rd party vendor for credit, notify the commander that materiel availability percentages (MAP) will decrease. Credit and credit memos created from the return of WRM may only be used to procure WRM.

13.22.4. Attach a second copy of the annotated QA record screen print to the packing list of assemblages containing expired/retained items and place in the continuity file.

13.22.5. Process an ad hoc retrieval annually using either REP (MEDLOG) or Business Objects (DMLSS), prior to the February WRM MTF commander review process, for all records with routing identifier/SOS "EXP." Submit the printed ad hoc retrieval showing all "EX" suffixed records to the reviewer(s) to consider continued retention. Remove the item from the assemblage and update records accordingly when the review determines that an item shall not be retained. Maintain the annotated list in the continuity file to document the review decisions.

13.22.6. Use the same ad hoc report (processed as required) along with the requirements documents to determine which shortages to order should WRM funds not cover all requirements. Dispose of expired/retained items upon receipt of replacement items.

13.22.7. WRM expiration dated items are extended to reduce replacement requirements and costs through the DOD/FDA SLEP. AFMSA/SGSLC manages this program and publishes extension data on the AFML website, SLEP page, and in DOD/FDA SLEP messages. AFMSA/SGSLC notifies all activities when items are placed into the program. Do not destroy or order replacements for items undergoing FDA testing. **Chapter 3** contains additional guidance on expiration-dated materiel. In the event AFMSA/SGSLC does not identify an item for testing, report items to AFMSA/SGSLC for extension testing as follows:

13.22.7.1. Report only WRM assets for testing. See the list of SLEP items currently approved for testing on the SLEP page on the AFML website.

13.22.7.2. The SLEP Manager must determine whether it is cost effective to test a lot by considering the following factors: quantity (from all Services), dollar value of lot, cost to replace the lot and the cost to test the lot.

13.22.7.3. Item must not be rotatable prior to reaching its expiration date.

13.22.7.4. Access the AFML website and DOD/FDA SLEP messages to determine if the item is in a current test project. If it is, ensure quantities from your programs have been reported to AFMSA/SGSLC.

13.22.7.5. Ensure sufficient quantities of the item are on hand to provide samples for testing and still have stock to extend.

13.22.7.6. Stocks should be stored IAW manufacturers recommendations. Provide storage times and temperatures to verify the item was stored according to the prescribed and labeled storage conditions.

13.22.7.7. Provide information in this sequence: NSN, manufacturer, lot number, expiration date, and quantity on hand.

13.22.7.8. Submit the product information through the SLEP Submit Candidates Function on the AFML website or by email message to the SLEP manager.

13.22.8. Ensure all outdated materiel is tagged with DD Form 1575, **Suspended Tag - Materiel,** according to AFMAN 23-110, Volume I, *USAF Supply Manual, Basic Air Force Supply Procedures,* Part 1, Chapter 4. This requirement applies to assets being retained for SLEP testing.

13.22.8.1. For outdated materiel not under FDA testing that is "packed" (i.e., tri-wall, nesting box, titan-bin container), and determined by the designated review authority to be usable, attach the DD Form 1575 to the packing list along with the QA listing. Tag the outdated materiel with the assigned DD Forms 1575 once the "pack" has been opened (i.e., for inventory, mobility exercise, deployment).

13.22.8.2. When tagged, consolidate these items into one location inside the "pack." This can be accomplished by placing the items in a separate container to make it easier to locate if the determination is made to replace the items at a later date. There is no need to consolidate all the expired items into one QA location.

13.22.9. Process items suspended by medical materiel complaint or QA messages in accordance with guidelines established in **Chapter 9**. In addition:

13.22.9.1. Special processing is required when WRM items do not meet quality standards. Remove the items from the assemblage or commingled storage location, tag with DD Form 1575 (according to AFMAN 23-110, Volume 1, Part 1, Chapter 4), and place on a separate "suspended item shelf." Include the following information on the tag to ease future identification: project, section, and box number.

13.22.9.2. In MEDLOG, establish a suspended item record and notes for these type items, outlining all relevant QA information. QA records will be updated by processing the appropriate revision transaction. WRM balance records will be updated by processing a condition change transaction to change the condition of the item. By processing the condition change, the balances on the WRM Medical Stock Status Report will be decreased. Destroy expired/retained items upon receipt of replacement items or when the designated reviewing authority determines the items are not to be retained any longer.

13.23. Detached Medical Unit WRM Support.

13.23.1. WRM for detached active, guard, and reserve units will be accounted for on host medical supply account records. Host medical supply accounts will coordinate with their MAJCOM to ensure a WRM program maintained for an ANG or AFRC unit is assigned to that unit on the MRL before establishing the program on their supply account. To ensure the program is still current annually validate against the MRL the detached WRM authorization. Establish a MOA with all supported geographically separated units and Air Reserve Component (Air National Guard and Air Force Reserve) units (AFI 25-201, *Support Agreements Procedures*).

13.23.2. Replacement of materiel through rotation between the detached units and the SRAN FM account is encouraged wherever practical. The SRAN will budget for and fund non-rotatable shelf life losses.

13.23.3. The SRAN will provide the full range of services required by WRM programs at the detached activities. Detached medical facilities are responsible for the management and maintenance of WRM in their possession. The host medical logistics account will provide printed QA listings for the detached medical facility to review and provide input on the decision to retain or dispose of outdated materiel. Decisions on retaining outdated items must be made jointly by the host facility and detached facility commanders, or their designated reviewer.

13.23.4. The local WRM checklist may be used in coordination with the host medical logistics account.

13.24. Reporting WRM Asset Availability.

13.24.1. Medical Logistics must provide WRM availability percentages to the Medical Readiness Flight and all supported Air Reserve Component units for inclusion in the monthly SORTS report. See AFI 10-201, *Status of Resources and Training System* for details on SORTS report. WRM MAP will be provided monthly to the MTFs Medical Readiness Officer for all assigned WRM Projects. Unless otherwise directed by AFMSA/SGPX, the MAP will be taken directly from the monthly WRM Stock Status Report (MEDLOG) or one of the following DMLSS products: the Assemblage Status Report, the Assemblage Status Rollup, the Assemblage Status Summary, or the Organizational Status Report. When requested prior to end of month processing, MAPs may be obtained from the on-line/end-of-day WRM Stock Status Work List (MEDLOG) by processing a special stock status report from the MEDLOG system or from the Allowance Status Report (DMLSS) during an on-line session.

13.24.2. When changes occur in an AS, asset availability status for the projects will be reported for the affected project(s) as follows.

13.24.2.1. AFMSA/SGPX and the responsible MEFPAK will categorize AS changes as one of two types; minor or major. Minor changes are ones that add or delete a small percentage of project line items with little or no effect on the mission capability of the WRM assemblage. Major changes are those that significantly affect the materiel composition and/or the mission capability of an assemblage.

13.24.2.2. When AFMSA/SGPX and the MEFPAK determine a change is considered minor, the AS will be routed through AFMSA/SGPX and AFMSA/SGSLX for release to the field. MTF logistics personnel will load the new or revised AS and report resulting MAP to their medical readiness office.

13.24.2.3. The MEFPAK will coordinate with AFMSA/SGPX to determine the reporting option to be applied when the AS change is considered major. The five options are summarized below. (A detailed flow chart with descriptions of each option is at **Attachment 40**).

13.24.2.3.1. Reporting Option 1. Follow current procedures of adding new item levels in MEDLOG/DMLSS and identifying deleted items in the master record (MEDLOG) or when the item identification is marked for deletion with the LOG catalog (DMLSS). When the item being replaced is an acceptable substitute for the new item, establish a Prime Sub relationship. Load the new/revised AS and report the resulting MAP to the Medical Readiness Office.

13.24.2.3.2. Reporting Option 2. Load new/revised AS, but do not include assemblages in SORTS calculations until a pre-determined MAP is achieved.

13.24.2.3.3. Reporting Option 3. Record current MAP, load new/revised AS, then report current MAP until a predetermined Mission Capable Date (MCD) is set. AFMSA/SGPX sets the MCD for each project. Once the MCD is reached, report the MAP for the new/revised AS.

13.24.2.3.4. Reporting Option 4. Create a temporary project (MEDLOG) or a Nonstandard Assemblage (DMLSS) consisting of the "delta" (difference) between on-hand assets in the current project and items required in the new/revised AS. The existing project will be maintained in a deployable readiness state until the MCD. Current project MAP will be reported until MCD for the new/revised project is reached, at which time the appropriate elements of the existing and delta projects will be combined to form a single project based on the new/revised AS. The resulting MAP will be reported for SORTS from this point forward.

13.24.2.3.5. Reporting Option 5 ("Swing Assets"). AFMSA/SGPX designates a percentage of the new/revised projects to be completely built at an off-site assembly location (e.g. AFMSA/SGSLW) based on 100% of the new/revised AS. Completed projects will be exchanged for old assemblages at MTFs. Old assemblages will be retrofitted at the off-site location based on new/revised AS and exchanged with assemblages at other bases. This process will be repeated until all old assemblages have been replaced. The new/revised AS MAP will only be reported for SORTs upon receipt by the gaining MTF. (NOTE: AFMSA/SGPX must coordinate with AFMSA/SGSLX prior to designating this option.)

13.25. Controlled Cryptographic Items. The central controlled cryptographic item (CCI) authority must ensure all CCI assets belonging to the Air Force are controlled in the Standard Base Supply System (SBSS), COMSEC Materiel Control System (CMCS), MEDLOG, or DMLSS. These systems satisfy the CCI accounting requirements established in AFI 33-275, *Controlled Cryptographic Items*, and includes the capability of tracing specific CCI equipment, by serial number, to a location or activity charged with that equipment.

13.26. Continuity Files.

13.26.1. The WRM Project Officer or WRM Crew Chief (if designated) will maintain a continuity file for all assigned projects to document WRM decisions and actions as a means of maintaining corporate knowledge during transitions. These files summarize project status and act as a ready management reference for other government personnel to deploy/activate or assume in-garrison ownership of a given project. They also provide a document trail that will assist during audits and inspections. The file will be accessible to all members of the Medical Logistics Flight involved in WRM management

or deployment. At a minimum, the continuity file will have 12 months of information and will include the following:

13.26.1.1. Administrative section (letters of appointment; MRSF minutes; points of contact; MOUs with supported ARC units, MOUs with base support agencies).

13.26.1.2. Hard copy of the AS and all changes (include a new copy semi-annually).

13.26.1.3. Execution guidance (Mission Capability Statement; Tactics, Techniques, and Procedures (TTP); CONOPS; local plans and operating instructions).

13.26.1.4. Activation checklist.

13.26.1.5. Current WRM Medical Stock Status Report (MEDLOG) or the February Assembly Management Allowance Status Report (DMLSS) annotated with appropriate comments/revisions.

13.26.1.6. Project Readiness (limiting factors/status of corrective actions; critical item shortages; base pallet/net monitor issues).

13.26.1.7. Basis of Issue documentation if applicable (Force Health Protection projects; POS calculations).

13.26.1.8. Budget (AFWCF/MDD budget submission; status of funds).

13.26.1.9. Acquisition (WRM acquisition plan; due-in status; DP plans).

13.26.1.10. QA (dated item listings; QA messages; shelf life extension program information).

13.26.1.11. Equipment management (preventive maintenance/calibration schedules; centrally managed equipment; due-in status).

13.26.1.12. Inventory schedules.

13.26.1.13. Exercises (schedules; After Action Reports; status of discrepancies; item loan documentation).

13.26.1.14. Audits and inspections (e.g., status of discrepancies; schedules of future audits and inspections).

13.26.2. The MLFC will ensure the continuity files are reviewed as part of the Medical Logistics Flight self-inspection program.

Section 13B—Allowance Standard Development, Change, and Review Policy

13.27. Responsibilities.

13.27.1. The initiating activity (e.g., Air Staff, MAJCOM, unit, etc.):

13.27.1.1. Determines the requirement for the AS resulting from:

13.27.1.1.1. New mission requirement.

13.27.1.1.2. Operations plan support.

13.27.1.1.3. Casualty management.

13.27.1.1.4. Other program support.

13.27.1.2. Develops Mission Needs Statement (MNS) outlining:

13.27.1.2.1. What type of unit is required.

13.27.1.2.2. Why assemblages currently in the inventory will not satisfy the need.

13.27.1.2.3. Justification for requirement.

13.27.1.3. Submits MNS to HQ USAF/SGR.

13.27.2. HQ USAF/SGR will:

13.27.2.1. Evaluate the need statement.

13.27.2.2. If approved, appoint MEFPAK OPR for AS development.

13.27.2.2.1. The MEFPAK will be the primary user with the most expertise in the mission the AS supports.

13.27.2.2.2. In some cases, more than one operating command will be assigned the mission that an AS supports. When this occurs, one agency will be selected to be the focal point to control AS activities and be responsible for coordinating changes with other using commands.

13.27.2.2.3. Information on existing AS, MEFPAKs, review, and approval authorities can be found at the AFML website, Medical Readiness section.

13.27.3. The MEFPAK, in conjunction with the designated pilot unit and other applicable agencies, will develop a complete MNS, CONOPS, and/or TTP of the proposed medical activity including but not limited to:

13.27.3.1. Level of treatment.

13.27.3.1.1. Emergency medical treatment.

13.27.3.1.2. Initial resuscitative care.

13.27.3.1.3. Surgical-General.

13.27.3.1.4. Surgical-Intense.

13.27.3.1.5. Intermediate hospital.

13.27.3.1.6. Definitive care.

13.27.3.1.7. Evacuation policy.

13.27.3.2. Level of mobility.

13.27.3.2.1. Fixed.

13.27.3.2.2. Non-mobile, but re-locatable.

13.27.3.2.3. Mobile, but no assigned transport.

13.27.3.2.4. Mobile, with some organic transport.

13.27.3.2.5. Mobile, with complete organic transport.

13.27.3.2.6. Mobile, redeployable after initial set-up.

13.27.3.3. Number of beds.

13.27.3.4. Number of operating rooms.

13.27.3.5. Types of care.

13.27.3.6. Staff composition - major specialties.

13.27.3.7. Daily surgical case capacity.

13.27.3.8. Daily admission capacity.

13.27.3.9. Outpatient treatment capacity.

13.27.3.10. Patient holding capability.

13.27.3.11. Limitations.

13.27.3.12. Support required by nonmedical units (e.g., CE for generator maintenance).

13.27.3.13. Days of operation without resupply.

13.27.3.14. Appointing a Pilot Unit.

13.27.4. Pilot Unit will:

13.27.4.1. Review Pilot Unit responsibilities outlined in AFMAN 10-401V1, *Operation Plan and Concept Development and Implementation*; and AFI 10-403, *Deployment Planning and Execution*.

13.27.4.2. Assist in the development of the Mission Capabilities Statement (MISCAP), CONOPS, and/or TTP.

13.27.4.3. Ensure copies of the MISCAP, CONOPS, and/or TTP are current and correct.

13.27.4.4. Obtain copies of pertinent After Action Reports, either through MAJCOM or directly from the non-pilot unit to review for potential changes.

13.27.4.5. Develop and manage materiel requirements for a standard UTC.

13.27.4.6. Provide AS maintenance on an ongoing basis.

13.27.4.7. Conduct thorough reviews of AS, MISCAP, CONOPS, TTP, and training plans at a minimum on an annual basis.

13.27.4.8. Assign and review critical item designation in accordance with the following definition: “The most important items that are required for the preservation of life and limb are designated "critical" on deployable assemblage AS. "Critical" items will not exceed 60% of the total line items on an AS. The types of wounds and diseases expected must be considered when identifying critical items. Similarly, items needed for proper stabilization of the casualty and activation of the evacuation chain (as necessary) must be included. Other items that should be designated critical include simple diagnostic equipment and vital infrastructure components (shelter, heat, lighting, and water use items). The assemblage must be maintained as a system when designating critical items.”

13.27.4.9. Develop and validate the logistics detail (LOGDET) twice annually, or more frequently when substantial changes occur.

13.27.4.10. Provide MEFPAK documentation of recommended AS changes along with rationale for the changes.

13.27.4.11. Submit Item Standardization Requests to the MEFPAK for items without a National Stock Number including appropriate product identification literature.

13.27.5. Pilot Unit (AS development teams) will:

13.27.5.1. Receive briefings on the medical mission to be supported. Acquires background information, knowledge of mission of proposed assemblage, and the units the assemblage will support.

13.27.5.2. Determine the functional sections to be included in the AS, and the requirements for base operating support such as food service, laundry, and billeting.

13.27.5.3. Specify and coordinate with other units that will be tasked to provide support.

13.27.5.4. With clinical input and using existing AFMS UTC AS as a baseline, develop a list of supply and equipment items required to support each type of casualty or function.

13.27.5.4.1. Base requirements on types and numbers of casualties.

13.27.5.4.2. Limit equipment items to those that meet mission requirements. Uses Patient Movement Item equipment to the greatest extent possible. Includes associated supply items for equipment without provisioning data. To aid the procurement process, identifies consumables and accessories that are unique to a specific equipment end item.

13.27.5.4.3. Identify critical items per definition in paragraph **13.27.4.8.**

13.27.5.5. Contact AFMSA/SGSLX to obtain the latest guidance for determining the type of shelter required.

13.27.5.6. Contact AFMSA/SGSLX for correct format and method of submission.

13.27.5.7. Submit proposed lists of items to MEFPAK.

13.27.5.8. MEFPAK reviews list of items and submits to AFMSA/SGSLX.

13.27.6. Pilot unit Medical Logistics team will:

13.27.6.1. Develop assemblage layout blueprint to be used as a guideline for other AF units with the same assembly.

13.27.6.2. Maintain assemblage characteristics to include weight, cube and height of assemblage, copies of load lists, and packing lists as a model for other units.

13.27.6.3. Submit all required Declaration of Hazardous goods forms to AFMSA/SGSLX for posting to the AFML website.

13.27.7. AFMSA/SGSLX will:

13.27.7.1. Review the proposed AS to ensure currency of items.

13.27.7.2. Determine if equipment selected is acceptable for its intended use (e.g., air certified, etc.) and poses no safety or related problems.

13.27.7.3. Coordinate with functional consultants to ensure necessary consumable items have been included with equipment items.

13.27.7.4. Coordinate with AF medical consultants and AFMSA/SGPX in performing final review and approval action.

13.27.7.5. Resolve major item selection problems with the MEFPAK and Pilot Unit.

13.27.7.6. Request an AS number from AFMC.

13.27.7.7. Make changes, corrections, etc., to the proposed list of items.

13.27.7.8. Submit list to AS monitor at WR-ALC/LETA for publication.

13.28. Allowance Standard Changes, Additions, and Deletions.

13.28.1. The agency recommending the change, if other than the approval authority, will provide rationale for the change through MEFPAK and Pilot Unit channels. (see AS change process flow chart at **Attachment 41**).

13.28.2. The Pilot Unit will review the requested change, coordinate with other using agencies, and forward the change to MEFPAK with full justification and comments.

13.28.3. The MEFPAK will forward approved changes with justification and comments to AFMSA/SGSLX.

13.28.4. AFMSA/SGSLX will review the proposed changes. Appropriate background information and comments are added and sent to the review and approval authority. AFMSA/SGPX, in coordination with the appropriate consultant's office, is the final approval authority on all contingency AS.

13.28.5. The approval authority returns the approved or disapproved request with appropriate comments to AFMSA/SGSLX.

13.28.6. AFMSA/SGSLX forwards approved requests to the MEFPAK, appropriate activities, and WR-ALC/78ABW/LGSE.

13.28.7. Disapproved requests will be forwarded with full justification to the MEFPAK. The MEFPAK will notify the originating activity.

13.28.8. Minor cataloging changes require coordination with the MEFPAK to ensure the item meets the requirements. Upon MEFPAK coordination, AFMSA/SGSLX will take appropriate action and notify the Pilot Unit, base level activities, and AFMSA/SGPX.

13.28.9. Major changes require MEFPAK coordination with AFMSA/SGPX to determine appropriate action (e.g. transition plan, prime-sub relationships) and SORTS reporting option to be applied.

13.29. Allowance Standard Review Procedures.

13.29.1. The Pilot Unit will review the AS annually and submit recommendations through the MEFPAK to AFMSA/SGSLX.

13.29.1.1. Include a detailed and critical look at the items in the AS.

13.29.1.2. Review for changes in critical item designation.

13.29.1.3. Prepare a detailed document showing proposed changes and the reasons for each change and send it to the MEFPAK who in turn validates and forwards to AFMSA/SGSLX. Changes will be processed as indicated in paragraph **13.28.**

13.29.1.4. AFMSA/SGSLX will ensure that annual reviews are conducted and provide an AS review schedule to AFMSA/SGSL and AFMSA/SGPX.

13.29.2. At least once every three years, the AS Pilot Unit, MEFPAK, AF consultants, AFMSA/SGPX, AFMSA/SGSLX, and appropriate field activities will conduct a thorough CONOPS/TTP and

AS review. Changes recommended at the review conferences must be processed with substantiating background data as described in paragraph **13.28.**

13.30. Forms Prescribed. AF Form 581, Medical Linen Supply Record.

13.31. Forms Adopted.

13.31.1. DD Form 150, **Special Measurements Blank for Special Measurements/ Orthopedic Boots and Shoes**

13.31.2. DD Form 200, **Financial Liability Investigation of Property Loss**

13.31.3. DD Form 250, **Material Inspection and Receiving Report**

13.31.4. DD Form 350, **Individual Contracting Action Report**

13.31.5. DD Form 448, **Military Interdepartmental Purchase Request (MIPR)**

13.31.6. DD Form 448-2, **MIPR Acceptance**

13.31.7. DD Form 771, **Eyewear Prescription**

13.31.8. DD Form 1149, **Requisition and Invoice/Shipping Document**

13.31.9. DD Form 1150, **Request for Issue or Turn-In**

13.31.10. DD Form 1155, **Order for Supplies or Service**

13.31.11. DD Form 1191, **Warning Tag for Medical Oxygen Equipment**

13.31.12. DD Form 1348, **DOD Single Line Item Requisition System Document (Manual)**

13.31.13. DD Form 1348-1A, **Issue Release/Receipt Document**

13.31.14. DD Form 1348-6, **DOD Single Line Item Requisition System Document (Manual - Long Form)**

13.31.15. DD Form 1384, **Transportation Control and Movement Document (TCMD)**

13.31.16. DD Form 1387, **Military Shipment Label**

13.31.17. DD Form 1391, **FY ____ Military Construction Project Data**

13.31.18. DD Form 1391c, **FY ____ Military Construction Project Data (Continued)**

13.31.19. DD Form 1502, **Medical Materiel Shipment, Frozen**

13.31.20. DD Form 1502-1, **Medical Material Shipment, Chilled**

13.31.21. DD Form 1502-2, **Limited Unrefrigerated Medical Material Shipment**

13.31.22. DD Form 1575, **Suspended Tag – Materiel**

13.31.23. DD Form 1575-1, **Suspended Label – Materiel**

13.31.24. SF 30, **Amendment of Solicitation/Modification of Contract**

13.31.25. SF 135, **Records Transmittal and Receipt**

13.31.26. SF 364, **Supply Discrepancy Report (SDR)**

13.31.27. AF Form 9, **Request for Purchase**

13.31.28. AF Form 36, **Supply Document Register (Manual)**

13.31.29. AF Form 105F-2, **Stock Record Card (Cost Category II)**

13.31.30. AF Form 105F-4, **Due-In and Due-Out Record**

13.31.31. AF Form 126, **Customer Request Log**

13.31.32. AF Form 538, **Personal Clothing and Equipment Record**

13.31.33. AF Form 581, **Medical Linen Supply Record**

13.31.34. AF Form 601, **Equipment Action Request**

13.31.35. AF Form 616, **Fund Cite Authorization**

13.31.36. AF Form 847, **Recommendation for Change of Publication**

13.31.37. AF Form 971, **Supervisor's Employee Brief**

13.31.38. AF Form 1000, **IDEA Application**

13.31.39. AF Form 1297, **Temporary Issue Receipt**

13.31.40. AF Form 1763, **Medical Maintenance Work Order**

13.31.41. AF Form 2530, **Alarm System Test Record**

13.31.42. AF Form 3062, **Abstracts of Proposals/Quotations**

13.31.43. AF Form 3215, **C4 Systems Requirements Document**

13.31.44. AF Form 4009, **GPC Fund Cite Authorization**

13.31.45. DEA Form 106, **Report of Loss or Theft of Controlled Drugs**

13.31.46. DEA Form 222, **Official Order Form for Schedule I and II Controlled Substances**

13.31.47. DEA Form 222A, **Order Book Requisition**

13.31.48. DEA Form 224, **New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner**

13.31.49. DEA Form 224A, **Renewal Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner**

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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Abbreviations and Acronyms

AAC—Acquisition Advice Code

AAFES—Army and Air Force Exchange Service

ACC—Air Combat Command

ACPOP—Alternate Commercial Product Ordering Program

ADPE—Automated Data Processing Equipment

ADVON—Advanced Echelon

AE—Aeromedical Evacuation

AECT—Aeromedical Evacuation Coordination Team

AEF—Air and Space Expeditionary Force

AES—Aeromedical Evacuation Squadron

AETC—Air Education and Training Command

A&F—Accounting and Finance

AFEMS—Air Force Equipment Management System

AFFARS—Air Force Federal Acquisition Regulation Supplement

AFIN—Air Force Information Network

AFMC—Air Force Materiel Command

AFML—Air Force Medical Logistics

AFMLL—Air Force Medical Logistics Letter

AFMLOC—Air Force Medical Logistics Operations Center

AFMS—Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFMSA/SGSL—Medical Logistics Division, Office of the AF Surgeon General

AFOSH—Air Force Occupational Safety & Health

AFRC– —Air Force Reserve Center

AFRES—Air Force Reserves

AFSOC—Air Force Special Operations Command

AFSPC—Air Force Space Command

AFTH—Air Force Theater Hospital

AFTTP—Air Force Tactics, Techniques, and Procedures

AFWCF/MDD—Air Force Working Capital Fund Medical-Dental Division

AFWUS—Air Force Wide UTC Summary

AHFS—American Hospital Formulary Service

AIS—Automated Information System

ALC—Air Logistics Center

AMA—American Medical Association

AM—Assemblage Management (DMLSS)

AMC—Air Mobility Command

ANG—Air National Guard

ANSI—American National Standards Institute

APOD—Aerial Point of Debarkation

APOE—Aerial Port of Embarkation

ARC—Air Reserve Component

ART—Air Expeditionary Force UTC Reporting Tool

AS—Allowance Standard

ASC—Allowance Source Code

ASF—Aeromedical Staging Facility

ASIMS—Allowance Standard Information Management System

ASRS—Allowance Standard Retrieval System

BAFO—Best and Final Offer

BCE—Base Civil Engineer

BCO—Base Contracting Officer

BEE—Bioenvironmental Engineer

BES—Bioenvironmental Engineering Services

BLIC—Budget Line Item Code

BLS ——Bureau of Labor Statistics

BMET– —Biomedical Equipment Technician

BMER—Biomedical Equipment Repair

BO—Business Objects

BOD—Beneficial Occupancy Date

BPA—Blanket Purchase Agreement

BRAC—Base Realignment and Closure

BW/CW—Biological Warfare/Chemical Warfare

C&A—Certification and Accreditation

CAGE—Commercial and Government Entity

CAIM—Customer Area Inventory Management (DMLSS)

CANA—Convulsive Antidote for Nerve Agent (Diazepam)

CARE—Closure and Realignment Effort/Execution (BRAC)

CARE—Customer Automation and Reporting Environment (GPC)

CBL—Commercial Bill of Lading

CCATT—Critical Care Air Transport Team

CCB—Configuration Control Board

CCI—Controlled Cryptographic Items

CCR—Central Contractor Registration

CE—Civil Engineer

CEMO—Command Equipment Management Office

CFY—Current Fiscal Year

CIIC—Controlled Items Inventory Code

CLIN—Contract Line Item Number

CMCS– —COMSEC Materiel Control System

CME—Centrally Managed Equipment

CMEMO—Command Medical Equipment Management Office

COMPES—Contingency Operations/Mobility Planning and Execution System

COMSEC—Communications Security

CONOPS—Concept of Operations

CONUS—Continental United States

COR—Contracting Officer Representative

COTR —Contracting Officer Technical Representative

COTS—Commercial Off the Shelf

CPD—Central Processing and Distribution

CPU—Central Processing Unit

CS—Customer Support

CSRB—Communications-Computer Systems Requirements Board

CSW—Customer Support on the Web

CT—Computed Tomography

DAAS—Defense Automatic Addressing System

DAASC—Defense Automatic Addressing System Center

DAO—Defense Accounting Office

DAPA—Distribution and Pricing Agreement

DAPS—Defense Automated Printing Service

DASH—DMSSC Automation Support Hardware

DBPA—Decentralized Blanket Purchase Agreement

DCM—DMLSS Communication Management

D-Day—Represents Deployment Day

DDC—Defense Distribution Center

DDJC—Defense Distribution Depot, San Joaquin

DDR—Daily Demand Rate

DDSP—Defense Distribution Depot Susquehanna, PA

DEA—Drug Enforcement Agency

DeCA—Defense Commissary Agency

DEPMEDS—Deployable Medical System

DEPRA—Defense Program for Redistribution of Assets

DFAR—Defense Federal Acquisition Regulation

DFARS—Defense Federal Acquisition Regulation Supplement

DFAS—Defense Finance and Accounting Service

DHP—Defense Health Program

DIC—Document Identifier Code

DII—Defense Information Infrastructure

DISA—Defense Information Systems Agency

DITMS—Defense Information Technology Management System

DLA—Defense Logistics Agency

DMIS—Defense Medical Information System

DMO—Division Management Office

DMLSS—Defense Medical Logistics Standard Support

DMS—Defense Message System

DMSSC—Defense Medical System Support Center

DOC—Designated Operational Capability

DOD—Department of Defense

DODAAC—Department of Defense Activity Address Code

DODAAD—Department of Defense Activity Address Directory

DODDS—Department of Defense Dependents School

DODMMQC—Department of Defense Medical Materiel Quality Control

DOT—Department of Transportation

DP—Deferred Procurement

DRMO—Defense Reutilization and Marketing Office

DRMS– —Defense Reutilization and Marketing Service

DSCP—Defense Supply Center Philadelphia

DSN—Defense Switched Network

DTS—Defense Transportation Systems

DVA—Department of Veterans Affairs

EAF—Expeditionary Aerospace Forces

EAID—Equipment Authorization Inventory Data

ECAT—Electronic Catalog

ECCT—Expeditionary Critical Care Team

EDI—Electronic Data Interchange

EDL—Equipment Data List

EM—Environmental Manager

EM—Equipment Management (DMLSS)

EMC—Equipment Management Code

EMEDS—Expeditionary Medical Support

EML—Expeditionary Medical Logistics

EOD—End of Day

EOFY—End of Fiscal Year

EOM—End of Month

EOQ—Economic Order Quantity

EOR—Element of Resource

EPA—Environmental Protection Agency

EPCRA—Emergency Planning and Community Right to Know Act

ERAA—Equipment Review and Authorization Activity

ERRC—Expendability, Reparability, Recoverability Category

ESD—Estimated Shipping Date

ESL—Estimated Storage Life

ESP—Emergency and Special Program

ESOC—Emergency Supply Operations Center

FAC—Functional Area Chief

FAD—Force Activity Designator

FAR—Federal Acquisition Regulation

FDA—Food and Drug Administration

FEDLOG—Federal Logistics Data on Compact Disc

FFF (F3)—Form, Fit, and Function

FGS—Final Governing Standards

FID—Function Identified

FL—Forward Logistics

FM—Facility Management (DMLSS)

FMS—Foreign Military Sales

FOA—Field Operating Agency

FOB—Free on Board

FOB—Found on Base

FSC—Federal Supply Class

FSG—Federal Supply Classification Group

FSS—Federal Supply Schedule

FTP—File Transfer Protocol

FTP/IP—File Transfer Protocol / Internet Protocol

FY—Fiscal Year

GAO—Government Accounting Office

GBL—Government Bill of Lading

GFM—Government Furnished Materiel

GLAC—General Ledger Accounting Code

GPC—Government Purchase Card

GSA—General Services Administration

GSU—Geographically Separated Units

GUI—Graphical User Interface

HAMS—Hospital Aseptic Management System

HAZMAT—Hazardous Materiel

HIBCC—Health Industry Business Communications Council

HM—Hazardous Materiel

HMEP—Hospital Medical Expansion

HMIS—Hazardous Material Information System.

HMP—Hazardous Materiel Pharmacy

HMR—Historical Maintenance Report

HSEP—Hospital Surgical Expansion Package

HVAC—Heating, Ventilation, and Air Conditioning

HW—Hazardous Waste

IAPS—Integrated Accounts Payable System

IAV—Inventory Adjustment Voucher

ICC—Interstate Commerce Commission

ICP—Inventory Control Point

ICP/IMM—Inventory Control Point / Integrated Material Manager

IDEA—Innovative Development Through Awareness

IDO—Internal Distribution Operation

IEU—Individual Equipment Unit

IGCE—Independent Government Cost Estimate

IGM—In-Garrison Maintenance

ILSP—Integrated Logistics Support Plan

IM—Inventory Management (DMLSS)

IM—Inventory Manager

IM—Item Manager

IMM—Integrated Materiel Manager

IP—Internet Protocol

IPR—In-Process Review

IQC—Indefinite Quantity Contract

ISBN—International Standard Book Table

ISSA—Inter-Service Support Agreement

J&A—Justification and Approval

JADWG—Joint Application Development Working Group

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

JCN—Joint Control Number

JCS—Joint Chiefs of Staff

JIT—Just in Time

JMAR—Joint Medical Asset Repository

JML—Joint Medical Logistics

JMLFDC—Joint Medical Logistics Functional Development Center

JRCAB—Joint Readiness Clinical Advisory Board

JTAV—Joint Total Asset Visibility

LAN—Local Area Network

LIC—Labeler Identifier Code

LIDS—Laboratory Integrated Delivery System

LIMFAC—Limiting Factors

LMR—Land Mobile Radio

LOGDET—Logistics Detail

LOGFOR—Logistics Force Packaging System

LOGMOD—Logistics Module of COMPES

LOX—Liquid Oxygen

LP—Local Purchase

LUM—Low Unit of Measure

MAJCOM—Major Command

MAP—Materiel Availability Percentage

MCD—Mission Capable Date

MEDCAT—Medical Catalog

MEDLOG—Medical Logistics Computer System

Med/Surg—Medical/Surgical

MEFPAK—Manpower and Equipment Force Packaging

MEMO—Medical Equipment Management Office

MEPRS—Medical Expense Performance Reporting System

MER—Medical Equipment Repair

MERC—Medical Equipment Repair Center

MFST—Mobile Forward Surgical Team

MG—Milligram

MHS—Military Health System

MIDI—Military Item Disposal Instruction

MILCON—Military Construction Program

MILSBILLS—Military Standard Billing System

Mil-STD—Military Standard

MILSTAMP—Military Standard Transportation and Movement Procedures

MILSTRIP—Military Standard Requisition and Issue Procedures

MIPR—Military Interdepartmental Purchase Request

MISCAP—Mission Capabilities Statement

MLA—Medical Logistics Activity

MLFC—Medical Logistics Flight Commander

MNS—Mission Needs Statement

MOA—Memorandum of Agreement

MOM—Military Ordinary Mail

MORD—Miscellaneous Obligation Reimbursement Document

MOU—Memorandum of Understanding

MOV—Materiel Obligation Validation

MRL—Medical Resources Letter

MRDSS—Medical Readiness Decision Support System

MRO—Materiel Release Order

MRQ—Maximum Release Quantity

MRQ—Maximum Reorder Quantity (DMLSS)

MRSF—Medical Readiness Staff Function

MSDS—Material Safety Data Sheet

MTF—Medical Treatment Facility

MTMC—Military Traffic Management Command

NDC—National Drug Code

NDDF—National Drug Data File

NFPA—National Fire Protection Association

NGB—National Guard Bureau

NIH—National Institutes of Health

NIIN—National Item Identification Number

NIR—New Item Request

NLT—Not Later Than

NMFC—National Motor Freight Classification

NMLC—Navy Medical Logistics Command

NSN—National Stock Number

O&M—Operations and Maintenance

OCONUS—Outside the Continental United States

ODS—Ozone Depleting Substances

OEBGD—Overseas Environmental Baseline Guidance Document

OMB—Office of Management and Budget

OP—Other Procurement

OPLOC—Operating Location (DFAS)

OPR—Office of Primary Responsibility

ORD—Operational Requirement Document

OSD/HA—Office of the Secretary of Defense/Health Affairs

OSHA—Occupational Safety & Health Administration

OSI—Office of Special Investigations

PACAF—Pacific Air Forces

PAD—Public Access Defibrillator

PAM—Prevention and Aerospace Medicine

PAR—Periodic Automatic Resupply

PBSC—Performance-Bases Services Contracts

PCN—Product Control Number

PD—Purchase Description

PDO—Publications Distribution Office

PEC—Program Element Code

PFMR—Project Fund Management Record

PFSR—Procurement Fund Summary Record

PFY—Prior Fiscal Year

PH—Public Health

PLT—Procurement Lead Time (Pipeline Time)

PM—Preventive Maintenance

PMI—Patient Movement Item

PMO—Program Management Office

PMRP—Precious Metal Recovery Program

PO– —Purchase Order

POC—Point of Contact

POM—Program Objective Memorandum

POS—Peacetime Operating Stock

PPC—Product Price Comparison

PP&E—Plant, Property and Equipment

PR—Purchase Request

PTF—Pharmacy and Therapeutics Function

PV—Prime Vendor

PVI—Prime Vendor Interface

PWRS—Prepositioned War Reserve Stock

PWS—Performance Work Statement

QA—Quality Assurance

QAE—Quality Assurance Evaluator

QAEPC—Quality Assurance Evaluator Program Coordinator

QASP—Quality Assurance Surveillance Plan

RC/CC—Responsibility Center/Cost Center

RCS—Reports Control Symbol

RDD—Required Delivery Date

RDO—Redistribution Order

RF—Radio Frequency

RID—Routing Identifier

RM—Risk Management

RMO—Resource Management Office

RMS—Resource Management System

ROF—Routine Ordering Facility

ROP—Reorder Point

RPIE—Real Property Installed Equipment

SBA—Small Business Administration

SBSS—Standard Base Supply System

SCL—Stock Control Level

SCR—System Change Request

SFFAS—Statement of Federal Financial Accounting Standards

SIMLM—Single Integrated Medical Logistics Manager

SLEP—Shelf Life Extension Program

SMAS—Standard Materiel Accounting System

SORTS—Status of Resources and Training System

SOS—Source of Supply

SOW—Statement of Work

SPEARR—Small Portable Expeditionary Aeromedical Rapid Response

SPS—Standard Procurement System

SRAN—Stock Record Account Number

SS—System Services (DMLSS)

SSG—Standard Systems Group

TAC—Transportation Account Code

TCN—Transportation Control Number

TCP/IP—Transmission Control Protocol / Internet Protocol

TEP—Technical Evaluation Plan

TMDE—Test Measurement Diagnostic Equipment

TMIP—Theater Medical Information Program

TMO—Transportation Management Office

TMSSC—Tri-Service Medical System Support Center

TO—Technical Order

TRICARE—DOD Managed Health Care Program

TRIMEDS—Tri-Service Medical Excess Distribution System

TSD—Treatment, Storage and Disposal

TTP—Tactics, Techniques and Procedures

UDR—Universal Data Repository

UFC—Uniform Freight Classification

UMMIPS—Uniform Materiel Movement & Issue Priority System

UND—Urgency of Need Designator

UPC—Universal Product Code

UPN—Universal Product Number

UPS—Uninterruptible Power Supply (**Chapter 7**)

UPS—United Parcel Service (**Attachment 5**)

USA—United States Army

USAFA—United States Air Force Academy

USAFE—United States Air Force Europe

USAF—United States Air Force

USAMMA—United States Army Medical Material Agency

USN—United States Navy

USP—United States Pharmacopoeia

USPFO—United States Property and Fiscal Officer

USPS—United States Postal Service

USSAMCE—United States Army Medical Materiel Center Europe

UTC—Unit Type Code

VA—Veterans Administration

VAN—Value Added Network

VASS—Veterans Administration Special Services

VCN—Vendor Catalog Number

VCO—Vehicle Control Officer

VCNCO—Vehicle Control Non-Commissioned Officer

VISN3—Veterans Integrated Service Network 3

VMI—Vendor Managed Inventory

WMP—War and Mobilization Plan

WR-ALC—Warner Robins-Air Logistics Center

WRM—War Reserve Materiel

YTD—Year to Date

ZOP—Zero Overpricing Program

Terms

Accountability—The added degree of responsibility for property that exists when a designated individual must maintain property records that are subject to audit.

Accountable Medical Supply Officer—A Medical Service Corps officer, civilian GS-11, or fully qualified senior NCO appointed to be accountable for the medical stock record account.

Accounting and Finance Office—The base agency charged with the technical responsibility for the financial accounting, disbursing, and financial reporting for all appropriations, funds, and financial resources of the Air Force.

Accumulation Site—A designated base location, managed by the base Environmental Manager, to place hazardous waste (HW) from several generation points in containers or tanks for a length of time up to 90 days. The sites are typically at some distance from the generation points and are subject to additional inspection and containment requirements in Subparts I and J of 40 CFR 265. HW from individual generation points must be properly labeled and kept separated from each other. Consult the base Environmental Manager and the base HW management plan to determine if such an accumulation site is available for HW produced by the MTF. (See below for an explanation of "initial accumulation point.")

Aeromedical Evacuation Coordination Team (AECT)—The activity, usually within the Joint Air Operations Center, which monitors all activities related to AE operations execution. It manages medical aspects of AE missions, coordinates medical requirements with airlift capability, assigns medical missions to appropriate AE elements, and monitors patient movement activities.

Aeromedical Staging Facility (ASF)—A medical facility located on or near an air base (or airstrip) to receive, administratively support, process, transport (on the ground), feed, and provide health care for patients entering, in the midst of, or leaving the aeromedical evacuation system.

AE Certification—The culmination of processes to assure that a piece of equipment will perform as specified during the stresses of flight without jeopardizing the safe operation of the aircraft.

Air Force Working Capital Fund Medical-Dental Division (AFWCF/MDD)—A division of the Air Force Working Capital Fund authorized to procure, receive, store, and issue expense type medical items, under the RMS concept. The AFWCF/MDD provides a revolving account for expense type materiel (as defined for RMS purposes) from the time of its acquisition until it is issued. Overall responsibility for management of the AFWCF/MDD is vested in the Surgeon General and has been delegated to the AF Medical Logistics Office. Other directives concerning stock fund operations are DFAS-DER 7420-1, Procedures in Support of Air Force Stock Fund, and DFAS-DER 7000-8, Materiel and Property Accounting.

Allowance Document—An Air Force publication which prescribes items and quantities (basis of issue) of equipment normally required by Air Force organizations and individuals in the accomplishment of assigned missions, functions, and duties. Allowance documents are published as Allowance Standards (AS).

Allowance Standard (AS)—An equipment allowance document that prescribes basic allowances of organizational equipment and provides the control to develop, revise, or change Equipment Authorization Inventory Data (EAID).

Allowance Source Code (ASC)—The three position number of the allowance document from which the authorization was derived or an assigned three position number which identifies authorizations from sources other than allowance documents. Approved ASCs reside in the Air Force Equipment Management System (AFEMS) or are available on CD-ROM under the title "ASRS-CDROM" and are distributed through the local PDO."

Antineoplastic Drugs (AD)—Drugs that are toxic to rapidly proliferating neoplastic tissue. They are used to inhibit the growth of tumors through disruption of the cell cycle and destruction of actively growing cells. They are also known as cytotoxic, chemotherapy, or anticancer drugs.

Antineoplastic Drug (AD) Waste—Waste from AD agents or chemicals that occurs as remnants in containers or tubes or is waste due to accidents or spills. Also includes outdated AD that need to be disposed of as waste. Some AD waste is characterized as HW according to Part 261, Subpart C or is listed in Part 261, Subpart D of Title 40 Code of Federal Regulations (CFR). This waste is identified by specific U-listed HW numbers assigned by the Environmental Protection Agency (EPA). For consistent waste management, all AD waste will be disposed of as HW.

Assembly Management—A component of the Defense Medical Logistics Standard Support system which specifically manages WRM and home station response asset records.

Base Environmental Function—The organization (generally Base Civil Engineering (BCE), Environmental Management Office (EMO), or designated BCE or EMO Subgroup) possessing the

responsibility for the base HW management and planning activities and for establishing base-specific policy for all aspects of HW management.

Bulk Stores—The initial receiving and storage area for all items of supply and equipment in an MTF. Items in bulk stores belong to the AFWCF/MDD and are recorded on the accountable stock records.

Carcinogen—An agent or substance that is responsible for causing cancerous growth.

Cart Levels—Predetermined levels for each item of supply in ready-to-use form and sterile packs stocked on an exchange cart.

Cart Staging Area—A holding area for exchange carts that have been restocked or are just entering into the reprocessing functions. This may be an area contiguously located to bulk stores, assembly and sterilization, or processed stores.

Central Dispatch Office—An integral element of the processed stores function, which controls the stocking and dispatching of carts, and also serves as a single point of contact for emergency ordering of supplies.

Central Processing and Distribution—Provides for the central management of all medical materiel required to support inpatient care activities. The heart of this concept is an automatic distribution system. CPD requires the standardization and centralization of the element of storage and distribution.

Central Procurement—Action by designated agencies, such as the Air Force Materiel Command (AFMC) and the Defense Logistics Agency (DLA), to obtain consolidated requirements of materiel and services to meet department-wide requirements as distinguished from local purchase.

Centrally Managed Equipment—Items that are centrally budgeted, centrally acquired and centrally managed. The complete life cycle of the item is managed centrally for unit requirements.

Characteristic Waste—A waste that exhibits any of the characteristics listed in 40 CFR 261, Subpart C (i.e., toxicity, corrosiveness, ignitability, reactivity).

Command Equipment Management Office (CEMO)—The major command or separate operating agency organization responsible for managing the command equipment program for other than medical activity assets.

Command Medical Equipment Management Office (CMEMO)—The major command activity responsible for managing the command medical equipment program. The CMEMO is a function of the major command surgeon.

Consumable Supply Item—An expendable item that loses its identity when used, cannot be reused for the same purpose, or is not durable enough to last one year. Pharmaceuticals, X-ray film, and adhesive tape are examples.

Controlled Medical Item—An expendable item of medical materiel that, because of its susceptibility to misuse and theft, requires special accounting, storage, shipment, and issue precautions.

Crew Chief—The individual responsible for oversight of the activities of all government or contractor personnel involved in the maintenance of assigned WRM projects.

Customer Catalog—Table comprised of all stocked and non-stocked items used by a customer.

Decontamination Area—In a CPD operation, the initial receiving location of all items of supply from using activities, which require sorting, cleaning, and disinfecting. All items requiring sterilization are received in the decontamination area.

Defense Logistics Agency (DLA)—The agency of the DOD responsible for the wholesale management, procurement, and distribution of items of supply common to the military departments.

Defense Logistics Agency, Defense Reutilization and Marketing Office (DLA/DRMO)—The agency responsible for contracting for disposal of HW. Local DRMOs are authorized to accept accountability, but not physical custody, for disposal of noncontrolled, Resource Conservation and Recovery Act (RCRA) regulated HW in Federal Stock Class 6505.

Defense Supply Center Philadelphia (DSCP)—The activity designated by DLA to manage and control wholesale operations for medical, subsistence, and clothing and textile support.

Detached Medical Facility—An MTF that does not have a stock record account integral to its organization and receives medical logistics support from another host medical activity.

Durable Supply Item—An expendable item that is not consumed in use and has a life expectancy in excess of one year but does not qualify as an equipment item.

Echelon of Care—A level of medical treatment capability that corresponds to phases and type of care, human resources available, and estimated duration of patient stay.

Environmental Manager (EM)—The base Environmental Management function supervisor or designated representative. Synonymous with the term environmental coordinator.

Equipment Authorization Inventory Data (EAID)—A record of in-use equipment, mission category, and allowance source information.

Equipment Management Code (EMC)—A single digit code in the AF cataloging system to indicate the type of management required for nonmedical equipment.

Equipment-Medical—A medical item that has a life expectancy of five years or more, maintains its identity when in use, is nonexpendable, and costs more than $2500.

Equipment-Nonmedical—Nonmedical items that meet the criteria in AFMAN 23-110, *USAF Supply Manual,* Volume 4, Part 1, Chapter 18. All equipment is nonexpendable.

Equipment Review and Authorization Activity (ERAA)—A group or individual appointed to review equipment authorizations for the medical activity and make recommendations to the approving official.

Ethylene Oxide (ETO)—Used to sterilize surgical instruments, etc. Commercial ETO contains ozone depleting chemicals (ODC).

Expendability Code—See Medical Materiel Expendability Status Code.

Expense Medical Equipment—Medical equipment with a unit cost greater than $2500 and less than $250,000. **NOTE:** Included are those items under the micro-purchase threshold that require additional local control as designated by the MLFC.

Expiration Dated Materiel—Items labeled with a specific date beyond which the product either cannot be expected to yield its specific results or retain its required potency.

FDA Approved Drug—A drug approved for general use by the Food and Drug Administration (FDA) and manufactured in a facility that has been approved or recognized by the FDA, and administered only in a manner provided for in drug labeling.

Final Governing Standard—Applies to overseas environmental programs. Country specific substantive provisions, typically technical limitations on effluent, discharges, etc., or a specific management practice, with which DOD components must comply.

Forward Logistics—A proactive logistics function that is responsive to customer needs. It provides a complete medical logistics function to MTF customers.

General Refuse—Trash that poses no special health, aesthetic, or environmental risk.

Generating Activity—Each organization, shop, or work area possessing an operation or process that initially generates an HW stream. The generating activity must be identified in the MTF and Base Hazardous Waste Management Plan.

Generator—Any person, by site, whose act or process produces HW, or whose act first causes HW to become subject to regulation. The Environmental Protection Agency (EPA) and state environmental agencies typically consider the Air Force installation as the generator. Therefore, all references in this chapter to the HW generator apply to the installation commander or written designee.

Hazard Communication Standard—A Federal Occupational Safety and Health Administration (OSHA) requirement, 29 CFR 1910.1200, that ensures information on the hazards of materials are transmitted to employees by labeling and MSDSs.

Hazardous Constituent—Any component, or chemical within a mixture, found in Appendix VIII to 40 CFR 261 or Appendix IX to 40 CFR 264.

Hazardous Material (HM)—Any material that is a physical or health hazard and requires an MSDS as defined in the latest version of FED-STD 313, *Material Safety Data, Transportation Data and Disposal Data for Hazardous Materials Furnished to Government Activities*.

Hazardous Material Generating Activity—Each installation organization (including AF and non-AF tenants) that generates HM requiring disposal.

Hazardous Material Pharmacy (HMP)—The fundamental purpose of the HMP is to establish a single point of control for the purchase and use of hazardous materials (HAZMAT) and ozone depleting substances (ODS). The HMP objective is to minimize the quantity of HAZMAT and ODS on the installation. It accomplishes this by tracking the ordering, receipt, storage, distribution, use, and disposal of HAZMAT and ODS.

Hazardous Waste (HW)—A waste as defined in 40 CFR 261.3 (Fed Std 313c), or applicable state HW management rules and regulations. Determination of whether or not a waste is a regulated HW will be made by the Bioenvironmental Engineer (BEE) with the coordination of the base Environmental Manager.

Hazardous Waste Characterization—The identification, description, and qualification of a HW stream, usually accomplished by the Bioenvironmental Engineering Services office.

Hazardous Waste Management Plan (HWMP)—The HWMP is an installation-developed document that contains guidance for base personnel on local procedures for managing HW and incorporate pollution

prevention practices into HW management pollution. The HWMP should include all tenants, including government-owned, contractor operated (GOCO) operations that generate HW.

Hazardous Waste Profile Sheet—A document (DRMS Form 1930) that describes the physical and chemical properties of an HW.

Initial Accumulation Point—A designated location where HW from a specific process is first collected in a container near its point of generation. HW placed in the container must be associated with the specific nearby process and must not exceed a volume of 55 gallons of HW or one quart of acutely HW listed in 40 CFR 261.33(e).

Internal Distribution Operation (IDO)—A push supply system where medical materiel personnel automatically provide supplies to customers.

Investment Medical Equipment—An end item of medical equipment with a unit cost of $250,000 or more. Investment equipment is excluded from the AFWCF/MDD. All investment equipment will be accounted for while in use.

Issue Document —A form used to request materiel and/or services from a MLFC or base supply officer and the document which records the issue of materiel or receipt of the service.

Joint Medical Asset Repository (JMAR)—A query-based automated information system which provides asset visibility information for medical supplies, medical equipment, and blood products.

Joint-Use Equipment—Equipment that can be used to meet both an existing organization's mission and a wartime additive mission requirement. Joint-use equipment is accounted for on MEMO and WRM records.

Listed Waste—A specifically identified solid waste, material, or item that is listed in 40 CFR 261, Subpart D.

List Server—The program that handles subscription requests for a mailing list and distributes new messages, newsletters, or other postings from AFMSA/SGSL to the entire list of subscribers as they occur or are scheduled.

Local Purchase (LP)—An authorized purchase, from sources outside the Department of Defense, of materiel and services by a base activity for its own use or the use of a logistically supported activity. Local purchase is not limited to the immediate geographical area in which the base is located.

Manifest, EPA Form 8700-22 (Uniform Hazardous Waste Manifest) and EPA Form 8700-22a (Uniform Hazardous Waste Manifest Continuation Sheet)—These are EPA shipping documents that are required by Federal or state regulatory agencies for transportation of HW. Manifests are signed by the installation commander or designated representative and are used to track HW to an EPA permitted or interim status treatment, storage, and disposal facility, refer to 40 CFR 262, Subpart B.

Material Safety Data Sheet (MSDS)—A document containing the data required by, and prepared in accordance with, FED STD 313 to communicate to the user of the chemical, physical, and hazardous properties of material.

Medical Equipment Management Office—A functional element within each base medical logistics activity responsible for managing medical and nonmedical in-use equipment at each MTF. The MEMO is a nonnumbered account normally managed by the MLFC.

Medical Logistics—The functional area within a medical organization responsible for support of patient care in peacetime and wartime/contingency. Medical Logistics functions include responsibility for Materiel Management, Facility Management, Medical Equipment Management, Biomedical Equipment Maintenance, Contract Services to include professional services, and War Reserve Materiel (WRM) management.

Medical Logistics Flight Commander—A Medical Service Corps officer or civilian equivalent assigned to manage and coordinate all logistics activities in the MTF. At most small and medium size facilities, the MLFC is also the Accountable Medical Supply Officer.

Medical Materiel—Those items listed in the federal supply catalog as medical materiel and any similar non-stock listed items. Items listed in the federal supply catalog as medical materiel and similar non-stock listed items including non-medical items purchased through the AFWCF/MDD.

Medical Materiel Expendability Status Code—Indicates the expendability status of items maintained in the medical supply account. See *DLA Handbook*, for code explanations.

Medical Resources Letter—Planning document for contingency support personnel and logistics and source for Designed Operational Capability (DOC) statements, and Air Force Wide Unit Type Code (UTC) Availability and Tasking Summary (AFWUS) as approved by the Surgeon General.

Medical WRM Project Officer—An individual appointed by the MTF Commander to be responsible for the management of all WRM programs designated for the local MTF.

Military Standard Requisitioning and Issue Procedures (MILSTRIP)—A standardized requisitioning and issue procedure designed to provide compatibility among DOD activities and the GSA for requisitioning and issuing materiel by the military services and GSA.

Mixed Waste—Waste that is dangerous for more than one reason, e.g., both radioactive and toxic or toxic and regulated medical waste (infectious), or radioactive and regulated medical waste. The condition may arise from inadvertent mixing of separate wastes or may simply be due to different aspects of the same waste.

Mobility Equipment—Items and quantities of equipment required to be moved with a unit upon operational deployment.

MTF Catalog—Table comprised of all stocked and non-stocked items used by an MTF.

Narcotics—Drugs or preparations thereof consisting of opium, coca leaves, cocaine, or any salt, derivative, or preparation of opium, coca leaves, or cocaine, Meperidine (demerol), and any drug found by the Department of Justice and proclaimed by the President to have an addiction forming or addiction sustaining liability similar to morphine or cocaine, such as methadone (dolophine, adanon), nisentil, and marijuana (Cannabis Sativa L).

Nonrecurring Demand—A request by an authorized requisitioner to satisfy a materiel requirement known to be a one-time occurrence. This materiel is required to provide initial stockage allowances to meet planned program requirements or to satisfy a one-time requirement for maintenance or for a project. Nonrecurring demands normally will not be considered by the supporting supply system in the development of demand based elements of the requirements computation.

Official Inventory—An inventory that is conducted to formally record and correct discrepancies found between actual inventoried quantities and maintained accounting record balances.

Organizational Equipment—All equipment items authorized for, or on hand in, an organization to support its mission. All organizational equipment pertaining to a medical activity will be managed by the base/command MEMO.

Overseas Environmental Baseline Guidance Document (OEBGD)—Implementation guidance, procedures, and criteria for environmental compliance at DOD installations in overseas locations. The OEBGD is used by the Environmental Executive Agents to develop Final Governing Standards and in the case where no Final Governing Standards exist, provide the compliance criteria for use by the Air Force.

Ozone Depleting Chemicals (ODC)—Various hydrocarbon compounds that contain halogens, especially chlorine, and are believed to have an adverse effect on the earth's ozone layer. Also known as ozone layer depleting substances (OLDS).

Patient Movement Item (PMI)—Those items that are required to support a patient during aeromedical evacuation. For this program, PMI is generally confined to those items to be exchanged for patient care during transportation that are critical to sustain aeromedical evacuation operations and maintain medical capabilities.

Periodic Automatic Resupply (PAR) System—A system in which materiel personnel automatically restock using activities storage shelves with routinely used items to predetermined levels.

PMI Cell—A package of limited manpower, which may include materiel, to be sent to a forward medical element or MTF, that will track PMI and facilitate PMI use.

PMI Center—A regional site for PMI management that includes tracking, area inventory management, maintenance and repair, communication with other PMI centers, and distribution of PMI and personnel to meet regional needs or needs of a supported center.

Prepositioned Reserves—Designated portions of the WRM, set aside or earmarked for a specific purpose or designated force and prepositioned at a specified and pre-planned point for use.

Prime Vendor—A program in which a "prime" supplier for a commodity line provides the majority of the MTF's requirements for that commodity line. The purpose of the program is to shorten the logistics pipeline and make it more reliable.

Processed Stores—A central storage area for all materiel in a ready-to-use form (may include both sterile and nonsterile items). Processed stores should be in close proximity to the cart staging area.

Procurement—See Central Procurement or Local Purchase.

Product Quality Deficiency—A defect or nonconforming condition that limits or prohibits the product from fulfilling its intended purpose. Included are deficiencies in a design, specification, material, manufacturing, and workmanship.

Property Custodian—An officer, enlisted member, or civilian designated by the chief of the service, commander of the unit having the property, MTF commander, or the MTF commander's designated representative, to maintain custody, care, and safekeeping of property used by activities in the organization. The property custodian prepares and forwards requests for equipment and supplies.

Quality Assurance—The management function inspecting, sampling, classifying, evaluating, and reporting materiel to ensure only serviceable items are issued and in use or stored for contingency operations.

Radioactive Waste—Low level radioactive material which is no longer required, has no other useful application, and cannot be recovered for recycling through a supplier, manufacturer, or licensed user. **NOTE:** High level radioactive material is fissionable material and is used in nuclear reactors and weapons. Use and disposal of all high level radioactive material is under the control of the Department of Energy. All other radioactive material is low level.

Recurring Demand—A request by an authorized requisitioner to satisfy a materiel requirement for consumption or stock replenishment that is anticipated to recur periodically. Demands for which the probability of future occurrence is unknown will be considered as recurring. The supporting supply system considers recurring demands in order to procure, store, and distribute materiel to meet similar demands in the future.

Refund Code—See "reimbursement code".

Regulated Medical Waste—Regulated medical waste (sometimes referred to as infectious waste) is defined in 40 CFR 259 as any solid waste generated in the diagnosis, treatment, i.e., provision of medical services, or immunization of human beings or animals in research pertaining thereto or in the production or testing of biologicals.

Reimbursement Code—Reimbursement codes are used for receipts and issues.

- Receipts. Reimbursable "R" indicates the bill will be paid by the Defense Accounting Office (DAO) supporting the FM account. Non-refundable "N" indicates the bill will not be paid by the DAO (free receipt or another FM account pays).

- Issues: Reimbursable Code "R" indicates the customer pays for the item. Nonreimbursable Refund Code "N" indicates free issues to the customer, investment equipment or non-medical materiel not purchased through the AFWCF/MDD.

Resource Management Systems (RMS)—A DOD system of programming, budgeting, and managing an operating activity on the basis of recurring quantitative information. Included are systems for inventory management and acquisition, accounting, and disposition of capital assets.

Retail Stocks—Medical materiel on hand, owned, and controlled by the military services for issue or resale to supported using activities.

Routine Ordering Facility—Term used in Prime Vendor contracts to identify the facility ordering the supplies.

Solid Waste—Any discarded material as defined in 40 CFR 261.2.

Standard Price—A single uniform calculated unit cost used for inventory validation purposes. Standard prices for stock listed items are established by DSCP.

Sterile Processing Function—Elements are decontamination, assembly, and sterilization.

Stratification—A procedure for grouping elements of materiel assets and requirements by categories, that is, strata such as inventory segments, stock levels, and issue and adjustment requirements.

Support Equipment—All items of organizational equipment required for the support of units that are not scheduled for physical movement to combat or support positions in the event of emergency or war.

Tenant—An organization or activity of one major command or military department that is supported by a host organization or activity under the jurisdiction of a different major command or military department.

Terminal Audit—An audit requested upon notification of base closure or account deactivation. The purpose is to ensure closure plans and actions comply with GAO/OMB internal control standards.

Uniform Materiel Movement and Issue Priority System (UMMIPS)—A standard system for use by the military services, defense agencies, defense contractors, other government agencies, and security assistance program countries to secure the movement of DOD materiel and for requisitioning of materiel from the DOD distribution system.

Using Activity—An organization or element of an organization that requests supplies from the medical logistics activity and/or equipment from the MEMO.

War Reserve Materiel (WRM)—Materiel which must be on hand at the time a conflict begins. WRM, when added to peacetime operating stocks and mobility resources must be capable of sustaining combat consumption rates until resupply pipelines can become operative.

Waste Treatment—Any method, technique, or process designed to change the physical, chemical, or biological character or composition of any regulated waste so as to reduce or eliminate the characteristic that caused it to be subject to regulation.

Wholesale Stocks—Medical materiel owned by DSCP for issue by sale to the military departments.

Attachment 2

REQUISITION PRIORITY DESIGNATORS RELATING FORCE/ACTIVITY DESIGNATORS TO URGENCY OF NEED DESIGNATORS

A2.1. All activities will use priority designator 03, regardless of FAD, for all medical or disaster relief supplies or equipment required immediately for prolonging life, relieving avoidable suffering, or expediting recovery from injury, illness, or disease, avoiding or reducing the impact of epidemics or similar potential mass illnesses or diseases when, in medical opinion, the probability is imminent.

Table A2.1. Cross Reference of Requisition Priority Designators to FADs and Urgency of Need Designators.

Urgency of Need Designator	A * Cannot Perform Mission	B ** Mission Capability Impaired	C Stock Replen or Firm Future Requirement
Force/Activity *** Designator (FAD)	Requisition Priority Designator		
I	01	04	11
II	02	05	12
III	03	06	13
IV	07	09	14
V	08	10	15

*Required for patient care but no stock on hand.

** Stock on hand is below the safety level.

*** FADs are assigned by DOD or HQ USAF/XPPE based on mission assignments.

A2.2. All activities will use priority designator 03 for emergency supplies or equipment required immediately for controlling rioting, civil disturbance, or disorder. Materiel managers and requiring activities will jointly ensure all available assets are screened before using priority designator 03.

A2.3. If local stocks are exhausted and the local supply activity must requisition a specific immediate end use requirement for a supported activity with a higher FAD, the supply activity may assign a priority designator commensurate with the FAD of the supported unit to the specific requirement. Do not use this authority for routine replenishment of the supported unit.

A2.4. Requisitions submitted under circumstances where the required delivery date (RDD) is so far advanced that it cannot be expressed with the Julian day (001 - 366) must be entered in months computed from the end of the current month. Enter an S in column 62 and the number of months in columns 63-64 (block 21). For example, S24 indicates an RDD of 24 months from the requisition date.

A2.5. Do not use priority designators 01-08 for WRM in-garrison materiel.

Attachment 3

INSTRUCTIONS FOR PREPARING DD FORM 1348, DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT (MANUAL)

A3.1. Prepare a separate form for each item requisitioned.

A3.2. Each requisition will be self-contained within a single document.

Table A3.1. Preparation Instructions for DD Form 1348.

Block	Columns	Title	Entry
A		Send To	Enter the name and address of the activity to which the requisition is forwarded.
B		Requisition is From	Enter the medical SRAN and address of the requisitioner.
NOTE: *Leave the heavy black bordered blocks D through K and block 23 blank.*			
	1-3	Document Identifier	Enter the document identifier code from the Defense Logistics Agency (DLA) Handbook
	1	First Position	Enter alphabetic A to identify the document as a transaction relating to the MILSTRIP.
	2	Second Position	Enter a numeric zero to identify the document as a requisition.
	3	Third Position	Overseas activities will enter a numeric code in this position. CONUS activities will enter an alphabetic code. The specific numeric or alphabetic code entered will be determined by the type of data entered in stock number field and/or the remarks space as follows: Any requisition containing an NSN, regardless of additional data in columns 19-22, must have a 1 for overseas shipments or an A for CONUS shipments entered in the third position unless additional data are entered in the remarks space. In this case, regardless of the contents of any blocks or columns on the requisition, the third position must contain a 5 or E.
	4-6	Routing Identifier	Enter the routing identifier code from the DLA Handbook, to identify the activity to which the requisition is submitted.
	7	Media and Status	Enter the media and status code from the DLA Handbook.
	8-22	Stock Number	Enter the NSN. Do not use dashes.
	8-11	FSC	Enter the four-digit FSC.
	12-20	NIIN	Enter the nine-digit national item identification number.
	21-22	Additional	These fields are for additional stock number data and normally will not be used by medical activities.

Block	Columns	Title	Entry
	23-24	Unit of Issue	Unit of issue as shown in the federal supply catalog.
	25-29	Quantity	Enter the quantity required. Consider such factors as original pack, intermediate pack, etc. If the quantity required exceeds five digits, prepare additional requisitions. For clarity, enter zeros for unused fields, e.g., 00024, 00141, 01706, etc.
	30-43	Document Number	Enter the document number as follows:
	30	Service	Enter the letter F for AF.
	31-35	Requisitioner	Enter the letter M for medical, followed by the four-digit numeric SRAN of the requisitioner.
	36-39	Date	The Julian date on which the requisition is sent.
	40-43	Serial	Enter the assigned four-digit serial number.
	44	Demand	Enter the alphabetic demand code "R" for recurring or "N" for nonrecurring demand.
	45-50	Supplementary	A requisition may have a supplementary address entry. Use these fields when an activity other than the requisitioner is the desired consignee (ship to) and/or the intended bill to address. When a supplementary address is required, the following will apply:
	45	Service	Enter the service assignment code applicable to the consignee (ship to or bill to activity)
	46-50	Supplementary Address	For AF use the SRAN. For other than AF use an activity number and if necessary, the remarks field.
	51	Signal	Enter the single-position alphabetic code from the DLA Handbook.
	52-53	Fund	Enter applicable fund code (found on AFML website).
	54-56	Distribution	Medical activities will not use distribution codes. Except for WRM for detachments other than detachment A, the appropriate detachment code will be entered in column 56.
	57-59	Project	When applicable, enter the assigned project code. These codes can be obtained at the AFML website.
	60-61	Priority	Enter the priority designator.
	62-64	Required Delivery Date	An RDD date is the Julian day when the materiel is actually required by the requisitioner. If the RDD field of the requisition is left blank, transportation will ship the materiel routine regardless of the priority code assigned.
	65-66	Advice	A requisition may have an advice code entry. Enter the two-character code when applicable.

Block	Columns	Title	Entry
	67-80		These columns will normally be left blank.

A3.3. Remarks space, Blocks L through V, may be used to provide additional data not provided for in the requisition format. When these blocks are used, enter code 5 or E in column 3.

Attachment 4

INSTRUCTIONS FOR PREPARING MESSAGE REQUISITIONS

PART I - MILSTRIP REQUISITIONS

A4.1. There is no limit to the number of requisitions that can be submitted per message; however, message requisitions should be reserved for requirements with the highest urgency. When additional data is required, enter the correct document identifier code and additional data on the line immediately following the requisition to which it pertains.

A4.2. Prepare separate message requisitions for each supply source; that is, the routing identifier codes must be identical for all requisitions on a message.

A4.3. TO: Enter the address of the source of supply.

A4.4. Enter "MILSTRIP REQUISITIONS" on the first line of the body of the message.

A4.5. Number each requisition commencing with number 1.

A4.6. Show each requisition as a two-line entry.

A4.6.1. The data entered in the document identifier field through the signal code field (columns 1-51) will be the first line of entry.

A4.6.2. The data entered in the fund code field through the advice code field (columns 52-66) will be the second line of the entry.

A4.7. Separate each field of a message requisition by a diagonal. When no entry is required in a specific field of a requisition, this field will be shown on the message as "BLNK."

A4.8. Maintain proper columnar alignment when preparing message requisitions.

A4.9. The first line of each requisition will show the following data:

A4.9.1. Document Identifier

A4.9.2. Routing Identifier

A4.9.3. Media and Status Code

A4.9.4. Stock Number

A4.9.5. Unit of Issue

A4.9.6. Quantity

A4.9.7. Service and Requisitioner

A4.9.8. Julian Date

A4.9.9. Serial Number

A4.9.10. Demand Code

A4.9.11. Supplementary Address

A4.9.12. Signal Code

A4.10. The second line of each requisition will show the following data:

A4.10.1. Fund Code

A4.10.2. Distribution Code

A4.10.3. Project Code

A4.10.4. Priority

A4.10.5. Required Delivery Date

A4.10.6. Advice Code

A4.11. Complete other portions of the form as prescribed in AFIs 33-112, *Computer Systems Management, and* 33-113, *Telecommunications Centers and Data Processing Centers Management.*

PART II - MILSTRIP REQUISITIONS

A4.12. There is no limit to the number of requisitions that can be submitted per message; however, message requisitions should be reserved for requirements with the highest urgency. When additional data is required, enter the correct document identifier code and additional data on the line immediately following the requisition to which it pertains.

A4.13. Prepare a separate message for each supply source, that is, the routing identifier codes must be identical for all requisitions on a message.

A4.14. TO: Enter the source of supply address.

A4.15. Indicate "Immediate" precedence.

A4.16. On the first line of the message indicate "Pass to DSCP Medical Emergency Supply Operations Center (ESOC)."

A4.17. On the second line of the message indicate "MILSTRIP Requisition - Life or Death."

A4.18. On the third line of the message indicate the requisition in MILSTRIP format.

A4.19. Number each requisition starting with number 1.

A4.20. Show each requisition as a two-line entry.

A4.20.1. The data entered in the document identifier field through the signal code field (blocks 1-16, DD Form 1348), will be the first line of the entry.

A4.20.2. The second line of the entry will be the data entered in the fund code field through the advice code field (blocks 17-22, DD Form 1348).

A4.21. Separate each field of a message requisition by a diagonal. When no entry is required in a specific field of a requisition, enter BLNK for this field on the message.

A4.22. Maintain proper columnar alignment when preparing message requisitions.

A4.23. Prepare other portions of the form as prescribed in AFI 33-112 and AFI 33-113.

Attachment 5

STATUS DATA

A5.1. General.

A5.1.1. Requisitioners are advised of the status of their requisitions according to the media and status code they assign. Status data is categorized as follows:

A5.1.1.1. Exception status - Advice only on those requisitions that cannot be processed as submitted or that the item will not be shipped within the time frame established for the priority.

A5.1.1.2. One hundred percent supply status - Advice of any action taken in response to a requisition. It may be positive advice that the item will be shipped or it may be exception status.

A5.1.1.3. Shipment status - Informs recipients of actual shipping date (that is, released to carrier). It also provides the transportation control number or government bill of lading number, mode of shipment, and port of embarkation. This data is used to interface with transportation agencies and helps consignees trace shipments.

A5.1.2. Medical logistics will obtain full supply and shipment status to reduce the need for follow-up inquiries. Recipients of status data must take prompt action to ensure due-in records are updated to include the latest available status information.

A5.1.3. Estimated shipping dates (ESD) are mandatory entries for those transactions reporting adjusted ESDs and any circumstances which predict that an issue may not be made within the time frames established for the priority of the requisition. When storage facilities are in the process of filling a requirement for which follow-up inquiries are received, supply status transactions "AE__" will also contain an ESD in columns 70-73. Status documents providing advice of such actions as unit of issue changes and stock number changes. Reject status documents and shipments will not contain an ESD in columns 70-73.

A5.2. Activity to Receive Supply Status Data.

A5.2.1. Status is provided to the requisitioner (columns 30-35) or the supplementary addressee (columns 45-50) in response to the media and status code entered in column 7 of the requisition.

A5.2.2. The letter M is the standard activity indicator (last position of the seven-position base routing indicator) for all medical logistics messages. DAAS automatically assigns this code to MILSTRIP messages.

A5.3. Time Standards for Release of Status Data.

A5.3.1. Supply status will be dispatched within the following time standards:

A5.3.1.1. Priority designator 01-08 demands - Within 48 hours after receipt of requisitions.

A5.3.1.2. Priority designator 09-15 demands - Within five working days after receipt of requisitions.

A5.3.2. Shipment status will be dispatched within 24 hours after shipment.

A5.4. Status Code CA with No Previous Record. When status code CA is received in response to a follow-up request and no record of the previous receipt of CA status and the reasons for the rejection can be located, authorized status recipients may inquire off-line (telephone, message, or mail) of the supply source to obtain the reasons for rejection.

A5.5. Methods of Providing Status Data. The following is an explanation of status data received.

Table A5.1. Supply Status.

Columns	Title	Explanation of Entry
1-3	Document Identifier	Document identifier applicable to type status being supplied; that is, "AE1" (supply status to requisitioners).
4-6	Routing Identifier	Routing identifier code of activity furnishing status.
7	Media Status	Code shown on requisition.
8-22	Stock or Part Number	Stock or part number of item on which status is provided.
23-24	Unit of Issue	Unit of issue applicable to item on which status is provided.
25-29	Quantity	Quantity applicable to action being taken as indicated by the status code in columns 65-66.
30-43	Document Number	The document number shown on the requisition.
44	Suffix	The suffix code will be entered when the requisitioned quantity is divided into separate supply actions; otherwise, this column will be left blank.
45-50	Supplementary Address	Entry from source document
51	Signal	Entry from source document
52-53	Fund	Entries will be as shown on the requisition.
54-56	Distribution	Entry from source document
57-59	Project	Entry from source document
60-61	Priority	Entry from source document
62-64	Transaction Date	The Julian date of the transaction on which the supply decision was made.
65-66	Status Code	Appropriate code to indicate the status of the requisition.
67-69	Routing Identifier	Routing identifier code of the last known source of supply to which further follow-up action will be directed or from which status will be received.
70-73	Estimated Shipping Date (ESD)	When designated by the status code, the Julian date that it is estimated the materiel will be shipped.
70		Blank
71-73		Julian date on which the transaction was processed.

Columns	Title	Explanation of Entry
74-80	Unit Price	Unit price of the stock or part number shown in column 8-22. When the status code in column 65-66 relates to an erroneously routed requisition, this field will be left blank.
OR		
74-75	Blank	Leave blank.
76-80	Minimum Order Quantity	For Status Code "C8," enter the minimum order quantity.
OR		
74-75	Blank	Leave blank.
76-80	Federal Supply Schedule No.	For Status Code "DA," enter Federal Supply Schedule number constructed as follows: columns 76-77 Group (numeric) columns 78-79 Part (numeric) columns 80 Section (alphabetic)

Table A5.2. Shipment Status.

Columns	Title	Explanation of Entry
1-3	Document Identifier	Document identifier applicable to shipment status; such as, "AS1" (shipment status to requisitioner).
4-6	Routing Identifier	Routing identifier of the activity furnishing status.
7	Media and Status	The media and status code shown on the source document.
8-22	Stock or Part Number	Stock or part number of the item supplied.
23-24	Unit of Issue	Unit of issue of item supplied.
25-29	Quantity	Quantity of item supplied.
30-43	Document Number	Document number shown on source document.
44	Suffix	Suffix code when quantity requisitioned is divided into separate supply actions.
45-50	Supplementary Address	Entry shown on source document.
51	Hold	Type of hold code; blank if in response to follow-up when shipment has not occurred.
52-53	Fund Code	Fund code shown on the source document.
54-56	Distribution Code	The activity designated by column 54 entry will be furnished 100 percent supply and shipment status on all priorities in addition to status furnished due to column 7 entry.
57-59	Date Shipped	Date delivered to carrier.
60-61	Priority	Code shown on source document.

Columns	Title	Explanation of Entry
62-76	Transportation Control Number (TCN), GBL, or Other Shipment Unit Number	Shipment Unit TCN for containerized or break bulk shipments for shipments to the Aerial Port of Embarkation (APOE), LOGAIR, SEAVAN,QUICKTRANS Cargo Assembly Point, and parcel post (excluding registered, insured, and certified parcel post). • Consignor, letter "B" and GBL number for all inland shipments forwarded by certified mail. Consignor, letter "C" and certified mail number for shipments forwarded by certified mail. Consignor, letter "I" and insured number on registered parcel post. Consignor, letter "R" and registration number on registered parcel post. Consignor, letter "U," and United Parcel Services (UPS) daily pickup record number for UPS shipments to CONUS, Alaska, and Hawaii consignees. Blank if shipment has not occurred.
77	Mode of Shipment	Mode of shipment code; blank if in response to follow-up and shipment has not occurred.
78-80	POE	a. CONUS. Leave blank b. Overseas. For shipments moving to overseas destinations via Defense Transportation Systems (DTS) (LOGAIR, QUICKTRANS, Military Traffic Management Command (MTMC), Air Mobility Command (AMC); and GBL/CBL, parcel post (except APO/FPO) and small package carrier shipments entering the DTS at the APOE - enter the APOE or SEAVAN consolidation and containerization point. Leave blank for parcel post through APO or FPO.

Attachment 6

FOLLOW-UP ON REQUISITIONS

A6.1. Criteria.

A6.1.1. Requisitioners will ensure their sources of supply are responsive by submitting follow-ups to requisitions as follows:

A6.1.1.1. Priority designators 01-08 - Automated follow-up on mechanical MILSTRIP requisitions may be submitted 48 hours after submission or transaction date of the latest supply status. Follow-up on life or death, work stoppage, or urgent patient care emergency requisitions (priority designators 01-03) submitted to DSCP will be by message or telephone. Follow-up on other emergency requisitions (priority designators 01-08) will be initially submitted electronically in MILSTRIP format from the medical logistics operating system over the Internet via an AFIN connection. Follow-up by message if a response is not received. Requisitioners will ensure follow-up action is timely and maintain proper status visibility of emergency requisitions.

A6.1.1.2. Priority designators 09-15 - Follow-up will be submitted electronically in MILSTRIP format from the medical logistics operating system over the Internet via an AFIN connection. Follow-up only after expiration of time frames for receipt of status or from transaction date of latest supply status.

A6.1.2. Before submitting a follow-up, requisitioners will ensure the order and ship time standards for receipt of materiel have elapsed and status data has not been received in response to the media and status code.

A6.1.3. Submit follow-ups to the last activity known to have the requisition for supply action. Supply sources will respond to follow-up requests by furnishing either supply status or shipment status but never both. Supply status will be furnished when the requisition has been received but the materiel has not been shipped. Shipment status will be furnished when the materiel has been shipped or scheduled for shipment. In the latter case, an estimated shipment date (ESD) will be furnished in lieu of an actual shipment date.

A6.1.4. Time standards for release of replies to follow-ups by supply sources are the same as those for releasing status data.

A6.1.5. When document identifier codes in the AT series are used on a follow-up, DSCP will process the follow-up as a requisition provided there is no record of receiving the original requisition at DSCP. Under certain conditions, the use of an AT series document identifier code on a follow-up will result in a duplicate shipment of the materiel with an additional billing. DSCP will provide supply or shipment status according to the media and status codes used on the follow-up in response to submission of a follow-up using an AT series document identifier code.

A6.1.6. When supply status information has been received indicating an ESD, do not submit follow-ups prior to expiration of ESDs plus the time standards prescribed for status data.

A6.1.7. Follow-ups with document identifier AFC may be submitted as requests for improved ESDs shown on previously furnished supply status documents. AFC follow-up documents may be submitted for any requisition regardless of priority. Submit only after receipt of supply status which shows an

ESD not commensurate with materiel use or need date. Do not submit an AFC document when shipment status has been received.

A6.2. Message Follow Up. The format for message follow-ups is the same as that prescribed for message requisitions except for the following:

A6.2.1. The first line in the body of the message will contain the words "MILSTRIP FOLLOW-UP."

A6.2.2. Except for the document identifier, the data entered on the original requisition will be duplicated on the follow-up.

A6.2.3. If status has been received on an item, follow-up entries will be the same as those on the original requisition modified to agree with the latest status received.

A6.3. Assistance Obtaining Status Data.

A6.3.1. If no response from DSCP is recorded within ten days after on-line submission of a follow-up, one of the following conditions exists:

A6.3.1.1. Your follow-up documents were not dispatched or were not sent to the proper address. Follow-up documents destined for DSCP should be addressed to DAAS. NOTE: ATE/AT5 documents must be sent directly to DSCP with exception data per instructions in **Chapter 4** for A05 requisitions with YRZ exception data.

A6.3.1.2. DSCP received your follow-up and provided status but status was not processed. Status may have been erroneously routed to base supply or some other activity on your installation. Status may have been input but was rejected and appeared on an edit list for error correction or further research. If these possibilities have been checked and eliminated, notify AFMSA/SGSLC by message. Provide examples including document identifiers, document numbers, originating communication center routing identifier, and actual time of transmittal.

A6.3.2. When the status code is CA, you should receive an explanation for the cancellation. If you do not receive an explanation, follow-up by mail, message, or telephone to the supply source and inform AFMSA/SGSLC. (NOTE: This explanation now comes via text images which go into limbo in both MEDLOG and DMLSS. May require a phone call whenever CA is received.)

A6.4. Tracer Action. Tracer procedures provide activities with a means of tracing shipments that have been delayed or misplaced in transit. When a source of supply has furnished shipment status with a TCN or a GBL number, and the shipment is not received within the pipeline time normal for the requisition's issue priority group, prepare a tracer request according to local procedures and send it to the TMO. The TMO will process the tracer according to AFI 24-201, *Cargo Movement* (reference AFPD 24-2). Process adjustments as required.

Attachment 7

MEDLOG INSTRUCTIONS FOR MATERIEL OBLIGATION VALIDATION RESPONSES

Figure A7.1. MEDLOG INSTRUCTIONS FOR MATERIEL OBLIGATION VALIDATION RESPONSES.

Columns	Title	Explanation of Entry
1-3	Document Identifier	Code applicable to a validation request.
4-6	Routing Identifier	Code of the supply source initiating the request, e.g., DSCP.
7	Media and Status	Blank.
8-22	Stock or Part Number	Stock or part number of the item for which validation is required. This number should agree with the number in the latest status document furnished recipient activities prior to validation requests.
23-24	Unit of Issue	Unit of issue applicable to the stock or part number on which validation is required.
25-29	Quantity	Unfilled quantity being validated which is on supply source records.
30-43	Document Number	Document number of original requisition for item being validated.
44	Suffix	Suffix code assigned to document at time backorder was established or leave blank.
45-50	Supplementary Address	Entry from source document
51	Signal	Entry from source document
52-53	Fund	Data from original requisition for item being validated.
54-56	Distribution	Entry from source document
57-59	Project	Entry from source document
60-61	Priority	Entry from source document
62-64	Estimated Shipping Date	The estimated Julian date the materiel will be released.
65-66	Status/advice	Appropriate status code to convey the information regarding the status of the materiel obligation.
67-70	Blank	Blank.
71-73	Transaction Day	Julian day of cut-off date for validation.
74	Blank	Blank.
75-77	Reply Due Day	Julian day on which a response is due.
78-80	Blank	Blank.

Attachment 8

EXPLANATION OF ENTRIES ON DD FORM 1348-1A, ISSUE RELEASE/RECEIPT DOCUMENT

A8.1. Under MILSTRIP processing, DD Form 1348-1A will be prepared by the supplying depot and forwarded to the consignee. The form may be prepared manually or mechanically.

A8.2. The basic principle for entries on the form is to repeat the data on the original requisition, when possible. For example: Under ideal conditions, the total quantity of the item requested would be released from the initial supply source. This document would repeat the requisition data and simply add price data and shipping information in the specified blocks or Remarks space. Entries on the DD Form 1348-1A are explained as follows:

Table A8.1. DD Form 1348-1A Entries.

Column	Title	Explanation of Entry
1-3	Document identifier	Identifies the source document used to prepare the DD Form 1348-1A.
4-6	Routing identifier	The routing identifier of the shipping (From) activity.
7	Media and status	The media and status code from the requisition.
8-22	Stock or part number	The stock number of the item being released.
23-24	Unit of issue	The unit of issue of the item being released.
25-29	Quantity	The quantity released.
30-43	Document number	The document number originally assigned to the requisition.
44	Suffix	If the total quantity requisitioned is released, this column will be left blank. If a partial quantity is released, the appropriate character assigned to a partial release will be entered.
45-50	Supplementary address	The code assigned to the requisition.
51	Signal	The code assigned to the requisition.
52-53	Fund code	The code assigned to the requisition.
54-56	Distribution	Not normally assigned to medical requisitions.
57-59	Project code	The code assigned to the requisition.
60-61	Priority	The code assigned to the requisition.
62-64	Required delivery date	When applicable the date assigned to the requisition.
65-66	Advice code	The code assigned to the requisition.
67-69	Routing identifier	The code of the activity directing release of the materiel. The code (if any) appearing in columns 67-69 of the source document.
70-73		Distribution system codes which are not necessarily significant to the receiving activity.
74-80	Unit price	The unit price of the item being released.

Table A8.2. Explanation of Block Entries, DD Form 1348-1A.

Block	Title	Explanation of Entry
1	Total Price	The extended value of the transaction.
2	Shipped From	Shipping point identified by name and/or code.
3	Shipped To	The consignee account number, name, and address.
4	Mark For	Repeat of data in supplementary address field (columns 45-50).
5	DOC Date	Date of document preparation.
6	NMFC	National Motor Freight Classification.
7	FRT Rate	Percentage of first class.
8	Type Cargo	Coded cargo data.
9	PS	Physical security/pilferage code.
10	QTY REC'D	Used by receiving activity to record quantity.
11	UP	Unit Pack. The number of issue units in the package.
12	Unit Weight	The weight of the unit of issue.
3	Unit Cube	The cube of the unit of issue.
14	UFC	Uniform Freight Classification.
15	SL	Shelf Life Code.
16	Freight Classification Nomenclature	Self-explanatory.
17	Item Nomenclature	Item description.
18	Ty Cont	Type of shipping container.
19	No Cont	Number of containers.
20	Total Weight	Total weight of the shipment.
21	Total Cube	Total cube size.
22	Received By	Receiver signature.
23	Date Received	Date shipment received from vendor.

Attachment 9

INSTRUCTIONS FOR PREPARING STANDARD FORM 364, SUPPLY DISCREPANCY REPORT (SDR)

Table A9.1. Preparation Instructions for SF 364.

Block Number	Title	Entry
1	Date of Preparation	Date report is prepared in sequence of year, month, day, (1 July 1994 will be entered as 94 JUL 01). This same sequence will be used in blocks 19 and 27.
2	Report Number	Use full document number, e.g., FM5202-4123-9750.
3	To	Name, address, ZIP code and routing identifier of the activity to which the report will be submitted for action. Activities furnished information copies will be listed in block 20. Name and address (including ZIP code) of preparing activity (consignee) and three-digit Routing Identifier Code. Overseas bases must show MTF name and APO address.
5a	Shipper's Name	When the discrepancy pertains to a receipt from a commercial source, enter the name and address of the shipper. On DOD shipments enter the DLA shipping activity.
5b	Number and Date of Invoice	Enter number and date of vendor's invoice or shipper's bill number.
6	Transportation Document	Enter the type of transportation document -- GBL, CBL manifest, waybill, insured/certified parcel post number, or TCN -- and the identifying number assigned to such document. This is a mandatory entry if shipment was made by traceable means.
7a	Shipper's Number	Shipment number, when more than one shipment is made under a contract purchase order or requisition, plus the contract/purchase order number.
7b	Office Administering Contract	Name, address, and ZIP code of the contract administration office.
8	Requisitioners Number	Enter the requisitioning activity's number and requisition or purchase request number.
9a	NSN/Part Number	NSN, part number, and nomenclature. If item received and nomenclature are different from item shown on shipping documents, show each item on a separate line.
9b	Unit of Issue	The unit of issue as billed or indicated on the shipping document for each item listed in block 9a.

Block Number	Title	Entry
9c	Quantity Billed/ Shipped	Quantity of item billed/shipped. When discrepancy code C-1 is applicable, enter the quantity and the materiel condition code (found in DLA Handbook) of the item when shipped, such as 980A, as shown on shipping document.
9d	Quantity Received	Quantity of item received. If discrepancy code C-1 is applicable, enter the quantity and the materiel condition code of the item received. If total quantity received is classified under more than one condition code, enter separately each partial quantity so classified followed by the applicable condition code, such as 960a or 20F. ***NOTES:*** Where quality or shelf-life discrepancies are involved and discrepancy code C-1 is applicable, show the following information under Item 12, Remarks. Manufacturer's name. Contract/purchase order number if not shown in block 7a. Date of manufacture, pack, or expiration. Lot or batch number. Location of materiel. Name, address, and telephone number of contact. Nature of complaint stating in detail why materiel is unsatisfactory.
10a	Discrepancy Quantity	Enter the discrepant quantity. If code C1 is applicable, enter the quantity and the supply condition code (see DLA Handbook) of the item received (block 9d).
10b	Unit Price	Unit price as billed or indicated on the shipping document.
10c	Total Cost	For shipping-type (item) discrepancies, enter the total value of materiel (block 10a x 10b). For packaging deficiencies, enter cost of corrective action.
10d	Code	Nature of the discrepancy, using the codes listed on the form. If a discrepancy condition exists that is not described by the codes listed, place code "Z1" in block 10d and describe the discrepancy in block 12, Remarks.
11	Action Code	Indicate action requested of the activity to which report is addressed by entering the applicable code listed on the back of the form. If the action requested is not covered by the codes listed on the form, code "1Z" in block 11 and explain the desired action in block 12, Remarks. The action codes are explained in Part II.

Block Number	Title	Entry
12	Remarks	For entry of any supplementary data, as required; that is, where the combination of discrepancy codes (Item 10d) and action codes (Item 11) is not comprehensive, additional information will be furnished on this item, such as, seal condition upon receipt (broken or intact) and any other facts that would assist the shipper in conducting an investigation. If the discrepancy concerns medical materiel requiring refrigeration or frozen storage, provide the information requested on the special instruction sheet which is included with shipments of such materiel. If discrepancies in sealed vendor packs are found, enter the contract number from the item package and state "Concealed discrepancy found upon opening sealed vendor pack." For shipping type discrepancies involving shortages, include the following statement: "Shortage has been verified as not being transportation related."
3	Funding and Accounting Data	For use by consignee and/or shipper's accountable activity to indicate the accounting classification of the fund to be adjusted in his account.
14a	Typed or Printed Name, Title, Etc.	Type name and title of the Medical Logistics Flight Commander or authorized representative.
14b	Signature	Self-explanatory.
15	Distribution of copies	Enter other addresses receiving copies of the report.
16	FROM	Address of the activity preparing the reply.
18	TO	Address of the activity shown in Item 4 on the face of the form.
19		The appropriate box will be checked to indicate action taken.
20		The appropriate box will be checked to provide disposition instructions.
22		When applicable, this block will indicate date of replacement with satisfactory materiel.
23		This block will contain instructions or information needed to provide a complete reply.
24a		Typed or Printed Name and Phone Number or Preparing Official.
24b		Signature
24c		Date. Use month, day, and four-position year.

NOTE: Action codes 1D and 1F will not be used on SDRs prepared to cover shipments directed by DOD stock fund activities and GSA. Materiel still required must be rerequisitioned and financial adjustments made using document identifier code "FAE." A copy of the SF 364 should be furnished.

Attachment 10

SUGGESTED WRM INVENTORY PROCESS

A10.1. Validate that the levels in the medical logistics operating system match the basis of issue from the most current Allowance Standard (AS).

A10.2. Validate and update all Prime/Substitute relationships.

A10.3. Freeze inventory records in the project.

A10.4. Prepare a balance list (QAX in MEDLOG) or select an assemblage in DMLSS.

A10.5. Prepare a count list in MEDLOG (Q21) or print Packing/Inventory lists in DMLSS.

A10.6. Determine criteria for which expiration dated items to pull (e.g., expired only, expired plus two months, etc.).

A10.7. Complete counts of on-hand assets.

A10.8. Post the count lists to the balance list.

A10.9. Recount discrepancies.

A10.10. Pull overages and expired/unserviceable materiel. Process appropriate actions in the medical logistics operating system for correct disposition and update quality assurance data.

A10.11. Process WRM validation (MEDLOG) or work Incomplete Record Report (DMLSS).

A10.12. Research overages and shortages.

A10.13. Record all overages and shortages.

A10.14. Process appropriate actions in the medical logistics operating system to end the inventory.

A10.15. Document inventory justification on inventory adjustment document.

A10.16. Have medical treatment facility commander approve the inventory adjustment document.

A10.17. Restratify overages into other WRM projects, operating, or excess.

A10.18. Print new packing lists and attach to appropriate containers.

Attachment 11

MANDATORY REPORT OF SURVEY CONDITIONS

A11.1. AF policy is to protect and properly use all US Government property. A report of survey is used to investigate identified discrepancies between property records and property available for use. These limits are the maximum established for MTFs. Local MTF commanders have the authority and are encouraged to establish lower limits when suspected willful misuse of property, negligence, or other local conditions warrant stricter controls.

Table A11.1. Mandatory Report of Survey Conditions.

Dollar Value	Type Item or Condition
Over $50,000	All items.
$100 or more	Pilferable items.
Any value	Sensitive items (includes controlled items as defined in **Chapter 5**, see note). Classified items. Personal arms. Ammunition, only when personal liability or systematic pilferage over time is evident. Bulk petroleum (loss exceeding stated allowance). Repetitive losses and the dollar value of the adjustment equals or exceeds projected cost of report of investigation. Any discrepancy when there is an indication or suspicion of fraud, theft, or negligence. When requested by the Medical Logistics Flight Commander.

A11.2. Per the Federal Controlled Substances Act, losses or thefts of controlled substances (code Q and R) will also be reported on DEA Form 106 Report of Loss or Theft of Controlled Drugs, and submitted to the nearest DEA regional office. DEA Form 106 is available from DEA regional offices or at **http://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html**. More information on Reports of Survey can be found in AFMAN 23-220, *Reports of Survey for Air Force Property.*

Attachment 12

INSTRUCTIONS FOR PREPARING DD FORM 1348-1A, ISSUE RELEASE/RECEIPT DOCUMENT

A12.1. When the form is used by the MLFC as a shipping document, the document identifier, and status codes are not required. The document number assigned from the appropriate document number block identifies the shipping activity rather than the activity making the demand.

Table A12.1. Preparation Instructions for DD Form 1348-1A.

Column	Title	Entry
1-7	Doc Ident-Rout Ident	Leave blank.
8-18	Stock Number	Enter the stock number of the item being shipped.
19-22	Additional	Not normally used by medical activities.
23-24	Unit of Issue	Enter the unit of issue.
25-29	Quantity	Enter the quantity of units being shipped. Prefix with zeros as required.
30-43	Document Number	Enter the 14-digit document number assigned by and identifying the shipping activity as follows:
30	Service	Identify the service of the shipper, that is, "F" for AF.
31-35	Requisitioner	Enter the letter "M" followed by the account number of the shipping activity.
36-39	Date	Enter the Julian date of preparation.
40-43	Serial	Enter the serial number assigned to the document. Serial number will not be duplicated on any one day. NOTE: The Julian date and serial number portions of the document number will be obtained from the appropriate document register.
44	Suffix	Leave blank.
45-50	Supplementary Address	Enter the ship to service code, account number, or destination code of the consignee on intra-AF shipments. Leave columns 45 -50 blank on interservice shipments. (Enter consignees account/code, name, and address in block B in the clear).
51-56	Signal-Fund-Distribution	Leave blank.
57-59	Project	Enter the project code, when applicable, for intra-AF shipments. Leave blank for interservice shipments.

Column	Title	Entry
60-61	Priority	Enter priority designator 03 for critical items including serviceable local excesses of such items when directed by higher authority. Enter priority designator 3 for routine returns of materiel (except surplus and scrap) such as returns of local excesses to supply sources. Enter priority designator 15 for all other shipments authorized for return or transfer.
62-64	Required Delivery Date	Enter the Julian day, when instructed, for intra-AF shipments. Leave blank on interservice shipments.
65-73	Advice-RI-Blank	Leave blank.
74-80	Unit Price	Enter the unit price of the item being shipped. Prefix with zeros.
1	Total Price	The extended value of the transaction.
2	Shipped From	Shipping point identified by name and/or code.
3	Shipped To	The consignee account number, name, and address.
4	Mark For	Repeat of data in supplementary address field (columns 45-50).
5	DOC Date	Date of document preparation.
6	NMFC	National Motor Freight Classification.
7	FRT Rate	Percentage of first class.
8	Type Cargo	Coded cargo data.
9	PS	Controlled inventory item code (MANDATORY ENTRY). See DOD 4100.39-M, v10, Chap 4, Table 61, *Federal Logistics Information System Procedures Manual*.
10	QTY REC'D	Used by receiving activity to record quantity.
11	UP	Unit Pack. The number of issue units in the package.
12	Unit Weight	The weight of the unit of issue.
3	Unit Cube	The cube of the unit of issue.
14	UFC	Uniform Freight Classification.
15	SL	Shelf Life Code (MANDATORY ENTRY). See DOD 4100.39-M, v10, Chap 4, Table 50.
16	Freight Classification Nomenclature	Self-explanatory.

Column	Title	Entry
17	Item Nomenclature	Item description.
18	Ty Cont	Type of shipping container.
19	No Cont	Number of containers.
20	Total Weight	Total weight of the shipment.
21	Total Cube	Total cube size.
22	Received By	Receiver signature.
23	Date Received	Date shipment received from vendor.

Table A12.2. DRMO Turn-In Processing Entries.

Column	Title	Entry
1-3	Document identifier code	Enter "A5J" – disposal shipment order (from supply activities to DRMO activities).
4-6	Routing identifier code (RIC) (see AFMAN 23-110, Volume 1, Part 4, Attachment 3)	Routing identifier code of the shipping activity or leave blank when shipping activity is not assigned a RIC.
7		Blank.
8-22	National Stock Number (NSN)	NSN when assigned to the item or the best available identifying number (such as locally assigned number, manufacturers part number, etc.)
23-24	Unit of issue	Unit of issue of the item being turned in to DRMO.
25-29	Quantity	The quantity being turned in to DRMO.
30-43	Document number	DOD activity address code (DODAAC) or other identification assigned to the generating activities (if a DODAAC is not assigned), Julian date and serial number.
44		Blank
45-50	Supplementary address	Enter DODAAC of the predesignated consignee DRMO. (See DOD 4000.25-6-M, *Department of Defense Activity Address Directory,* part II, ZIP code sequence, DLA section for the DRMO DODAAC that supports your account by locating your zip code in the publication.)
51	Signal	For hazardous materiel and waste turn-ins, enter L. Otherwise, leave blank.

Column	Title	Entry
52-53	Fund	For hazardous materiel and waste turn-ins, enter the MILSBILLS fund code designating the funds to be charged.
54	Distribution	Blank
55-61	Retention quantity	Blank
62	Precious metals indicator code	Enter applicable code from DOD 4160.21-M, *Defense Materiel Disposition Manual.*
63	ADPE identification code	Enter applicable code from DOD 4000.25-1-M,Appendix 2.24, Military Requisitioning and Issue Procedures
64	Disposal authority	Enter applicable code from the DLA Handbook.
65	Demilitarization code	Enter "A" for a nonmunitions list item - demilitarization not required. Refer to AFMAN 23-110, Volume 6, Chapter 7, Attachment 7A2 for further explanations.
66	Reclamation code	Enter "Y" if reclamation was performed prior to release to DRMO. Enter code "R" if reclamation is to be performed after turn-in to DRMO. Enter "N" if reclamation is not applicable.
67-69	Routing identifier code (RIC)	Enter routing identifier code of predesignated consignee DRMO (DOD 4000.25-6-M).
70	Ownership code	Blank
71	Supply condition code	Enter applicable code from the DLA Handbook.
72	Management code	Enter applicable code from the DLA Handbook.
73		Blank
74-80	Unit price	Enter the unit price for the NSN shown in columns 8-22.
1	Total Price	The extended value of the transaction.
2	Shipped From	Shipping point identified by name and/or code.
3	Shipped To	The consignee account number, name, and address.
4	Mark For	Repeat of data in supplementary address field (columns 45-50).
5	DOC Date	Date of document preparation.
6	NMFC	National Motor Freight Classification.
7	FRT Rate	Percentage of first class.
8	Type Cargo	Coded cargo data.

Column	Title	Entry
9	PS	Physical security/pilferage code.
10	QTY REC'D	Used by receiving activity to record quantity.
11	UP	Unit Pack. The number of issue units in the package.
12	Unit Weight	The weight of the unit of issue.
3	Unit Cube	The cube of the unit of issue.
14	UFC	Uniform Freight Classification.
15	SL	Shelf Life Code.
16	Freight Classification Nomenclature	Self-explanatory.
17	Item Nomenclature	Item description.
18	Ty Cont	Type of shipping container.
19	No Cont	Number of containers.
20	Total Weight	Total weight of the shipment.
21	Total Cube	Total cube size.
22	Received By	Receiver signature.
23	Date Received	Date shipment received from vendor.

Attachment 13

DRMO SHIPMENT STATUS

Table A13.1. DRMO Shipment Status.

Field Legend	Column	Entry and Instructions
Document Identifier	1-3	Enter "AS3."
Routing Identifier	4-6	Code of shipping activity.
Media and Status	7	Enter "S."
Stock or Part Number	8-22	Stock or part number of the item shipped or transferred.
Unit of Issue	23-24	Unit of issue of item shipped or transferred.
Quantity	25-29	Quantity of item shipped or transferred.
Document Number	30-43	Document number shown on source document.
Suffix	44	Blank.
Supplementary Address	45-50	Blank.
Hold Code	51	Blank.
Fund Code	52-53	As shown on source document.
Distribution Code	54-56	Enter "9" in column 54. Leave 55-56 blank.
ESD or Date Shipped	57-59	Date delivered to carrier.
Priority	60-61	As shown on source document.
Unit Price	62-68	As shown on source document.
Blank	69-76	Blank.
Mode of Shipment	77	Mode of shipment code ("9" for local shipments, transfers).
Port of Embarkation	78-80	Blank.

NOTE: MEDLOG users process using the AIT screen according to AFCSM 41-230, Volume 2.

Attachment 14

DISPOSAL SHIPMENT CONFIRMATION CARD ENTRIES

Table A14.1. Disposal Shipment Confirmation Card Entries.

Card Field Legend	Column	Entry and Instructions
Document Identifier	1-3	Enter ASZ.
Routing Identifier	4-6	Code of the supply source from which the MRO or RDO was received.
Media and Status	7	From source document
Stock or Part Number	8-22	Data as shown in the AFX or AFZ.
Unit of Issue	23-24	Self-explanatory
Quantity	25-29	Quantity receipted for by DRMO.
Document Number	30-43	From source document
Suffix	44	Data as shown in the AFX or AFZ.
Supplementary Address	45-50	From source document
Signal Code	51	Leave blank.
Fund Code	52-53	Leave blank.
Distribution Code	54	Enter 9.
All other Fields	55-64	Leave blank.
Advice Code	65-66	Data as shown in DI AFX or DI AFZ.
All other Fields	67-80	Leave blank.

NOTE: MEDLOG users process using the AIT screen according to AFCSM 41-230, Volume 2.

Attachment 15

DISPOSAL SHIPMENT CONFIRMATION FOLLOW UP

Table A15.1. Instructions for Disposal Shipment Confirmation Follow Up.

Field Legend	Column	Entry and Instructions
Document Identifier	1-3	"AFX" for initial follow-up. "AFZ" when response to initial follow-up has not been received.
Routing Identifier	4-6	Shipping activity routing identifier.
Media Status	7	Blank.
Stock Number	8-22	Stock number/data as shown in the DRMO "Receipt of Usable Property" card.
Unit of Issue	23-24	Unit of issue as shown in the DRMO "Receipt of Usable Property" card.
Quantity	25-29	Quantity as shown in the DRMO "Receipt of Usable Property" card.
Document Number	30-43	Document number as shown in the DRMO "Receipt of Usable Property" card.
Suffix Code	44	Suffix code as shown in the DRMO "Receipt of Usable Property" card or leave blank when none is entered by DRMO.
Supplementary Address	45-50	DODAAC of receiving DRMO.
Signal Code	51	Blank.
Fund Code	52-53	Blank.
Distribution Code	54	9.
All other Fields	55-64	Blank.
Advice Code	65-66	Advice code indicating the reason for the follow-up.
All other Fields	67-80	Blank.

NOTE: These apply when DRMS has received shipment status from a shipping activity on shipments to DRMOs. AFX and AFZ images will appear on the Status Edit List.

Attachment 16

PREPARATION AND POSTING INSTRUCTIONS FOR AF FORM 105F-2, STOCK RECORD CARD (COST CATEGORY II)

A16.1. Preparation.

A16.1.1. Card Number - Enter 1A on first side of first form used, 1B on reverse side, and number additional cards for same item 2A, 2B, etc.

A16.1.2. Date Column - After "19," enter the last two digits of current calendar year.

A16.1.3. Stock Number - In the space below, enter the stock number.

A16.1.4. Unit of Issue - In the space to the right of "Stock No" enter the unit of issue.

A16.1.5. Description - In the space below, enter the item description.

A16.1.6. To the right of "class" enter the stock control level (SCL) from the latest transaction register.

A16.1.7. To the right of the SCL enter the reorder point (ROP) percentage quantity from the latest medical stock status report. If actual ROP is not available use 50.

A16.1.8. To the right of the ROP enter the unit price.

Table A16.1. Preparation Instructions for AF Form 105F-2.

Column	Entry
5	Enter "Oper" (operating) above "Serv."
12	Enter "Oper" above "Serv."
16	Change "Mob Res" to "WRM."

Table A16.2. Posting Instructions for AF Form 105F-2.

Column	Entry
	Miscellaneous
1-2	"Month-Day" - Enter date the document is posted - also current calendar year if different from top of column.
3	"Voucher Number" - Enter the eight-digit document number.
4	"From or To" - Enter the source or disposition of materiel.
	Increases
5	"Oper" - Enter quantities of serviceable items received – adjust balances in column 12.
7	"Misc" - The column can be used for receipt of WRM.
	Decreases
8	“Condemned” - Enter quantities transferred to DRMO or destroyed.
9	"Issue" - Enter issues - adjust quantities in balance columns as appropriate.
11	"Misc" - Enter all other decreases - adjust quantities in balance columns as appropriate.
	Balances
12	"Operating Serviceable" - Transcribe the total of operating, economic retention, and excess inventory from the latest transaction register. Do not stratify inventory. It is not necessary to transcribe WRM balances; the latest WRM stock status or transaction register can be used for WRM.

NOTE: As postings are made and stock conditions change, the materiel specialist can utilize a tab signal over the appropriate word printed in the lower right portion of the card to indicate what action needs to be taken.

Attachment 17

PREPARATION AND POSTING INSTRUCTIONS FOR AF FORM 105F-4, DUE-IN AND DUE-OUT RECORD

A17.1. Preparation - Enter the card number, stock number, and description in the same manner as prescribed for the AF Form 105F-2.

A17.2. Postings. - Post due-ins by beginning on the top line and progressing downward. Post due-outs by beginning on the bottom line and progressing upward.

Table A17.1. Preparation Instructions for AF Form 105F-4.

Column	**Due-In**
A	"Date" - Enter date of requesting document.
B	"Requested on" - Enter source of supply.
C	"Requisition Contract or Voucher No" - Enter requisition document number.
D	"Item" - Leave blank.
E	"Quantity Due-In" - Enter quantity of item due-in.
F	"Quantity Received" - Enter quantity received. If canceled, write "canceled" in this column.
G	"Balance" - Indicate with a check mark that quantity ordered has been received. If a partial is received, post the remaining due-in in column E on the line following the last entry. Repost the data in columns A-D from the original document.

Column	Due-Out
A	"Date" - Enter date of issue request.
B	"Request By" - Enter activity requesting the item.
C	"Requisition or Voucher No" - Enter the document number.
D	"Item" - Enter the line item from the DD Form 1150 if appropriate.
E	"Quantity Due-Out" - Enter the quantity requested that is not available.
F	"Quantity Shipped" - Enter the quantity that was backorder released on the document number shown in column C.
G	"Balance" - Indicate with a check mark that the quantity due-out has been issued or that the unissued balance has been reposted. Repost the unissued balance in column E on the line above the last entry. Repost the data in columns A-D from the original entry.
H	Use this column if a running total of due-out is desired.

Attachment 18

LOCAL PURCHASE REQUEST FORMAT

PART I - SAMPLE LETTER OF REQUEST

SUBJECT: Request for Approval of New Item

TO: (Title of the approval authority)

1. Request the following item be evaluated:

a. Item description (or generic name):

b. Manufacturer's trade name and address:

c. Alternate sources of supply:

Note: When sole source, prepare a sole source justification. Contact medical logistics for assistance.

d. Manufacturer's model number: _____

e. Catalog number: _____

f. Unit of issue: _____

g. Estimated unit price: _____

h. Estimated monthly usage: _____

2. The following information is provided on how the requirement was satisfied in the past.

a. This is a new requirement. No previous need for this or a similar item.

b. This is a recurring locally stocked item previously obtained from DSCP. No further justification is required.

c. This requirement was previously satisfied by using the following items (include LP and national stock numbers) _____

3. If we are the sole user of the above items, we will use these items prior to using the replacement items.

( ) Yes ( ) No _____If no, explain why the existing items cannot be used.

4. Standard catalogs have been reviewed and:

a. There is not a similar stock listed item that will perform the required function.

b. There is a stock listed item which will perform the same function; however, it is not acceptable for the following reasons (provide NSN for the item considered unacceptable):

5. Justification:

6. For items in the FSC classes identified in FED-STD-313, review by Bioenvironmental Engineering Services (BES) is required. BES shall provide/verify the following information about the item's hazards:

a. The item is not known to be hazardous in storage, use, or disposal.

or

b. The item is hazardous and a Material Safety Data Sheet (MSDS) (is) (is not) available. Characterization is: _____ (corrosive, ignitable, reactive, or toxic)

and

c. The users are aware of the hazards involved and proper procedures to eliminate or reduce the risk have been identified.

_____

(BES Signature)

_____

(Signature element, department chief)

Approved for Acquisition

_____

(Signature element, approval authority)

PART II - SAMPLE MEDICAL LOGISTICS FLIGHT COMMANDER REPLY FOR DISAPPROVED REQUESTS

TO: (Using Activity)

1. Your request was reviewed and disapproved for the following reasons:

a. The following stock listed item appears to perform the same function:

If it is not acceptable please provide a short justification.

b. The following item is already stocked and may satisfy your requirement:

If it is not acceptable, please provide a short justification:

c. Other:

2. If you disagree with the decision, you may:

a. Resubmit the request with additional information or justification.

b. Appeal the decision to the MTF commander.

(Signature of the Medical Logistics Flight Commander)

Attachment 19

REQUISITION PLANNING CHECKLIST

A19.1. Request letter:

A19.1.1. Date request received: _____

A19.1.2. Requesting activity: _____

A19.2. Review existing research tools:

A19.2.1. Existing NSN: _____

Determine Catalog Management Data:

A19.2.1.1. AAC: _____

A19.2.1.2. Unit of issue: _____

A19.2.1.3. Unit price: _____

A19.2.2. No existing NSN:

A19.2.2.1. When the FSC is 6505 assign an F number for requisitioning. F _____

A19.2.2.2. When the FSC is other than 6505, assign an L number for requisitioning.

FSC (4 positions) + L (fifth position) + _____

A19.2.2.3. When the item is a spare parts acquisition, assign a P number. P _____

A19.3. Status of request:

A19.3.1. Recurring item:

A19.3.1.1. Establish master record. When hazardous, record notes code H.

A19.3.1.2. Create due-ins.

A19.3.1.3. Create due-outs (note 1).

A19.3.1.4. Establish level (note 2).

A19.3.1.5. Add to shopping guide.

A19.3.2. Nonrecurring item:

A19.3.2.1. Establish master record.

A19.3.2.2. Create due in.

A19.3.2.3. Create due out equal to due in.

A19.4. Method of procurement:

A19.4.1. Required delivery date:

A19.4.2. Requisition priority:

A19.4.3. Source of supply (check one):

___ DSCP (S9M) overseas plus CONUS emergency.

___ DSCP DBPA/BPA number:

___ Local BPA.

___ Base (host) contracting office.

___ Emergency procurement (imprest funds).

___ Federal or VA supply schedule number

Note 1: The total due out should be limited to a maximum two-week supply to create valid issue history.

Note 2: Procedures for establishing levels on new items vary depending on customer credibility and local conditions. Failure to set a level on a newly stocked item will result in no computer generated requirements until the first backorder after stock outage. Leaving a unique level of zero may be appropriate for items that will be bought several times per year but not stocked. In any case, new items require intense management for the first six months.

Attachment 20

PREPARATION, DISTRIBUTION, AND SUBMISSION INSTRUCTIONS FOR AF FORM 9, REQUEST FOR PURCHASE, AND DD FORM 1348-6, DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT

A20.1. AF Form 9, **Request for Purchase**.

Table A20.1. Preparation, Distribution, and Submission Instructions for AF Form 9.

Block/Col Title	Entry
Preparation No.	Original and two copies. For AFWCF/MDD funded purchases processed through the logistics operating system, use the medical SRAN and Julian date recorded in system. For O&M purchases, replace the SRAN with the locally assigned six position MTF resource manager code and Julian date of preparation.
Date	Leave blank.
Class	Federal Supply Class.
Contract, Purchase Order or Delivery Order No.	Entry will be made by the contracting officer. The MLFC may enter the number on the suspense copy upon receipt of contract, purchase order number, or delivery order.
Installation	Name of initiating activity.
To: Contracting Officer Through From	Leave blank. Base accounting and finance officer. Medical SRAN.
Purchased for	Identify the activity for which the purchase is being made.
For Delivery To	Enter the medical SRAN and address of the medical materiel activity and specific building or room number, where materiel is to be delivered.
Not Later Than	The two-digit priority designator and required delivery date (RDD) determined according to **Chapter 3**. UMMIPS time standards do not apply. Allow for procurement lead-time.

Block/Col Title	Entry
Item	For MEDLOG / DMLSS requisitions, use the four digit serial number recorded in MEDLOG / DMLSS. For non AFWCF/MDD requisitions, use a four-digit serial number ending in 00. For repair and return items, manually assign a document number from the 3750-3799 series. DMLSS will assign a document number from D001-D999 if the user doesn't manually assign one.
Description of Materiel or Services to be Purchased	The NSN for stock listed items. The non-stock listed item number assigned as stated in paragraph **4.7.**, for nonstocklisted items. a. Enter a complete description of the item. The description must include sufficient information to enable suppliers to identify the desired materiel or services; such as, manufacturer's name, commercial catalog numbers, model number, size, shape, color, strength, dosage, performance data, or power characteristics, as applicable. When drugs, biologicals, and official reagents are requested, the applicable qualify standards should be considered; that is, USP, NF, NDD, etc. b. When the item is covered by a specification or drawing, include the drawing or specification in the description. A copy of drawing or specification (except federal) may be attached to the request if this action will assist the contracting officer in the purchase. c. When an item cannot be adequately described in any other way, the name of one, and if possible, three commercial products will be included as part of the description followed by the words "or equal" to ensure that the bidding will not be limited to the particular make or makes specified.

Block/Col Title	Entry
Description of Materiel or Services to be Purchased (Cont'd)	d. When a particular manufacturer's make, model, or service is required, a sole source justification must be included to substantiate purchase without competition by the contracting officer. A specific contractor's product or service listed in a multiple award federal supply schedule or GSA contract may be selected without a formal sole source determination, but selection must be justified as outlined in FAR 8.405.1 and DOD FAR 8.405-1. e. Requests for repair parts will contain the stock number, item identification, manufacturer, model, and serial number of the end item for which the parts are required. Electrical characteristics should also be included, if appropriate. f. Additional information available; such as, purchase order number on which the item was previously purchased and prospective sources of supply will be entered to assist the contracting officer. g. Following the last line of descriptive data, enter any remarks pertaining to special handling and shipping instructions, funding limitation, or other significant data.
Quantity	Quantity of item required. Consider original commercial packs.
Unit	Unit of issue: identify services as "complete job," "quarterly contract," etc.
Estimated Unit Price	Known or estimated unit price of the item.
Estimated Total Cost	Known or estimated total cost of the item.
Total	The total of all costs in the Estimated Total Cost column, AF Form 9.
Purpose	Intended use of the materiel stated by quoting the appropriate paragraph of this chapter authorizing the purchase. The block covering emergency situations will be checked when purchase is requested for urgent requirements as defined in **Chapter 4**, paragraph **4.11.**.

Block/Col Title	Entry
Date - Typed Name and Grade of Initiating Officer, Signature	Date, typed signature element, and signature of the MLFC or designated representative. The PR will be dated and signed by the MLFC or designated representative. It will be determined that sufficient justification exists for local purchase of the equipment, supplies, or services, and that no purchases are approved which are contrary to existing directives. The determination and approval by the initiating officer and the approving authority will be considered final insofar as issue and administrative purchase authority is concerned. Such determination and approval will not extend to determination of contractual authority vested in the contracting officer in accordance with applicable public laws and procurement regulations. This removes any requirement for administrative screening by the contracting officer.
Accounting Classification	No entry required.
Date, Typed Name and Grade of Accounting Officer, Signature	No entry required.
Approved by Base Commander or Designee	Date typed signature element, and signature of the designated approving authority. PRs involving services or highly technical items should be supported by an informal memorandum listing the names and telephone numbers of personnel who can assist the purchasing and contracting officer. Medical logistics personnel will not interfere with the duties of the purchasing and contracting officer by obtaining quotations or making informal arrangements with suppliers.

A20.2. DD Form 1348-6, DoD Single Line Item Requisition System Document.

A20.2.1. A separate form will be prepared for each line item requisitioned.

A20.2.2. Each requisition will be self-contained with a single document.

A20.2.3. There are two separate and distinct sections of the form. The first is comprised of 80 card columns and outlines item identification data (see Table **A20.2.**). The second includes source identification and item description data (see Table **Table A20.3.**).

Table A20.2. Instructions for Preparing DD Form 1348-6.

Card Cols	Title	Entry
1-3	Document identifier	"AOE" or "AO5."
4-6	Routing identifier	"LPR" (except overseas).
8-22	Manufacturer's Code and Part Number	Stock number assigned to the item.
23-24	Unit of Issue	Unit of issue assigned by the medical materiel activity.
25-29	Quantity	Quantity requested.
30-35	Requisitioner	"FM" plus the four-digit numeric SRAN: for example, "FM3047."
36-39	Document Date	Julian date of the document.
40-43	Document Serial Number	Serial number of the document.
44	Demand Code	"R" for recurring; "N" for nonrecurring.
45-50	Supplementary Address	Supplementary address if another activity is designated to receive the materiel.
51	Signal Code	Applicable signal code.
52-53	Fund Code	Applicable fund code.
54-56		Leave blank.
57-59		When applicable, enter project code.
60-61	Priority Designator	Applicable priority designator.
62-64	Required Delivery Date	Enter date materiel must be delivered.
65-66		Leave blank.
79-80	Unit Price – Mills	Normally, this field will be zero filled. When the unit price is represented with a fraction of a cent, the fraction will be entered as mills.

Table A20.3. Identification Data Section, DD Form 1348-6.

Block	Description	Instructions
1	Manufacturer's code and part number.	Commercial and government entity (CAGE) code and part number. Note: Block 1 data should always be included as part of the item description (block 7).
2	Manufacturer's Name	Manufacturer's name.
3	Manufacturer's catalog identification	Catalog number.
4	Date	Date.
5	Technical order number	Technical order, if applicable.
6	Technical manual number	Technical manual, if applicable.
7	Name of item requested	Item name.
8	Description of item requested	Complete description of item. Include name of item, strength, size, color, and electrical and other characteristics. The medical logistics activity should provide maximum descriptive data. When the complete description will not fit in the block, prepare an additional DD Form 1348-6, entering the stock number in columns 8-22 and the remainder of the description in block 8.
9	Item application	Enter the stock number and/or name of the end item.
9a	Source of supply	Source of supply of the end item.
9b-9c		Make, model, series, and serial number of end item, if applicable.
10	Requisitioner	Self-explanatory.
11	Remarks	a. GSA, VA, DLA, or other contract number that may apply to the item requested. Contract numbers are important and will assist in expediting the actual award and creation of the purchase order. b. Fund citation. For example, 97X4930.FC0B **6BFM****,****** for fund code 6B; 57*3400 for fund code 30; 97030 for fund code 2F; or 573/43600 for fund code 29. NOTE: **=Operating Agency Code, ****=Stock Record Account Number, ******=ADSN. c. Any other data that may assist in the procurement of the item.

Attachment 21

SAMPLE POWER OF ATTORNEY FOR DEA ORDER FORMS

Figure A21.1. Sample Power of Attorney for DEA Order Forms.

_____

(Name of registrant)

_____

(Address of registrant)

_____

(DEA registration number)

I, _____, the undersigned, who is authorized to sign the current application for registration of the above named registrant under the Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint (Name of attorney-in-fact) my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and part 305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

_____

(Signature of person granting power)

I, (Name of attorney-in-fact) hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

_____

(Signature of attorney-in-fact)

Witnesses:

1. _____

2. _____

Signed and dated on the _____ day of_____, 19___,

at _____

Notice of Revocation

The undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or the Controlled Substances Import and Export Act, hereby revokes the foregoing power of attorney. Written notice of this revocation has been given to _____, the attorney-in-fact, this same day.

_____

(Signature of person revoking power)

Witnesses:

1. _____

2. _____

Signed and dated on the _____ day of _____, 20_____,

at_____

Attachment 22

SAMPLE STATEMENT OF UNDERSTANDING

The _____(name and address of the manufacturer)_____hereinafter called Vendor, shall provide to_____(name of USAF medical facility)_____, hereinafter called the Government, _____(name of property to be user tested)_____for the purpose of an informal user evaluation of the property.

The Vendor shall provide the property at no cost to the Government. Vendor shall bear all expenses for transportation, installation, removal, operational supplies, and repair parts.

The Vendor shall be responsible for scheduled and unscheduled maintenance of the property. When repair service is unavailable or inconvenient, Vendor may authorize Air Force biomedical equipment technicians to perform the maintenance.

Vendor understands that this evaluation is without monetary consideration for the use of the property. It is for evaluation only and does not obligate the Government to purchase the property or any other products or services at the present or any future time.

Vendor will deliver the property on or about _____. The Government may evaluate the property for a period not to exceed _____ days.

The Government agrees to use the property for evaluation only and to use the property in an environment and under circumstances consistent with the property's design and intended use. The Government further agrees to provide reasonable care and safeguard of the property while it is in the Government's possession.

Vendor and the Government understand that the results of the evaluation may not be used as an endorsement by the Government of the property or the Vendor and may not be used for promotional purposes.

Vendor will indemnify, save harmless, and forever defend the Government from and against any and all claims, actions, debts, liabilities, and attorney's fees arising out of, claimed on account of, or in any manner predicated upon loss of, or damage to the property of, or injuries to, or death of any and all persons whatsoever, in any manner caused by or attributed to Vendor or Vendor's agents, servants, or employees while in, on, or about (name of military installation) or attributed to the failure or malfunction of the property provided by Vendor during the period of the Government's use, test, or evaluation of the property.

Endorsements of Authorized Representatives:

_____

(Vendor's authorized representative) (date)

_____

(Using Activity representative) (date)

_____ _____

(Medical Logistics (include MLFC, (date)

BMET, MEMO Office, and Facility Manager coordination, as appropriate))

_____ _____

(Contracting Office representative) (date)

Attachment 23

INFORMATION REQUIRED FOR PRICE CHALLENGES/VERIFICATIONS

A23.1. ITEM RECEIVED

A23.1.1. Complete requisitioning document number.

A23.1.2. National stock number (NSN) or other number item was ordered under.

A23.1.3. Complete nomenclature and/or item description.

A23.1.4. Unit of issue.

A23.1.5. Estimated unit price.

A23.1.6. Manufacturer of item received (note).

A23.1.7. Manufacturer's product or model number (note).

A23.1.8. Total quantity ordered.

A23.1.9. Price billed for individual unit of issue.

A23.1.10. Total price billed.

A23.1.11. Narrative of any additional information you believe will help in the investigation (note).

A23.2. COMPARATIVE/SIMILAR ITEM INFORMATION

A23.2.1. National stock number (NSN) if available (note).

A23.2.2. Manufacturer's address and phone number (include CAGE code if known) (note).

A23.2.3. Product or model number (may even be same product only a different source or price) (note).

A23.2.4. Unit of issue (note).

A23.2.5. Unit price (note).

A23.2.6. Vendor if different from the manufacturer (note).

A23.2.7. Commercial catalog number and date (include copy of page if available) (note).

A23.2.8. Narrative information you believe would help in the investigation (note).

NOTE: **Submit as much information as possible, but don't delay a challenge / verification if these fields cannot be determined. All other fields should be filled.**

Attachment 24

CHECK LIST FOR INVENTORYING CONTROLLED MEDICAL ITEMS

Table A24.1. Inventory Checklist for Controlled Medical Items.

1.	Has the inventory officer reviewed sections of **Chapter 5** as they pertain to controlled items?	
2.	Is the materiel to be inventoried clearly identified? Is it neatly placed on shelves and clearly marked with the correct stock numbers?	
3.	Are the storage control records accurately maintained to permit item identification and accurate entries of inventory results?	
4.	Have vault and security storage records been established for controlled items that are component parts of kits or sets?	
5.	Has the controlled medical item custodian given the inventory officer a copy of the Monthly Controlled Item Transaction Register (MEDLOG) or Transaction Register, report type 'controlled items' (DMLSS) to use in validating inventory counts and issues/turn-ins between medical materiel and using activities?	
6.	Has the inventory officer certified the correctness of the inventory count by signing each storage control record and/or the Monthly Controlled Item Transaction Register?	
7.	Have the results of the inventory been reported to the MTF commander? (Any obvious deficiencies noted in the safeguarding of controlled items should also be reported.)	

Attachment 25

PRECIOUS METALS RECOVERY PROGRAM CHECKLIST

Table A25.1. PMRP Checklist.

1.	Include the PMRP in your self/internal inspection program.	
2.	All precious metals master records properly coded.	
3.	The controlled item custodians are the only personnel who have access to precious metals stored in medical materiel.	
4.	The disinterested inventory officer compares vault records with actual stored item counts.	
5.	Provide the disinterested inventory officer a copy of the Monthly Controlled Item Transaction Register (MEDLOG) or Transaction Register, report type 'controlled items' (DMLSS).	
6.	Disinterested inventory officers compare weights on the precious metals package labels turned in from using activities with weight and balances on inventory records maintained by the using activities.	
7.	Receive and keep a record of all precious metals and scrap film turned in from using activities. Give a copy of the receiving documentation to the using activity PMRP custodian.	
8.	Place all turn-ins, except x-ray film, in the vault.	
9.	Establish a local stock number for each category of recovered precious metals.	
10.	Record and post all transactions to the vault records.	
11.	Process the turn-ins (TIG) with N refund code and transfer to DRMO (TZL) in MEDLOG using inventory category code 7, excess medical item. In DMLSS process a RETURN ITEM with reason "Excess" and a LOSS for transaction reason "Outshipment to DRMO"	
12.	Transfer recovered precious metals within 5 duty days to the DRMO on a DD Form 1348 and/or DD Form 1348-1A. The controlled medical item custodian will verify the accuracy of the contents and sign the form.	
13.	Comply with local hospital regulation (44 series) Protection of Medical Resources.	

Attachment 26

SAMPLE AF FORM 601, EQUIPMENT ACTION REQUEST

Figure A26.1. AF Form 601 (Sample).

TO	FROM	SIGNATURE	DATE	ACTION TAKEN
MEMO/ERAA 7 MDG	Acct 505631 7 MDG			APPROVED ☐ DISAPPROVED ☐
7 MDG/CC	MEMO/ERAA 7 MDG			APPROVED ☐ DISAPPROVED ☐
HQ ACC/SGXL Langley AFB, VA	7 MDG Dyess AFB, TX			APPROVED ☐ DISAPPROVED ☐
AFMSA/SGSLE Fort Detrick, MD	HQ ACC/SGXL Langley AFB, TX			APPROVED ☐ DISAPPROVED ☐
HQ ACC/SGXL Langley AFB, TX	AFMSA/SGSLE Fort Detrick, MD			APPROVED ☐ DISAPPROVED ☐
7 MDG Dyess AFB, TX	HQ ACC/SGXL Langley AFB, TX			APPROVED ☐ DISAPPROVED ☐

1. CUSTODIAN REQUEST NO.: DYE4183-0001

2. CUSTODIAN NAME/DUTY PHONE: SSgt Joe Doakes/51234

3. ORGN/CUSTODIAN CODE: 7 MDG 505631

4. CMD: ACC | 5. FAD: | 6. UND: | 7. BUD:

8. CUSTODIAN SIGNATURE

9. SIG OF ORGN COMDR (I certify that I have evaluated this request and the action herein is required.)

10. IN-USE DOC. NO.: L/E 12

11. NATIONAL STOCK NO. OR PART NUMBER: 6525-00-792-2079 TOT

12. USE CODE:

13. PRICE: $80,847.0 | 14. UI: EA | 15. EERCD: 80.9

16. EQUIP CODE: M

17. NOMENCLATURE: X-Ray Apparatus

18. ALLOWANCE IDENTIFICATION					19. QUANTITY			
ASC	COMPOSITION CODE				IN USE	CURR AUTH	NEW AUTH	NO. REQ'D
	PART	SECT	SUB-SECT	COL				
041				3	2	2	2	1

20. ACTION REQUESTED

A. AUTHORIZATION: INCREASE ☐ ADD NEW ☐ REDUCE ☐ DELETE ☐

B. ISSUE/DUE OUT: INITIAL ISSUE ☐ REPLACEMENT ☒ ADVISE CODE ( )NR CANCEL DUE OUT ☐

C. TURN IN (Complete all applicable blocks)

CONDITION		STATUS	YES	NO
SERVICEABLE		COMPLETE (List missing parts in Block 19)		
REPARABLE		CALIBRATION REQUIRED		
CONDEMNED		CLEAN, PAINT, ETC.		
UNKNOWN		DISASSEMBLY REQUIRED		

DATE AVAILABLE FOR PICKUP

21. JUSTIFICATION AND ITEM DESCRIPTION

500 MA Radiographic X-Ray Machine

22. REVIEWING AUTHORITY COMMENTS

SRAN Base Name MEMO CMEMO

23. ORGN	24. UKC	25. LEVEL	26. DET	27. WRM	28. EMOLOC	29. SUPPLY CONTROL NO.	30. CEMO CONTROL NO.	31. AFLC CONTROL NO.
4661	Dyess	AFB						

AF Form 601, 19910601 (EF-V3) PREVIOUS EDITION WILL BE USED.

EQUIPMENT ACTION REQUEST (See Instructions on Reverse)

Attachment 27

FORMAT OF SUPPORTING STATEMENTS FOR EQUIPMENT ACQUISITION

PART I - BIOMEDICAL EQUIPMENT MAINTENANCE SECTION

A27.1. Equipment Description (Very briefly describe what the equipment is used for):

_____
_____
_____
_____
_____
_____

A27.1.1. Nomenclature (A generic description is preferred. Use brand name only if generic description is not available):

_____
_____
_____
_____
_____
_____

A27.2. Is this item a replacement for an existing unit?

( ) No ( ) Yes If No, skip to paragraph **A27.4.**

If Yes, recommend disposition of the existing system.

( ) Retain as back-up ( ) Excess ( ) Turn-in to DRMO ( ) Other

A27.3. Does the Historical Maintenance Report (HMR) accurately reflect the condition of the existing unit(s)?

( ) No ( ) Yes If No, or if the HMR is not available, comment on the condition of the unit:

_____
_____
_____
_____
_____
_____

A27.4. Consider the following technical factors concerning the specific item being requested:

A27.4.1. **Electrical Requirements:**

Complete list below or check ( ) N/A and skip to paragraph A27.4.2.

Voltage (VAC): ___ Minimum Regulation Required: ___%

Amperage: Continuous _____ Momentary _____

Hertz (Circle choice): 50 or 60 Hz Phases (Circle choice): 1 or 3

Dedicated power line required? ( ) No ( ) Yes

Conditioned power required? ( ) No( ) Yes

Uninterruptible power supply (UPS) required? ( ) No( ) Yes

If Yes, has the user requested UPS through appropriate channels? ( ) No( ) Yes

If No, do not submit package until UPS has been requested.

Any unusual electrical requirements? ( ) No ( ) Yes If Yes, explain:

_____

_____

_____

_____

_____

A27.4.2. **Plumbing requirements: Complete list below or check ( ) N/A and skip to paragraph A27.4.3.**

Hot water: ( ) No ( ) Yes Temp range:____- ____ degrees F or C

Cold water: ( ) No ( ) Yes

Drainage: ( ) No ( ) Yes____ Inch pipe

If Yes, does this unit discharge chemical wastes, effluent, sodium acids, or other hazardous materials into drainage systems? ( ) No ( ) Yes

If Yes, has Bioenvironmental Engineering reviewed these discharges in accordance with environmental and health standards? ( ) No ( ) Yes

If No, do not submit this package until this review is conducted.

If Yes, provide a copy of the Bioenvironmental Engineer's review.

Is the drain for a photographic film processor? ( ) No ( ) Yes

If Yes, will it be used to process silver-containing films or materials?( ) No ( ) Yes

If Yes, is silver recovery equipment available or has it been requested?( ) No ( ) Yes

If No, provide for silver recovery before submitting this package.

Steam: ( ) No ( ) Yes Pressure range ___ - ___ psi

Air: ( ) No ( ) Yes Pressure range ___ - ___ psi

Oxygen (O2): ( ) No ( ) Yes

Nitrous oxide: ( ) No ( ) Yes

Nitrogen: ( ) No ( ) Yes

Vacuum: ( ) No ( ) Yes Inches of mercury ____in. Hg

Any unusual plumbing requirements? ( ) No ( ) Yes If Yes explain:

_____

_____

_____

_____

_____

_____

A27.4.3. **Heat, Ventilation and Air Conditioning (HVAC) Requirements:**

Complete list below or check ( ) N/A and skip to paragraph A27.4.4.

Temperature range: _____ - _____ degrees C or F

Humidity range: - ____ percent

Air recirculation: Exchanges per hour

Dedicated exhaust/ventilation duct required? ( ) No ( ) Yes

Does this unit discharge chemical wastes or effluent into ventilation systems or the environment?

( ) No ( ) Yes If Yes, has Bioenvironmental Engineering reviewed the discharges in accordance with health and environmental standards?

( ) No ( ) Yes If No, do not submit this package until this review is conducted.

If Yes, provide a copy of the BEE's review.

Any unusual HVAC requirements? ( ) No ( ) Yes If Yes explain:

_____

_____

_____

_____

_____

_____

A27.4.4. **Structural Requirements** : **Complete list below or check ( ) N/A and skip to paragraph A27.4.5.**

Are doorways/hallways tall enough? ( ) No ( ) Yes ( ) N/A

Are doorways/hallways wide enough? ( ) No ( ) Yes ( ) N/A

Will ceiling support weight? ( ) No ( ) Yes ( ) N/A

Will wall support weight? ( ) No ( ) Yes ( ) N/A

Will floor support weight? ( ) No ( ) Yes ( ) N/A

Does unit generate radiation? ( ) No ( ) Yes

If Yes, has the Base Radiation Protection Officer evaluated the existing shielding or the need for new or increased shielding? ( ) No ( ) Yes

If No, do not submit the package until the evaluation is completed.

If Yes, attach a copy of the evaluation.

A27.4.5. **Is room lighting adequate for operating and maintaining the equipment?**

( ) No ( ) Yes If no, has the requirement been identified and included in the room modification requirements?

( ) No ( ) Yes If No, do not submit package until lighting requirements are adequately addressed in the room modification requirements.

Any unusual structural requirements? ( ) No ( ) Yes If Yes, explain:

_____

_____

_____

_____

_____

_____

A27.4.6. **Has the Facility Manager submitted an AF Form 332 for the preceding items that require CE support?**

( ) No ( ) Yes If No, Facility Manager must explain in Facility Management Section.

If Yes, date the request was submitted: _____.

A27.4.7. **Have the requester and the Facility Manager assessed the communications requirements?**

Consider telephones, modems and computer networks data lines, routine and code response pagers, room-to-room intercoms, nurse/patient call systems, etc.

( ) No. ( ) Yes, but no changes are required. ( ) Yes, and changes are required.

If "No," assess communications requirements before submitting this package.

If "Yes, but no changes are required," proceed to paragraph **A27.5.**

If "Yes, and changes are required," attach copies of supporting documentation (e.g., AF Form 332, AF Form 601, AF Form 3215).

A27.5. Are there any other manufacturers who can provide the item being requested?

( ) No ( ) Yes If Yes, provide name, address, model number, etc.:

_____

_____

_____

_____

_____
_____

A27.6. Installation: Complete list below or check ( ) N/A and skip to paragraph A27.7.

Who will install unit?

( ) Manufacturer ( ) Requester ( ) BMET ( ) CE ( ) MERC

If Manufacturer, provide estimated cost, if any: $_____

Has installation site been selected? ( ) No ( ) Yes

If No, do not submit request until site is selected.

Is a CE project required to prepare the site? ( ) No ( ) Yes

If Yes, the Facility Manager must give site preparation cost estimate in Part II.

A27.7. Maintenance/Repair: Complete list below or check ( ) N/A and go to paragraph A27.11.

Do in-house capabilities exist? ( ) No ( ) Yes

If Yes, indicate the number of trained technicians: _____

If No, indicate the reason(s):

( ) Experienced technicians not assigned or are scheduled to depart before the unit is installed.

( ) Test equipment/tools not available. Have steps been taken to acquire necessary test equipment/ tools? ( ) No ( ) Yes If No, explain:

_____
_____
_____
_____
_____

( ) Technicians not trained. Provide source and cost of training if available: ( ) 382 TRS ( ) Manufacturer ( ) Other: _____ Estimated cost: $ _____

( ) Other reasons (Explain): _____

_____
_____
_____
_____

If in-house maintenance capabilities do not exist and cannot be obtained, suggest a source of maintenance service. ( ) Army Depot: _____

( ) Manufacturer: _____ ( ) Other: _____

If contract support is required, will it be: ( ) Full time ( ) As needed ( ) Other (explain):

_____
_____
_____
_____

Provide estimates for annual cost: (Strike out entry which does not apply in any year.)

1st Year Warranty or $ _____

2nd Year Warranty or $ _____

3rd Year Warranty or $ _____

4th Year Warranty or $ _____

5th Year Warranty or $ _____

Coverage provided by servicing contractor: ( ) All labor ( ) Parts

( ) Travel ( ) Emergency response ( ) Preventive maintenance

Provide additional justification of the requirement for contract maintenance. (Note that in-house service is the preferred method to accomplish maintenance.)

_____
_____
_____
_____
_____

A27.8. Technical Literature: Are you requesting at least two (2) copies of all necessary service literature, schematics, theory of operation for all circuitry, calibration instructions, etc.?

( ) No ( ) Yes If No, explain:_____
_____
_____
_____
_____

If Yes, have you determined that it is possible to obtain this literature from the manufacturer?

( ) No ( ) Yes If Yes, give estimated cost (if any): $ _____

If No, submit the package only after confirming availability from manufacturer.

A27.9. Calibrations: Complete list below or check ( ) N/A and go to paragraph A27.10.

Source of calibration service:

( ) BMET ( ) MERC ( ) Manufacturer ( ) Depot ( ) PMEL

If Manufacturer, justify:

_____
_____

_____

_____

_____**Comment on any expected calibration problems or check ( ) N/A and skip to paragraph A27.10.**

_____

_____

_____

_____

A27.10. Final system acceptance will be performed by:

( ) MERC ( ) BMET ( ) Requester ( ) Not required (explain):

_____

_____

_____

_____

_____

A27.11. Additional comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF SENIOR BIOMEDICAL EQUIPMENT TECHNICIAN

(Request will not be processed without signature)

PART II - FACILITY MANAGEMENT SECTION

A27.12. Are suitable utilities, as described in paragraph A27.4.1. , available? ( ) No ( ) Yes

If No, explain actions being taken to provide them:

_____
_____
_____
_____
_____
_____
_____
_____
_____

What is the earliest date utilities will be available?_____

A27.13. Estimated cost of facility modification described in paragraph A27.4.4. needed for installation of this unit:

$ _____

Date AF Form 332 was or will be submitted to CE: _____

(Must match date in paragraph **A27.4.6.** above)

Estimated earliest possible completion date of these facility modifications: _____

A27.14. Additional comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____

SIGNATURE OF FACILITY MANAGER

(Request will not be processed without signature)

Local reproduction of this format is authorized and encouraged.

Attachment 28

INSTRUCTIONS FOR OBTAINING LOCAL PURCHASE EQUIPMENT ITEMS

A28.1. To obtain local purchase equipment items, prepare AF Form 9 according to **Chapter 4** and **Attachment 20**, and submit it to the local base procurement activity.

A28.1.1. CONUS medical activities. The procurement activity may specify a form other than AF Form 9. If unable to procure locally, contact AFMSA/SGSLC for assistance.

A28.1.2. Overseas medical activities. If procurement in the local area is not feasible, submit DD Form 1348-6, with the current edition of the DSCP COL, to DSCP/MQ (equipment requisitions) or Veterans Affairs Special Services co-located with AFMSA/SGSLC.

A28.2. If the local purchase item is available through a federal supply schedule or VA decentralized schedule, cite the schedule on the PR. Describe the options and accessories selected, voltage and cycle rating, and installation requirements per the ordering instructions in the schedules. *Note:* VA decentralized schedules are not applicable to overseas activities.

A28.3. Defense medical purchase descriptions (PDs), which contain technical data and item essential characteristics established by the Joint Readiness Clinical Advisory Board (JRCAB), may be used for items not covered by federal supply schedules or VA decentralized schedules. PDs which are more than six months old may not reflect the latest technological advances for the item and should be used only as a reference document in writing the item description in the PR. If they are current, they may be attached to the PR and sent to the procurement activity. When the PD is used in conjunction with the PR, the following applies:

A28.3.1. When the PD offers an option, such as choice of color, specify a choice. Add to the PR any requirement for accessories beyond those stated in the PD.

A28.3.2. Requisitioners, particularly in overseas areas, should specify any different voltage or cyclic rate that is required for their location.

A28.3.3. Under the terms of the PDs, vendor installation services can be provided specifically for automatic film processors and audiometric booths. These services include electrical and mechanical interconnection of equipment components, connection of apparatus to internal utility service outlets, calibration, and equipment performance tests to ensure proper operation. State on the PR if similar services are required for other items. Specify any additional needed contractor services such as performing a preliminary site inspection or removing old equipment. Provide the following information if installation is required.

A28.3.3.1. Floor loading capacity.

A28.3.3.2. Wall and floor construction; that is, concrete, wood, etc.

A28.3.3.3. Electrical supply and capacity.

A28.3.3.4. Water supply and temperature (applicable to automatic film processors).

A28.3.3.5. Room diagram showing dimensions, doorways, windows, obstructions, and room and building numbers.

A28.3.3.6. Requirement for right- or left-handed hinged door (applicable to audiometric booth).

A28.3.4. For modular dental cabinets, include a diagram of each dental operatory where cabinets will be placed. The diagram should be a plan view or isometric drawing identifying cabinets and insert drawers by location, national stock number, and color. Indicate dimensions within ¼ inch when cabinets are wall-to-wall and show cabinet sides that are against walls.

A28.4. Two copies of operators instructions and a copy of repair parts lists and wiring schematics should also be requested. If ordering multiples of an item, multiples of the maintenance manuals do not need to be ordered.

Attachment 29

EQUIPMENT CHANGE REQUEST ACTION TABLE

Table A29.1. Equipment Change Request Actions.

MEMO Action	Base ERAA Action (Optional)	MTF Commander Action	CMEMO Action	HQ USAF Action
For: Expense Equipment-Requirement submitted to base MEMO by AF Form 601 from using activity:				
Validate request				
Examine existing assets/ authorizations, and recommend action.				
APPROVAL AUTHORITY DELEGATED TO MTF COMMANDER: File one copy of AF Form 601, **Equipment Action Request**, in suspense, submit request to ERAA or MTF commander	Review and forward to MTF commander with Recommendation to APPROVE/ DISAPPROVE	APPROVE/ DISAPPROVE REQUEST: Annotate comments, return to MEMO		Take appropriate table of allowance and stock list action
APPROVAL AUTHORITY ABOVE MTF COMMANDER: Prepare allowance/ authorization change request, file one copy with applicable AF Form 601 in suspense, forward request to base ERAA or MTF commander.	Review and forward to MTF commander with recommendation to APPROVE/ DISAPPROVE	DISAPPROVED REQUEST: Annotate comments to MEMO. APPROVED REQUEST: Annotate comments and submit to CMEMO.		Take appropriate table of allowance and stocklist action.
AF Forms 601 and Allowance/Authorization Change Requests.				
DISAPPROVED REQUESTS BY ANY LEVEL OF AUTHORITY: Return request to originator with comments annotated. File suspense copies in file.				

MEMO Action	Base ERAA Action (Optional)	MTF Commander Action	CMEMO Action	HQ USAF Action
APPROVED REQUESTS WITH FUNDS AVAILABLE: Pull suspense copies, order from medical logistics, and notify originator of action. File in on-order suspense file.				
APPROVED REQUESTS WITH NO FUNDS AVAILABLE: Pull suspense copies, place in budget suspense file to support budgetary action. Notify the originator of action.				

MEMO Action	Base ERAA Action (Optional)	MTF Commander Action	CMEMO Action	HQ USAF Action
For: Investment Equipment-Requirement submitted to MEMO by AF Form 601 from using activity				
Validate request				
Examine existing assets/authorizations and recommend action.				
Complete MEMO portion of AF Form 601, file one copy in suspense, attach copy of historical maintenance report for replacement equipment requirements and forward to base ERAA.	Review and forward to MTF commander with recommendation to RECOMMEND APPROVE/ DISAPPROVE	DISAPPROVED REQUEST: Annotate comments, return to MEMO. RECOMMENDED FOR APPROVAL: Annotate comments, forward to CMEMO.	DISAPPROVED REQUEST: Annotate comments from command ERAA action and return to MEMO. RECOMMENDED FOR APPROVAL: After MAJCOM validation, annotate comments and forward electronic copy to AFMSA/ SGSLE.	Approve/ Disapprove request by consultation with AF/SG consultants. Return signed copy to CMEMO.

MEMO Action	Base ERAA Action (Optional)	MTF Commander Action	CMEMO Action	HQ USAF Action
Equipment Action Change Request returned to command MEMO				
DISAPPROVED REQUESTS: Pull suspense copies, include comments and file in file. Return copy to originator			DISAPPROVED REQUESTS: Pull suspense copy, file one returned copy in file, send other to MEMO. APPROVED REQUESTS: Pull suspense copy. If funds are available and command ERAA authorizes purchase, return one copy to MEMO with notice that AFMSA/SGSLE will execute purchase. If funds are not available, or ERAA defers procurement, return one copy to MEMO with notice that requirement is approved but unfunded.	
Equipment Action Requests returned to MEMO				
APPROVED REQUESTS: Pull suspense copies. If purchase is initiated by AFMSA/SGSLE file copy in on-order suspense file and notify originator. If procurement is not initiated annotate comments on suspense file and notify originator of status.				

Attachment 30

INSTRUCTIONS FOR PREPARING AF FORM 601

Table A30.1. Preparation Instructions for AF Form 601.

Title of Block	***Entry***
Routing Blocks	See back of form. For investment equipment, the signature of the MTF commander is required
1. Custodian Request Number	A number made up of a 3 or 4 digit alpha base code for the originating base (e.g., BRO for Brooks AFB), 4 digit numeric Julian date, and next unused serial number from the property custodian's control register (AF Form 126)
2. Custodian Name and Duty Phone	Identifies the using activity custodian making the request.
3. Orgn/Custodian Code	Enter office symbol; and RC/CC code.
4. CMD	Enter abbreviation for major command or SOA.
5. FAD	Local use or leave blank.
6. UND	Enter the urgency of need designator A, B, or C as authorized in **Chapter 2**.
7. BUD	Local use or leave blank.
8. Custodian's Signature	Include rank or grade.
9. Sig of ORGN Cdr	Change to Medical Logistics Flight Commander/MEMO. MLFC or MEMO will sign this block.
10. In-Use Doc. No.	Change to L/E and enter item life expectancy.
11. National Stock Number or Part Number.	Enter NSN or appropriate nonstock listed identification number.
12. Use Code	Enter A for mobility, B for support, C for joint use, or D for WRM.
13. Price	Enter price per unit of issue.
14. U/I Unit issue	
15. ERRCD	Change title to "TOT" and enter the total cost to nearest $100 (e.g., express $80,847 to $80.8)
16. Equipment Code	Enter M for medical equipment, D for nonmedical equipment, or C for centrally managed equipment.
17. Nomenclature	Enter federal item or generic description of the item.
18. Allowance Identification	Enter appropriate AS number (including part and section) or special ASC (e.g., 041, 044, 048). Change "COL" to "EXP" and enter appropriate expendability code (MEDLOG)/commodity class (DMLSS).

Title of Block	*Entry*
19. Quantity In-Use	Enter number of units on hand throughout the requesting organization.
Current Authorization	Enter the number of units currently authorized.
New Authorization	Enter new total requirement.
Number Required	Enter total to be purchased if request is approved. Block 19 multiplied by block 13 equals block 15.
20. Action Requested	Describe type of action needed.
A. Authorization	Add to title "and spec Ident", check the appropriate box, and enter the applicable specialty identifier from the list.

Identifier	Specialty
AD	Administration
AE	Air Evacuation
AL	Allergy service
BE	Bioenvironmental engineering
CD	Cardiology
CL	Clinical laboratory
CP	Central Processing & Distribution
CS	Central Sterile Supply
DM	Dermatology
DS	Dental service
EM	Emergency medicine
EN	EENT/ENT service
FM	Flight medicine
FP	Family practice
FS	Food service
GA	Gastroenterology
IM	Internal medicine
MH	Mental health/psychiatry
MM	Medical maintenance
NM	Nuclear medicine
NU	Neurology
OB	Obstetrics/gynecology
OP	Ophthalmology/optometry
OR	Orthopedics

	Identifier	Specialty
	OT	Occupational therapy
	PD	Pulmonary disease
	PE	Pediatrics
	PH	Pharmacy
	PT	Physical therapy
	RA	Radiology
	RL	Special labs (research, environmental, radiological)
	RP	Real property installed equipment
	SU	Surgery
	UR	Urology
	VN	Veterinary medicine
	WD	Nonspecialized ward equipment
	WM	WRM equipment

B. Issue/Due-out	In addition to checking appropriate box, enter the type of requirement code in block "C".	
	Code	**Type of Requirement**
	NR	Normal replacement of equipment which is beyond economical repair and has met or exceeded its normal life expectancy.
	MR	Modernization replacement to keep abreast of technological advances, enhance patient care, save time, etc.
	AR	Accelerated replacement of equipment which is worn beyond economical repair.
	NW	New workload equipment to meet a new mission requirement or increased workload. Not replacement.
	NI	Initial procurement for improving patient care, modernization, saving time, etc. Not replacement.
	NF	New facility equipment for initial outfitting of a new or expanded MTF.

C. Turn in	**To be completed by medical maintenance for medical equipment and MEMO for nonmedical equipment.**
BASIS OF ISSUE METHODOLOGY	
21. Justification	**For equipment required and authorized by "Medical/Dental Equipment Guidance Documents", the following alternative procedures apply:** Enter item description. Include manufacturer, model, and accessories on which cost estimate was based. State: "this equipment is authorized under HQ USAF/SGP Medical/ Dental Equipment Guidance Document for (enter specialty) dated ____." Only if the request is to replace existing equipment: Explain why existing equipment is unsatisfactory. Attach two copies of the historical maintenance report. Attach a completed copy of **Attachment 27**.
22. Reviewing Authority Comments (Basis of Issue Alternative Methodology)	**Major Commands will approve or disapprove AF Forms 601 submitted under the authority of the guidance documents and will provide one copy marked "AFMSA/SGSL File Copy" to AFMSA/SGSLE**

1. Justification	**Enter item description including manufacturer and model numbers on which the request and cost are based. For replacement expense equipment, the approval authority will determine the extent of justification required. For other types of requirements, attach complete justification addressing the following topics. Prepare on 8 ½ X 11 inch bond paper.** *Reference:* Indicate which AF Form 601 this justification applies to. *Functional Description:* Provide a description of the function the item will accomplish and where it will be used (e.g., clinic, radiology, etc.) *Current Method:* How is the function currently being performed? Give the condition of the unit currently in use. Validate with historical maintenance report (HMR). *Workload Data:* Specify the current workload. State what the projected workload is (how many times per month the item will be used). How was projected workload determined? What is the source of the workload data (patient logs, MEPRS, CHCS, etc.) *Similar Items:* How many similar items are in your MTF? Where are they located? Can the workload be distributed to meet the requirement? Do not restrict this review to exact same make and model. *Savings/Benefits:* Explain why it is advantageous and economically prudent to procure this item. Quantify savings of time/money/personnel. Explain how the estimates were determined. *Comparable Items Evaluated:* Indicate which comparable products were evaluated. Is the competitive product acceptable? If not, why not? *Operational Costs:* Provide actual costs of current method (e.g., supplies, personnel, maintenance, supplemental care, TRICARE). Project what future operating costs will be using the new equipment. *Qualified Users:* Who will be authorized to use the equipment? Specify how many users by AFSC/specialty. How many will need training? How will the training be done and how much will it cost?

	Installation: Briefly describe facility modification required to accommodate this unit. Point out any special features that require consideration (**Attachment 27**). Provide estimated cost and indicate who will perform the installation. Give brief rationale if work is to be performed by commercial contract versus in house services. *Maintenance Support:* Who will perform maintenance? If contract service will be used, provide brief rationale for not using in house service. If in house service is to be used, will training be required? If so, how many will need training, how will it be done, and what will it cost. NOTE: In house service is the preferred method of maintaining medical equipment. Furnish contractor's estimate of cost for contract services for five year period with indication of specific services that will be included in the contract (e.g., labor, parts, travel, etc.). For investment equipment, attach the comments of the biomedical equipment maintenance technician and the facility manager pertaining to **Chapter 7**, paragraph **7.2.7.3.** and **Attachment 27** is the suggested format for these comments. Local reproduction of **Attachment 27** is authorized and encouraged. For stationary medical X-ray systems, attach the following (see AFI 41-201): Copy of the procurement survey and preliminary engineering cost estimates if applicable. Copy of the AF Form 332, BCE Work Request if applicable. Statement from RMO that O&M programming actions have been taken. *Historical Maintenance Report:* Include a list of index numbers from the medical logistics operating system for all items being replaced. This must include all components and subcomponents.
22. Reviewing Authority	**To be used by any reviewing authority for comments. Comments (Normal Methodology)**
23. ORGN	**Change to SRAN. Enter the FM or FY stock record account number.**
24. – 25. UKC, Level	**Enter the name of the base (e.g., Offutt)**
26. DET	**Enter assigned detachment code or leave blank for the host organization.**
27. WRM	**Local use or leave blank.**
28. EMOLOC	**Local use or leave blank.**
29. Supply Control Number	**Enter the MEMO document number.**

30. CEMO Control Number	**Change to CMEMO Control Number, MAJCOM will enter the CMEMO reference number for items submitted to AFMSA/SGSLE.**
31. AFMC Control Number	**Leave blank.**

Attachment 31

CONSTRUCTION AND MATERIEL SCHEDULE FOR EQUIPMENT

A31.1. The term contractor refers to the building contractor.

Table A31.1. Construction and Materiel Schedule.

Category	Furnished	Funds	Installation	Funds
A	Contractor	MCP	Contractor	MCP
B	Government	Other	Contractor	MCP
C	Government	Other	Government	Other
D	See note 2	-	-	-
E	Government	MCP	Contractor	MCP
F	Government	MCP	Government	MCP

A31.2. This is a catch all category for leased or rented equipment, or equipment obtained under special conditions. Funding is determined by the using service.

Attachment 32

ADJUSTMENT DOCUMENT DECISION TABLE

A32.1. This decision table determines the appropriate document to adjust MEMO records for property lost, damaged, or destroyed while under MEMO management. Entries are ranked by precedence so that when more than one condition applies, the first condition listed will be used (ref: AFMAN 23-220).

Table A32.1. MEMO Inventory Adjustment Document Decision Table.

Condition	Document
1. Amount of loss or damage is less than $500 and employee voluntarily agrees to reimburse the Air Force.	DD Form 362/DD Form 1131
2. All other conditions.	DD Form 200

A32.2. The specified document is the inventory adjustment voucher in lieu of the AF Form 85, **Inventory Adjustment Voucher,** etc.

Attachment 33

BAR CODING METHODOLOGY AND CODES FOR PATIENT MOVEMENT ITEMS

A33.1. PMI will be identified and tracked by a bar code system. Each item will be assigned a 12-position item identification code to identify the type of item and its unique serial number. The first three positions are alpha characters and identify the type of equipment item (examples listed below). The fourth position is an alpha character to identify a specific manufacturer and model for that type of equipment. Positions five through seven is a numerical indicator of the PMI center that issued the bar code label and entered the item into the database. Positions eight through 12 is the index number assigned by the host MEMO activity or a sequentially assigned serial number which completes the bar code and gives the piece of equipment a unique identity code.

A33.2. The fourth 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, a defibrillator manufactured by PhysioControl such as the Lifepak 10-59 would be "DEFA", while the same manufacturer's older model, the 10-43 that is still in use, would be a "DEFB". Another manufacturer's model that met specifications would be "DEFC". The fourth position would be a separate table of manufacturers and models for each equipment type. The codes for a DEF would not be the same for an MON or VEN. HQ AMC/SG is responsible for establishing and maintaining the list and coordinating with the PMI centers. This list is displayed on the HQ AMC PMI website. **https://amc.scott.af.mil/sg/sgsl/pmi.htm**

A33.3. PMI centers have a three-digit number (positions 5-7) assigned. This will allow for identification of all current and future PMI centers that produce bar codes for PMI assets. A unique designator is assigned to each PMI center; for example, 001-Scott, 002-Andrews, 003-Travis, 004-Ramstein, and 005-Yokota.

A33.4. Of the 16 items formally in the PMI program, seven will be tracked as "groups" in the tracking system and counted as lot quantities versus individual serial number. These items (litters, blankets, etc.) will use a 12-position combination of alpha characters and spaces. Changes or additions will be coordinated through HQ AMC/SG and will allow for variations or items unique to a particular Service or PMI center.

Table A33.1. Item Codes.

Item Code	**Item**
DEF	Defibrillator
IVC	IV Controller
MON	Vital Signs Monitor
OAN	Oxygen Analyzer
POX	Pulse Oximeter
STR	Stryker Frame
SXN	Suction Apparatus
VEN	Ventilator

Attachment 34

PREPARATION AND SUBMISSION OF MATERIEL COMPLAINTS

PART I - GENERAL

A34.1. Document medical materiel complaints on Standard Form (SF) 380, **Reporting and Processing Medical Material Complaints/Quality Improvement Report,** as described in Part III. Document complaints involving nonmedical materiel on SF 368, **Product Quality Deficiency Report**.

A34.2. Submit the following complaints to DSCP:

A34.2.1. Type I, II, and III complaints against stock listed medical items procured by DSCP.

A34.2.2. Type I, II, and III complaints against nonstock listed medical items procured by DSCP. This situation usually pertains to Direct Vendor Deliveries to overseas facilities.

A34.2.3. Type I complaints against LP medical supplies or equipment regardless of the source of supply.

A34.3. Submit Type II and III complaints against CONUS LP items to the contracting/ordering office. Send an information copy to DSCP/MRCM who will review it and forward it to the FDA. If FDA substantiated SF 380s cannot be resolved directly with the vendor, send them to the local contracting activity for help in resolution.

A34.4. Submit complaints against medical items obtained from GSA or VA to the appropriate GSA or VA facility.

A34.5. Identify all complaints by type, report title, and address and FM account number of the reporting base.

PART II - PROCESSING TYPE I COMPLAINTS

A34.6. The initial classification of a medical materiel complaint as Type I will be made by a medical or dental officer familiar with the details of the complaint. After approval by the MTF Commander refer Type I complaints to the Medical Logistics Flight Commander. Because of the immediate worldwide notification required on Type I complaints, medical and supply personnel should carefully ascertain and evaluate all pertinent facts to preclude unnecessary delay or undue alarm.

A34.7. Report all related circumstances to DSCP/MRCM by telephone (**Attachment 35**) or electronic message. To submit complaints on-line go to **http://dmmonline.com/dmmonline/forms/sf380.asp**. DMLSS users can input information directly into DMLSS then print and fax the SF380. Include NSN, quantity suspended, lot number, contract number, source, manufacturer, expiration date, and a description of the adverse patient reaction. A Type I complaint reported to DSCP by telephone will be by conference call initiated by the Medical Logistics Flight Commander. Include the medical or dental officer who initiated the complaint in the conference call to provide medical information.

A34.7.1. Each complaint transmitted by telephone or electronic message will be immediately documented to DSCP/MRCM by SF 380, as prescribed in part III.

A34.7.2. Include AFMSA/SGSLC as an information addressee on all complaints transmitted by electrical message to DSCP.

PART III - PREPARATION AND SUBMISSION OF SF 380

A34.8. For items ordered through DSCP, send the original and four copies to DSCP/MRCM, Quality Assurance Division, Directorate of Medical Materiel.

A34.9. For items not ordered through DSCP, send one copy of the complaint to the Base Contracting Office, if requested. Send a copy to DSCP/MOE for review and forwarding to FDA.

A34.10. Three copies of all complaints, including those on LP items to AFMSA/SGSLC.

A34.11. One copy retained by the reporting base.

NOTE: For Type II and III complaints on CONUS LP items, forward a copy of the final closing action to AFMSA/SGSLC.

PART IV -

Table A34.1. Instructions for Preparing SF 380.

Block No./ Title	**Entry**
Title	Enter date as day-month-calendar year (1 June 1994).
Report No.	Enter report number beginning with your FM account, the Julian date, and a four-position control number.
To	DSCP/MRCM 2800 S. 20th St. Philadelphia PA 19101-8419
From	Official address including FM account number and routing identifier code (see DOD 4000.25-1-S1).
1A	Enter "X" in the applicable box.
1B	Leave blank.
2	Enter NSN or locally assigned stock number.
3	Enter complete description of the reported item. Include all manufacturer's or catalog numbers appearing on unit containers. For medical equipment, include the nomenclature and device code from AFI 41-201.
4, 5, 6, 7A, 7B, 8, 9, 10, 11, 12, 13, & 14	Self-explanatory.
15	Source from which the materiel was received (depot, supplier, distributor, etc.). Do not enter DSCP (S9M).

Block No./ Title	Entry
16	Enter quantity on-hand and unit of issue designation of the reported items.
17	Enter quantity suspended and unit of issue designation of reported item.
18A - 18F	Self-explanatory. Leave blank on Type II and Type III complaints.
19	Complete information as to circumstances under which administered and techniques employed. Show the means of communication, time, and individual at DSCP first notified of a Type I complaint. Complaints involving blood grouping and typing reagents must indicate the actual bottle of reagent involved and the cells and serum used with the reagent are available for testing. Indicate if FDA or other Government agency was notified. Include the name of the individual contacted, date, phone number, and other pertinent data if notification was by phone. Attach a copy of correspondence with the manufacturer or supplier about the complaint. A statement covering the hazards inherent in the continued use of the materiel. The statement of inadequacy or undesirability should be specific regarding the characteristics or performance features which are the subject of the complaint. On equipment items, furnish detailed identification of specific parts, components, and/or circuits. Attach photographs and drawings of equipment when they will assist in describing or substantiating the complaint.
20a-21E	Self-explanatory.
22	Continue from block 19 if necessary.
23-26	Not for use by reporting activity. Action offices will use this block for replies, instructions, and dispositions on reported items.

Attachment 35

FORMAT FOR RECORD OF TELEPHONIC REPORT TYPE I COMPLAINT

NOTE: Telephone calls are acceptable, however, they must be documented immediately by sending five copies of the SF 380 to DSCP. Make telephone calls to the quality assurance representative, DSCP, DSN 444-2187 or 2188 or commercial (215) 952-2187 or 2188 during regular working hours. After duty hours, call the Customer Readiness section or the DSCP staff duty officer at DSN 444-2111 or commercial (215)-952-2111. Begin reports by stating that the complaint is type I and give, insofar as is immediately available, the information required by the SF 380. Mark all copies "FOR OFFICIAL USE ONLY."

1. June 2004 — ***DATE***
2. FM7755-4153-0001 — ***REPORT NO.***
3. 1930Z — ***TIME***
4. DSN 777-5678 — ***PHONE NO.***
5. SSGT Jane Z. Dohem
   QA Clerk, Medical Supply
   NAME & TITLE OF PERSON CALLING
6. FM 7755 USAF Hospital Big Bluff/SGL
   Big Bluff CO 77123
   RIC: EXX
   OFFICIAL ADDRESS
7. 6515-01-045-0029 — ***NSN***
8. Syringe, Irrigation Ear, 3 oz.
   50s, unit of issue - package (PG)
9. N/A
   NAME OF CONTRACTOR
   (If other than the manufacturer)
10. X,Y,Z Medical Supply, Inc.
    1234 Ajax Lane, Hometown IL
    NAME & ADDRESS OF MFG.
11. DLA 120-83-C0501 — ***CONTRACT NO. OR PURCHASE ORDER NO/CALL NUMBER***
12. FM 775540832506 — ***REQUISITION NO.***
13. 1234 — ***LOT NO.***
14. N37-0987654 — ***CONTROL NO.***
15. N/A — ***MANUFACTURERS SERIAL NO.***
16. N/A — ***MODEL NO.***
17. 1/03 — ***DATE MANUFACTURED***
18. 1/03 — ***DATE PACKED***
19. 31 Jan 07 — ***EXPIR. DATE***
20. Defense Distribution
    Region East (SW 3100)
    SOURCE FROM WHICH MATERIEL WAS RECEIVED
21. 3 — ***QUANTITY ON HAND***
22. 3 — ***QUANTITY SUSPENDED***

23. 1_____ ***TOTAL NO. PATIENTS INVOLVED***

24. 1_____ ***TOTAL NO. OF REACTIONS***

25. 1_____ ***SEVERE OR UNUSUAL REACTIONS***

26. 1_____ ***REACTIONS REQUIRING HOSPITALIZATION***

27. _____ ***LENGTH OF HOSPITALIZATION***

28. Vaccine _____

Primary _____ Booster_____ Interval _____

29. Cause of complaint:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

30. Lymphadenopathya. Yes_____ b. No _____

31. Describe in detail nature of adverse reaction. Include age, sex, and other significant data.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

32. _____

33. _____

NAME AND GRADE OF MC OR DC OFFICER PHONE NO.

MOST FAMILIAR WITH THE CASE

34. _____

NAME OF PERSON RECEIVING THE COMPLAINT CALL

Attachment 36

CHECKLIST FOR LAUNDRY INTER-SERVICE SUPPORT AGREEMENTS AND MEMORANDUMS OF AGREEMENT

Table A36.1. Laundry ISSA and MOA Checklist.

1.	Does the ISSA/MOA follow the format in DOD Instruction 4000.19?	
2.	Is the ISSA/MOA signed by, at a minimum, the MTF commander and the ISSA service provider's base commander or equivalent?	
3.	Does the ISSA/MOA specify the criteria for processing (time, water temperature, drying temperature, etc.) the linen to ensure it meets standards for linen used for medical purposes?	
4.	Does the ISSA/MOA specify the procedures that will be used for inspecting the linen to ensure it is clean?	
5.	Does the ISSA/MOA specify the procedures (weighing or counting of outgoing and incoming linen) that will be used for ensuring accountability of linen?	
6.	Does the ISSA/MOA specify the required laundry "turn-around" time? (The amount of time during which the soiled laundry is picked up and the clean laundry is delivered.)	
7.	Does the MTF have a back-up plan in case the ISSA/MOA service provider is unable to process the MTF's linen?	
8.	Has a "Quality Assurance Evaluator" been appointed by the Medical Logistics Flight Commander?	
9.	Has the "Quality Assurance Evaluator" received training on the requirements of the ISSA/MOA and the criteria for measuring ISSA/MOA-provider performance?	
10.	Has the "Quality Assurance Evaluator" developed a performance evaluation plan for the ISSA/MOA, similar to a Quality Assurance Surveillance Plan?	
11.	Does the "Quality Assurance Evaluator's" file contain records or periodic quality reviews in accordance with the ISAA/ MOAs performance evaluation plan?	

Attachment 37

DIAZEPAM AUTO-INJECTOR ISSUE INSTRUCTIONS

Date:

MEMORANDUM FOR *(Organization)*

FROM: *(Organization)* /SGSL

SUBJECT: Mass Issue of NSN 6505-01-274-0951, Diazepam Auto injector

_____ _____

(Name of individual receiving issue) (Organization)

_____

(Duty Location/Issuing Base)

has been provided each Diazepam Auto injectors, NSN 6505-01-274-0951 and a copy of these instructions for transporting to the deployed site.

GENERAL

NSN 6505-01-274-0951 is a Code "Q" controlled substance, and must be safeguarded in accordance with **Chapter 5** **and** **Chapter 11**. Code "Q" applies to drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances.

AUTHORIZATION

When local threat conditions dictate, the Combatant Commander will direct the issue of Diazepam auto injectors on the deployment order. The troop commander will be briefed on controlled medical item guidance and procedures for controlling/safeguarding controlled medical items in accordance with **Chapter 5**. Upon signature by the troop commander, responsibility for maintaining a complete audit trail for the receipt and delivery of the materiel is assumed. The troop commander/individual acts as a courier and if directed by the AFFOR/SG, will ensure the materiel is turned into the medical activity at the deployed site. The medical activity must sign for the materiel and provide documentation of the turn-in to the troop commander. Upon redeployment, the troop commander must turn the documentation into their home station medical logistics activity to complete the audit trail. NOTE: Every deployment will have a designated troop commander, even in situations where only one person is deploying. In those cases, the individual deploying assumes the role of troop commander.

ISSUE

Medical Materiel personnel will issue the Code "Q" item, along with other BW/CW material, to the appropriate cost center (organization). When funds are not available at time of deployment, the PFMR should be set to go negative. Medical Materiel personnel will maintain a copy of the signed issue document in the vault.

STORAGE, and SAFEGUARDING

NSN 6505-01-274-0951 must be safeguarded against theft or improper use. The troop commander will protect the materiel from prolonged exposure to extreme hot or cold temperatures (below 59 and above 86 degrees Fahrenheit) to the degree possible. If this temperature range cannot be maintained, the troop commander will document the storage temperature, duration of exposure and other relevant environmental conditions and provide this information to the medical activity at the deployed location. When medical logistics issues the items, use AF Form 1297, **Temporary Issue Receipt**, or similar document to provide an audit trail of disposition. An informal issue log, signed by the recipient is also acceptable. The individual recipients must be made aware of the sensitivity of the item and informed of potential hazards of misuse. The troop commander should be made aware of any actual usage of the item.

A signed copy of this letter will remain with the medical materiel vault custodian.

"I certify that I have read this letter and understand the necessary procedures for storage and safeguarding."

_____ _____

(Signature of Individual) (date)

_____ _____

(Signature of Issuer) (date)

Attachment 38

BW/CW BULK ISSUE DISTRIBUTION (EXAMPLE)

(date)

MEMORANDUM FOR *(Deploying Organization)*

FROM: *(Issuing Organization)*

SUBJECT:Biological/Chemical Warfare (BW/CW) Antidotes

The below listed medical Biological/Chemical Warfare (BW/CW) assets have been issued to *(Organization)*, *(Office Symbol)*, *(Phone Number)*, *(Operational Deployment Name)*, (Expected Deployment Length) in support of the DOD program for defense against BW/CW agents.

This letter also serves as certification that the following troop commander was briefed on controlled medical item guidance and procedures for controlling/safeguarding controlled medical items in accordance with **Chapter 5**. Diazepam is a code "Q", controlled substance and must be safeguarded as designated by the Drug Enforcement Agency for Schedule III, IV, and V controlled substances. Upon signature of this letter, the troop commander assumes responsibility for maintaining a complete audit trail for the receipt and delivery of the materiel. The troop commander/individual acts only as a courier and if directed by the AFFOR/SG, will ensure the materiel is turned into the medical logistics activity at the deployed site. The medical activity must sign for the materiel and provide documentation of the turn-in to the troop commander. Upon redeployment, the troop commander must turn the documentation into their home station medical logistics activity to complete the audit trail.

The following information must be provided to determine total BW/CW issue requirements:

A. 6505-00-299-9673 Atropine Sulfate Injection, USP, 2 mg:

Number of Personnel: _____ x 5 bottles per individual

Total requirement: _____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

6515-00-462-7348 Syringe, Hypodermic, 100s: **OR:**

6515-00-754-2838 Syringe, Hypodermic, 100s:

Number of Personnel: _____ x 5 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

6510-00-786-3736 Pad, Isopropyl Alcohol Impregnated:

Number of Personnel: _____ x 12 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

-OR:-

6505-00-926-908 Atropine Sulfate Auto injector, 2mg:

Number of Personnel: _____ x 5 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

B. 6505-01-080-1986 Pralidoxime Chloride Powder, 1 gm

Number of Personnel: _____ x 1 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

6505-00-543-4048 Water for Injection, Sterile, USP, 5ml

Number of Personnel: _____ x 4 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

6515-01-412-3101 Syringe, Hypodermic, 25s: **OR:**

6515-00-754-2838 Syringe, Hypodermic, 100s:

Number of Personnel: _____ x 1 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

6510-00-786-3736 Pad, Isopropyl Alcohol Impregnated:

Number of Personnel: _____ x 12 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

C. 6505-01-178-7903 Pyridostigmine Bromide Tabs, 30mg, 210s:

Number of Personnel: _____ x 42 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

D. 6505-01-333-4154 Ciprofloxacin Tabs, 500mg, 100s:

Number of Personnel: _____ x 60 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

6505-01-274-0951 (Or equal) Diazepam Auto injector, 10mg:

(NOTE: Controlled item, issue aaccordingly)

Number of Personnel: _____ x 1 each per individual

Total requirement: _____ *(Round-Up for full unit of issue)*

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Manufacturer_____ Lot Number_____ Qty_____

Total Qty_____

Turn-in of all unused BW/CW assets will be accepted by the issuing medical logistics account. If this is not feasible, assets may be returned to any Air Force medical logistics activity.

Issued by:

_____ _____

(Issuing Activity representative) (date)

Received by:

_____ _____

(Requesting Activity representative) (date)

Attachment 39

MEMORANDUM OF AGREEMENT FOR LOANING WRM ASSETS (EXAMPLE)

MEMORANDUM OF AGREEMENT (MOA)

BETWEEN THE (borrowing agency name) AND

THE AIR FORCE WORKING CAPITAL FUND MEDICAL-DENTAL DIVISION (AFWCF/MDD) TO REIMBURSE THE AFWCF/MDD FOR (identify the program)

I. Purpose. This agreement establishes the financial arrangements between the *(borrowing federal agency)* and the AFWCF/MDD to reimburse the AFWCF/MDD for loan of *(identify the program)*.

II. Description of Services to be Provided. The Air Force Medical Service must maintain the capability to respond on an as required basis to contingencies and to meet the needs of the *(federal agency activity being supported)* that has limited *(identify the support)* capabilities. The loaned materiel is subject to immediate recall in the event of a higher priority mission tasking arising unexpectedly.

III. Basis for Reimbursement

a. This agreement is entered into under the provisions of AFI 41-209, *Medical Logistics Support*, **Chapter 13**, paragraph **13.13.6.1.**, and funds are provided for reimbursable orders of approximately $__ (projected reimbursement, if provided). This MOA is subject to modification as necessary, to provide for reimbursement of actual costs described below in providing the requested support. The amounts in respective reimbursable orders may not be exceeded without written approval by the *(borrowing federal agency)*.

b. Under the terms of this agreement, the AFWCF/MDD shall collect for the costs of items used, damaged, or lost during the loan period.

c. If the borrowing unit provided funds and the asset will not be returned to the AFWCF/MDD in the same fiscal year it was loaned, the (borrowing federal agency) will be requested to replace the deposit fee as stated in Paragraph III A with new fiscal year funds.

IV. Procedural Arrangements

a. Estimating. The AFWCF/MDD will review on a recurring basis its actual costs incurred in providing the requested support to ascertain if they are in line with the original cost estimates. The AFWCF/MDD will promptly advise the *(borrowing federal agency)* of any required revisions to the value of this agreement.

b. Ordering. The *(borrowing federal agency)* will provide accounting data for resulting billings.

c. Billing. The AFWCF/MDD will bill the *(borrowing federal agency)* at the completion of the loan. A breakdown of actual cost elements being reimbursed is available upon request. The voucher shall be sent or delivered as part of the normal finance billing cycle to the *(borrowing federal agency)* within 30 days after the month in which the transaction occurred. Assets not returned within 120 days of loan will be billed for their complete cost. The total cost of assemblages borrowed under this MOA is estimated at $_____.

d. Payment of Bills. The *(borrowing federal agency)* paying office will forward check payment(s) along with a copy of billed invoice(s) to appropriate addresses listed on billing invoices

within 30 days of the date of invoice, unless the SF 1080 is identified as "no check required". Bills rendered shall not be subject to audit in advance of payment.

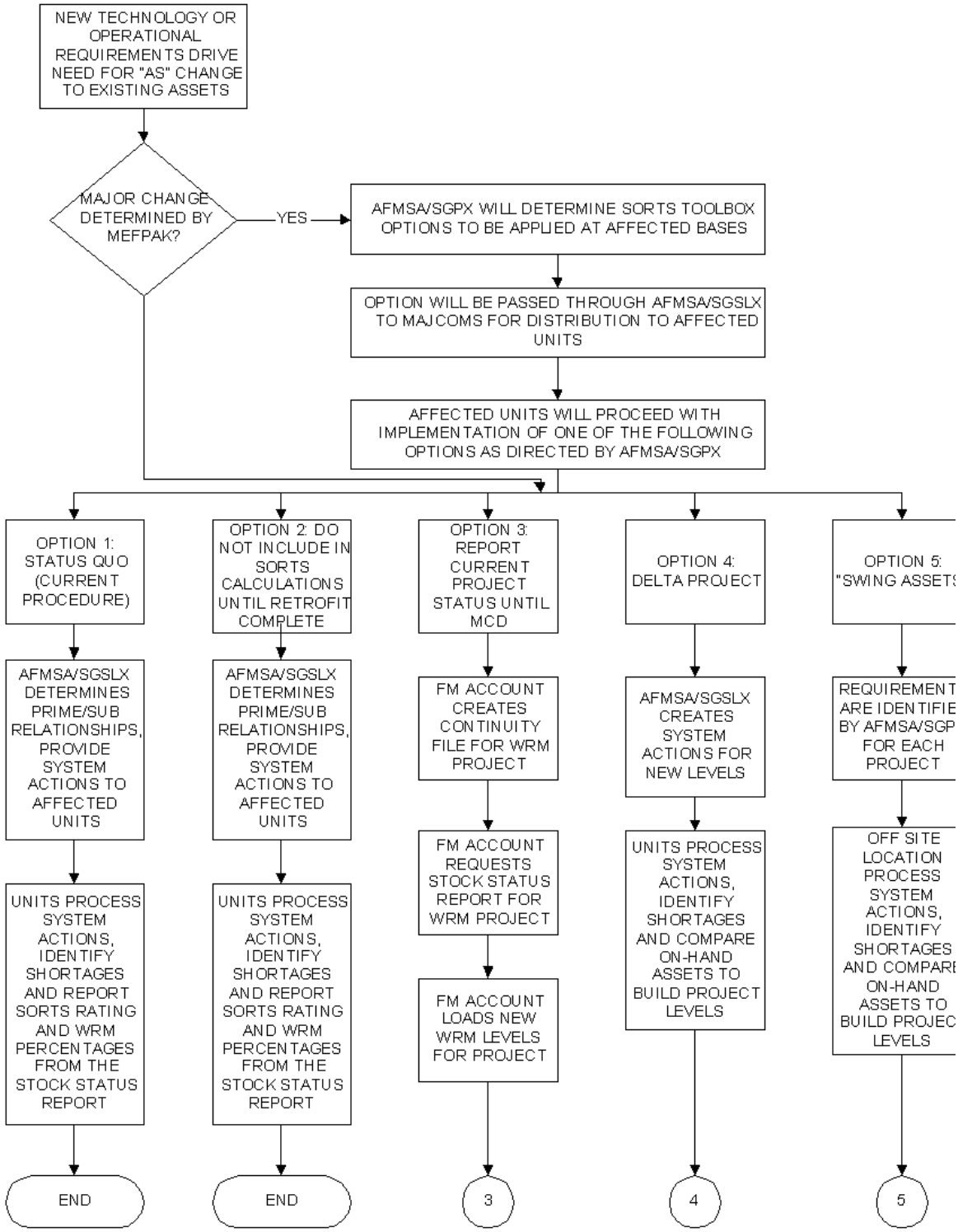
V. Effective Date. This agreement is effective ____*(start date)*____ and will terminate on ____*(end date)*____.

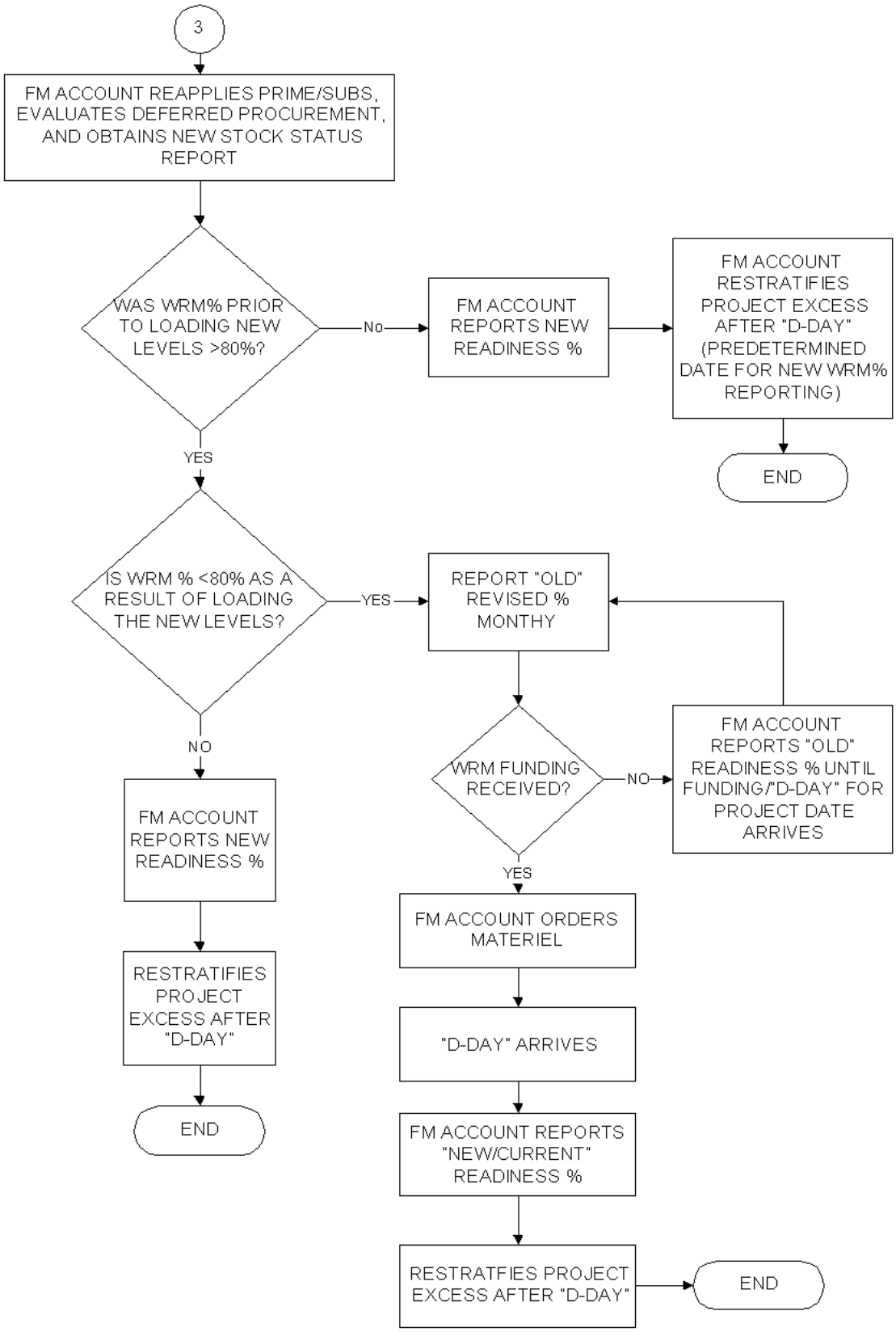
_____	_____
(Borrowing Federal Agency Authority)	Medical Organization Commander (AFWCF/MDD Component)

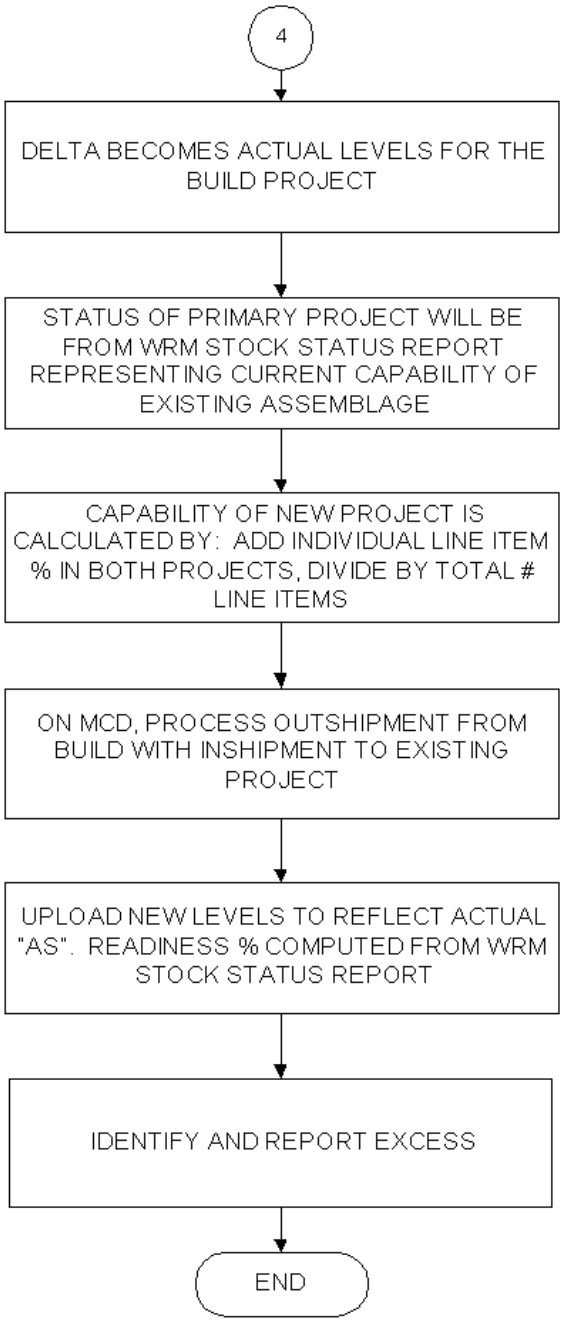
Attachment 40

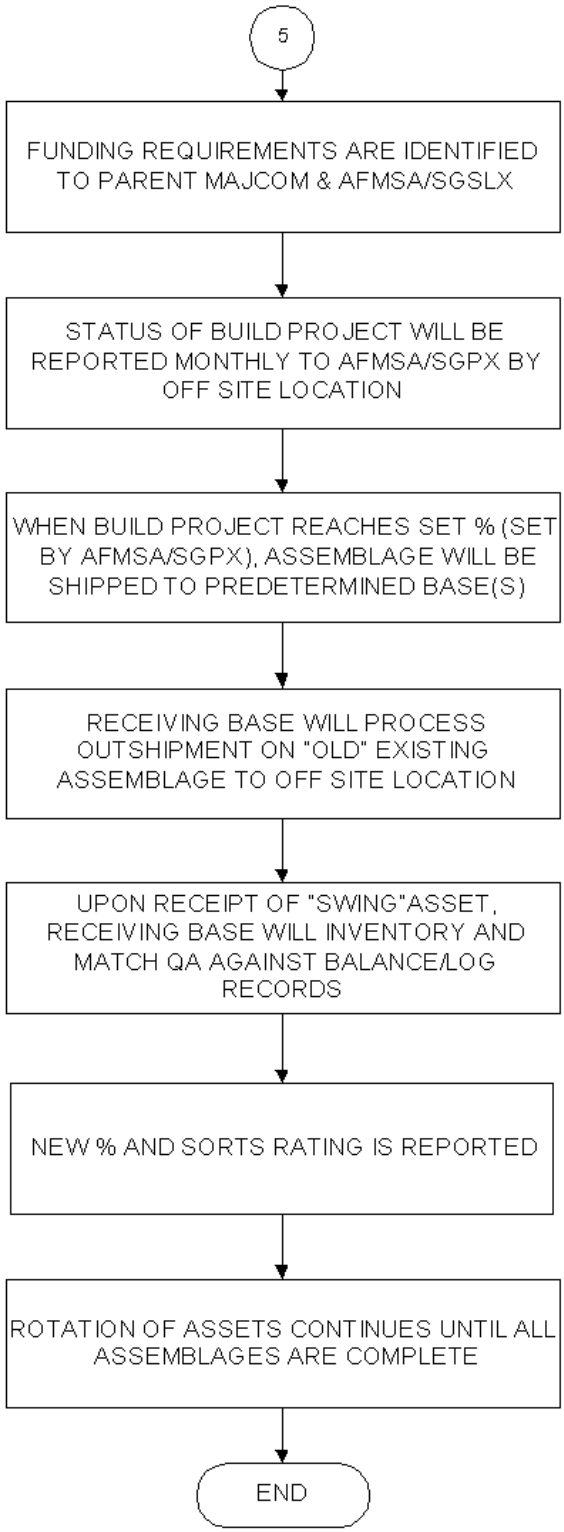
STATUS OF RESOURCES AND TRAINING SYSTEM (SORTS) REPORTING OPTIONS FLOWCHART

Figure A40.1. SORTS Reporting Options.




3
FM ACCOUNT REAPPLIES PRIME/SUBS, EVALUATES DEFERRED PROCUREMENT, AND OBTAINS NEW STOCK STATUS REPORT
WAS WRM% PRIOR TO LOADING NEW LEVELS >80%?
No
FM ACCOUNT REPORTS NEW READINESS %
FM ACCOUNT RESTRATIFIES PROJECT EXCESS AFTER "D-DAY" (PREDETERMINED DATE FOR NEW WRM% REPORTING)
END
YES
IS WRM % <80% AS A RESULT OF LOADING THE NEW LEVELS?
YES
REPORT "OLD" REVISED % MONTHY
NO
FM ACCOUNT REPORTS NEW READINESS %
RESTRATIFIES PROJECT EXCESS AFTER "D-DAY"
END
WRM FUNDING RECEIVED?
NO
FM ACCOUNT REPORTS "OLD" READINESS % UNTIL FUNDING/"D-DAY" FOR PROJECT DATE ARRIVES
YES
FM ACCOUNT ORDERS MATERIEL
"D-DAY" ARRIVES
FM ACCOUNT REPORTS "NEW/CURRENT" READINESS %
RESTRATFIES PROJECT EXCESS AFTER "D-DAY"
END





NOTE: **References to WRM Stock Status refers to both the WRM Medical Stock Status Report (MEDLOG) and the Assembly Management Allowance Status Report (DMLSS).**

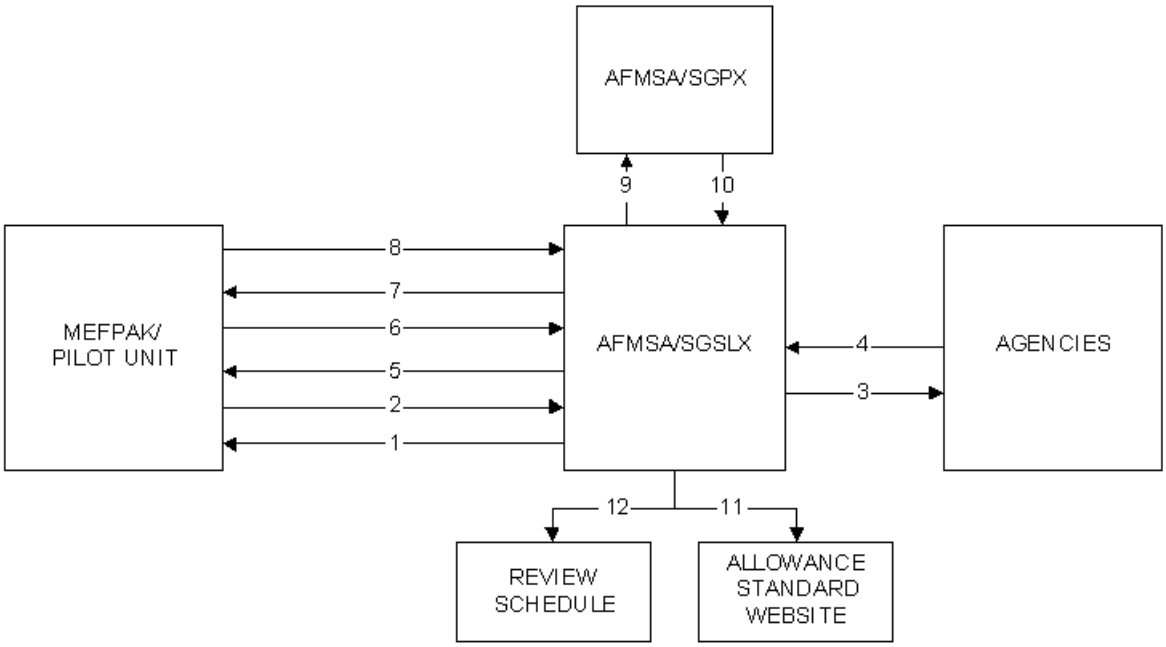
Attachment 41

ALLOWANCE STANDARD DEVELOPMENT AND REVIEW PROCESS

NOTE: EACH STEP HAS AN ESTIMATED TIME FOR COMPLETION. THE DAYS ALLOTTED ARE CALENDAR DAYS, NOT BUSINESS DAYS.

A41.1. Step 1 – START. ESTIMATED TIME FOR COMPLETION: 2 DAYS. AFMSA/SGSLX emails the MEFPAK notification that the review process is scheduled to start, and requests an actual start date. Delays require justification and alternate timelines. The process begins on the date specified by the MEFPAK when AFMSA/SGSLX emails the MEFPAK a template with information needed to conduct the review.

Figure A41.1. AS Development/Review Process.



A41.1.1. The message provides basic instructions, a properly formatted Excel spreadsheet template of the current AS component materiel listing, and summary analysis template. AFMSA/SGSLX identifies terminal items, known issues related to availability, and any other available information on the working spreadsheet. The summary analysis template lists key areas to consider during the review, and provides the framework for documenting changes. Any reports or comparisons to other files can be provided by AFMSA/SGSLX as requested by the MEFPAK. Developmental or out-of-cycle reviews may be initiated by the MEFPAK, requiring prior notification to AFMSA/SGSLX to ensure creation of an appropriate template.

A41.1.2. Step 1 is complete when AFMSA/SGSLX E-mails the template to the MEFPAK.

A41.2. Step 2 – INITIAL MEFPAK REVIEW. ESTIMATED TIME FOR COMPLETION: 30 DAYS. The MEFPAK reviews Concept of Operations (CONOPs), Mission Capability Statement (MISCAP), and AS component list, and submits draft AS list and requested documentation to AFMSA/SGSLX.

A41.2.1. Step 2 includes consultation with clinicians, logisticians, technical experts, and vendors. Every effort should be made to update with standardized, sustainable items. Research tools used include UDR, FEDLOG, other published AS, and any other databases provided by JRCAB and AFMSA/SGSLX. When an item is replaced and the existing item can be retained as an authorized substitute, it must be noted in the comments column on the spreadsheet. If items with no NSN are being added, the MEFPAK is responsible for submitting a request for NSN using the on-line web submission process at **https://afml.ft-detrick.af.mil/afmlo/Readiness/request_for_NSN.htm** and following the instructions for assignment of a Joint Control Number (JCN) pending NSN assignment.

A41.2.2. This step is concluded upon receipt of the draft AS list by AFMSA/SGSLX.

A41.3. Step 3 – INITIAL AFMSA/SGSLX REVIEW. ESTIMATED TIME FOR COMPLETION: 28 DAYS. AFMSA/SGSLX reviews documentation and loads draft AS with indicated changes into the Allowance Standard Information Management System (ASIMS).

A41.3.1. AFMSA/SGSLX identifies typographical errors, duplicates, terminal items, incorrect stock numbers, reviews JCN requests for validity, ensures required technical data is received, and assigns JCN numbers. All items are entered into the ASIMS with a 13 position NSN or JCN number and basis of issue (level). A working copy of the revised AS is produced in an Excel spreadsheet. Reports and comparisons to other files can be provided by AFMSA/SGSLX as requested by the MEFPAK.

A41.3.2. Step 3 is concluded when the Technical Review message is forwarded to all appropriate agencies.

A41.4. Step 4 – TECHNICAL REVIEW. ESTIMATED TIME FOR COMPLETION: 10 DAYS. AFMSA/SGSLX coordinates review by other offices and agencies, including AFMSA/SGSL (SGSLE, SGSLC, SGSLW, SGSLS) and the Theater Medical Information Program Office.

A41.4.1. The coordination process asks for feedback on the items selected with respect to standardization, Prime Vendor availability, commercial sales or procurement actions, clinical alternates/ substitutes, equipment maintenance, spare parts, training, life cycle sustainment, or any other issues, initiatives or problems associated with the selected supplies and equipment.

A41.4.2. This step is concluded with completion of the required coordination as determined by AFMSA/SGSLX.

A41.5. Step 5 – FEEDBACK COORDINATION. ESTIMATED TIME FOR COMPLETION: 2 DAYS. AFMSA/SGSLX consolidates issues and comments from Steps 3 & 4 and forwards to the MEFPAK for consideration and final determination. Issues are highlighted and comments are noted in a column on the working copy of the Excel spreadsheet. More extensive comments or lists of suggested items to consider may be attached for reference. The spreadsheet is emailed to the MEFPAK.

A41.5.1. This step is concluded with sending email notification to MEFPAK with all available information.

A41.6. Step 6 – MEFPAK REVIEW. ESTIMATED TIME FOR COMPLETION: 14 DAYS. The MEFPAK reviews information from Step 5 and sends pertinent issues to the assigned pilot unit for coordination. The MEFPAK incorporates revisions made by the pilot unit, resolves issues resulting from the pilot unit reviews (item selection and levels), coordinates with other MAJCOMs (for assemblages involving multiple MAJCOMs) and forwards final revisions to AFMSA/SGSLX. All issues from the initial review and coordination steps are considered, resolved, and noted in a column on the working Excel spreadsheet. The final AS component list is forwarded to AFMSA/SGSLX. If Form, Fit, and Function (FFF(F3)) is conducted, the timeline will be adjusted to allow for completion, findings, and decisions resulting from the FFF(F3) to be incorporated into the final AS. Adding more items may necessitate additional review and could result in the review being moved back to Step 4.

A41.6.1. This step is concluded with receipt of final AS by AFMSA/SGSLX.

A41.7. Step 7 – AFMSA/SGSLX FINAL REVIEW. ESTIMATED TIME FOR COMPLETION: 7 DAYS. AFMSA/SGSLX incorporates all changes from Step 6 and completes the AFMSA/SGSLX portion of the Summary Analysis. This action includes updating information regarding differences and totals for lines, cost, weight and cube. All required information is documented on the Summary Analysis for review by AFMSA/SGPX.

A41.7.1. If there are no changes resulting from Step 6, AFMSA/SGSLX requests an email approval from AFMSA/SGPX. Upon receipt of email approval, Step 7 is complete and the process moves to Step 12.

A41.7.2. If changes are made, this step concludes when AFMSA/SGSLX sends the AS and Summary Analysis back to the MEFPAK for final approval.

A41.8. Step 8 – MEFPAK FINAL REVIEW AND SUMMARY ANALYSIS. ESTIMATED TIME FOR COMPLETION: 7 DAYS. The Summary Analysis, along with other required supporting documentation, is forwarded to AFMSA/SGSLX along with acceptance of AFMSA/SGSLX's final review. The Summary Analysis is the document that is ultimately approved by AFMSA/SGPX, and summarizes the AS data that will ultimately be disseminated to the field. If the MEFPAK revises the summary, the process moves back to Step 7.

A41.8.1. The Summary Analysis and documentation may be submitted during Step 6 if the MEFPAK requires assistance from AFMSA/SGSLX to complete the required information.

A41.8.2. Step 8 concludes with receipt of the Summary Analysis by AFMSA/SGSLX.

A41.9. Step 9 – AFMSA/SGSLX FINAL COORDINATION. ESTIMATED TIME FOR COMPLETION: 2 DAYS. AFMSA/SGSLX receives final approval from MEFPAK and sends a Summary Analysis to AFMSA/SGPX.

A41.9.1. The MEFPAK approval is usually received by e-mail. The Summary Analysis is the only document normally sent to AFMSA/SGPX. However, SGPX may ask that the final AS and other documentation be forwarded for their review.

A41.9.2. Step 9 is concluded when the Summary Analysis to AFMSA/SGPX.

A41.10. Step 10 – AFMSA/SGPX APPROVAL. ESTIMATED TIME FOR COMPLETION: 14 DAYS. AFMSA/SGPX reviews Summary Analysis and other supporting information, and forwards notification of approval to AFMSA/SGSLX. The approval by SGPX is generally done by email, followed by a fax and digital image of the signed document. If not approved, the review is returned to Step 6.

A41.10.1. Step 10 is concluded with receipt of approval notification from AFMSA/SGPX.

A41.11. Step 11 – AS PUBLICATION. ESTIMATED TIME FOR COMPLETION: 2 DAYS. AFMSA/SGSLX submits a request to the Wright-Patterson Air Logistics Center (WR-ALC) for assignment of an AS number and publishes the newly approved AS on the website.

A41.11.1. This step is concluded with assignment of the AS number and publication on the AFML website.

A41.12. Step 12 – REVIEW FINISHED. ESTIMATED TIME FOR COMPLETION: 2 DAYS. AFMSA/SGSLX calculates metrics and files documentation. AFMSA/SGSLX reviews AS historical documentation file. Milestones are calculated, posted on the AFML website, and a date established for the next review.

A41.12.1. This step is concluded with the posting of metrics on AFML website, and the update of the AS Review Schedule.

TOTAL TIME FROM START TO FINISH: 120 DAYS

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